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# REQUIRED FORMS - EXHIBIT D-13

**SAMPLE BUDGET SHEET FOR \_\_\_\_\_\_ SERVICES**

**DIRECT COST (List each staff classification)**

Payroll: FTE\* Hourly Rate Monthly Salary

 Employee Classification \_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

 Employee Classification \_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

 Employee Classification \_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

 Others (Please continue to list)

 **Total Salaries and Wages $\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*FTE = Full Time Equivalent Positions**

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 Employee Benefits No. of Employees Monthly Cost per FTE

 Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dental Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Life Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Benefits $\_\_\_\_\_\_\_\_\_\_\_\_**

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Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers’ Compensation, etc.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Payroll Taxes $\_\_\_\_\_\_\_\_\_\_\_\_**

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Insurance (List Type/Coverage. See Sample Contract, Sub-paragraph 8.25, Insurance Coverage

 Requirements)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vehicles $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone/Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (please continue to list) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Insurance/Misc. S & S $\_\_\_\_\_\_\_\_\_\_\_\_**

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 **TOTAL DIRECT COSTS $\_\_\_\_\_\_\_\_\_\_\_\_**

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**INDIRECT COST** (List all appropriate)

 General Accounting/Bookkeeping $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Management Overhead (Specify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (Specify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL INDIRECT COSTS $\_\_\_\_\_\_\_\_\_\_\_\_**

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**TOTAL DIRECT AND INDIRECT COST $\_\_\_\_\_\_\_\_\_\_\_\_**

PROFIT (Please enter percentage: \_\_\_\_\_%) **$\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL MONTHLY COSTS $\_\_\_\_\_\_\_\_\_\_\_\_**

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**(ENTER REAS COMPONENT)**

**BUDGET SHEET**

**TOTAL ANNUAL COST $\_\_\_\_\_\_\_\_\_\_**

 PERCENTAGE

Employment Services (ES) $\_\_\_\_ \_\_\_\_ %

English Language Training (ELT) $\_\_\_\_\_ \_\_\_\_ %

On-the-Job Training (OJT) $\_\_\_\_\_ \_\_\_\_ %

Skills Training $\_\_\_\_\_ \_\_\_\_ %

Case Management $\_\_\_\_\_ \_\_\_\_ %

Other (Please list) $\_\_\_\_\_ \_\_\_\_ %

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Employment Services (ES)

* Employment services, including the development of a family self-sufficiency plan and an individual employability plan, world-of-work and job orientation, job clubs, job workshops, job development, referral to job opportunities, job search, and job placement and follow-up.
* Vocational and employability assessment services, including aptitude and skills testing.
* Translation and interpreter services, when necessary in connection with employment or participation in an employability service.
* Child care for children, when necessary for participation in an employability service or for the acceptance or retention of employment.
* Transportation, when necessary for participation in an employability service or for the acceptance or retention of employment.
* Regular and Flex Job Services

English Language Training (ELT)

English language instruction, with an emphasis on English as it relates to obtaining and retaining a job.

* Vocational English-as-a-Second Language (VESL)
* Limited English Proficiency (LEP)

On-the-Job Training (OJT)

On-the job training, when such training is provided at the employment site and is expected to result in full-time, permanent, unsubsidized employment with the employer who is providing the training.

* Work Experience (WEX)
* Transitional Subsidized Employment

Skills Training

Skills recertification, when such training meets the criteria for appropriate training in Sec. 400.81(b) of this part.

* Self-Initiated Program
* Vocational/Educational Training
* Remediation
* Professional Development

Case Management

…as defined in case management services means the determination of which service(s) to refer a refugee to, referral to such service(s), and tracking of the refugee's participation in such services(s).] of this part, for

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refugees who are considered employable under and for recipients of CalWORKs and GR who are considered employable, provided that such services are directed toward a refugee's attainment of employment as soon as possible after arrival in the United States.

* Appraisal
* Family Appraisal
* Coordinate and authorize supportive services
* Post-Employment Career Assessment
* Employment Retention Services
* Home Visit
* Sanction Action Plan

Other

* Information and referral services
* Orientation
* Learning Disabilities Diagnosis Screening/Evaluation (LD)
* Post-Employment Services (PES)
* Post-Time Limited Services (PTL)
* Life Skills Workshops
* Clinical Assessment
* Refugee Family Support Services
* Evaluation of Records
* Mentoring (Family)
* Compliance
* Outreach services, including activities designed to familiarize refugees with available services, to explain the purpose of these services, and facilitate access to these services.
* Social adjustment services, including: (Specialized Supportive Services)

 (1) Emergency services, as follows: Assessment and short-term counseling to persons or families in a perceived crisis; referral to appropriate resources; and the making of arrangements for necessary services.

 (2) Health-related services, as follows: Information; referral to appropriate resources; assistance in scheduling appointments and obtaining services; and counseling to individuals or families to help them understand and identify their physical and mental health needs and maintain or improve their physical and mental health.

 (3) Home management services (Life Skills Workshops), as follows: Formal or informal instruction to individuals or families in management of household budgets, home maintenance, nutrition, housing standards, tenants' rights, and other consumer education services.

* Child care for children, when necessary for participation in a service other than an employability service.
* Transportation, when necessary for participation in a service other than an employability service.
* Translation and interpreter services, when necessary for a purpose other than in connection with employment or participation in an employability service.
* Any additional service, upon County/State submission of a request to ORR and approval of the request by the Director of ORR, aimed at strengthening and supporting the ability of a refugee individual, family, or refugee community to achieve and maintain economic self-sufficiency, family stability, or community integration which has been demonstrated as effective and is not available from any other funding source.
* Citizenship and naturalization preparation services, including English language training and civics instruction to prepare refugees for citizenship, application assistance for adjustment to legal permanent resident status and citizenship status, assistance to disabled refugees in obtaining disability waivers from English and civics requirements for naturalization, and the provision of interpreter services for the citizenship interview.
* Assistance in obtaining Employment Authorization Documents (EADs)

**Note: Page 3 and 4 are not included in the budgeting for bidding process.**

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**(ENTER REAS COMPONENT)**

**REQUIRED LINE ITEM BUDGET NARRATIVE**

Proposers are required to complete a budget narrative for each separate line item in their Annual Budget Sheet for each REAS service area bid on. All figures and compilations must be clearly explained.

# REQUIRED FORMS - EXHIBIT D-14

EMPLOYEE BENEFITS

**Medical Insurance/Health Plan:**

Employer Pays $\_\_\_\_\_\_\_\_ Employee Pays $\_\_\_\_\_\_\_\_ Total Mo. Premium $\_\_\_\_\_\_\_\_

Annual Deductible

 Employee $\_\_\_\_\_\_\_ Family $\_\_\_\_\_\_\_

Coverage (√)

 \_\_\_\_\_\_ Hospital Care (In Patient \_\_\_\_\_ Out Patient \_\_\_\_\_\_)

 \_\_\_\_\_\_ X-Ray and Laboratory

 \_\_\_\_\_\_ Surgery

 \_\_\_\_\_\_ Office Visits

 \_\_\_\_\_\_ Pharmacy

 \_\_\_\_\_\_ Maternity

 \_\_\_\_\_\_ Mental Health/Chemical Dependency, In Patient

 \_\_\_\_\_\_ Mental Health/Chemical Dependency, Out Patient

**Dental Insurance:**

Employer Pays $\_\_\_\_\_\_\_\_ Employee Pays $\_\_\_\_\_\_\_\_ Total Mo. Premium $\_\_\_\_\_\_\_\_

**Life Insurance:**

Employer Pays $\_\_\_\_\_\_\_\_ Employee Pays $\_\_\_\_\_\_\_\_ Total Mo. Premium $\_\_\_\_\_\_\_\_

**Vacation:**

Number of Days \_\_\_\_\_\_\_\_\_ and

Any increase after \_\_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_\_\_\_\_\_

# Sick Leave:

Number of Days \_\_\_\_\_\_\_\_\_ and

Any increase after \_\_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_\_\_\_\_\_

# Holidays:

Number of Days \_\_\_\_\_\_\_ per year

**Retirement:**

Employer Pays $\_\_\_\_\_\_\_\_ Employee Pays $\_\_\_\_\_\_\_\_ Total Premium $\_\_\_\_\_\_\_\_