REQUIRED FORMS - EXHIBIT 10

ESTIMATED ANNUAL BUDGET

ZONE 1 (NORTH)

DIRECT COST (List each staff classification)

Payroll:	FTE*	Hourly Rate		Monthly Hours		Monthly Salary
Unarmed Security Guard	____%	$ ____	x	44,431	=	$ ____
Armed Security Guard	____%	$ ____	x	140,981	=	$ ____
On-Site Supervisor	____%	$ ____	x	13,319	=	$ ____

Total Monthly Salaries and Wages $ ____

*FTE = Full-Time Equivalent Positions (Monthly Hours divided by 173)

Employee Benefits	No. of Employees	Monthly Cost
Medical Insurance	____	$ ____
Dental Insurance	____	$ ____
Life Insurance	____	$ ____
Disability	____	$ ____
Retirement	____	$ ____
Other (Specify)	____	$ ____

Total Monthly Benefits $ ____

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

FICA (Medicare & Social Security Taxes – 7.65% of Salary Costs)	$ ____
State Unemployment Insurance (SUI)	$ ____
Workers' Compensation	$ ____
Other (Specify)	$ ____

Total Monthly Payroll Taxes $ ____

Insurance**	$ ____
**(List Type/Coverage. See Sample Contract, Paragraph 8.25, Insurance Coverage Requirements)	
Facility Maintenance	$ ____
Space Rent/Lease	$ ____
Equipment Lease/Maintenance	$ ____
Program Supplies	$ ____
Staff Development	$ ____
Mileage/Parking Fees	$ ____
Telephone/Utilities	$ ____
Other (Specify)	$ ____

Total Monthly Ins./Operating Costs $ ____

TOTAL MONTHLY DIRECT COSTS $ ____

ADMINISTRATIVE/INDIRECT COST (List all appropriate)

(The County shall pay up to 15% of actual costs; these costs shall not be in addition to, but part of the maximum Contract amount.)

General Accounting/Bookkeeping	$ ____
Management Overhead (Specify)	$ ____
Other (Specify)	$ ____

TOTAL MONTHLY INDIRECT COSTS $ ____

TOTAL MONTHLY DIRECT AND INDIRECT COSTS $ ____

TOTAL ANNUAL COST (Total Monthly Direct and Indirect Costs x 12 months) $ ____

REQUIRED FORMS – EXHIBIT 10A BUDGET NARRATIVE (Zone 1 - North)

Proposers are required to complete a budget narrative for each separate line item in their budget. All figures and compilations must be clearly explained.