

ATTACHMENT 2 – Budget Form
OASAS Project No.

Category of Expense	Costs – Year 1	Costs – Year 2	Costs – Year 3	Costs – Year 4	Costs – Year 5	Total
1. Personal Services						
a) Salary						
b) Fringe						
Subtotal						
2. Non-Personal Services						
a) Contractual						
b) Travel						
c) Equipment						
d) Space/Property/Utilities						
e) Operating Expenses						
f) Other						
Subtotal						
TOTAL						

PRINTED NAME: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

E-MAIL ADDRESS: _____

(Bidders must complete the Program Budget and include all costs associated with Personal and Non-Personal services that will be required to perform the Scope of Work.)

**ATTACHMENT 2 – Budget Form
PERSONAL SERVICES DETAIL**

SALARY				
POSITION TITLE	ANNUALIZED SALARY PER POSITION	STANDARD WORK WEEK (HOURS)	NUMBER OF MONTHS FUNDED	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
				Subtotal
FRINGE - TYPE/DESCRIPTION				
				PERSONAL SERVICES TOTAL

**ATTACHMENT 2 – Budget Form
NON-PERSONAL SERVICES DETAIL**

CONTRACTUAL SERVICES - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

TRAVEL - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

EQUIPMENT - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

SPACE/PROPERTY EXPENSES: RENT - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
SPACE/PROPERTY EXPENSES: OWN - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
TYPE/DESCRIPTION OF UTILITY EXPENSES	TOTAL
1.	
2.	
3.	

OPERATING EXPENSES - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

OTHER - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	