

EXHIBIT "B"
RFP BUDGET FORMAT

CONTRACT PERIOD:

CONTRACT BUDGET: \$

EIN NUMBER: #

	C	D	E	F
CATEGORY OF COST	CDBG	OTHER PROJECT RESOURCES	TOTAL RESOURCES A+B	AGENCY LINE ITEM BUDGET
OPERATING BUDGET				
A. DIRECT PERSONNEL	\$0	\$0	\$0	\$0
B. DIRECT FRINGE BENEFITS	\$0	\$0	\$0	\$0
C. PROFESSIONAL SERVICES CONSULTANTS	\$0	\$0	\$0	\$0
D. TRAVEL - LOCAL	\$0	\$0	\$0	\$0
E. COUNSELOR TRAINING	\$0	\$0	\$0	\$0
F. OCCUPANCY	\$0	\$0	\$0	\$0
G. CONSUMABLE SUPPLIES	\$0	\$0	\$0	\$0
H. EQUIPMENT - LEASE/MAINTENANCE	\$0	\$0	\$0	\$0
I. EQUIPMENT - PURCHASE	\$0	\$0	\$0	\$0
J. PROGRAM EXPENSES	\$0	\$0	\$0	\$0
K. INSURANCE	\$0	\$0	\$0	\$0
CONTRACT TOTAL*	\$0	\$0	\$0	\$0

INSTRUCTIONS: Enter the dollar amounts on the Budget Detail pages only (pages 2 and 3). Do not type any data on the Summary page (page 1); the Summary page will automatically capture the data entered.

Budgets should reflect all costs required to operate the program you are proposing. Under the Personnel cost category, list the title of the staff person(s) you are seeking to fund (no personal names). FICA budgeted items should reflect 7.65% of the personnel salary costs listed in the budget. If selected for funding, appropriate procurement documentation will be reviewed at contract start.

BUDGET DETAIL

Instructions: Enter CDBG funding sought in Column C. If your agency anticipates funding from other resources for housing counseling (ie. HUD, PHFA, Neighborworks, NCLR, etc.), use Column (D). Please identify the sources of funding for Column (D) in the last page, Other Project Resources. Do not enter data in Column (E), as it will be entered automatically. The Agency Line Item budget in Column (F).

DETAIL

	C	D	E	F
CATEGORY OF COST	CDBG	OTHER PROJECT RESOURCES	TOTAL RESOURCES A+B	AGENCY LINE ITEM BUDGET
OPERATING BUDGET				
A. DIRECT PERSONNEL				
1	\$	\$	\$0	\$
2	\$	\$	\$0	\$
3.	\$	\$	\$0	\$
4.	\$	\$	\$0	\$
5	\$	\$	\$0	\$
6	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
B. DIRECT FRINGE BENEFITS				
1. FICA - Employer's Contribution	\$	\$	\$0	\$
2. Workman's Compensation	\$	\$	\$0	\$
3. Unemployment	\$	\$	\$0	\$
4. Medical/ Dental	\$	\$	\$0	\$
5. Life/Disability	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
C. PROFESSIONAL SERVICES CONSULTANTS				
1	\$	\$	\$0	\$
2.	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
D. TRAVEL LOCAL				
	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
E. COUNSELOR TRAINING				
	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0

BUDGET DETAIL				
	C	D	E	F
CATEGORY OF COST	CDBG	OTHER PROJECT RESOURCES	TOTAL RESOURCES A+B	AGENCY LINE ITEM BUDGET
F. OCCUPANCY				
1	\$	\$	\$0	\$
2	\$	\$	\$0	\$
3	\$	\$	\$0	\$
4	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
G. CONSUMABLE SUPPLIES				
1	\$	\$	\$0	\$
2	\$	\$	\$0	\$
3	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
H. LEASE/RENTAL OF EQUIPMENT/MAINTENANCE				
	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
I. EQUIPMENT PURCHASE				
	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
J. PROGRAM EXPENSES				
	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0
K. INSURANCE				
1. Liability	\$	\$	\$0	\$
2. Fidelity Bonding	\$	\$	\$0	\$
3. General	\$	\$	\$0	\$
SUBTOTAL	\$0	\$0	\$0	\$0

**BUDGET
DETAIL**

Other Project Resources

Funding Source

Amount of Funding

1.	\$ -
2.	\$ -
3.	\$ -
4	\$ -
Total	\$ -

The City minimum wage effective 1/2015 is \$12 hour for nonprofits with City of Philadelphia contracts. The nonprofit must have more than five employees and hold City funded contracts totaling \$100,000 in the given City fiscal period.