**Court Personnel Salaries & Fringe Benefits**

**A. Court Personnel Salaries**

| **Name/Position** | | **Computation (Salary per month X number of months needed X percentage FTE)** | **Cost** |
| --- | --- | --- | --- |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | **Personnel Tota**l | | $ |

**B. Fringe Benefits** (list the benefit percent below)

| **Name/Position** | **Medical %** | **Dental %** | **Retirement %** | **Life**  **Insurance %** | **Social Sec/ Medicare %** | **Other (please describe) %** | **Total Benefit**  **Rate %** | **Cost** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
| **Benefits Total** | | | | | | | | $ |

|  |  |
| --- | --- |
| **Personnel & Fringe Benefits Year One Total** | $ |

**Year-3 Operating Expenses**

**C. Travel** (Include location, number of travelers, hotel, meals, transportation, etc. Include costs for travel to Judicial Council as per RFP Section 3.2)

| **Purpose of Travel** | **Item** | **Computation** | **Cost** |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Travel Tota**l | | | $ |

**D. Equipment** (non-expendable)

| **Item** | **Computation** | **Cost** |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Equipment Tota**l | | $ |

**E. Supplies** (items such as office supplies, training materials)

| **Item** | **Computation** | **Cost** |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Supplies Tota**l | | $ |

**F. Other Costs** (items such as incentives, non-contracted costs)

| **Description** | **Computation** | **Cost** |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Other Costs Tota**l | | $ |

|  |  |
| --- | --- |
| **Operating Expense Year One Total** | $ |

**Year-3 Consultants/Contractors**

**G. Consultants/Contractors** (includes local justice system partners staff costs)

| **Consultant/Contractors** | **Services Provided** | **Cost Breakdown of Service** | **Cost** |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |
| --- | --- |
| **Consultants Year One Total** | $ |

**Year-3 Indirect Costs**

(Refer to Exhibit C Section 5)

**H. Indirect Costs**

| **Description** | **Computation** | **Cost** |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

|  |  |
| --- | --- |
| **Indirect Costs Year One Tota**l | $ |

|  |  |
| --- | --- |
| **Program Start-Up Costs Year One Total** | $ |

**Year-3 Budget Narrative/ Justification**

**Personnel & Fringe Benefits**

**Travel**

**Equipment**

**Supplies**

**Other Operating Costs**

**Consultants/Contracts**

**Indirect Costs**

**Summary**