RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2014 - May 31, 2015

Note: Shaded cells are not fillable fields and will be automatically calculated by a formula.

PERSONNEL AND PROFESSIONAL SERVICES

A. PERSONNEL

| POSITION | Number of | | |
|--|-----------|----------------------|--------------------------|
| (Please modify position titles as appropriate and list | positions | Annual Salary | |
| additional positions on blank lines provided.) | (FTEs) | per FTE | Total Annual Cost |
| Executive Director | | | \$0.00 |
| Supervising Attorneys | | | \$0.00 |
| Senior Attorneys | | | \$0.00 |
| Attorneys | | | \$0.00 |
| Social Workers | | | \$0.00 |
| Investigators | | | \$0.00 |
| Paralegals | | | \$0.00 |
| Secretary | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
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| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | |
| NET SALARIES | | | \$0.00 |
| | | | |
| ANNUAL BENEFIT COST | | | |

Benefits as Percent of Salaries

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RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2014 - May 31, 2015

B. ADDITIONAL PROFESSIONAL SERVICES

| TYPE OF SERVICES | Annual No. of Hours or Other Unit | Hourly Rate, Monthly Contract Rate, or Per Case Rate | Total Annual Cost |
|--|---|--|--------------------|
| | Omt | Nate | Total Alliual Cost |
| Contractual Non-Attorney Professional Services | | | |
| (Type of service, unit and rate must be specified in | | | |
| budget narrative.) | | | \$0.00 |
| Out-of-Court Interpreters | | | \$0.00 |
| Other (Specify in Budget Narrative) | | | \$0.00 |

TOTAL PERSONAL and PROFESSIONAL SERVICES

\$0.00

C. OPERATING EXPENSES

| TRAVEL | Annual No. of Miles/Lodging Nights/Per Diems Provided | Mileage, Lodging Rate, or Per Diem Rate | Total Annual Cost |
|------------------------|---|--|-------------------|
| Mileage | | | \$0.00 |
| Lodging | | | \$0.00 |
| Per Diem | | | \$0.00 |
| Other (please specify) | | | \$0.00 |

ANNUAL TRAINING BUDGET

| INSURANCE | |
|-------------------------------|--|
| Commercial General Liability | |
| Business Automobile Liability | |
| Professional Liability | |
| Workers' Compensation | |
| Employers' Liability | |
| Check if Self-Insured | |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2014 - May 31, 2015

| OVERHEAD | | | |
|---|---------------|----------------------|--------------------------|
| (Please specify overhead in lines below) | | | |
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| | | | |
| ALL OTHER PROJECT COSTS NOT SHOWN (Specify in Budget Narrative) | ABOVE | | |
| (Specify in Budget Narradive) | | | |
| TOTAL OPERATING EXPENSES | | | \$0.00 |
| | | | 4000 |
| GRAND TOTA | AL | | \$0.00 |
| | | | 4.000 |
| D. REIMBURSABLE EXPENSES | | | |
| Extraordinary Expenses | | | |
| Expert witnesses | | | |
| Out of state travel to visit child clients | | | |
| | | Hourly Rate, | |
| | | Monthly | |
| | Annual No. of | Contract Rate | |
| | Hours, Cases | or Per Case | |
| Conflict Appointments | or other Unit | Rate | Total Annual Cost |
| Contract Attorney Services | | | |
| (Unit and rate must be specified in budget | | | |
| narrative.) | | | \$0.00 |
| | | | |
| TOTAL REIMBURSABLE EXPENSES | | | \$0.00 |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2015 - May 31, 2016

Note: Shaded cells are not fillable fields and will be automatically calculated by a formula.

PERSONNEL AND PROFESSIONAL SERVICES

A. PERSONNEL

| POSITION | Number of | | |
|--|-----------|----------------------|--------------------------|
| (Please modify position titles as appropriate and list | positions | Annual Salary | |
| additional positions on blank lines provided.) | (FTEs) | per FTE | Total Annual Cost |
| Executive Director | | | \$0.00 |
| Supervising Attorneys | | | \$0.00 |
| Senior Attorneys | | | \$0.00 |
| Attorneys | | | \$0.00 |
| Social Workers | | | \$0.00 |
| Investigators | | | \$0.00 |
| Paralegals | | | \$0.00 |
| Secretary | | | \$0.00 |
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| NET GAY A DATE | | İ | \$ 0.00 |
| NET SALARIES | | | \$0.00 |
| ANNUAL DENIENT COCK | | | |
| ANNUAL BENEFIT COST | | | |

Appendix B - Budget Template

Benefits as Percent of Salaries

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RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2015 - May 31, 2016

B. ADDITIONAL PROFESSIONAL SERVICES

| TYPE OF SERVICES | Annual No. of Hours or Other Unit | Hourly Rate, Monthly Contract Rate, or Per Case Rate | Total Annual Cost |
|--|---|--|--------------------|
| | Omt | Nate | Total Alliual Cost |
| Contractual Non-Attorney Professional Services | | | |
| (Type of service, unit and rate must be specified in | | | |
| budget narrative.) | | | \$0.00 |
| Out-of-Court Interpreters | | | \$0.00 |
| Other (Specify in Budget Narrative) | | | \$0.00 |

TOTAL PERSONAL and PROFESSIONAL SERVICES

\$0.00

C. OPERATING EXPENSES

| TRAVEL | Annual No. of Miles/Lodging Nights/Per Diems Provided | Mileage, Lodging Rate, or Per Diem Rate | Total Annual Cost |
|------------------------|---|--|-------------------|
| Mileage | | | \$0.00 |
| Lodging | | | \$0.00 |
| Per Diem | | | \$0.00 |
| Other (please specify) | | | \$0.00 |

ANNUAL TRAINING BUDGET

| INSURANCE | |
|-------------------------------|--|
| Commercial General Liability | |
| Business Automobile Liability | |
| Professional Liability | |
| Workers' Compensation | |
| Employers' Liability | |
| Check if Self-Insured | |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2015 - May 31, 2016

| OVEDITEAD | | | |
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| OVERHEAD (Please specify overhead in lines below) | | | |
| (Flease specify overhead in filles below) | | | |
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| ALL OTHER PROJECT COSTS NOT SHOWN (Specify in Budget Narrative) | ABOVE | | |
| TOTAL OPERATING EXPENSES | | | \$0.00 |
| GRAND TOTA | L | | \$0.00 |
| D. REIMBURSABLE EXPENSES | | | |
| Extraordinary Expenses | | | |
| Expert witnesses | | | |
| Out of state travel to visit child clients | | | |
| | Annual No. of Hours, Cases | Hourly Rate, Monthly Contract Rate or Per Case | |
| Conflict Appointments | or other Unit | Rate | Total Annual Cost |
| Contract Attorney Services | | | |
| (Unit and rate must be specified in budget | | | \$0.00 |
| narrative.) | | | \$0.00 |
| TOTAL REIMBURSABLE EXPENSES | | | \$0.00 |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2016 - May 31, 2017

Note: Shaded cells are not fillable fields and will be automatically calculated by a formula.

PERSONNEL AND PROFESSIONAL SERVICES

A. PERSONNEL

| POSITION | Number of | | |
|--|-----------|----------------------|--------------------------|
| (Please modify position titles as appropriate and list | positions | Annual Salary | |
| additional positions on blank lines provided.) | (FTEs) | per FTE | Total Annual Cost |
| Executive Director | | | \$0.00 |
| Supervising Attorneys | | | \$0.00 |
| Senior Attorneys | | | \$0.00 |
| Attorneys | | | \$0.00 |
| Social Workers | | | \$0.00 |
| Investigators | | | \$0.00 |
| Paralegals | | | \$0.00 |
| Secretary | | | \$0.00 |
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| | | | \$0.00 |
| | | | |
| NET SALARIES | | | \$0.00 |
| | | | |
| ANNUAL BENEFIT COST | | | |
| Benefits as Percent of Salaries | | | #DIV/0! |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2016 - May 31, 2017

B. ADDITIONAL PROFESSIONAL SERVICES

| TYPE OF SERVICES | Annual No. of Hours or Other Unit | Hourly Rate, Monthly Contract Rate, or Per Case Rate | Total Annual Cost |
|--|---|--|-------------------|
| Contractual Non-Attorney Professional Services | | | |
| (Type of service, unit and rate must be specified in | | | |
| budget narrative.) | | | \$0.00 |
| Out-of-Court Interpreters | | | \$0.00 |
| Other (Specify in Budget Narrative) | | | \$0.00 |

TOTAL PERSONAL and PROFESSIONAL SERVICES

\$0.00

C. OPERATING EXPENSES

| TRAVEL | Annual No. of Miles/Lodging Nights/Per Diems Provided | Total Annual Cost |
|------------------------|---|-------------------|
| Mileage | | \$0.00 |
| Lodging | | \$0.00 |
| Per Diem | | \$0.00 |
| Other (please specify) | | \$0.00 |

ANNUAL TRAINING BUDGET

| INSURANCE | |
|-------------------------------|--|
| Commercial General Liability | |
| Business Automobile Liability | |
| Professional Liability | |
| Workers' Compensation | |
| Employers' Liability | |
| Check if Self-Insured | |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for June 1, 2016 - May 31, 2017

| OVERHEAD | | | _ |
|---|---------------|---------------|--------------------------|
| (Please specify overhead in lines below) | | | |
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| ALL OTHER PROJECT COSTS NOT SHOWN | ABOVE | | |
| (Specify in Budget Narrative) | | | |
| TOTAL OPEN ATING EXPENSES | | | фо оо |
| TOTAL OPERATING EXPENSES | | | \$0.00 |
| CD AND TOT | A T | | ¢0.00 |
| GRAND TOTAL | | | \$0.00 |
| D. REIMBURSABLE EXPENSES | | | |
| | | | |
| Extraordinary Expenses | | | |
| Expert witnesses Out of state travel to visit child clients | | | |
| Out of state travel to visit clinic chefts | | Hourly Rate, | |
| | | Monthly | |
| | Annual No. of | Contract Rate | |
| | Hours, Cases | or Per Case | |
| Conflict Appointments | or other Unit | Rate | Total Annual Cost |
| Contract Attorney Services | | | |
| (Unit and rate must be specified in budget | | | |
| narrative.) | | | \$0.00 |
| | - | | |
| TOTAL REIMBURSABLE EXPENSES | | | \$0.00 |

RFP Number: CFCC-031814-LCDR-CF

APPENDIX B - BUDGET TEMPLATE Startup and Transition Costs

PERSONNEL AND PROFESSIONAL SERVICES

A. PERSONNEL

| POSITION (Please modify position titles as appropriate and list additional positions on blank lines provided.) | Number of positions (FTEs) | Annual Salary per FTE | Months Required for Startup | Total Startup Cost |
|--|----------------------------|-----------------------------|-----------------------------------|--------------------|
| Executive Director | | | | \$0.00 |
| Supervising Attorneys | | | | \$0.00 |
| Senior Attorneys | | | | \$0.00 |
| Attorneys | | | | \$0.00 |
| Social Workers | | | | \$0.00 |
| Investigators | | | | \$0.00 |
| Paralegals | | | | \$0.00 |
| Secretary | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| NET SALARIES | | | | \$0.00 |
| PELIFERE COOR | | | | |
| BENEFIT COST Benefits as Percent of Salaries | | | | #DIV/0! |
| | ONAL SERVIC | ES | | #DIV/0! \$0.00 |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES STARTUP TRAINING BUDGET INSURANCE | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES STARTUP TRAINING BUDGET INSURANCE Commercial General Liability | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES STARTUP TRAINING BUDGET INSURANCE Commercial General Liability Business Automobile Liability | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES STARTUP TRAINING BUDGET INSURANCE Commercial General Liability Business Automobile Liability Professional Liability | ONAL SERVIC | ES | | |
| Benefits as Percent of Salaries TOTAL PERSONAL and PROFESSION B.OPERATING EXPENSES STARTUP TRAINING BUDGET INSURANCE Commercial General Liability Business Automobile Liability | ONAL SERVIC | ES | | |

RFP Number: CFCC-031814-LCDR-CF

| FACILITIES | |
|--|--------|
| Rent | |
| Buildout | |
| Furniture | |
| Computers | |
| Telephones | |
| Other (specify) | |
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| OVERHEAD (Please specify overhead in lines below) | |
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| TOTAL STARTUP OPERATING EXPENSES | \$0.00 |
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| GRAND TOTAL | \$0.00 |
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