RFP Number: CFCC-012414-ACDR-CF

APPENDIX B - BUDGET TEMPLATE Budget Proposed for May 1, 2014 - April 30, 2015

PERSONAL AND PROFESSIONAL SERVICES

POSITION	Number of	Annual	
(Please modify position titles as appropriate and list	positions	Salary per	
additional positions on blank lines provided.)	(FTEs)	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
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		1	40.00
NET SALARIES			\$0.00
ANNUAL BENEFIT COST			
Benefits as Percent of Salaries			#DIV/0!

RFP Number: CFCC-012414-ACDR-CF

B. ADDITIONAL PROFESSIONAL SERVICES

	Annual No. of Hours or other	Hourly Rate, Montly Contract Rate or Per	
TYPE OF SERVICES	Unit	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	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	

RENT	

RFP Number: CFCC-012414-ACDR-CF

OVERHEAD			
(Please specify overhead in lines below)			
ALL OTHER PROJECT COSTS NOT SHOWN	N ABOVE		
Specify in Budget Narrative)			
		_	40.00
TOTAL OPERATING EXPENSES			\$0.00
CD AND TOT	AT	г	Φ0.00
GRAND TOT	AL	L	\$0.00
D. REIMBURSABLE EXPENSES			
		<u> </u>	
Extraordinary Expenses		-	
Expert witnesses Out of state travel to visit child clients		-	
Out of state travel to visit clind chefts		Hourly Rate,	
		Montly	
	Annual No. of	Contract	
	Hours, Cases	Rate or Per	
Conflict Appointments	or other Unit	Case Rate	Total Annual Cost
Contract Attorney Services			
(Unit and rate must be specified in budget			
narrative.)			\$0.00
,		l I	ֆ ս. սս

\$0.00

TOTAL REIMBURSABLE EXPENSES

RFP Number: **CFCC-012414-ACDR-CF**

APPENDIX B - BUDGET TEMPLATE Budget Proposal for May 2015 - April 2016

PERSONAL AND PROFESSIONAL SERVICES

POSITION	Number of	Annual	
(Please modify position titles as appropriate and list	positions	Salary per	
additional positions on blank lines provided.)	(FTEs)	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
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
NET SALARIES			\$0.00

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

RFP Number: CFCC-012414-ACDR-CF

B. ADDITIONAL PROFESSIONAL SERVICES

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Montly 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	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	

RENT	

RFP Number: CFCC-012414-ACDR-CF

OVERHEAD (C)			
(Please specify overhead in lines below)			
ALL OTHER PROJECT COSTS NOT SHOWN	ABOVE		
(Specify in Budget Narrative)			
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			
		Hourly Rate,	
	Annual No. of	Montly Contract	
		Rate or Per	
Conflict Appointments	Hours, Cases or other Unit	Case Rate	Total Annual Cost
Conflict Appointments Contract Attorney Services	of other out	Case Nate	1 otal Annual Cost
(Unit and rate must be specified in budget			
narrative.)			\$0.00
11a11a11vc.)			JU.00

\$0.00

TOTAL REIMBURSABLE EXPENSES

RFP Number: **CFCC-012414-ACDR-CF**

APPENDIX B - BUDGET TEMPLATE **Budget Proposal for May 2016 - April 2017**

PERSONAL AND PROFESSIONAL SERVICES

POSITION	Number of	Annual	
(Please modify position titles as appropriate and list	positions	Salary per	
additional positions on blank lines provided.)	(FTEs)	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
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
NET SALARIES			\$0.00
ANNUAL BENEFIT COST Benefits as Percent of Salaries			#DIV/0!
Benefits as Percent of Salaries			#DIV

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

RFP Number: **CFCC-012414-ACDR-CF**

B. ADDITIONAL PROFESSIONAL SERVICES

		Hourly Rate,	
		Montly	
	Annual No. of	Contract	
	Hours or other	Rate or Per	
TYPE OF SERVICES	Unit	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	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	

DENT	
KENI	

RFP Number: CFCC-012414-ACDR-CF	esentation		
OVERHEAD (Discourse if a constant in lines helper)			
(Please specify overhead in lines below)			
ALL OTHER PROJECT COSTS NOT SHOWN A	ABOVE		
(Specify in Budget Narrative)			
TOTAL OPERATING EXPENSES			\$0.00
GRAND TOTAL	L		\$0.00
D. REIMBURSABLE EXPENSES			
Extraordinary Expenses			
Expert witnesses			
Out of state travel to visit child clients			
		Hourly Rate,	
	Annual No. of	Montly Contract	
	Hours, Cases	Rate or Per	
Conflict Appointments	or other Unit	Case Rate	Total Annual Cost

TOTAL REIMBURSABLE EXPENSES

(Unit and rate must be specified in budget

\$0.00

\$0.00

Contract Attorney Services

narrative.)

RFP Number: CFCC-012413-ACDR-CF

APPENDIX B - BUDGET TEMPLATE Startup and Transition Costs

PERSONAL AND PROFESSIONAL SERVICES

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 BENEFIT COST Benefits as Percent of Salaries				\$0.00 #DIV/0!
TOTAL PERSONAL and PROFESSION	ONAL SERVIC	ES	L	\$0.00
B.OPERATING EXPENSES				
STARTUP TRAINING BUDGET				
INSURANCE				
Commercial General Liability				
Business Automobile Liability				
Professional Liability				
Workers' Compensation				
Employers' Liability				
Check if Self-Insured				

Project Title: Amador County Dependency Representation RFP Number: CFCC-012413-ACDR-CF

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