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#### RFP No. SCSEP-2022 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

**EXHIBIT B**

**RFP BUDGET INSTRUCTIONS AND TEMPLATE**

Applicants must complete a detailed Line Item Budget using the format provided in Exhibit B that includes **ALL** projected revenues and operating costs for the proposed program or project.

OAA programs are required to provide a minimum ~~25%~~ **10%** match, through cash and/or in-kind, of the total budget. Client Donations cannot be used to satisfy the minimum match requirement.

**BUDGET COMPLETION INSTRUCTIONS**

**General:**

1. The budget is a spending plan. Be realistic in estimating revenues. When possible, use past spending experience to help estimate budget needs.
2. Typed or computer facsimiles (exact copies of the budget format) are acceptable.
3. Round all figures to the nearest dollar.
4. Audit costs are not AAA reimbursable for programs expending less than $750,000 federal funds.

**Budget:**

1. ENTER DATA IN COLUMN (1) AND COLUMN (3) ONLY.
2. Total Project Budget (Column 1): Enter the Total Project Budget amount for each line item.
3. Total Agency Budget (Column 3): Enter the Total Agency Budget amount for each line item.
4. Totals and Percentages (Columns 2 and 4) will automatically calculate.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RFP No. SCSEP-2022 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**  **EXHIBIT B**  **RFP BUDGET TEMPLATE** | | | | | | | | |
|  | | | | | | | | |
| **Official Name of Bidder:** | |  | | | | | |  |
|  |  |  |  |  |  |  |  |  |
| **Service Category:** | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Total** |  | **% to** |  | **Total** |  | **% to** |
|  |  | **Project** |  | **Total** |  | **Agency** |  | **Total** |
|  |  | **Budget (1)** |  | **Income (2)** |  | **Budget (3)** |  | **Income (4)** |
| **REVENUE/INCOME SOURCES:** | |  |  |  |  |  |  |  |
|  | **AAA Funding Requested** | - |  | 0.0% |  | - |  | 0.0% |
|  | **Client Contributions** | - |  | 0.0% |  | - |  | 0.0% |
|  | **In-Kind Support** | - |  | 0.0% |  | - |  | 0.0% |
|  | **Other Income:** | - |  | 0.0% |  | - |  | 0.0% |
|  |  | - |  | 0.0% |  | - |  | 0.0% |
|  |  | - |  | 0.0% |  | - |  | 0.0% |
|  | **Total Income** | **-** |  | **0.0%** |  | **-** |  | **0.0%** |
|  |  |  |  |  |  |  |  |  |
| **EXPENSES:** | |  |  |  |  |  |  |  |
|  | **Salaries and Employee Benefits** | - |  | 0.0% |  | - |  | 0.0% |
|  | **Services and Supplies** | - |  | 0.0% |  | - |  | 0.0% |
|  | **Capital Equipment (Any item over $5,000)** | - |  | 0.0% |  | - |  | 0.0% |
|  |  |  |  |  |  |  |  |  |
|  |  | - |  | 0.0% |  | - |  | 0.0% |
|  |  | - |  | 0.0% |  | - |  | 0.0% |
|  | **Total Expenses** | **-** |  | **0.0%** |  | **-** |  | **0.0%** |