



RFP APPENDIX B: Fiscal
 Department of Social Services
 RFP#2025-005VF

FINANCIAL INFORMATION

Payee Name of Agency (if different than Legal Name)	
Financial Contact Person Name/Title	
Street Address/City/State/Zip	
Financial Contact Person Phone Number	Financial Contact Person Email
Agency's Fiscal Year (Start date - End date)	
Amount of Funding Request to ECDSS for this proposed contract	
FY of Request (Start date - End date)	

CERTIFICATION

The undersigned certifies that they are a principal officer of the applicant agency and has knowledge of and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

SIGNATURE

DATE

NAME/TITLE

APPENDIX B - RFP Fiscal Calculations

AGENCY: _____

RFP# and NAME _____

FUNDING PERIOD: _____

The Budget Calculation pages request information in the following tables:

- 1) Summary Funding Request
- 2) Direct Program Expense Budget - County Funded
- 3) Administrative Overhead - County Funded
- 4) Agency In-Kind or Indirect Service Contributions
- 5) Revenue
- 6) Rate Calculation
- 7) Flex Fund Request (if applicable)
- 8) Staffing Review - Program Related County Funded
- 9) Staffing Review - Administrative County Funded

It is recommended that items 8 and 9 on the Staffing Detail be completed first. Blue highlighted cells contain formulas and will populate automatically.

Indicate in the following budget tables estimated program and administrative expense and revenue for the proposed fiscal year. Comparative current year funding information should be included if the agency is requesting a continuation of a program funded by the Department of Social Services. New proposers can disregard Current Contract column.

1) SUMMARY FUNDING REQUEST (All cells will populate automatically from information entered in Tables 2-9)

SUMMARY PROGRAM COST AND REVENUE	Current Contract	Proposed Budget
Total Direct Program Operating Expense	-	-
Total Administrative Overhead Expense	-	-
Flex Funds - County Funded	-	-
TOTAL COUNTY FUNDED PROGRAM EXPENDITURES	-	-
In-Kind Agency Expenditures	-	-
TOTAL PROGRAM EXPENDITURES	-	-
REVENUE	Current Contract	Proposed Budget
County Funding	-	-
Agency In-Kind Revenue	-	-
TOTAL REVENUE (Should match total Program Expense)	-	-

Agency In-Kind Revenue as % of Total Revenue	-	-
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2) DIRECT PROGRAM EXPENSE BUDGET - County Funded

Indicate all expense items related to the direct provision of program services, including only **cash expenditures that will be provided with County funds**. Do not include Agency in-kind contributions or County Flex Funds.

DIRECT PROGRAM EXPENSE - County Funded	Current Contract	Proposed Budget
Direct Program Staffing (from Staffing Table 8)		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
Subtotal Salary and Fringe Benefits	-	-
Direct Operating Expense:		
Employee travel/mileage		
General program related supplies		
Postage		
Maintenance and repairs		
Phones		
Utilities		
Insurance (directly related to program)		
Lease/Rent Vehicle		
Translation/Interpretation		
Equipment (List items):		
Contracted Client Services (List contracts):		
Contracted Services Not Client Related (List contracts):		
Other (specify):		
Subtotal Direct Operating Expense	-	-
TOTAL DIRECT PROGRAM COSTS	-	-

3) ADMINISTRATIVE OVERHEAD - County Funded

As per County policy, County funded Administrative Overhead cannot exceed 15% of the total Direct Service Program. Detail agency cash expenditures only.

Administrative Overhead - County Funded	Current Contract	Proposed Budget
Personal Services (From Staffing Table 9)		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
Subtotal Administrative Salary and Fringe Benefits	-	-
Administrative Operating Expense:		
Please itemize below:		
Staff Development		
Public Relations		
Audit, Legal, Cons. Fees		
Dues, Licenses, Permits		
Other (Please list items below):		
Subtotal Administrative Operating Expense	-	-
Total Administrative Overhead	-	-
Total Direct Program Costs (from table 2)	-	-
Administrative Expense as Percent of Program Cost Not to Exceed 15%	-	-

4) AGENCY IN-KIND or INDIRECT SERVICE CONTRIBUTION

In-Kind donations, or indirect services, are defined as the provision of services by an agency for support of the program specified in this contract without charge to the county. Examples can be the use of space, equipment or the provision of staff time either program or administrative. The source of funds for these items may not be State, Federal or other County funded programs. In-Kind donations are not required but helps the Department of Social Services maximize revenue.

In-kind Donations (List type of in-kind or indirect service contributions specific to this proposal along with an estimated value)	In-Kind Contribution Value Current Contract	In-Kind Contribution Value Proposed Budget

Total In-Kind	-	-

5) REVENUE

Detail below all revenue sources directly related to the total proposed program.

Revenue	Current Contract	Proposed Budget
Total Funds Requested from the County (Program plus Flex)		
Source of Agency In-Kind Services:		
Total Revenue	-	-

6) RATE CALCULATION

The agency reimbursement rate calculation excludes Flex Funds and In-kind services estimates.

Agency Reimbursement Rate Calculation	Current Contract	Proposed Budget
Total Direct and Administrative Program Costs	-	-
Units of Services from Program Description		
Hourly Unit of Service Cost - Agency Reimbursement Rate	-	-

7) FLEX FUNDS REQUEST - (Only for agencies who received ECDSS prior flex fund approval)

Provide a summary of the type of items that may be purchased with Flex funds. The maximum allocation is \$10,000. Flex funds are for client special needs and wrap around services. Payments will be subject to pre-approval by assigned caseworker. Flex funds are listed for direct reimbursement purposes and are not included in rate calculation.

FLEX FUNDS - County Funded	Current Contract	Proposed Budget
Total Flex Fund Request	-	-

