## FY2026 WORKFORCE RFP

## Budget Narrative

The budget narrative must address the following elements.

**EMPLOYEE COSTS:**

* 1. **Wages**

Identify the name, title, and FTE of each employee that will charge this program. For any employee with an FTE of <1, please provide a list other programs charged.

**Example:**

**John Smith, Program Director ($50,000)**

**Youth Program .50**

**TANF Program .25**

**General Agency Programs .25**

**Amount budgeted for this contract = $25,000**

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| **Title** | **FTE** | **Salary** | **Amount to WIOA** |
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|  |  | **TOTAL:** |  |

* 1. **Payroll Related Expenses**

Identify each payroll related expense included in the budget and the formula used.

**Example:**

**Social Security – Total Wage Budget = $100,000 x 7.65% = $7,650**

Any payroll related expenses over and above Social Security, Worker’s Compensation, and Unemployment Insurance must have a company policy attached.

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* 1. **Employee Travel**

Employee travel must be supported through mileage logs or supervisor approved mileage reimbursement forms. The CSRA RC will not reimburse for gas purchases. To be reimbursed for employee travel, you must submit a copy of a travel reimbursement policy identifying the mileage reimbursement rate.

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**OPERATIONAL COSTS**

* 1. **Consumable Supplies Expenses**

Consumable supplies include supplies and materials that relate to the program that cannot be used for future programs. Please identify the supplies and materials that you plan on buying in detail (i.e. do not just include a “per participant” cost).

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* 1. **Occupancy Costs**

You must provide evidence of total square feet vs. square feet used by program.

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* 1. **Insurance Costs**

You may only include insurance costs if they are specifically provided for this program. If you are including direct insurance costs, please provide support as to the premium amount that relates specifically to this program.

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* 1. **Other/Misc**

Please list and give a detailed description of all other costs that need to be reimbursed by this program. If you plan to utilize stipend payments, discuss those in this section. Please keep in mind the federal allowable cost principles.

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* 1. **Small Equipment Purchases**

Please provide in detail any planned purchases of equipment less than $500.00. Equipment is any item that will be used for the program but has the potential of continued use beyond the duration of this contract.

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* 1. **Equipment**

Please provide details of planned purchases of equipment over $500.00. Equipment is any item that will be used for the program but has the potential of continued use beyond the duration of this contract.

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