



**ALABAMA DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR PROPOSALS**

PROCUREMENT INFORMATION	
RFP Number: 2022-100-03	RFP Title: <i>Family Service Centers (Required Forms Only)</i>
Proposal Due Date and Time: March 31, 2022 12:00 p.m., Central Time	Number of Pages: 43
Procurement Officer: Vicki Cooper-Robinson, Procurement Manager Phone: (334) 353-2471 E-mail Address: vicki.robinson@dhr.alabama.gov Website: http://www.dhr.alabama.gov	Issue Date: February 18, 2022
	Issuing Division: Family Services Division
INSTRUCTIONS TO VENDORS	
Submit Proposal to: Vicki Cooper-Robinson, Procurement Manager Resource Management Division/Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Second Floor-Room Q3-012 50 Ripley Street Montgomery, AL 36130-4000	Label Envelope/Package: RFP Title/Number: <i>Family Service Center/ 2022-100-03/Required Forms Only</i> Proposal Due Date: : March 24,2022
	Special Instructions:
VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
Vendor Name/Address: (no P.O. Boxes)	Authorized Vendor Signatory:
DUNS NUMBER: _____	(Please print name and sign in ink)
Vendor Phone Number: ()	Vendor FAX Number: ()
Vendor Federal I.D. Number:	Vendor E-mail Address:
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
Total number of proposal pages: _____	

Trade Secret Declarations: (reference section/page(s) of trade secret declarations)

APPENDIX B: TAXPAYER IDENTIFICATION NUMBER FORM

**STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE**

INSTRUCTIONS. In order to receive payment by the State of Alabama, a correct tax identification number, name and address must be on our files. To insure that accurate tax information is reported on Form 1099 for federal income tax purposes, please:

1. In PART 1 below provide your Tax Identification Number and check FEIN or SSN. Also provide the name and address to which payments should be sent. In addition, provide the name of the legal signatory authority for your organization (the individual authorized in your Constitution and/or By-laws to legally obligate the organization, for example, sign a contract on behalf of the organization).
2. Circle the business designation that identifies your type of trade or business in PART 2.
3. Sign and return this form as part of the response to the RFP:

PART 1 – TAXPAYER IDENTIFICATION NUMBER, NAME AND ADDRESS.

IDENTIFICATION NUMBER _____
Check one _____ Federal Employer Identification Number (FEIN)
 _____ Social Security Number (SSN)

NAME OF ORGANIZATION: _____ PHONE: _____

LEGAL BUSINESS ADDRESS: _____

FAX: _____ EMAIL: _____

NAME & TITLE OF LEGAL SIGNATORY AUTHORITY: _____

PART 2 – BUSINESS DESIGNATION. Circle the designation that identifies your type of trade or business.

- 1 - CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws of any state within the United States)
- 2 - NOT FOR PROFIT CORPORATION (Section 501 (c) (3))
- 3 - PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
- 4 - SOLE PROPRIETORSHIP OR SELF-EMPLOYED (Identification number must be Social Security Number)
- 5 - NONCORPORATE RENTAL AGENT
- 6 - GOVERNMENTAL ENTITY (City, County, State or U.S. Government)
- 7 - FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY
(A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the United States who pays taxes as a citizen of a country other than the United States.)

NOTE: Failure to complete and return this form may subject you to backup withholding in the amount of 20% of future payments pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

SIGNATURE

DATE

()

TELEPHONE NUMBER
(If different from above)

TITLE

PLEASE INCLUDE FEDERAL IDENTIFICATION NUMBER ON ALL INVOICES

APPENDIX C: TRADE SECRET AFFIDAVIT

Alabama Department of Human Resources

AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY

DEPARTMENT OF _____)

)ss.

County of _____)

_____ (Affiant), being first duly sworn under oath, and representing _____ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of _____, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # _____. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
- (b) information requested by the Department to establish vendor responsibility unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its contents cannot be returned to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

Affiant's Signature

Signed and sworn to before me on _____ (date) by _____
_____ (Affiant's name).

Name of Notary Public: _____ for the

Department of: _____

My Commission Expires: _____



APPENDIX D: CERTIFICATE OF COMPLIANCE

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

_____(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

_____(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20 _____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

this _____ day of _____ 20 _____.

WITNESS: _____

Printed Name of Witness

APPENDIX E: IMMIGRATION STATUS FORM

IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signature of Contractor

Witness

APPENDIX F: COST PROPOSAL

Contract Number:		Taxpayer ID#:	
Agency:			
Address:			
Project Title:			
Budget Period:	October 01, 2022	to	September 30, 2025
	Fiscal Year:		

BUDGET ITEMS	TOTAL COST
1. PERSONNEL	
2. SUBCONTRACTS	
3. TRAVEL	
4. SPACE	
5. SUPPLIES	
6. EQUIPMENT	
7. OTHER	
8. TOTAL PROJECT FUNDING <i>(sum lines 1 through 7)</i>	
9. Local Share <i>(Itemize the sources and amounts under COMMENTS below)</i>	
10. Other Federal Share <i>(Itemize the sources and amounts under COMMENTS below)</i>	
11. MAXIMUM DHR SHARE <i>(line 8 minus lines 9 and 10)</i>	>>>>>>>>
12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING <i>(Line 11 divided by line 8)</i>	

COMMENTS *(In addition to itemizing the sources and amounts of local and other non-DHR funding, include, as applicable, a brief description of the nature of each income-generating activity planned):*

NOTE: ON THE FOLLOWING PAGES, DESIGNATE CLEARLY ALL BUDGET LINE ITEMS THAT REPRESENT COSTS IN WHICH DHR WILL NOT PARTICIPATE IN WHOLE OR IN PART, I.E., IN-KIND COSTS, UNALLOWABLE COSTS, ETC. ALL COSTS FOR THE LINE ITEMS SO DESIGNATED MUST BE PAID IN FULL WITH NON-DHR FUNDS.

DHR USE ONLY

Approved for Mathematical Accuracy:

Assistance Payments, Finance Division **Date:**

Contract Number: **Fiscal Year:**

1. PERSONNEL: Group those Position Descriptions having identical salary details.

A. Number of Persons <i>(annotate if position is currently vacant)</i>	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Cost (AxCxDxE)

Subtotal Salaries:

FRINGE BENEFITS:

FICA

Workman's Compensation

Health Insurance

Other (specify)

Subtotal Fringe Benefits:

TOTAL PERSONNEL:

2. SUBCONTRACTS: *Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.*

TOTAL SUBCONTRACTS:

Contract Number: **Fiscal Year:**

3. TRAVEL: *All out-of-state travel requires the Department's prior written approval.*

In-state

Out-of-state

TOTAL TRAVEL:

4. SPACE: <i>All repairs to facilities, regardless of the cost, require the Department's prior written approval.</i>					
Telephone					
Rent/Lease					
Use Allowance <i>(requires an FM-05 "USE ALLOWANCE – SPACE" form)</i>					
Utilities					
Upkeep <i>(buildings/grounds)</i>					
Other <i>(specify)</i>					
TOTAL SPACE:					
5. SUPPLIES: <i>Competitive bids may apply.</i>					
Office Supplies					
Custodial Supplies					
Other <i>(itemize and be specific -- attach a separate listing if needed)</i>					
TOTAL SUPPLIES:					
6. EQUIPMENT: <i>Itemize (attach a separate listing if needed).</i>					
Rental/Lease					
Use Allowance <i>(requires FM-06 "USE ALLOWANCE – EQUIPMENT" form)</i>					
Depreciation <i>(supporting documentation required -- see instructions)</i>					
Repairs					
Other <i>(specify)</i>					
TOTAL EQUIPMENT:					
7. OTHER					
Liability Insurance					
Vehicle Maintenance, such as gas, oil, etc.					
Printing					
Indirect Cost <i>(rate must be approved by the Department)</i>					
Other <i>(specify)</i>					
TOTAL OTHER:					
Contract Number:				Taxpayer ID#:	

Agency:				
Address:				
Project Title:				
Budget Period:	October 01, 2022	to	September 30, 2025	Fiscal Year:

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BUDGET ITEMS				TOTAL COST	
1. PERSONNEL					
2. SUBCONTRACTS					
3. TRAVEL					
4. SPACE					
5. SUPPLIES					
6. EQUIPMENT					
7. OTHER					
8. TOTAL PROJECT FUNDING <i>(sum lines 1 through 7)</i>					
9. Local Share <i>(Itemize the sources and amounts under COMMENTS below)</i>					
10. Other Federal Share <i>(Itemize the sources and amounts under COMMENTS below)</i>					
11. MAXIMUM DHR SHARE <i>(line 8 minus lines 9 and 10)</i>				>>>>>>>>	
12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING <i>(Line 11 divided by line 8)</i>					

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COMMENTS *(In addition to itemizing the sources and amounts of local and other non-DHR funding, include, as applicable, a brief description of the nature of each income-generating activity planned):*

NOTE: ON THE FOLLOWING PAGES, DESIGNATE CLEARLY ALL BUDGET LINE ITEMS THAT REPRESENT COSTS IN WHICH DHR WILL NOT PARTICIPATE IN WHOLE OR IN PART, I.E., IN-KIND COSTS, UNALLOWABLE COSTS, ETC. ALL COSTS FOR THE LINE ITEMS SO DESIGNATED MUST BE PAID IN FULL WITH NON-DHR FUNDS.

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DHR USE ONLY					
Approved for Mathematical Accuracy:					
Assistance Payments, Finance Division				Date:	
Contract Number:			Fiscal Year:		

1. PERSONNEL: Group those Position Descriptions having identical salary details.

A. Number of Persons <i>(annotate if position is currently vacant)</i>	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Cost (AxCxDxE)

Subtotal Salaries:

FRINGE BENEFITS:					
FICA					
Workman's Compensation					
Health Insurance					
Other (specify)					

Subtotal Fringe Benefits:

TOTAL PERSONNEL:					

2. SUBCONTRACTS: *Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.*

TOTAL SUBCONTRACTS:

Contract Number:		Fiscal Year:	
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3. TRAVEL: *All out-of-state travel requires the Department's prior written approval.*

In-state					
Out-of-state					

TOTAL TRAVEL:

4. SPACE: *All repairs to facilities, regardless of the cost, require the Department's prior written approval.*

Telephone					
Rent/Lease					

Use Allowance (requires an FM-05 "USE ALLOWANCE – SPACE" form)					
Utilities					
Upkeep (buildings/grounds)					
Other (specify)					
TOTAL SPACE:					
5. SUPPLIES: <i>Competitive bids may apply.</i>					
Office Supplies					
Custodial Supplies					
Other (itemize and be specific -- attach a separate listing if needed)					
TOTAL SUPPLIES:					
6. EQUIPMENT: <i>Itemize (attach a separate listing if needed).</i>					
Rental/Lease					
Use Allowance (requires FM-06 "USE ALLOWANCE – EQUIPMENT" form)					
Depreciation (supporting documentation required -- see instructions)					
Repairs					
Other (specify)					
TOTAL EQUIPMENT:					
7. OTHER					
Liability Insurance					
Vehicle Maintenance, such as gas, oil, etc.					
Printing					
Indirect Cost (rate must be approved by the Department)					
Other (specify)					
TOTAL OTHER:					

APPENDIX G: INSTRUCTIONS FOR COST PROPOSAL FORMS

Each line item in the budget must reflect the **total planned combined project cost** for that line item. Page 1 represents a summary of the totals from the remaining pages. All departmental funds are subject to the constraints set forth in the contract, the Contract Compliance Requirements document, all other departmental directives and the instructions set forth herein.

Approval of the budget does not constitute approval to actually incur any expenditure designated as requiring Department's prior written approval. For the budget items so designated, the Department's prior written approval must be obtained before the expense is actually incurred.

PAGE 1

Contract Number: *To be assigned by DHR.*

Taxpayer ID: *Self-explanatory.*

Agency: *Self-explanatory.*

Address: *Self-explanatory.*

Project Title: *Self-explanatory.*

Budget Period: *The period during which the budget will be in effect, normally the fiscal year, October 1, 2022 through September 30, 2025, unless otherwise advised by the Department. Include the totals for the seven budget sections from pages 2-3. In addition, include the following additional items:*

8. **TOTAL PROJECT FUNDING:** Enter the sum of lines 1-7. This should reflect the total amount of funds from all funding sources to be used to fund the project.
9. **LOCAL SHARE:** Enter the total amount of local funds from all non-federal sources (including in-kind contributions) to be used, in whole or in part, to fund the project. Itemize the sources and amounts under the Comments section.
10. **OTHER FEDERAL SHARE:** Enter the total amount of federal funds received from sources other than DHR to be used, in whole or in part, to fund the project. Itemize the sources and amounts under the Comments section.
11. **MAXIMUM DHR SHARE:** Subtract lines 9 (Local Share) and 10 (Other Federal Share) from line 8 to reflect the maximum DHR share of the total budgeted project funding.
12. **PERCENT DHR SHARE:** Enter the DHR share as a percent of the total project funding by dividing line 11 by line 8.

COMMENTS: Itemize, as applicable, the sources and amounts of all funds represented in lines 9 and 10 above. In addition, include, as applicable, a brief description of the nature of each income-generating activity planned. NOTE: Contractors must obtain the Department's prior approval to earn program income in the course of administering the project. (See the Contract Compliance Requirements document for additional instructions pertaining to earning and accounting for program income.)

Note: on the budget line items represented on pages 2 and 3 of the budget form, designate clearly all budget line items that represent costs in which DHR will not participate in whole or in part, i.e., in-kind costs, unallowable costs, etc. All costs for the line items so designated must be paid in full with non-DHR funds.

PAGE 2

PERSONNEL: Itemize each type position separately. In addition, itemize each like position with different annual salary amounts or different percentages of time spent on the project. Attach an additional sheet if necessary (use the same column headings).

- A. **Number of Persons** – List the number of persons having same position, salary, percent (%) time worked on project, and months or pay periods to be employed.
- B. **Position** – Give the Position Title. Designate part-time employees by placing (PT) after position title.
- C. **Gross Salary Per Pay Period** – Show total projected salary per pay period (monthly, biweekly, weekly or hourly rate) and indicate the pay period method used. This should reflect the pay period method that will actually be used to pay the employee. Include any anticipated salary increases. When a salary increase is anticipated during budget year, show the position for the number of pay periods at each salary level.
- D. **Percent (%) Time on Project** – Show the percentage of time employee works on this project.
- E. **Pay Periods to be Employed** – Show pay periods to be worked at each salary level.
- F. **Cost** – Multiply A x C x D x E to arrive at Total Cost. Total all staff position costs to arrive at personnel subtotal.

Example:

A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. %Time on Project	E. Pay Periods to be Employed	F. Cost
1	Director	\$900 (Monthly)	100	8	\$7,200
		950 (Monthly)	100	4	3,800
4	Aides	200 (biweekly)	100	26	20,800
1	Bookkeeper	4.50 (hourly)	50	2080	4,680
Subtotal					\$36,480

Fringe Benefits: Itemize fringe benefit costs and insert the appropriate subtotal.

Total Personnel: Add the subtotals for personnel and fringe benefits.

SUBCONTRACTS Itemize individually each subcontract for a major component of the contract program, including, but not limited to, program administration, determining eligibility for services, etc. Attach an additional sheet if necessary and use the same column headings. **All subcontracts require the Department's prior written approval.** (See the Contract Compliance Requirements document for additional instructions.) **Do NOT include** costs associated with maintenance agreements, lease agreements, financial audits, data processing services, contract labor or other services for which there is a specific budget line item.

PAGE 3

TRAVEL This is to be used for staff travel. In-state consists of travel within the State of Alabama, directly related to, and required in the performance of, an employee's duties under the current contract. **Eligible in-state travel will be reimbursed at the authorized State mileage and per diem rates in effect at the time the cost is actually incurred.** (Rates are available from the Department upon request.) **All out-of-state travel requires the Department's prior written approval.** Only reasonable and actual expenses incurred for out-of-state travel are allowable.

SPACE

Telephone: Actual costs are to be budgeted when used solely for the contract program. When the contract program is part of a larger operation, the monthly charges should be prorated based on sound accounting principles. A long distance log must be maintained to document long-distance charges to be billed to the program. **Do NOT include deposit fees or the cost of purchasing telephones or telephone networks or systems.**

Rent/Lease: Rent is allowable pursuant to federal guidelines. Three statements of comparable rent (FM-04) are required and the lowest rent statement will be used as the maximum allowable rent. These statements should be maintained on file at the agency. Rent should be prorated according to the square footage occupied by overall operation when the project is only one component of a larger program. The above form is available from the Department upon request.

Use Allowance: To be used when the program occupies a building that it owns. A Use Allowance – Space form (FM-05) and three comparable rent statements (FM-04) are required and should be maintained on file at the agency. Copies of these forms are available from the Department upon request.

Utilities: Include all utilities associated with power, gas and water. These costs should be prorated on the same basis as rent. **Do not include such costs as Cable TV, cell phone, telephone or Internet access.**

Upkeep (buildings/grounds): Include costs for persons such as a janitor, lawn-keeper or maintenance person when the person is not otherwise an employee. **Do NOT include any costs that are the responsibility of the owner or lessor.**

Minor Repairs: Include only minor repairs. An example of a minor repair is replacing broken window panes or painting an office. Renovations such as constructing a new wall, remodeling a room, etc., are not allowable. **Do NOT include any costs that are the responsibility of the owner or lessor. All repairs to facilities require the Department's prior written permission, regardless of the cost of the repair.**

Other (specify): Items must not otherwise be the responsibility of the property owner or lessor. Itemize and be specific.

SUPPLIES

NOTE: COMPETITIVE BIDS MAY APPLY.

Office Supplies: Include general office supplies, for example, pencils, paper, carbon paper, erasers, etc.

Custodial Supplies: Include only supplies related to janitorial/custodial work, for example, cleaning supplies, mops, brooms, dust pans, etc.

Other (specify): Include an itemized listing and detailed description of each item. Attach a separate itemized listing as needed.

EQUIPMENT **The Department's prior written approval is required before procuring any equipment, regardless of the cost, with funds received under the contract.** Attach an itemized listing for equipment

represented in the following line items and include detailed identifying information for each item, for example, make, model, serial number, model number, cost, inventory number and the name of the user.

Rental/Lease: Include, as applicable, all costs associated with the rental or lease of equipment. (An itemized list must be attached, as described above.)

Use Allowance: A use allowance for equipment owned by the contractor and used in the contract program may be included in lieu of the depreciation allowance only if the equipment is not purchased in whole or in part with contract funds or with other Federal/State funds. An FM-06 “Use Allowance – Equipment” form is required and should be maintained on file by the contractor for all use allowances for equipment billed under the contract. No use allowance is allowable on any equipment item that is fully depreciated.

Depreciation: A depreciation allowance, as described in the Contact Compliance Requirements document, may be included in lieu of a use allowance for equipment owned by the contractor and used in the contract program only if the equipment is not purchased in whole or in part with contract funds or with other Federal/State funds. Reference the Contract Compliance Document for the appropriate methodology for calculating the applicable amount of depreciation. No depreciation is allowable on any equipment item that is fully depreciated. (An itemized list must be attached, as described above.)

Repairs: Include reasonable costs associated with repairs related to equipment used by the program. **Repairs that equal or exceed \$200 require the Department’s prior written permission.** (An itemized list must be attached, as described above.)

Other (specify): Itemize, as applicable, and be specific. (Attach a separate sheet as needed.)

OTHER

Liability Insurance: Include only the premium costs for insurance policies required under the contract with the Department.

Vehicle Maintenance: Include only the costs for operating and maintaining vehicles owned by the agency that are used in the course of performing services under the contract. Include only routine costs such costs as gas, oil, etc.

Printing: Include the cost incurred in the course of performing services under the contract.

Indirect Cost: Include all indirect costs allocable to the Department. This must reflect anticipated actual indirect costs. **(General admin. fees are not allowable.) Attach a detailed itemized listing that describes each cost item that makes up this line item.**

Other (specify): Include miscellaneous costs such as postage, audit (requires the Department’s prior approval) bank stop payment fees, etc., **but do not include any item for which a space is otherwise provided elsewhere in the budget.**

NOTES: Funds designated within budget line items 1 (personnel), 2 (subcontracts) or 6 (equipment) may not be exceeded without the Department’s prior written approval. These type changes, as well as changes in the budgeted salary amounts, require a budget amendment. Funds within budget line items 3 (travel), 4 (space), 5 (supplies) and 7 (other) may be transferred among those same line items as needed in order to accommodate fluctuations in actual expenditure patterns, provided there is no change in the overall budget total. These type changes do not require a budget amendment, unless they would result in the overall budget total being exceeded. cost proposal