

Orig Agency Code
11000

Contract Number

**New York State Education Department - Bureau of Fiscal Management  
RFP #06-033 Model Transition Program (MTP)  
Appendix B  
Budget Summary – Period 1**

**Budget for the Period: June 1, 2007 to November 30, 2008**

BFM-8 (11/98)

Contractor Name:	
Contractor Contract Person:	Telephone:

	Expenditure Item	Amount
Line 1	Personal Service	\$
Line 2	Fringe Benefits	
Line 3	General Operating	
Line 4	(Sum of Lines 1,2 and 3) <b>TOTAL DIRECT COSTS →</b>	\$
Line 5	Indirect Cost Rate	%
Line 6	<b>Indirect Cost</b>	
Line 7	Equipment	
Line 8	Purchased Services	
Line 9	(Sum of Lines 4,6,7 and 8) <b>TOTAL EXPENSES →</b>	\$

	Revenue	Amount
1.		\$
2.		
Line 10	<b>TOTAL REVENUE →</b>	\$

	Net Budgeted Operating Costs	Amount
Line 11	(Line 9 minus Line 10) <b>NET BUDGETED OPERATING COSTS →</b>	\$

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Contractor Name:

<b>Section 1: Direct Operating Personal Service Listing</b>				
Title	Social Security Number (if available)	Annual Salary	% Time Allocated to Program	Salary Allocated to Program
1.	Total Personal Service-Direct Operating Salaries (To Budget Summary, Line 1) →			\$
2.	Fringe Benefits Rate →			%
3.	Total Fringe Benefits (To Budget Summary, Line 2) →			\$

<b>Section II: General Operating Expenses</b>					
Item	Cost Item	Amount	Item	Cost Item	Amount
1.	Insurance	\$	10.	Travel-Staff Out/State	\$
2.	Building Main.&Repair		11.	Utilities	
3.	Office Supplies		12.	Vehicles-Oper. Expenses	
4.	Program Supplies		13.	Staff Training	
5.	Telephone		14.	Advertising	
6.	Rent		15.	Printing	
7.	Travel-Staff in State		16.		
8.	Contractual Svcs		17.		
9.	Dues & Subscriptions		18.	<i>Total G/O Expenses</i> → (To Budget Summary, Line 3)	\$

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Contractor Name:

<b>Section III: Equipment Purchases</b>	
<i>Item / Description</i>	<i>Amount</i>
A. Office Furniture	\$
B. Office Computers	
C.	
<b><u>Total Equipment Purchases</u></b> (To Budget Summary, Line 7)→	\$

<b>Section IV: Purchased Services</b>	
<i>Cost Item</i>	<i>Amount</i>
A.	
B.	
C.	
<b><u>Total Purchased Services</u></b> (To Budget Summary)→	\$

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***Appendix B***

**Budget Summary – Total Contract Period 6/1/07 – 11/30/10**

	<b>Estimated Annual Budget</b>	<b>Number of Individuals Served</b>	<b>Cost Per Individual Served</b>
<b>Period 1 (06/01/07 – 11/30/08)</b>	\$		\$
<b>Period 2 (12/01/08 – 11/30/09)</b>	\$		\$
<b>Period 3 (12/01/09 – 11/30/10)</b>	\$		\$
<b>Total Contract 3.5 Years</b>	\$		\$

**Financial Criteria will be scored based on the Cost Per Individual Served for the entire 3.5 year contract period.**

<b>Vendor Signature</b>		<b>Date:</b>	
<b>Printed Name</b>			
<b>Company Name</b>			
<b>Company Address</b>			