

## FORM E: Financial Proposal

### Summary

Contractor \_\_\_\_\_

Agency Account ID: \_\_\_\_\_

Contract Period \_\_\_\_\_

[click here for instructions](#)

Cost Category	A Grand Total	B Reimbursable	C Other (Match)
(1A) Personnel - Salaries	-	-	-
(1B) Personnel - Fringe Benefits	-	-	-
<b>Subtotal</b>	-	-	-

(2) Travel	-	-	-
(3) Supplies and Controlled Assets	-	-	-
(4) Equipment (Rent/Lease/Purchase)	-	-	-
(5) Accreditation	-	-	-
<b>Subtotal</b>	-	-	-

(6) Incidentals and Other Costs (list below)	-	-	-
<b>Subtotal</b>	-	-	-

<b>Total Direct Costs</b>			
<b>Total Indirect Costs (if applicable) _____%</b>			
<b>Grand Total</b>	-	-	-

Certified by: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

[illegible]

**\*\*Costs not allowable if already being paid by other sources.**

<b>(1B) Personnel - Fringe Benefits</b>	<i>Contractor</i>	<u>0</u>
	<i>Agency Account ID:</i>	<u>0</u>
	<i>Contract Period</i>	<u>0</u>

Type of Fringe Benefits	A Total	B Reimbursable	C Other (Match)
Total Fringe Benefits	-	-	-

\*For monitoring purposes payroll data must be kept on file.  
\*\*Costs not allowable if already being paid by other sources.

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<b>(2) Travel</b>	<b>Contractor</b>	<b>0</b>
	<b>Agency Account ID:</b>	<b>0</b>
	<b>Contract Period</b>	<b>0</b>

Type of Travel Expense (mileage/food/lodging etc.)	A Total	B Reimbursable	C Other (Match)
<b>Total Travel</b>	-	-	-

\*For monitoring purposes, receipts and other detailed records must be kept on file.  
 \*\*Costs not allowable if already being paid by other sources.

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<b>(3) Supplies and Controlled Assets</b>	<b>Contractor</b>	<b>0</b>
	<b>Agency Account ID:</b>	<b>0</b>
	<b>Contract Period</b>	<b>0</b>

Supplies (description)	A Total	B Reimbursable	C Other (Match)
<b>Total Supplies</b>	-	-	-

\*For monitoring purposes, receipts and other detailed records must be kept on file.  
 \*\*Costs not allowable if already being paid by other sources.

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<b>(4) Equipment</b>	<b>Contractor</b>	<b>0</b>
	<b>Agency Account ID:</b>	<b>0</b>
	<b>Contract Period</b>	<b>0</b>

Equipment (description and basis of cost)	Method Used (rent/lease/buy)	A Total	B Reimbursable	C Other (Match)
<b>Total Equipment</b>		-	-	-

\*For monitoring purposes, receipts and other detailed records must be kept on file.  
 \*\*All equipment must be tagged and numbered.  
 \*\*Costs not allowable if already being paid by other sources.

<b>(5) Accreditation Fees</b>	<b>Contractor</b>	<b>0</b>
	<b>Agency Account ID:</b>	<b>0</b>
	<b>Contract Period</b>	<b>0</b>

Type of Fee (description and basis of cost)	Method Used (rent/lease/buy)	A Total	B Reimbursable	C Other (Match)
Total Accreditation		-	-	-

\*For monitoring purposes, receipts and other detailed records must be kept on file.

\*\*Costs not allowable if already being paid by other sources.

