**COST RESPONSE FORM**

Provide a budget proposal of Allowable Costs based on the proposed caseload for each of the counties to be served. The Budget Proposal must reflect monthly distributions to clients. Please use the Estimated County Eligible Participants (APPENDIX G) to estimate the average number of clients served monthly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Caseload Proposed x $5.90 per each client case =

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Budget Available

|  |
| --- |
| **Cost Response - Budget Proposal** |
| **Line Item** | **$ 190 POINTS TOTAL** |
| 1. | Salary/Benefits | $ 20 points |
| 2. | Equipment and Vehicle Rental | $ 20 points |
| 3. | Fuel | $ 20 points |
| 4. | Equipment Maintenance | $ 15 points |
| 5. | Providing Nutrition Education | $ 20 points |
| 6. | Providing Program Outreach | $ 20 points |
| 7. | Providing Written Information and Referrals for Supplemental Security Income (SSI), Medical Assistance including Qualified Medicare Beneficiary (QMB), Supplemental Nutrition Assistance Program (SNAP) | $ 15 points |
| 8. | Non-Capital Equipment/Supplies | $ 10 points |
| 9. | Building/Space | $ 10 points |
| 10. | Building/Space Maintenance | $ 10 points |
| 11. | Utilities | $ 10 points |
| 12. | Sub-Contract Cost | $ 10 points |
| 13. | Other: Please Specify | $ 10 points |
|  |  | **$ 190 POINTS TOTAL** |

Provide a narrative description for each line item.