DEP BUDGET-COST ANALYSIS FORM

PROJECT TITLE:___Sumter County Small County Consolidated Grant 128SC_____

BUDGET DETAIL				COST ANALYSIS			
Budget items below to be provided by the **Contractor**. See attached instructions.				Cost Analysis to be completed by the Department Contract Manager. See attached instructions.			
1. PERSONNEL EXPENSES				Allowable	Reasonable	Necessary	COMMENTS (Basis for Decision)
A. Salaries - (Name/Title/Position)	Hourly Cost ($)	Hours	Totals ($)				
		*	= 0				
		*	= 0				
		*	= 0				
		*	= 0				
		*	= 0				
		*	= 0				
		Total Salaries	0				
B. Fringe Benefits (Rate% * Total salaries applicable)	Rate %	Total Sal. App.	Total $				
	0.00% *	0	0				
	Total Personnel Expenses (A+B)						
2. Supplies							
Description	Unit Cost $	Quantity	Totals $				
		*	= 0				
		*	= 0				
		*	= 0				
		Total Supplies	0				
3. Equipment							
Description	Unit Cost $	Quantity	Totals $				
		*	= 0				
		*	= 0				
		*	= 0				
		Total Equipment	0				
4. Travel							
Purpose/Destination	Days	Per Diem $	Fare/ Rate $	Mileage	Totals $		
	[*] + [	*	]	*	] = 0		
	[*] + [	*	]	*	] = 0		
	[*] + [	*	]	*	] = 0		
			Total Travel		0		

					Allowable	Reasonable	Necessary	COMMENTS (Basis for Decision)
5. Contractual								
Name or Services	Fee/Rate $		Hours (Tons)	Totals $				
Sumter Sanitation, LLC (MSW Disposal)	$46.00	*	1,535	= 70588				
		*		= 0				
		*		= 0				
			Total Contractual	70588				
6. Miscellaneous								
Description	Unit Cost $		Quantity	Totals $				
		*		= 0				
		*		= 0				
		*		= 0				
		*		= 0				
		*		= 0				
			Total Miscellaneous	0				
			SUBTOTAL (1 thru 6)	70588				
7. Overhead/Indirect - Base: _____	Rate %		Base $	Total $				
	0.00%	*	0	= 0				
8. Total Budget				$ 70588				

CERTIFICATION

I cetify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes.
Documentqation is attached evidencing the methodology used and the conclusions reached.

Name:_____

Signature:_____

Date:_____

BUDGET INSTRUCTIONS

A detailed budget is required for DEP fixed price contracts; however, this form shall also be used for determining the maximum amount needed under cost-reimbursement and fee-schedule contracts and to complete the required cost analysis for non-competitively awarded contracts over the Category II threshold. For fixed price contracts, this budget form is intended to provide the minimum information needed for budget approval. The DEP reserves the right to require additional information when necessary for approval of the fixed price, and also to require that any part of the project be compensated on a cost-reimbursement basis. Attach a separate sheet to provide an explanation of travel, equipment (especially computers), subcontracts, and other supporting information, and when needed for extra space (use same format and show totals on this form). This form should list the total fixed price to be funded by DEP, or the total project budget when the DEP is to pay a percentage of the project total. Breakdowns by task or phase, or other division of work, should be shown on the separate attachment. The use of this particular form is not a requirement for the budget, however any other budget form or format used should provide, at a minimum, the same information and level of detail. This form is requried for completion of the cost analysis.

1 PERSONNEL - A. Salaries - Identify the persons to be compensated for work on this project by name (if known), position, and title. Show the hourly cost and total hours to be charged for each person or position. If more space is needed, use a separate sheet to list individual positions and salaries, and show here the total hours for each title or position. Divide annual salaries by 2080 hours, and nine month academic salaries by 1560 hours, to find the hourly rate. B. Fringe Benefits - Multiply the rate by the total salaries to which fringe benefits apply. If the rate is variable, explain and show calculations on an attachment.

2 SUPPLIES - List expendable supplies by category description, unit costs and quantity.

3 EQUIPMENT - List non-expendable personal property/equipment valued at $1,000 or more by description, unit cost, and quantity. Computers and data-processing equipment should be described in detail in an attached explanation.

4 TRAVEL - List trips by their purpose and/or destination. Unless travel details are included in the Scope of Services, a separate narrative should be attached. Indicate the number of days for each trip and the per diem. **Keep in mind the DEP can only pay for travel at the approved State rate (Section 112.061, Florida Statutes).** Use "Fare/Rate" for mileage rate and multiply by "Mileage", or for travel fare and leave "Mileage" blank.

5 CONTRACTUAL - Subcontractors should provide the same information required by this budget form, with the following exceptions: (a) when professional services are provided at a pre-existing approved rate or fee shown on the budget; or (b) the subcontract is to be obtained competitively. For either (a) or (b), show an estimated maximum amount and provide an attached explanation as to how it was determined. Contractual services other than fixed price will be compensated by the DEP on a cost-reimbursement basis.

6 MISCELLANEOUS - List expenses not included in any of the above categories. Examples would be printing, copying, postage, communications, etc. Non-expendable equipment valued at less than $1,000 may be listed also. Include only expenses directly related to the project, not expenses of a general nature.

7 OVERHEAD/INDIRECT - Indicate the approved overhead/indirect cost rate, the dollar amount of the base to which it is applied, and the resulting total. Identify the base (cost categories) to which the rate is applied on the line indicated.

8 TOTAL BUDGET - Show the total of categories 1 through 7.

COST ANALYSIS INSTRUCTIONS

A cost analysis must be completed for any non-competitively procured agreement in excess of Category II, as well as any amendments that affect the amount of compensation and/or the level of services provided.

1 Each separate line item must be evaluated to determine whether the cost is allowable, reasonable and necessary. Each miscellaneous cost must be specifically identified.

2 To be allocated to a program, a cost must be related to the services provided. If the cost benefits more than one program, a determination must be made that the cost is distributed in a reasonable and consistent manner across al benefiting programs.

3 To be allowable, a cost must be allowable pursuant to state and federal expenditure laws, rules and regulations and authorized by the agreement between the state and the contractor/grantee.

4 To be reasonable, a cost must be evaluated to determine that the amount does not exceed what a prudent person would incur given the specific circumstances.

5 To be becessary, a cost must be essential to the successful completion of the project.

6 Indirect costs/overhead should be evaluated to determine that the rate is reasonable

7 Once the analysis of each budget item has been completed, indicate (by Yes or No) in the boxes to the right if the cost is allowable, reasonable and necessary. Use the comment box to provide coments on the basis for your decision.

8 Documentation must be maintained in the Contract/Grant Manager's files to support the conclustions reached as shown on this form

9 For contracts/grants prepared by the Procurement Section, this completed, signed form must be submitted with the Contract Initiation Form. For those grant agreements prepared from approved templates, this completed, signed form must be maintained in the grant file in the Program Area.