Attachment B

Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

NAME OF AGENCY (LEGAL NAME):	The Willie Mae Stokes Communtiy Center				
PROGRAM NAME:	The Willie Mae Stokes Family Resource Center				

<u>i</u>	Total Cost	Request from CTAC	Other Sources
Personnel Expenses			
Personnel	\$118,480.00	\$118,480.00	\$0.00
Fringe	\$9,063.72	\$9,063.72	\$0.00
Total Personnel Expenses	\$127,543.72	\$127,543.72	\$0.00
Operating Expenses			
Transportation	\$0.00	\$0.00	\$0.00
Office Supplies	\$5,160.00	\$5,160.00	\$0.00
Program Supplies	\$18,540.27	\$18,540.27	\$0.00
Contractual & Professional Services	\$0.00	\$0.00	\$0.00
Certifications & Training	\$148.00	\$148.00	\$0.00
Printing	\$164.00	\$164.00	\$0.00
Communications	\$2,400.00	\$2,400.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00
Equipment and Maintenance	\$3,400.00	\$3,400.00	\$0.00
Other Operating Expenses	\$144.00	\$144.00	\$0.00
Total Operating Expenses	\$29,956.27	\$29,956.27	\$0.00
Subtotal Personnel and Operating	\$157.499.99	\$157,499.99	\$0.00
Indirect Expenses (Maximum of 15%)**	7237,133.33	\$0.00	

INDIRECT EXPENSES**

Complete the Indirect Cost Worksheet
Indirect expenses are considered to be general and or shared use for the primary organization and may mutually benefit more than the CTAC awarded program. Indirect expenses are not directly needed for the operation of the CTAC program. Example: the HR Department, Accounting & Finance, Data/I.T., the CEO.

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

SOURCE	AMOUNT
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
TOTAL	\$0.00
DESCRIPTION	

PERSONNEL

POSITION TITLE	Annual	Salary	% OF TIME ON THIS PROJECT	T	OTAL COSTS	F	EQUESTED ROM CTAC	ER SOURCES
Example Program Coordinator		000.00	50%	\$	12,500.00	\$	6,250.00	\$ 6,250.00
Resource Center Manager		61,250	100%	\$	61,250.00	\$	61,250.00	\$ -
Family Support Coordinator		350.00	100%	\$	48,350.00	\$	48,350.00	\$ -
Data Manager	\$ 44,	400.00	20%	\$	8,880.00	\$	8,880.00	\$ -
				\$	-	\$	-	\$ -
				\$	-	\$	-	\$ -
				\$	-	\$	-	\$ -
				\$	-	\$	-	\$ -
				\$	-			\$ -
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				\$	-			\$ -
				\$	-			\$ -
				\$	-			\$ -
				\$	-			\$ -
				\$	-			\$ -
	\$ 154,	,000.00	TOTAL	\$	118,480.00	\$	118,480.00	\$ -

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times $200 \times 52 = $52,000.00$). You may list each separately if you prefer. SAMIS requires that you list each separately.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

POSITION TITLE	DESCRIPTION
Resource Center Manager	Responsible for the daily operations of the Family Resource Ceneter, including program development, staff
	and volunteer management, partner engagement, and more.
Family Support Coordinator	Meets with patrons and families to determine needs, set goals, and provide family support services. Also helps
	with deveopment and facilitation of programs and special events. Please note, these positions were previously

POSITION TITLE	Annual SALARY	Social Security	MEDICARE	LIFE AND HEALTH INS	WORKERS' COMP	RETIREMENT	OTHER	TOTAL ANNUAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Program Coordinator	\$6,250.00	\$387.50	90.63	\$600.00	\$120.00	\$350.00	\$10.00	\$1,558.13	\$500.00	\$1,058.13
Resource Center Manager	\$61,250.00	\$3,797.50	\$888.13					\$4,685.63	\$4,685.63	\$0.00
Family Support Coordinator	\$48,350.00	\$2,997.70	\$701.08					\$3,698.78	\$3,698.78	\$0.00
Data Manager	\$8,880.00	\$550.56	\$128.76					\$679.32	\$679.32	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
TOTAL FRINGE	\$118,480,00	\$7,345,76	\$1,717.96	\$0.00	\$0.00	\$0.00	\$0.00	\$9,063.72	\$9,063,72	\$0.00

FRINGE - Eater each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. If you are asking for more than one person in a position, please fleentify the total number after the position title and in the justification area below show how you arrived at the total wages and benefits. (Example's tutors at 200.00 per week for 4 weeks would be: Stutors x 200 per week not 100,000 per week for 4 weeks would be: Stutors x 200 per week 100,000 per week for 4 weeks would be: Stutors x 200 per week 100,000 per week for 4 weeks would be: Stutors x 200 per week 100,000 per week for 4 weeks would be: Stutors x 200 per week for 4 weeks would be: Stutors x 200 per week 100,000 per week for 4 weeks would be: Stutors x 200 per

USTIFICATION: Describe the role and responsibilities of each position, Required Social Security and Medicare expenses for the two newly hired staff, using provided formulas.							

TRANSPORTATION

PURPOSE OF TRANSPORTATION	Estimated	NUMBER OF	TOTAL ANNUAL	REQUESTED	OTHER SOURCES	
	Monthly Cost	Months	COST	FROM CTAC		
Example Weekly School pickup	\$ 100.00	12	\$1,200.00	\$500	\$700.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
			\$0.00	\$0	\$0.00	
		TOTAL COST	\$0.00	\$0.00	\$0.00	

Transportation –The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

USTIFICATION: Describe the purpose of transportation and how costs were determined. (insert justification below)							

OFFICE SUPPLIES

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Copy Paper	12	\$50	\$600.00	\$300	\$300.00
					\$0.00
Office furniture (desk and chair)	3	\$1,470	\$4,410.00	\$4,410	\$0.00
Lobby furniture	1	<i>\$750</i>	\$750.00	\$750	\$0.00
					\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$5,160.00	\$5,160.00	\$0.00

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

Office furniture includ	des desk, hutch, and chairs	for up to three staff.	Lobby furniture inclues 4 chairs

PROGRAM SUPPLIES

ITEM	ANNUAL COST	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Art Supplies	\$200.00	\$200.00	\$100	\$100.00
Smart Board with stand and accessories	\$1,699.00	\$1,699.00	\$1,699	\$0.00
Miscellaneous supplies	\$16,841.27	\$16,841.27	\$16,841	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
	TOTAL COST	\$18,540.27	\$18,540.27	\$0.00

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below)

Smart board for use with Family Resource Center programs. Program supplies include materials necessary for daily operations, special events, tabling, and outreach activities, such as, tablecloths, signage, storage containers, promotional items, etc. Additional program-specific supplies include but are not limited to, marketing materials, snacks/food items, decorations, arts & crafts supplies, games, and program supplies such as gift baskets used for chance drawings, utility and rental assistance payments - made directly to provider, (Priorty will be given to those that reside in the 32667 zip code area) and program-related items (e.g., coupon books, diaper bags, water bottles). Incentives will not include gift cards.

CONTRACTUAL & PROFESSIONAL SERVICES

NAME OF CONTRACT	SEESIONS OR HOURS		RATE	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Mental Health Counselor	12	\$	200.00	\$2,400.00	\$0	\$2,400.00
						\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
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				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
		TOTA	AL COST	\$0.00	\$0.00	\$0.00

	i l	\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
	TOTAL COST	\$0.00	\$0.00	\$0.00
Contract Services - A contractual arrangemer goods or services under this agreement. Such A copy of the signed agreement is required, al invoice. These items are to be submitted with allowed. General building maintenance, inclu Professional Services-A consultant is an indivicontractual agreement is required, along with detail invoice. These items are to be submitted. Note: Please do not include regular employees	arrangements may be in the form ong with a timesheet or other me the reimbursement request. Law ding pest control, is not allowed for dual retained to provide professi a timesheet or other method of till if with the reimbursement reques	m of consortium a ethod of timekeepi wn maintenance a for non-program ional advice or ser iimekeeping, or th	greements or co ing, or the contr and land improve areas. rvices for a fee.	ntracts. actor's detail ements are not A copy of the
IUSTIFICATION: Describe the purpose of Contractu	al or Professional Service and how	costs were determ	ined. (insert justi	fication below)

CERTIFICATIONS AND TRAINING

TYPE OF TRAINING OR CERTIFICATION	QUANTITY / STAFF	COST EACH / ENROLLMENT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Safe Kids Training	4	\$1,100.00	\$4,400.00	\$0	\$4,400.00
First aid/CPR training	4.00	37.00	\$148.00	\$148	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$148.00	\$148.00	\$0.00

Certifications, Travel and Training – This section relates to program employees. All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below)								
First aid/CPR Training for new staff.								

PRINTING

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Printing program flyers	500	\$0.20	\$100.00	\$100	\$0.00
Mailers	200	\$0.82	\$164.00	\$164	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$164.00	\$164.00	\$0.00

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

JUSTIFICATION: Describe the purpose of printing and how costs were determined. (insert justification below)								
THE COST WILL PRINTING NEEDS TO INCLUDE FLYERS UPCOMING EVENTS AND PROGRAM INFORMATION.								

COMMUNICATION

ITEM	NUMBER OF MONTHS	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Cell Phone bill	12	\$102.00	\$1,224.00	\$150.00	\$1,074.00
CELL PHONEFOR SRVC	12	\$200.00	\$2,400.00	\$2,400.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$2,400.00	\$2,400.00	\$0.00

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

JUSTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below)										
	Year 1 would include the cost of the cell phone plan along with the purchase of the phones.									

INSURANCE

TYPE OF INSURANCE	QUANTITY	COST PER MONTH	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example General Liability	12	\$400.00	\$4,800.00	\$4,800.00	\$0.00
GENERAL LIABILTY INSURANCE			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
TOTAL COST		\$0.00	\$0.00	\$0.00	\$0.00

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect. Only the percentage of CTAC funds will be authorized for reimbursement.

JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below)							
THIS INSURANCE PROVIDES THE REQUIRED PROFESSIONAL LIABILITY INSURANCE.							

NON-CAPITAL EQUIPMENT & MAINTENANCE

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example printer HP 428	1	\$250.00	\$250.00	\$100.00	\$150.00
laptops for staff	2	\$1,700	\$3,400.00	\$3,400.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$3,400.00	\$3,400.00	\$0.00

Non - Capital Equipment (< \$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures.

JUSTIFICATION: Describe the purpose of equipment or maintenance and how costs were determined. (insert justification below)									
	\$1700 each for laptop setup, including docking station and software (X2).								

OTHER OPERATING EXPENSES

ITEM	QUANTITY OR MONTHS	COST PER UNIT or MONTHLY AMOUNT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Building Rental	12	\$1,200.00	\$14,400.00	\$500.00	\$13,900.00
LV 2 BACKGROUND CHECKS FOR 2 EMPOLYEES	2	\$72.00	\$144.00	\$144.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$144.00	\$144.00	\$0.00

Other Operating Expenses - Kent payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement. Finger-printing & background screenings for program employees may also go here.

Please note: A square foot percentage calculator can be found by google search.

JUSTIFICATION: Describe the purpose of other operating expenses and how costs were determined. (insert justification below)			
THE COST WILL COVER COST FOR LV 2 BGC			

INDIRECT COST WORKSHEET

Administrative Salaries & Wages	Annual SALARY	SOCIAL SECURITY	MEDICARE	LIFE & HEALTH INS	WORKERS' COMP	RETIREMENT	OTHER ¹	CTAC Program Allocation	Indirect Cost
Administrative Salaries & Wages	Enter rates by column	6.20%	1.45%	15.00%	8.00%	10.00%	0.00%		
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

Cost Components	Annual Amount	CTAC Program Allocation	Indirect Cost	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
	\$0.00	0.0%	\$0.00	
Total	\$0.00		\$0.00	

Total Direct Cost	\$157,499.99	IDC Rate
Total Indirect Cost	\$0.00	0.00%
Total Contract Cost	\$157,499.99	

OTHER ¹			
Description	Rate		
	0.00%		