HHS0009546 - Psychiatric Services for Residents Civically Committed (PSCC)
Exhibit J - COST PROPOSAL

Summary ***Respondent:***

	Cost Category	Annual Totals					Total Cost
		Year 1 9/1/2021 - 8/31/2022	Year 2 9/1/2022 - 8/31/2023	Year 3 9/1/2023 - 8/31/2024	Year 4 9/1/2024 - 8/31/2025	Year 5 9/1/2025 - 8/31/2026	
		Initial Contract	Estimated	Estimated	Estimated	Estimated	
1	SALARIES - Tab 1A	$ -	$ -	$ -	$ -	$ -	$ -
2	PERSONNEL FRINGE - Tab 2A	$ -	$ -	$ -	$ -	$ -	$ -
3	TRAVEL - Tab 3A	$ -	$ -	$ -	$ -	$ -	$ -
4	MEDICATION AND SUPPLIES - Tab 4A	$ -	$ -	$ -	$ -	$ -	$ -
5	EQUIPMENT - Tab 5A	$ -	$ -	$ -	$ -	$ -	$ -
6	OTHER - Tab 6A	$ -	$ -	$ -	$ -	$ -	$ -
7	CONTRACTUAL - Tab 7A	$ -	$ -	$ -	$ -	$ -	$ -
1-7	**DIRECT COSTS**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8	**PROFIT MARGIN - Tab 8A**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
9	**INDIRECT COSTS - Tab 9A**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	TOTAL ESTIMATED COST	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

-

Certified by:	
Name:	
Title:	
Date:	

COST PROPOSAL

DIRECT SALARIES

YEAR 1 - BASE CONTRACT

	A	B	C	D	E	F	G	H
Position or Title	**# of Staff**	**Vacant Y/N**	**Justification (Briefly indicate why needed)**	**Certification or License (Enter NA if not required)**	**Total Average Monthly Salary**	**% Time on Contract**	**# Months of Service**	**Total**
Example:								
Intake Manager	1	N	manage intake process	LPC	$ 4,500.00	90%	12	$ 48,600.00
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							Year 1 Total Salaries	$ -

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

COST PROPOSAL

FRINGE BENEFITS	
Itemized the elements comprising fringe benfits	**Percentage of Fringe**
Group Medical Insurance	
Unemployement	
Worker's Compensation	
Retirement Plans	
Accrued Vacation	
Life Insurance	
AD&D	
Long term Disability	
Employee Assistance Program	
FICA Expense-Employer	
Accrued PTO	
Other (specify)	
YEAR 1 - BASE CONTRACT	
Fringe Benefits Rate	**Total**
0.00%	$ -

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

COST PROPOSAL

TRAVEL
YEAR 1 - BASE CONTRACT

Travel (mileage/food/lodging,etc.)		
Itemize annual estimated cost below based on historical spending.	**Purpose & Justification**	**Total**
Airfare		
Lodging		
Conference Registration		
Mileage		
Other (specify)		
	Year 1 Total Travel	$ -

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

COST PROPOSAL

MEDICATION AND SUPPLIES
YEAR 1 - BASE CONTRACT

Medication and Supplies (description and basis for cost)	Total

Year 1 Total Materials and Supplies	$ -

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

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

COST PROPOSAL

EQUIPMENT
YEAR 1 - BASE CONTRACT

Equipment (description)	Purposes & Justification	Number of Units

*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.

Cost Per Unit	Method Used (rent/lease/buy)	Total

	Year 1 Total Equipment	$ -

COST PROPOSAL

OTHER COSTS
YEAR 1 - BASE CONTRACT

Other Costs (description and basis of cost)	Total

Year 1 Total Other	$ -

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

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

COST PROPOSAL

CONTRACTUAL COSTS

YEAR 1 - BASE CONTRACT

Contractual Costs (Vendor name or type, and good or service provided)	Total

Year 1 Total Contractual	$ -

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

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

COST PROPOSAL

PROFIT MARGIN
YEAR 1 - BASE CONTRACT

Percent Profit

COST PROPOSAL

INDIRECT COSTS
YEAR 1 - BASE CONTRACT

Percent Indirect	Total
	$ -