Attachment C.1: Budget— Please complete the **mandatory** budget form and narrative below if submitting a proposal for **Component #1 – One-Stop Operator**.

Proposed Budget Partial Year 1: 2018-2019	
Budget Line Item	Amount
Salaries (OSO Staff) for the period	\$
17 September 2018-30 June 2019	
Benefits (OSO Staff) for the period	\$
17 September 2018-30 June 2019	
Salaries (Welcome Function) for the period	\$
1 October 2018-30 June 2019	
Benefits (Welcome Function) for the period	\$
1 October 2018-30 June 2019	
Travel for the period	\$
17 September 2018-30 June 2019	
Supplies (shared all AJCs) for the period	\$
1 October 2018-30 June 2019	
Operational (supplies, communication, etc.) for the period 1 October	\$
2018-30 June 2019	
SUBTOTAL PROGRAM REQUEST	\$
Administrative Indirect	\$
TOTAL BUDGET REQUEST	\$

Budget Narrative: Please provide a detailed explanation for each budget line item to justify the cost. Examples of explanations include job titles, wage rate, hours worked/charged, types of benefits and rates, estimated mileage/visits to locations, office and other supplies, and agency program operation or program costs. No travel expenses may be claimed for commute to/from "official station." Travel expenses may be claimed from the official station. Tennessee State Mileage Rate is \$.47.

All funding of this RFP is contingent upon the ETLWB and/or partner agreements having fund availability and may change based on increase/decrease in allocations, deobligation of funds, new initiatives, and decisions of the ETLWB.

Note: If an agency is requesting reimbursement for administrative indirect cost, an approved indirect rate proposal from the cognizant agency must be included with the proposal. Indirect cost will be a part of the competitive bid and subject to negotiation.