

Project Title: **Amador County Dependency Representation**  
 RFP Number: **CFCC-012414-ACDR-CF**

**APPENDIX B - BUDGET TEMPLATE**  
**Budget Proposed for May 1, 2014 - April 30, 2015**

**PERSONAL AND PROFESSIONAL SERVICES**

**A. PERSONNEL**

POSITION (Please modify position titles as appropriate and list additional positions on blank lines provided.)	Number of positions (FTEs)	Annual Salary per FTE	Total Annual Cost
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$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
<b>NET SALARIES</b>			\$0.00

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

Project Title: **Amador County Dependency Representation**  
 RFP Number: **CFCC-012414-ACDR-CF**

**B. ADDITIONAL PROFESSIONAL SERVICES**

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

**TOTAL PERSONAL and PROFESSIONAL SERVICES** **\$0.00**

**C. OPERATING EXPENSES**

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

**ANNUAL TRAINING BUDGET**

<b>INSURANCE</b>	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

**RENT**

Project Title: **Amador County Dependency Representation**  
 RFP Number: **CFCC-012414-ACDR-CF**

<b>OVERHEAD</b>	
(Please specify overhead in lines below)	

<b>ALL OTHER PROJECT COSTS NOT SHOWN ABOVE</b> (Specify in Budget Narrative)	
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<b>TOTAL OPERATING EXPENSES</b>	<b>\$0.00</b>
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<b>GRAND TOTAL</b>	<b>\$0.00</b>
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**D. REIMBURSABLE EXPENSES**

<b>Extraordinary Expenses</b>			
Expert witnesses			
Out of state travel to visit child clients			
	<b>Annual No. of Hours, Cases or other Unit</b>	<b>Hourly Rate, Montly Contract Rate or Per Case Rate</b>	<b>Total Annual Cost</b>
<b>Conflict Appointments</b>			
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			<b>\$0.00</b>

<b>TOTAL REIMBURSABLE EXPENSES</b>	<b>\$0.00</b>
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Project Title: **Amador County Dependency Representation**  
RFP Number: **CFCC-012414-ACDR-CF**

**APPENDIX B - BUDGET TEMPLATE**  
**Budget Proposal for May 2015 - April 2016**

**PERSONAL AND PROFESSIONAL SERVICES**

**A. PERSONNEL**

<b>POSITION</b> (Please modify position titles as appropriate and list additional positions on blank lines provided.)	<b>Number of positions (FTEs)</b>	<b>Annual Salary per FTE</b>	<b>Total Annual Cost</b>
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$0.00
			\$0.00
			\$0.00
			\$0.00
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			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>NET SALARIES</b>			\$0.00
<b>ANNUAL BENEFIT COST</b>			
Benefits as Percent of Salaries			#DIV/0!

Project Title: **Amador County Dependency Representation**  
 RFP Number: **CFCC-012414-ACDR-CF**

**B. ADDITIONAL PROFESSIONAL SERVICES**

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

**TOTAL PERSONAL and PROFESSIONAL SERVICES** **\$0.00**

**C. OPERATING EXPENSES**

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

**ANNUAL TRAINING BUDGET**

<b>INSURANCE</b>	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

**RENT**

Project Title: **Amador County Dependency Representation**  
 RFP Number: **CFCC-012414-ACDR-CF**

<b>OVERHEAD</b>	
(Please specify overhead in lines below)	

<b>ALL OTHER PROJECT COSTS NOT SHOWN ABOVE</b> (Specify in Budget Narrative)	
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**TOTAL OPERATING EXPENSES** **\$0.00**

**GRAND TOTAL** **\$0.00**

**D. REIMBURSABLE EXPENSES**

<b>Extraordinary Expenses</b>			
Expert witnesses			
Out of state travel to visit child clients			
	Annual No. of Hours, Cases or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
<b>Conflict Appointments</b>			
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			<b>\$0.00</b>

**TOTAL REIMBURSABLE EXPENSES** **\$0.00**

Project Title: Amador County Dependency Representation  
RFP Number: CFCC-012414-ACDR-CF

**APPENDIX B - BUDGET TEMPLATE**  
**Budget Proposal for May 2016 - April 2017**

**PERSONAL AND PROFESSIONAL SERVICES**

**A. PERSONNEL**

<b>POSITION</b> (Please modify position titles as appropriate and list additional positions on blank lines provided.)	<b>Number of positions (FTEs)</b>	<b>Annual Salary per FTE</b>	<b>Total Annual Cost</b>
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$0.00
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			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>NET SALARIES</b>			\$0.00
<b>ANNUAL BENEFIT COST</b>			
Benefits as Percent of Salaries			#DIV/0!

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**B. ADDITIONAL PROFESSIONAL SERVICES**

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

**TOTAL PERSONAL and PROFESSIONAL SERVICES** **\$0.00**

**C. OPERATING EXPENSES**

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

**ANNUAL TRAINING BUDGET**  

<b>INSURANCE</b>	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

**RENT**



Project Title: Amador County Dependency Representation

RFP Number: CFCC-012414-ACDR-CF

<b>OVERHEAD</b>		
(Please specify overhead in lines below)		

<b>ALL OTHER PROJECT COSTS NOT SHOWN ABOVE</b>	
(Specify in Budget Narrative)	

**TOTAL OPERATING EXPENSES** **\$0.00**

**GRAND TOTAL** **\$0.00**

**D. REIMBURSABLE EXPENSES**

<b>Extraordinary Expenses</b>			
Expert witnesses			
Out of state travel to visit child clients			
<b>Conflict Appointments</b>	<b>Annual No. of Hours, Cases or other Unit</b>	<b>Hourly Rate, Montly Contract Rate or Per Case Rate</b>	<b>Total Annual Cost</b>
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			<b>\$0.00</b>

**TOTAL REIMBURSABLE EXPENSES** **\$0.00**

**APPENDIX B - BUDGET TEMPLATE**  
**Startup and Transition Costs**

**PERSONAL AND PROFESSIONAL SERVICES**

**A. PERSONNEL**

<b>POSITION</b> (Please modify position titles as appropriate and list additional positions on blank lines provided.)	<b>Number of positions (FTEs)</b>	<b>Annual Salary per FTE</b>	<b>Months Required for Startup</b>	<b>Total Startup Cost</b>
Executive Director				\$0.00
Supervising Attorneys				\$0.00
Senior Attorneys				\$0.00
Attorneys				\$0.00
Social Workers				\$0.00
Investigators				\$0.00
Paralegals				\$0.00
Secretary				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>NET SALARIES</b>				\$0.00

<b>BENEFIT COST</b>	
Benefits as Percent of Salaries	#DIV/0!

**TOTAL PERSONAL and PROFESSIONAL SERVICES** **\$0.00**

**B. OPERATING EXPENSES**

<b>STARTUP TRAINING BUDGET</b>	
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<b>INSURANCE</b>	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

<b>FACILITIES</b>	
Rent	
Buildout	
Furniture	
Computers	
Telephones	
Other (specify)	

<b>OVERHEAD</b> (Please specify overhead in lines below)	

**TOTAL STARTUP OPERATING EXPENSES** **\$0.00**

**GRAND TOTAL** **\$0.00**