Project Title: Santa Clara Dependency Representation RFP Number: CFCC 09-08 DRAFT-Santa Clara-LM

Budget Proposal October 2008 - September 2009

PERSONAL AND PROFESSIONAL SERVICES

A. PERSONNEL

POSITION (Please modify position titles as appropriate.)	Number of positions (FTEs)	Annual Salary per FTE	Total Cost Oct. '08 - Sept. '09
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
Please add lines to enter all personnel			
classifications included in proposal.			
	<u>. </u>	-	
NET SALARIES			\$0.00

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

B. ADDITIONAL PROFESSIONAL SERVICES

TYPE OF SERVICES	Annual No. of Hours	Hourly Rate, Montly Contract Rate or Per Case Rate (Specify)	Total Cost
Contractual Attorney Services			\$0.00
Contractual Non-Attorney Professional Services			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

TOTAL PERSONAL and PROFESSIONAL SERVICES

\$0.00

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TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Cost Oct. '08 - Sept. '09
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00
ANNUAL TRAINING BUDGET	<u> </u>		
INSURANCE			
Commercial General Liability		T	
Business Automobile Liability			
Professional Liability			
Workers' Compensation		Ī	
Employers' Liability		Ī	
Check if Self-Insured		Ī	
RENT			
OVERHEAD			
Please add lines to enter all overhead items			
included in proposal.			
ALL OTHER PROJECT COSTS NOT SHO	OWN AROVE		
(Specify in Budget Narrative)	WINIDOVE		
TOTAL OPERATING EXPENSES		[\$0.00
GRAND '	ГОТАL	[\$0.00
D. REIMBURSABLE EXPENSES			
Even aut with access			
Expert witnesses Out of state travel to visit child clients		}	
Out of state travel to visit clinic chefits			

\$0.00

TOTAL REIMBURSABLE EXPENSES