

Attachment 2 – Project Budget

City of Arcata HEAP Application

**REQUEST FOR PROPOSALS – NO. DHHS 2019-01
HOMELESS EMERGENCY AID PROGRAM
ATTACHMENT B – PROPOSED BUDGET**

A. Personnel Costs <i>(Formula for salary calculations and any benefits should be clearly identified)</i>		
Title: _____		
Hourly Rate of Pay or Salary Calculation: _____	\$	
Duties Description: _____		
Title: _____		
Hourly Rate of Pay or Salary Calculation: _____	\$	
Duties Description: _____		
Total Personnel Costs:		\$
C. Supplies (Note B has been removed)		
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
C. Supplies, Continued		
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
Total Supplies Cost:		\$
D. Transportation / Travel <i>(Travel expenses must follow Humboldt County Travel Policy limits)</i>		
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
Total Transportation / Travel Costs:		\$
E. Other Costs		
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
Item: _____		
Description: _____	\$	
Total Other Costs:		\$
Grand Total of All Costs:		\$