

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: \$	