# Attachment 6 – Estimated Budget Worksheets

The Estimated Budget Worksheets are provided as a template for Respondents to use. HCA appreciates as much information as is able to be provided on the Estimated Budget.

Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Summary**

|  |  |  |
| --- | --- | --- |
| **Cost Category** | **Start-Up Budget (Dates)** | **Yearly** |
| Personnel |  |  |
| Operating Expenses |  |  |
| Subcontractor |  |  |
| Indirect Costs |  |  |
| **Totals** |  |  |

**Start-Up Budget**

|  |  |
| --- | --- |
| **Cost Category** | **Budget** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Annual Budget (Please complete a sheet for a year.)**

|  |  |  |
| --- | --- | --- |
| **Line Item** | **FTE** | **Budget** |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Benefits (include percentage rate) |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses (examples only, please list actual) |  |  |
| Utilities |  |  |
| Office Supplies and Materials |  |  |
| Telephone and Communication |  |  |
| Postage/Mailing/Printing |  |  |
| Travel |  |  |
| Training |  |  |
| Client Supports |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| **GRAND TOTAL EXPENSES** |  |  |