**Exhibit B - Budget**

**Attachment 1: Proposed Budget**

**Applicant must follow the instruction below for their application to be considered responsive.**

Columns under the **Cost** header, represent the proposed total cost (including tax) the applicant will charge. Columns under the **Expenses** header, represent specific line items for expenses needed to complete deliverables outlined in the Scope of Work. (SOW)

**Total Cost** is the sum of all values in the cost column and will be used to provide an estimated budget for work done under an awarded contract. The total cost must not exceed $500,000 which is the max total value award of this RFA. --------------------------------------------------------------------------------------------------------------------------------
**Instructions:** Fields that may be edited are highlighted in green or are in red colored text.
***Cost:*** Enter the total cost for each line item. Pricing must be all inclusive and represent a total for each line item including all applicable taxes. Expenses that are not expressed as sum total for the work done such as hourly rates for specific staff members do not apply and may result in your Application not being evaluated. ***Expenses:***  Enter line items for expenses you intend to bill HCA for to complete the SOW. HCA has identified the provided line items necessary to completing the SOW. However, your organization may provide additional line items and corresponding costs as you deem appropriate by replacing the fields titled "Insert line item or delete". (Not to exceed 10 additional line items) You may leave these fields blank if you do not intend to charge for any additional costs not already provided.

***Year 1:*** Costs in this table must represent expenses for completing deliverables in Year-1 of the Scope of Work.
***Year 2:*** Costs in this table must represent expenses for completing deliverables in Year-2 of the Scope of Work.

**Note:** Total costs may not exceed **$250,000** for year one (1) and **$250,000** for year two (2).

**Proposed Budget**

|  |  |
| --- | --- |
| **Year 1** (March 11, 2024 – June 30, 2024) | **Year 2** (July 1, 2024 – June 30, 2025) |
| **Expenses** | **Cost (Including Tax)**  | **Expenses** | **Cost (Including Tax)**  |
| Locations/Venue Costs |   | Locations/Venue Costs |   |
| Audiovisual costs |   | Audiovisual costs |   |
| Website Development |   | Website Development |   |
| Printing Costs |   | Printing Costs |   |
| Promotional Marketing |   | Promotional Marketing |   |
| Food/Beverage Costs |   | Food/Beverage Costs |   |
| Administrative Fees (May not exceed 10%) |   | Administrative Fees (May not exceed 10%) |   |
| Staffing Costs |   | Staffing Costs |   |
| Technical Assistance |   | Technical Assistance |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| (Insert line item or delete) |   | (Insert line item or delete) |   |
| **Total Cost Year 1:**  |  **$**  | **Total Cost Year 2:**  |  **$**  |

Attachment 2: Budget Narrative (Scored 10 Points)

Provide a Budget Narrative describing the costs outlined in the proposed budget and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). Applicants must describe how their proposed costs justify the completion of work outlined in the Statement of Work. A thorough response will demonstrate how each budget item is supporting the project and will lead to achieving the objective(s).

Responses must be on the template provided below. Narratives will not exceed five (5) pages Arial font size 11 or larger. Any pages that exceed this limit will be deleted prior to the Health Care Authority (HCA) forwarding the submittals to the solicitation evaluators.

Responses submitted not using Attachment 2, or unauthorized modifications to the Attachment will not be evaluated and will be considered unresponsive.

**{Rest of Page Intentionally Left Blank.}**

## Budget Narrative. 10 Points (5 Pages max)