**Original plus one copy** (Submit in separate envelope within proposal package)

PROPOSER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel expenses will be reimbursed pursuant to the State of Wisconsin Uniform Travel Schedule: <http://oser.state.wi.us/section.asp?linkid=29>. DCF will NOT pay hourly labor rate for consultant travel time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COST PROPOSAL** | | | | |
|  |  |  |  |  |
|  | Individual/Staff Level | Estimated Number of Hours | Hourly Rate | EXTENDED TOTAL PRICE |
| 1. Staffing costs\* (by individual & job title, list estimated hours, hourly rate & total cost) | $ |  | $ | $ |
|  |  |  |  |  |
| 1. Overhead (show % of labor; attach specific breakdown of what is included in overhead) |  |  |  | $ |
|  |  |  |  |  |
| 1. Travel for verification of need\*\* - estimated transportation, lodging, meals, expenses, etc (attach specific breakdown) |  |  |  | $ |
|  |  |  |  |  |
| 1. Other direct expenses, estimated by category (attach specific breakdown: materials, communication, etc) | $ |  |  | $ |
|  |  |  |  |  |
|  | Indicate quantity, unit price, and total price of equipment of software | | | |
| 1. Equipment and/or software being purchased or developed (itemize as appropriate) |  |  | $ | $ |
|  |  |  |  |  |
| 1. Maintenance of hardware/software – recent annual pricing for 3-5 years (itemize as appropriate) | yrs |  | $ /yr | $ |
|  |  |  |  |  |
| 1. Training (attach price breakdown if necessary) |  |  |  |  |
|  | $ /hr | $ /class | At Vendor | $ |
|  |  |  |  |  |
| 1. **TOTAL** |  |  |  | **$** |

\* Attach detailed itemization of individuals or staff levels (titles). List subcontractors separately using the same criteria.

\*\* Attach detailed itemization of travel necessary to support verification efforts needed to ensure funds are appropriately dispersed and utilized by ECE providers.