**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.

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| **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.