

OCA/CPA-315
APPENDIX B



PROPOSAL COVER SHEET

Organization Name _____
Street Address/P.O. Box _____
City _____ State _____ Zip Code _____
Contact person: _____
Title: _____
Phone number: _____
E- mail address: _____
Federal Tax ID Number: _____
Charities Registration Number: _____
Reason if exempt: _____
County or Counties to be served: _____
Total CDRC Funds requested: _____
Total Special Projects Funds requested: _____
Total Program Budget: _____

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Proposal Narrative | <input type="checkbox"/> | 7. Certificate of Incorporation (Appendix E) | <input type="checkbox"/> |
| 2. Budget Worksheets (Appendix C) | <input type="checkbox"/> | 8. Staff Job Descriptions and Résumés (Appendix E) | <input type="checkbox"/> |
| 3. Caseload Objectives Worksheet (Appendix D) | <input type="checkbox"/> | 9. IRS Correspondence Indicating Applicant's Tax-Exempt Status (Appendix E) | <input type="checkbox"/> |
| 4. Audited Financial Report (Appendix E) | <input type="checkbox"/> | 10. References (Appendix F) | <input type="checkbox"/> |
| 5. Organizational Chart (Appendix E) | <input type="checkbox"/> | 11. Non-Collusive Bidding Certification Form (page 3 of Attachment I) | <input type="checkbox"/> |
| 6. Listing of Board of Directors (Appendix E) | <input type="checkbox"/> | 12. Acknowledgment Form (page 4 of Attachment I) | <input type="checkbox"/> |

The applicant certifies that to the best of his/her knowledge and belief the information in this proposal is true and correct, and that he/she will comply with the terms and conditions set forth in this RFP. The organization further certifies that it has timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports or is exempt from such reporting.

Authorized Signature: _____

Title: _____

RFP # OCA/CPA - 315
COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
REVENUE

UCS Revenue		
	<u>Source</u>	<u>Amount</u>
	CDRCP Funding Request	
	Special Project Funding Request	
(1)	Total UCS Revenue	
MATCHING REVENUE		
Public Revenue		
	<u>Source</u>	<u>Amount</u>
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		
(2)	Total Public Revenue	
Private Revenue		
	<u>Source</u>	<u>Amount</u>
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		
(3)	Total Private Revenue	
	Total Cash Revenue (1+2+3)	
In-Kind Goods and Services		
	<u>Source</u>	<u>Amount</u>
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		
(4)	Total In-Kind Good and Services	
	Total Revenue (1+2+3+4)	

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COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
SALARIES

	Title	Amount	*F.T.E
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
	Total Salaries		

*FTE, or full-time equivalency, should be entered as 1.00 or a percentage thereof. For instance, a half-time employee's FTE is 0.50 and a full-time employee's FTE is 1.00.

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COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

FRINGE BENEFIT COSTS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

TRAVEL		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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 APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

SUPPLIES		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

EQUIPMENT		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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 APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

RENTALS AND REPAIRS OF EQUIPMENT		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

REAL ESTATE RENTALS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

POSTAGE AND SHIPPING		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

PRINTING		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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 APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

TELECOMMUNICATIONS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

PROFESSIONAL SERVICES		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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 APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

MISCELLANEOUS SERVICES		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

INSURANCE		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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 APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

SEMINARS AND MEETINGS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

PAYMENTS TO NEUTRALS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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APPENDIX C - BUDGET FORMS
EXPENSE DETAIL

INDIRECT COSTS		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

TRAINING		
	CATEGORY	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL	

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COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
EXPENSE SUMMARY

	Category	Total (1+2+3)
	Salaries	
	Fringe Benefits	
	Travel	
	Supplies	
	Equipment	
	Rentals and Repairs of Equipment	
	Real Estate Rentals	
	Postage and Shipping	
	Printing	
	Telecommunications	
	Professional Services	
	Miscellaneous Services	
	Insurance	
	Seminars and Meetings	
	Payments to Neutrals	
	Indirect Costs	
	Training	
	Total Cash Expenses	
	In-Kind Expenses	
	Total Expenses	

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COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX C - BUDGET FORMS
BUDGET SUMMARY

Allocation of Cash Expenses Among Counties

Indicate the counties in which ADR services will be provided on line 1 (one column per county). In each column allocate cash expenses associated with that county. Total each column at the bottom and total each row in column 9. The totals in column 9 must equal the total CASH expenses listed above.

DESCRIPTION	1	2	3	4	5	6	7	8	9
Enter County Name									TOTAL
Total Personnel									
Fringe Benefits									
Supplies									
Travel									
Equipment									
Contractual Services									
Indirect Costs									
Total									

RFP # OCA/CPA - 315
 COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
 APPENDIX C - BUDGET FORMS
BUDGET SUMMARY

REVENUE	
UCS Revenue	
Public Revenue	
Private Revenue	
Total Cash Revenue	
Total In-Kind Revenue	

EXPENSES	
Total Cash Expenses	
Total In-Kind Expenses	

TOTAL REVENUE (Must equal total expenses)	
TOTAL EXPENSES (Must equal total revenue)	

RFP # OCA/CPA - 315
COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX E - SUPPORTING DOCUMENTS

Please attach the following documents to this face sheet for OCA/CPA-315 Appendix E:

- | | | |
|---|--|--------------------------|
| 1 | Audited financial report | <input type="checkbox"/> |
| 2 | Organizational chart | <input type="checkbox"/> |
| 3 | List of the Board of Directors | <input type="checkbox"/> |
| 4 | Certificate of Incorporation | <input type="checkbox"/> |
| 5 | Staff job descriptions and résumés | <input type="checkbox"/> |
| 6 | Photocopy of correspondence issues by the Internal Revenue Service indicating the proposer's tax-exempt status | <input type="checkbox"/> |

**RFP # OCA/CPA - 315
COMMUNITY DISPUTE RESOLUTION CENTERS PROGRAM
APPENDIX F - REFERENCES**

Name of Proposer: _____

Please provide contact information for three references:

Organization Name: _____

Contact: _____

Address: _____

Telephone Number: _____

Description of work performed for the reference agency:

Organization Name: _____

Contact: _____

Address: _____

Telephone Number: _____

Description of work performed for the reference agency:

Organization Name: _____

Contact: _____

Address: _____

Telephone Number: _____

Description of work performed for the reference agency: