INDEPENDENT COST ESTIMATE - SERVICES
(Make no entries in columns labeled Calc)

DESCRIPTION OF SERVICES:

	MONTHS	WKS/MO	HRS/WEEK
IF TRAINING, LENGTH OF TRAINING:			
ESTIMATED TOTAL PARTICIPANTS FOR ALL TRAINING PROGRAMS:			

PERSONNEL:

STAFF POSITION	ANNUAL SALARY	# FTE		COST (Calc)
			= $	-
			= $	-
			= $	-
			= $	-
			= $	-
			= $	-

STAFF SALARY COSTS			= $	-
STAFF FRINGE BENEFITS:	0%	x Salary Costs	= $	-
(A) TOTAL EST. PERSONNEL SERVICES AND FRINGE:			= $	-
(B) INDIRECT COST RATE:	0%	x Personnel Costs	= $	-

NON-PERSONNEL COSTS:

MATERIALS AND SUPPLIES FOR PARTICIPANTS:

DESCRIPTION	AMT PER PART	# PART (calc)		COST (Calc)
		-	= $	-
		-	= $	-
		-	= $	-
		-	= $	-
		-	= $	-

TRAVEL: Rate/mile _____   Miles _____ = $ -

FACILITIES:	SQ. FT	PER MONTH	MO (calc)		
Rent (indicate square feet rented)			-	= $	-
Utilities (Water/Sewer/Electric)			-	= $	-
Telephones			-	= $	-
Internet Access			-	= $	-
Other (describe) _____			-	= $	-
_____			-	= $	-
_____			-	= $	-

MISCELLANEOUS:

DESCRIPTION	AMT PER PART	# PART (calc)		
		-	= $	-
		-	= $	-
		-	= $	-

(C) TOTAL ESTIMATED NON-PERSONNEL COSTS: = $ -

TOTAL COSTS (ADD A, B, AND C):   = $ -

COST PER PARTICIPANT HOUR   0

(Total Costs ÷ (Total Participants x Hrs/Week))

_____

Prepared by   Date: