



REQUEST FOR PROPOSALS
Workforce Innovation and Opportunity Act (WIOA)
One-Stop Operator

FORM D

Proposer Organization:

Budget Form

| Description | Requested Amount |
|---|------------------|
| Personnel Costs: | |
| Staff Salaries and Benefits: | |
| Other (Must define in budget narrative Form E): | |
| Total Personnel Costs: | |
| Operating Costs: | |
| Staff Travel: | |
| Office Supplies: | |
| Equipment: | |
| Other (Must define in budget narrative Form E): | |
| Total Operating Costs: | |
| Indirect Costs: | |
| Indirect Cost Allocations/Overhead: | |
| Total Indirect Costs: | |
| Profit (if applicable): | |
| Profit percentage: | |
| Total Profit Costs: | |
| Total Proposed Budget: | |

Proposer organization is not responsible for rent, utilities, copy machine leases and other shared partner expenses in the EmployNV Hub locations. Please do not include these expenditures in your budget submission.