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| WorkSource Centers - Economic & Workforce Development Department, City of  Los Angeles**2025 PEER HOMELESS SYSTEM NAVIGATOR PILOT****REQUEST FOR INTEREST (RFI)**  **BUDGET FORM** |
| 1. Operator Name*:*   |
| 2. WorkSource or YouthSource Center Name: |
| **PROGRAM BUDGET** |
| The Peer Homeless System Navigator Pilot Program has a set budget, as detailed in Section I below. The budget is set per a master agreement between the grantor (U.S. Department of Labor) and the grantee (City of Los Angeles). The Operator will operate as a grant sub-recipient and will adhere to the budget as set in Section I below. |
| **PRIMARY CONTACT & SIGNATORY** |
| **Contact person (first & last name):** | **Contract signatory (first & last name):** |
| **a. Contact title:** | **a. Signatory title:** |
| **b. Contact phone:** | **b. Signatory phone:** |
| **c. Contact email:** | **c. Signatory email:** |
| **BUDGET ADHERENCE & APPLICANT CERTIFICATION** |
| On behalf of the Operator, I accept the program budget as detailed below in Section I. The Operator will adhere to the program budget. Any request by the Contractor selected through this RFI to modify the budget must be made in writing and must be approved in writing by the City of Los Angeles during the term of the contract for such modification to be approved.Regarding leveraged resources, I certify that all information provided in Section II is complete and accurate to the best of my knowledge. |
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| **Authorized Representative Signature & Title** | **Date** |

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| **SECTION I - PROGRAM BUDGET** |
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| **PARTICIPANT-RELATED COSTS** |
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| **WAGES** |
| # of Participants | Hourly Rate | # of Hours Worked per Month | # of Month Worked | Wages |
| 30 | $25 | 40 | 9 | $ 270,000.00 |
| 10 | $25 | 40 | 9 | $ 90,000.00 |
| **Sub-Total** | **$ 360,000.00** |
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| **FRINGE BENEFITS** |
| Type | Rate | # of Participants | Wages per Participant | Fringe Benefits |
| Federal Insurance Contributions Act | 7.65% of Wages | 40 | $ 9,000.00 | $ 27,540.00 |
| Workers' Compensation Insurance | Cap of 4.15% of Wages | 40 | $ 9,000.00 | $ 14,940.00 |
| State Disability Insurance | 1.2% of Wages | 40 | $ 9,000.00 | $ 4,320.00 |
| **Sub-Total** | **$ 46,800.00** |
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| **OTHER PARTICIPANT COSTS** |
| Type | # of Participants | Cost Per Participant | Other Costs |
| Supportive Services | 40 | $ 100.00 | $ 4,000.00 |
| **Sub-Total** | **$ 4,000.00** |
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| **ADMINISTRATIVE OVERHEAD COSTS** |
|  | Non-Administrative Costs | % for Admin Overhead | Admin Overhead |
| 10.66 % of Non-Administrative Costs  | $ 410,800 | 10.66% | **$ 43,791.52** |
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| **TOTAL BUDGET** |
| Participant-Related Costs (Non-Administrative Costs) | $ 410,800 |
| Administrative Overhead Costs | $ 43,792 |
| **TOTAL** | **$ 454,592** |

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| **SECTION II - SCHEDULE OF LEVERAGED RESOURCES****Note: Leveraged resources are optional, so there is no minimum amount of leveraged resources required.** **However, leveraged resources will be taken into account as part of the overall RFI application evaluation process.** |
| **Program Elements** | **Service Provider** | **Method of** **Calculation** | **Total $ Value of Resources** |
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| 8 |  |  |  |  |
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| **Total** |  **$**  |