

Vendor Name:

Date:

RFP/RFQ/RFB Title:
(Program Name from Solicitation)

NFWF Contact Name:

*To be completed
by NFWF Staff.*

**Complete all pertinent
fields shaded in
YELLOW.**

NFWF Contact Email Address:

Contractor Budget - Based on Hourly Rates

Contractor Labor Costs	Hourly Rate*	Task 1 (Hours)	Task 2 (Hours)	Task 3 (Hours)	Task 4 (Hours)	Task 5 (Hours)	Total Hours	Total
Staff Position 1							0.00	\$ -
Staff Position 2							0.00	\$ -
Staff Position 3							0.00	\$ -
Staff Position 4							0.00	\$ -
Staff Position 5							0.00	\$ -
Staff Position 6							0.00	\$ -
Staff Position 7							0.00	\$ -
Staff Position 8							0.00	\$ -
Staff Position 9							0.00	\$ -
Staff Position 10							0.00	\$ -
Total		0.00	0.00	0.00	0.00	0.00	0.00	\$ -
Total Labor Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Travel								\$ -
Materials								\$ -
Other Costs								\$ -
Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

*Fully-loaded daily labor rate includes, salary, fringe and overhead costs.

Total Contract Budget: \$ -

Provide budgeted task level detail below (add additional space as needed to fully address required scope of work):

Task 1 (Hours) - Description: \$- Insert description and other pertinent details here.
Task 2 (Hours) - Description: \$- Insert description and other pertinent details here.
Task 3 (Hours) - Description: \$- Insert description and other pertinent details here.
Task 4 (Hours) - Description: \$- Insert description and other pertinent details here.
Task 5 (Hours) - Description: \$- Insert description and other pertinent details here.
Total Labor Costs - Description: \$- Insert description and other pertinent details here.
Travel - Description: \$- Insert description and other pertinent details here.
Materials - Description: \$- Insert description and other pertinent details here.
Other Costs - Description: \$- Insert description and other pertinent details here.