# Ohio Rehabilitation Services Commission

## VRP3 Budget Proposal for Case Management and Coordination

| | | | | | |
|---|---|---|---|---|---|
| Contractor Name: | | | | | |
| | | | | | |
| I | | | **Operating Budget** | | |
| | A. | | **Direct Costs** | | |
| | | 1 | Salaries (including fringe) | Total from Worksheet 1 | |
| | | 2 | Travel | Total from Worksheet 2 | |
| | | 3 | Supplies | Total from Worksheet 3 | |
| | | 4 | Equipment | Total from Worksheet 4 | |
| | | 5 | Staff Development | Total from Worksheet 5 | |
| | | 6 | Occupancy | Total from Worksheet 6 | |
| | | 7 | Other | Total from Worksheet 7 | |
| | | | | | |
| | | | Total Direct | | $ - |
| | | | | | |
| | B | | **Indirect Costs *** | | |
| | | 1 | Indirect Cost - Contractor | based on Approved Certificate of Indirect Cost (attach copy) | |
| | | 2 | Indirect Cost - Sub-Contractor | based on Approved Certificate of Indirect Cost (attach copy) | |
| | | | | | |
| | | | Total Indirect | | $ - |
| | | | | | |
| | | | Total Operating Budget (IA+IB) | | $ - |
| | | | | | |
| II | | | **Case Services Budget** | | |
| | | | Total Case Services | | |
| | | | | | |
| | | | **Budget Total (IA+ IB + II)** | | $ - |
| | | | | | |
| III | | | **Calculation of Award** | | |
| | A. | | Net Award Amount | | $ - |
| | B | | Total Award Amount | | $ - |
| | C. | | RSC/ODADAS Administration Fee | | $ - |
| | D | | Federal Match | | $ - |
| | E | | Contractor Contribution | | $ - |

**NOTES:**

* B. Indirect Costs can only be included if the Board or Agency has a Federal Indirect Cost Agreement. Otherwise, all costs must be broken out in the Direct Cost Line Items.

Please insert green highlighted totals from worksheets into related green hightlighted fields

Please complete yellow highlighted fields