**Form C**

**Workforce Development Board of Solano County’s**

**Program Budget Summary**

*Vendors may submit a project rate schedule using a different format, as long as the requested information is clearly present.*

|  |  |
| --- | --- |
| **Agency/Firm Name:** |  |
| **Project Cost Summary (Total Cost):** |  |
| **Total Estimated Hours:** |  |

**Overall Proposed Budget Summary**

|  |  |
| --- | --- |
| **CATEGORY** | **WDB PROGRAM** |
| Personnel | **$** |
| Non-Personnel Program Costs(programmatic transportation, etc.) | **$** |
| Administrative Costs(not to exceed 10% without an Indirect Cost Rate Agreement) | **$** |
| *TOTALS* | **$** |