

# YUBA COUNTY COMMUNITY SERVICES COMMISSION

## REQUEST FOR PROPOSALS

Yuba County Community Services Commission is inviting proposals from qualified private nonprofit or public organizations capable of operating programs that provide services to Yuba County's low-income population under the Community Services Block Grant (CSBG) program. The amount available for this proposal is \$271,000. Services will be provided from January 1 through December 31, 2017.

This Request for Proposal does not commit Yuba County Community Services Commission (YCCSC) to award a contract nor to pay any costs incurred in preparing a proposal. YCCSC reserves the right to accept or reject any or all proposals. Items that may be negotiated include type and scope of services and activities, administrative and program structure, and the budget. This is a process to select service providers with whom the YCCSC may subsequently enter into a written contract. YCCSC reserves the right to deviate from this Request for Proposal.

Upon recommendation from YCCSC, qualified contractors will be selected to provide services within Yuba County during the period of January 1 through December 31, 2017. Funding decisions are final and non-grievable.

Staff will review proposals for completeness and adherence to RFP instructions. Those which are incomplete or which do not follow stated instructions may be rejected. A committee of the Community Services Commission will evaluate proposals. **Applicants will be required to attend a proposal presentation session on November 14 or 15 between 9-12noon.** You should be prepared to do a five minute presentation on your proposal and answer questions. You will be notified of the exact date and time after October 28. Applicants may also be required to provide proof of liability insurance, current audited financial statements, or other documents deemed necessary to assist YCCSC in developing funding recommendations.

**Proposals are due October 28, 2016 no later than 3:00 pm**

**Yuba County Community Services Commission  
950 Tharp Road, Suite 1303  
Yuba City, CA 95993**

## Contents

INTENT .....	3
BACKGROUND AND SCOPE OF SERVICES .....	3
TIMELINE FOR PROCESS .....	3
POINT OF CONTACT .....	3
SCOPE OF WORK .....	4
SCORING CRITERIA .....	8
SELECTION CRITERIA .....	9
CONTRACT AWARDS.....	9
CONTRACT REQUIREMENTS (if awarded) .....	9
ATTACHMENT A – APPLICATION COVER PAGE .....	10
ATTACHMENT B – FEDERAL POVERTY GUIDELINES.....	11
ATTACHMENT C – CSBG FISCAL DATA .....	12

**INTENT**

Yuba County Community Services Commission, hereinafter referred to as “YCCSC”, is soliciting proposals from qualified 501(c)(3) organizations and public agencies, hereinafter referred to as “CONTRACTOR”, to administer and/or operate community based programs designed to reduce poverty, revitalize low-income communities, and empower low-income families and individuals within Yuba County to achieve self-sufficiency.

This solicitation is not intended to create an exclusive service AGREEMENT and multiple agreement awards may be made depending on funds available. YCCSC retains the ability, at its sole discretion, to add qualified CONTRACTORS at any time.

**BACKGROUND AND SCOPE OF SERVICES**

YCCSC oversees an anti-poverty program that allocates funding to nonprofit and public agencies that provide services to support, assist, and empower low-income people and improve their quality of life. YCCSC serves as Yuba County’s Community Action Board, advising and counseling the Yuba County Board of Supervisors. The Commission exists of volunteers representing the private, public and low-income sectors of the local community.

YCCSC receives funding from the Community Services Block Grant through the State Department of Community Services and Development. YCCSC strives to leverage funding from other resources to expand existing programs and to develop new services to meet identified needs in the community.

Every two years, YCCSC conducts a community needs assessment and public hearing. Comments and public needs are gathered and incorporated into a two-year plan called the Community Action Plan. The top ten community priorities gathered from this process drive the types of services that will be considered for funding through a sub-grantee process.

**TIMELINE FOR PROCESS**

Issue RFP	September 30, 2016
Proposal Submittal Deadline	October 28, 2016, 3:00 p.m.
Agency Proposal Presentations	November 14 or 15 from 9-12noon (agency exact date/time of presentation TBD)
Estimated Notification of Selection	November 28, 2016
Estimated Agreement Date	January 1, 2017

*This schedule is subject to change as necessary.*

**POINT OF CONTACT**

Questions and correspondence regarding this solicitation shall be directed to:

Jackie Slade, Yuba County Community Services Commission  
950 Tharp Road, Suite 1303  
Yuba City, CA 95993  
Tel (530) 751-8555 Fax (530) 751-8515 Email jslade@ysedc.org

## **SCOPE OF WORK**

The SCOPE OF WORK includes but is not limited to the following:

The specifications of this RFP are based on the 2016–2017 Community Action Plan as well as the Strategic Plan.

Services must specifically relate to one or more of the identified top ten countywide service priorities and proposals must include a Statement of Work that describes how contracting services match one or more of these priorities of the 2016–2017 Community Action Plan and Strategic Plan. If the agency plans to use this funding for administrative costs that will leverage other agency funds used for direct service, the agency must specify the funding amounts, funding sources, direct services and programs that will be provided to the community and how it relates to one or more of the top ten countywide service priorities.

The services and needs identified as the top ten countywide service priorities in the 2016-2017 Community Action Plan are:

- **Substance Abuse (Drug or alcohol counseling)**
- **Education/Job Training/Jobs/Transportation**
- **Homelessness/Shelter for Homeless**
- **Food Banks/Food Baskets**
- **Family Counseling/Behavioral Health**
- **Affordable Housing/Rental Deposit Assistance**
- **Housing Repair Programs**
- **General Medical Services/ Accessibility to Medical/Acceptance by Doctors and Clinics**
- **Children's programs/Childcare**
- **Legal Services**

In addition to the above, the YCCSC indicated there is a need to provide veterans services in the areas of substance abuse, education, job training, and shelter

Areas of service in which the Community Action Agency's Strategic Plan has determined priority needs exist are:

- providing skills required for employment
- improving the areas in which the low-income live including but not limited to: building new safe and affordable housing; improving safe passages; developing parks/community centers, rehabilitating existing housing, etc.
- providing transportation for employment, medical care, etc.
- providing services for at-risk youth
- providing parenting classes
- providing affordable/ attainable childcare

YCCSC is particularly interested in receiving proposals that will provide services in these priority areas that foster interagency coordination of activities and that eliminate duplication of services. Proposals addressing more than one priority area per application will be considered non-responsive. More than one proposal may be submitted, but the proposal must be for different programs and different priority areas of service.

YCCSC has outlined the following criteria for allocating funds:

- Funding will be allocated based on the priority level of the service in the Community Action Plan and Strategic Plan and the CONTRACTOR'S projected service capacity to Yuba County residents living in poverty.
- YCCSC will execute individual contracts with each service agency. It is possible for more than one agency to provide services for the same service priority. It is also possible for one agency to provide services matching multiple service priorities; however regional service capacity will determine funding amounts.

#### **Funding Allocation**

Estimated total funds available for this RFP are \$271,000. The percentage of funds allocated to each agency is based on the numerical ranking of the service priority being served, how many service priorities are being served and the agency capacity. Poverty is defined as individuals living in families (including single persons) with income below the federal poverty level. See Attachment B – Federal Poverty Guidelines.

Funding increases or decreases within awarded contract agreements will be made on a case-by-case basis with regard to emergent needs within the county, the service priorities identified in the 2016-2017 Community Action Plan and Strategic Plan, and input from YCCSC.

#### **Program Outcomes**

- Outcome measurements for individual agencies contracted will be based on the proposed service counts submitted on the 801 National Performance Indicators (NPI) Report, 2016 – 2017 Community Action Plan and Strategic Plan. Goals for each outcome will be specified in the contract between YCCSC and individual agencies at the time of contract negotiation with individual agencies, and will correspond to the goals outlined in the Community Action Plan and Strategic Plan. CONTRACTORS will maintain records of services provided and report data annually using the 801 NPI Report and the 295 Client Characteristic Report. (forms are viewable at [www.yubacares.org](http://www.yubacares.org))
- Agencies will be required to participate in an annual site visit conducted by YCCSC staff and commission members. Agencies may also be asked to participate in triennial site visits conducted by the State Department of Community Services and Development (CSD) as mandated by the current CSBG contract between YCCSC and CSD. Site visits will focus on the agency's fiscal integrity, customer service, business management, and NPI service delivery projections.
- In order to ensure quality customer service, agencies will utilize a customer service survey tool which shall be submitted semi-annually to YCCSC.

## PROPOSAL PACKAGE REQUIREMENTS -CONTENT AND LAYOUT

CONTRACTOR shall provide the information as requested and as applicable to the proposed goods and services. The proposal package shall be organized as per the checklist below; headings utilized in the proposal package shall be the same as those identified in the Narrative Section below. Proposal packages shall include at a minimum, but not limited to, the following information in the format indicated below.

Use forms where provided. NO additional material may be submitted. Proposals that deviate from this format will not be considered for funding.

- Submit only 1 copy of the entire application packet
- Cover Page** Using form titled "APPLICATION" (Attachment A), provide all information including organization name, address, telephone number, program contact person, priority area of service and original signature, signed in blue ink, of agency official authorized by board resolution to submit proposal.
- Narrative**  
Submit a maximum of five pages (not including the cover page), addressing the following points, identifying each by corresponding heading:

### **Qualifications**

- a) Describe your organization and its primary purpose, including your mission/vision statement.
- b) Describe your agency's qualifications to operate in the priority area you are proposing.

### **Need/problem**

- a) Describe the client need for services proposed.
- b) Document the client problem you will solve with the funding.
- c) Describe how the proposed program will meet the identified need for services in Yuba County.
- d) Describe similar existing services within Yuba County and describe enhancements or expansions of services the program will provide without creating a duplication of services.
- e) Identify how the program will interrelate with other programs within Yuba County to meet the identified need.

### **Program (Describe the proposed program)**

- a) How the program will meet the need of the low-income population.
- b) How services will be delivered.
- c) Method and process of determining recipient income eligibility (pay stubs, social security award letters, bank statements, tax statements, etc) and method of recipient data tracking
- d) Give a breakdown of tasks to be used in completing the program, with time lines.
- e) Attach a programmatic organizational chart depicting where this program will fit into your organization.
- f) How the program will empower low-income families and individuals within Yuba County to achieve self-sufficiency.
- g) All services shall be culturally and linguistically appropriate to populations served.

### **Evaluation**

- a) Describe specific actions that you will take to determine the achievement of your objectives and your goal. Be sure to include timelines.
- b) How will program success be measured?
- c) Describe the client satisfaction tools/methods used by the agency, how often they are used and how the data is utilized, analyzed and acted on to improve the agency programs and services.

**Phase Out Plan**

CSBG is intended to be short term funding. CSBG is subject to the Federal Budget process. Consequently, each year there is the possibility that these funds will be discontinued or decreased. YCCSC is interested in funding organizations that will use the CSBG as seed money, gradually phasing out these funds or at least incrementally reducing dependency on the CSBG to a minimum. An effective fiscal plan consists of determining available resources and preparing for possible funding reductions.

- a) Describe what process your agency would use to continue to operate in the event that CSBG funding is reduced or eliminated.
- b) In this regard, develop a phase-out plan that will estimate the percentage you will voluntarily reduce CSBG funds for this project after one year of operation, and in subsequent years.

**Accessibility**

- a) Give the location(s) of where the proposed services will be provided.
- b) Is this location(s) easily accessible to all low-income residents of Yuba County, even those who have problems of frail health/physical disabilities or lack of transportation?
- c) How do you propose to make these services more accessible to these low-income persons?

**Partnerships**

- a) Describe how your agency will coordinate programs with and form partnerships with other organizations serving low-income residents. Indicate who you already have formal contracts/MOU's with.

- CSBG Fiscal Data (Attachment C)**  
Clearly list expenditures by line item. Please complete all sections. Identify CSBG funds requested for the proposed program. (These pages will become part of your contract if your proposal is funded.)
- Board Resolution**—Original Board Resolution authorizing submission of proposal and acceptance of funding (if selected) must be attached.
- Private non-profits must submit evidence of 501(c) (3) status, including EIN#.**
- Submit a copy of client satisfaction tools used by your agency (if you do not have in place now, development and submittal will be required by 3/31/17)**
- Organizational chart**

## SCORING CRITERIA

160 POINTS POSSIBLE	POOR	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT
<b>PROGRAM INFORMATION</b>					
<b>1. Qualifications:</b> The agency demonstrates prior experience in service delivery.	0	3	5	7	10
<b>2. Need/problem:</b> Agency demonstrates how the proposed program will meet the identified need for services in Yuba County.	0	3	5	7	10
<b>3a. Program:</b> Services fit the description of one or more of the Top Ten Countywide Service Priorities outlined in the Scope of Work.	0	3	5	7	10
<b>3b.</b> Services fit the description of one or more of the Priority areas of service outlined in the Scope of Work.	0	3	5	7	10
<b>3c.</b> The program description is clear and the service delivery method is easy to understand.	0	3	5	7	10
<b>3d.</b> Agency has an ability to provide services to Individuals and families within Yuba County.	0	3	5	7	10
<b>3e.</b> Agency programs empower low-income families and individuals within Yuba County to achieve self-sufficiency.	0	3	5	7	10
<b>3f.</b> Agency has prior experience providing English and Spanish and/or multi-lingual services.	0	3	5	7	10
<b>4a. Evaluation:</b> The outcome measures for program success are clear and achievable.	0	3	5	7	10
<b>4b.</b> Agency has client satisfaction tools/measures in place and are used effectively	0	3	5	7	10
<b>5. Phase out Plan:</b> Agency demonstrates fiscal stability.	0	3	5	7	10
<b>6. Accessibility:</b> Facility is accessible to all residents.	0	3	5	7	10
<b>7. Partnerships:</b> Agency has formal contracts/MOU's in place.	0	3	5	7	10
<b>BUDGET/RESOURCES</b>					
<b>8.</b> The proposed budget is complete, clear and reasonable for the program goals.	0	3	5	7	10
<b>9.</b> The agency demonstrates other funds are used to support/leverage the program.	0	3	5	7	10
<b>GENERAL PROPOSAL</b>					
<b>10.</b> Overall, the application is well constructed and the agency has the expertise to implement the program they propose.	0	3	5	7	10



## **SELECTION CRITERIA**

The selection of CONTRACTOR and subsequent contract award(s) will be based on the criteria contained in this Solicitation, as demonstrated in the submitted proposal. CONTRACTOR should submit information sufficient for YCCSC to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the Proposal to be deemed non-responsive and may be cause for rejection.

To the extent of personnel and equipment to be provided under this agreement, CONTRACTOR, if so requested, shall afford YCCSC an opportunity to inspect CONTRACTOR'S equipment prior to award of the agreement.

The award(s) resulting from this RFP will be made to the CONTRACTOR(s) that submit a response that, in the sole opinion of YCCSC, best serves the overall interest of the County.

## **CONTRACT AWARDS**

YCCSC does not guarantee a minimum or maximum dollar value for any AGREEMENT or AGREEMENTS resulting from this solicitation.

YCCSC requires the contractor to give a brief presentation to the committee before a contract is awarded. The costs of the presentation are the CONTRACTOR'S responsibility.

YCCSC is not liable for any cost incurred by CONTRACTOR in response to this solicitation.

All CONTRACTORS who have submitted a Proposal or Qualifications Package will be notified of the final decision as soon as it has been determined.

## **CONTRACT REQUIREMENTS (if awarded)**

If your agency is awarded a contract the following documents will also be required:

- Signed contract
- W-9
- \$1,000,000 liability insurance, YCCSC listed as additionally insured
- Workers Compensation insurance
- Fidelity Bond in amount of 25 percent of grant award
- Drug Free Workplace Certification (form provided)
- Lobbying Certification (form provided)
- Copy of Certification of Appeal Policy and Procedures
- Copy of Confidentiality policy
- 801 CSBG NPI Work Plan
- 425 CSBG Contract Budget Summary for amount awarded

To be completed/submitted during the year

- Single Audit or IRS Tax Form 990 AND Compilation Financial Statement
- Bi-monthly reimbursement request forms with backup to show expenses incurred
- Annual CSD NPI 801 report
- Annual CSD 295 Client Characteristic report
- Closeout CSD 090 report

**ATTACHMENT A – APPLICATION COVER PAGE**

Yuba County Community Services Commission – Community Services Block Grant  
RFP NUMBER: YCCSC - CSBG 2017

**MAILING ADDRESS:**

Yuba County Community Services Commission  
950 Tharp Road, Suite 1303, Yuba City, CA 95993

This Signature Page (signed in blue ink) must be included with your submittal in order to validate your proposal.  
**Proposals submitted without this page will be deemed non-responsive.**

**CONTRACTOR MUST COMPLETE THE FOLLOWING TO VALIDATE PROPOSAL**

I hereby agree to furnish the articles and/or services stipulated in my proposal at the price quoted, subject to the instructions and conditions in the Request for Proposal package. I further attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

Requesting Agency: \_\_\_\_\_

Funding Request: \_\_\_\_\_ Program Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Authorized Persons Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Authorized Persons Name: \_\_\_\_\_

**Which top ten countywide services does your agency provide- Check all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> Substance Abuse                     | <input type="checkbox"/> Education/Job Training/Jobs/Transportation         |
| <input type="checkbox"/> Homelessness/Shelter for Homeless   | <input type="checkbox"/> Food Banks/Food Baskets                            |
| <input type="checkbox"/> Family Counseling/Behavioral Health | <input type="checkbox"/> Affordable Housing/Rental Deposit Assistance       |
| <input type="checkbox"/> Housing Repair Programs             | <input type="checkbox"/> General Medical Services/ Accessibility to Medical |
| <input type="checkbox"/> Children’s programs/Childcare       | <input type="checkbox"/> Legal Services                                     |
| <input type="checkbox"/> Veterans services                   | <input type="checkbox"/> Not addressing any of the above                    |

**Which priority areas of service does your agency provide – Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> skills required for employment   | <input type="checkbox"/> parenting classes                                |
| <input type="checkbox"/> services for at-risk youth       | <input type="checkbox"/> transportation                                   |
| <input type="checkbox"/> affordable/ attainable childcare | <input type="checkbox"/> improving the areas in which the low-income live |
| <input type="checkbox"/> Not addressing any of the above  |   |

**ATTACHMENT B – FEDERAL POVERTY GUIDELINES**

**FEDERAL POVERTY GUIDELINES & PERCENTAGE BREAK POINTS Guidelines for 2016**

<b>Family Size</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>200%</b>
1	5,940	8,910	<b>11,880</b>	14,850	17,820	23,760
2	8,010	12,015	<b>16,020</b>	20,025	24,030	32,040
3	10,080	15,120	<b>20,160</b>	25,200	30,240	40,320
4	12,150	18,225	<b>24,300</b>	30,375	36,450	48,600
5	14,220	21,330	<b>28,440</b>	35,550	42,660	56,880
6	16,290	24,435	<b>32,580</b>	40,725	48,870	65,160
7	18,365	27,548	<b>36,730</b>	45,913	55,095	73,460
8	20,445	30,668	<b>40,890</b>	51,113	61,335	81,780
For each additional person	2,080	3,120	<b>4,160</b>	5,200	6,240	8,320

**SOURCE:** *Federal Register January 2016*

Eligible beneficiaries are the following: (1) all individuals living in households whose income is at or below official poverty income guidelines as defined by the United States Office of Management and Budget; (2) All individuals eligible to receive Temporary Assistance to Needy Families or Federal Supplemental Security Income benefits (under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.)), and (3) Residents of a target area or members of a target group having a measurably high incidence of poverty and which is the specific focus of a project financed under this chapter.

If direct financial aid is provided as in the case of an Emergency Assistance Voucher, all beneficiaries must be at, or below the official OMB Poverty line.

For programs that use CSBG to fund portions of salary or operating expenses, the persons served per the approved contract performance objectives must be at or below the poverty line.

**ATTACHMENT C – CSBG FISCAL DATA**

### CSBG CONTRACT BUDGET SUMMARY

Contractor Name:		Contract Number:	Amendment Number:
Prepared By:		Contract Term:	
Telephone Number:		Contract Amount:	
Date:		E-mail Address:	
<b>SECTION 10: ADMINISTRATIVE COSTS</b>			
<b>Line Item</b>			<b>CSBG Funds</b> (round to the nearest dollar)
1	Salaries and Wages		
2	Fringe Benefits		
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Contract/Consultant Services		
7	Other Costs		
<b>Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)</b>			
<b>SECTION 20: PROGRAM COSTS</b>			
<b>Line Item</b>			<b>CSBG Funds</b> (round to the nearest dollar)
1	Salaries and Wages		
2	Fringe Benefits		
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Subcontractor/Consultant Services		
7	Other Costs		
<b>Subtotal Section 20: Program Costs</b>			
<b>SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) Note: Total cannot exceed allocation amount.</b>			
<b>SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG</b>			
<b>SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)</b>			
<b>SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)</b>			

### CSBG BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

#### Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

<u>A</u> No. of Positions	<u>B</u> Position Title	<u>C</u> Total Salary for each position	<u>D</u> Percent (%) of CSBG time allocated for each position	<u>E</u> Number of CSBG months allocated for each position	<u>F</u> Total CSBG Funds budgeted for each position

**Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)**

#### SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES


**Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)**

#### FRINGE BENEFITS

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG funds Budgeted Line 2	Section 20 Program Costs List CSBG funds Budgeted Line 2

**TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)**

### CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

*Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.*

<b>LIST EACH LINE ITEM</b> Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	<b>CSBG</b>	
	<b>Section 10: Administrative Costs</b>	<b>Section 20: Program Costs</b>
List all Operating Expenses	3 <small>sum should equal total on line item 3 of CSD 425.S Budget Summary form</small>	3 <small>sum should equal total on line item 3 of CSD 425.S Budget Summary form</small>
List all Equipment Purchases	4 <small>sum should equal total on line item 4 of CSD 425.S Budget Summary form</small>	4 <small>sum should equal total on line item 4 of CSD 425.S Budget Summary form</small>
List all Out-of-State Travel: <i>Name of conference; Specify location; Cost per trip</i>	5 <small>sum should equal total on line item 5 of CSD 425.S Budget Summary form</small>	5 <small>sum should equal total on line item 5 of CSD 425.S Budget Summary form</small>
List all Contract/Consultant Services	6 <small>sum should equal total on line item 6 of CSD 425.S Budget Summary form</small>	
List all Subcontractor/Consultant Services		6 <small>sum should equal total on line item 6 of CSD 425.S Budget Summary form</small>
<b>Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):</b>	<b>Section 10: Administrative Costs</b>	<b>Section 20: Program Cost</b>
i		
ii		
iii		
iv		
<b>Total Other Costs (Sum of i, ii, iii, iv):</b>	7 <small>sum should equal total on line item 7 of CSD 425.S Budget Summary form</small>	7 <small>sum should equal total on line item 7 of CSD 425.S Budget Summary form</small>

