

OFFICE OF THE CHILD'S REPRESENTATIVE

RFP ISSUE DATE: May 17, 2010

STAFF OFFICE PROPOSED BUDGET INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. The name of your organization must be stated on all pages submitted
2. The sample budget forms contain sample budget expenses likely to be incurred. Each proposer shall consider their individual business needs and circumstances.
3. In the event the proposing entity does other types of legal or non-legal work, costs should be allocated between the various practice areas and the budget projections shall be limited to the GAL practice.

B. BUDGET FORMS

1. **Form A:** Enter name and title of employee, annual salary, the total number hours to be worked per week, number of non-case related (vacation time, sick leave, and holidays) hours per week. Two forms should be completed, one for January 1, 2011 - December 31, 2011, and another for January 1, 2012 - December 31, 2012.
2. **Form B:** Enter business expenses for one-year timeframe. Two forms should be submitted, one for January 1, 2011 - December 31, 2011, and another for January 1, 2012 - December 31, 2012.
3. **Form C:** Enter the business expenses for the six-month timeframe, January 1, 2013 - June 30, 2013). This form is only necessary if there are significant changes in personnel, in comparison to the previous year.
4. **Form D:** Enter the total number of employee hours and wages for the six-month timeframe, January 1, 2013 - June 30, 2013. This form is only necessary if there are significant changes in expenses, in comparison to the previous year.

C. Forms A & C

1. **Legal and Social Services Staff:** Shall include attorneys, social service staff members and paralegals who provide direct services on individual cases. All personnel expenses must be assigned in accordance with program descriptions and guidelines.
2. **Administrative Support:** Employees providing administrative support for the program.
3. **Data entry required:**
 - a. Enter the name (if known) and the title of the employee.
 - i. Examples: Jane Jones, Managing Attorney
Unknown, Managing Attorney
 - b. Enter the annual salary of staff member.
 - c. Enter the number of hours per week the staff member will work.
 - d. The FTE (Full-Time Equivalency), number of hours per year, and annual salary will automatically be calculated.
 - i. FTE (Full Time Equivalency): FTE of the employee is based on a normal 40 hour work week. Examples:
 1. 40 hour week = 2,080 hours annually = 1.0 FTE
 2. 20 hour week = 1,040 hours annually = 0.5 FTE
 3. 36 hour week = 1,872 hours annually = 0.9 FTE
 4. 25 hour week = 1,300 hours annually = 0.6 FTE
 - e. The number of hours per year will automatically be calculated. The basis of the calculation is 40 hours worked per week for 52 weeks of the year ($40 * 52 = 2,080$). This amount is multiplied by the FTE amount to determine actual number of hours worked per year.
 - f. Enter the number of non-case related hours per year. Non-case related hours include vacation time, sick leave, and holiday hours.
 - g. Number of case related hours per year will automatically calculate. This amount represents the number of hours worked per year, less the number of non-case related hours per year worked.

D. Forms B & D

1. **Salaries:** Legal & Social Services Staff Salaries and Administrative Salaries data will automatically populate from either Form A or C, depending on which form is being completed. For example, Form A will populate Form B, and Form C will populate Form D.
2. **Employee Taxes:** Employer's share of payments made toward FICA and Unemployment Taxes based on the salary expense allocated to the program. Amounts will automatically be populated based on the salary expense multiplied by the estimated cost of each benefit.
3. **Insurance:** Enter General Liability and Malpractice estimates. Workers' Compensation will be automatically generated based on the formula of Salary Total multiplied by an estimate of \$0.32 per \$100 of salaries.

- a. Example: Annual salary total of \$125,000 would cost and estimated \$400 of Workers' Compensation. ($\$125,000 / \$100 * .32 = \$400$)
4. **Benefits:** Medical/Health Insurance, Life Insurance, and Retirement benefits are optional benefits. Enter amounts as applicable.
5. **Professional Fees:** Any accounting or auditing services provided from an outside sources.
6. **Equipment (Purchased or Leased):** Enter the annual expenditure amount of all computers, laptops, fax machines, copiers, furniture, etc.
7. **Office Expenses:**
 - a. Rental expenses - Office space rent.
 - b. Office Supplies - Administrative materials and supplies needed to carry out office functions for the program. Includes items such as: stationery, paper, duplicating materials, pencils, pens, etc.
 - c. Utility expenses.
 - d. Communication Services - Includes items such as telephone, cell phones, internet, etc.
 - e. Postage and shipping expenses related to the program.
 - f. Software licenses related to the program.
 - g. Annual Legal Bar dues, if organization wishes to pay on attorney's behalf.
 - h. Other expenses not identified in any other line item, including administrative and general (A&G) costs.

E. Budget Narrative (No form is provided):

Prepare a narrative on your organization's letterhead or proposed letterhead that explains how budget calculations and allocations were determined. Include method of calculating total number of hours spent on a given case ("Direct Service Hours"); average hours per child; division of hours among attorney and social service staff; and the total annual Direct Service Hours provided office-wide on all cases. To the extent that the proposer does not believe the staffing needs will differ between the first two years, the proposer should explain the determination that the staffing needs will remain constant.