

DEP BUDGET-COST ANALYSIS FORM

Required Signatures:

Original Ink

PROJECT TITLE: Nassau Small County Consolidated Waste Grant 2020-21

BUDGET DETAIL		COST ANALYSIS			
Budget items below to be provided by the Contractor . See attached instructions.		Cost Analysis to be completed by the Department Contract Manager. See attached instructions.			
1. <u>PERSONNEL EXPENSES</u> A. Salaries - (Name/Title/Position)	Hourly Cost (\$) Hours Totals (\$)	<u>% Allocation</u> Allowable Reasonable Necessary COMMENTS (Basis for Decision) (Basis for Decision) (Basis for Decision) (Basis for Decision)			
	Hourly Cost (\$) Hours Totals (\$) **=0				
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				
B. Fringe Benefits (Rate% * Total salaries applicable)	* = 0 Total Salaries = 0 Rate % Total Sal. App. Total \$ 0.00% * 0 0 Total Personnel Expenses (A+B) \$ -				
2. <u>Contractual Services</u> Description <u>Leachate removal</u>	Fee/Rate \$ Quantity Totals \$ * = \$ 93,750.00 = 0				
	* = 0 Total Supplies \$ 93,750.00				
3. <u>Travel</u> Per Purpose/Destination Days Diem \$ [*]	Fare/ Rate \$ Mileage Totals \$ + [*] =0 + [*] =0				
[ii	+ [*] =0 Total Travel 0				
4. Equipment Description	Unit Cost \$ Quantity Totals \$				
	* = 0 Total Equipment 0	$\frac{2}{0}$			

5. <u>Rental/Lease of Equipment</u> Description	Fee/Rate \$ Quantity Totals \$	% Allocation	Allowable	Reasonable	<u>Necessary</u>	COMMENTS (Basis for Decision)
6. <u>Miscellaneous/Other Expenses</u> Description	Unit Cost \$ Quantity Totals \$ $ \begin{array}{ccccccccccccccccccccccccccccccccccc$					
7. <u>Overhead/Indirect</u> - Base: 8. Total Budget	SUBTOTAL (1 thru 6) \$ 93,750.00 Rate % Base \$ Total \$ 0.00% * 0 = 0 \$ 93,750.00 \$ \$ 93,750.00	100				

CERTIFICATION

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

Name: Lindsey Bradley-Brown

Signature:_

Title: Government Analyst I

Date:

BGS DEP 55-229 Effective 8-30-2016