

**Attachment #8****RFP #:****BUDGET FORM**

RESPONDENT NAME

\$

TOTAL BUDGET AMOUNT

| I. SALARIES & WAGES |                                       |              |             |             |                      |
|---------------------|---------------------------------------|--------------|-------------|-------------|----------------------|
|                     | Direct Staff – Name & Title           | Number FTE's | Hourly Rate | Total Hours | Salary Total Charged |
| 1                   | Medical Physicist                     |              |             |             |                      |
| 2                   | Other:                                |              |             |             |                      |
| 3                   | Other:                                |              |             |             |                      |
| 4                   | Other :                               |              |             |             |                      |
|                     | Subtotal Salaries                     |              |             |             |                      |
|                     | Subcontractors – Name & Title         |              |             |             |                      |
| 1                   | Program Director                      |              |             |             |                      |
| 2                   | Other:                                |              |             |             |                      |
| 3                   | Other:                                |              |             |             |                      |
| 4                   | Other :                               |              |             |             |                      |
|                     | Subtotal Subcontractor Salaries       |              |             |             |                      |
|                     | SALARY TOTALS                         |              |             |             |                      |
| II. DIRECT COSTS    |                                       |              |             |             |                      |
|                     |                                       | Qty          | Price       | Hourly Rate | Total                |
| 1                   | Equipment Inspection                  |              |             |             |                      |
| 2                   | Room Inspection                       |              |             |             |                      |
| 3                   | Equipment Calibration                 |              |             |             |                      |
| 4                   | Reports                               |              |             |             |                      |
|                     | Subtotal Direct Costs                 |              |             |             |                      |
|                     |                                       |              |             |             |                      |
| II. INDIRECT COSTS  |                                       |              |             |             |                      |
|                     |                                       | Qty          | Price       | Hourly Rate | Total                |
| 1                   | Mileage Per Staff: (list staff below) |              |             |             |                      |
| 2                   |                                       |              |             |             |                      |
| 3                   |                                       |              |             |             |                      |
| 4                   |                                       |              |             |             |                      |
|                     | Subtotal Indirect Costs               |              |             |             |                      |
|                     |                                       |              |             |             |                      |
| GRAND TOTAL COSTS   |                                       | -            | -           |             |                      |

\*If Applicable