

INSTRUCTIONS

Do NOT input values in gray cells. Those cells are formula-driven and will automatically update.

Please be advised that the CCLGP cannot fund cost increases or overruns. The project sponsor or grant recipient is responsible for any cost increases or overruns. The workplan estimates must be as accurate as possible.

Exhibit 25-R: Non-Infrastructure Work Plan Estimates

1. **Date:** Insert today's date
2. **Implementing Agency Name:** Insert name of agency that will be implementing the project.
3. **Project Title:** Enter the title for entire project included in the application.
4. **Project Description:** Provide brief project description.
(Ex.: Conduct bicycle and pedestrian safety education, encouragement and traffic safety enforcement near schools.)

Task Details

Tasks are primary elements of a project. Provide a "Task Detail" table for each. (Task A, Task B, Task C, etc.)

- 5a. **Task Name:** Provide name of Task
- 5b. **Task Summary:** Provide a brief Task description for the various components to be completed in your project.

Activities and Deliverables

List all associated Activities for each task and all corresponding deliverables for each activity.

- Start Date and End Date:** Provide a start and end date for each Task Activity. (Month - Year)
- 6a. **Activities:** List all activities that will be completed in each Task.
 - 6b. **Deliverables:** List all of the corresponding deliverables for each activity listed.

Staff Costs

- 7a. **Staff Time (Agency):** List all agency staff title/position(s) that will work on this task. If more than one Agency, indicate staff & Agency Affiliation in each staff position.
(Example: Party 1 - Program Manager, LA Schools).
Select CCLGP or In-kind: Select the fund source (CCLGP or In-kind) that will pay for each staff position. In-kind refers to local funds, donations, or any other funding source that will not be reimbursed by the CCLGP.
Staff Hours: Provide the total number of estimated hours for each party listed.
Rate Per Hour: Provide the rate per hour of each party listed.
Subtotal Agency Costs: Leave Blank - This is automatically calculated.
- 7b. **Staff Time (Consultant):** Consultants do not have to identify the staff positions. For each consultant listed include an identifier to distinguish the work that the consultant will perform.
(Example: Part 2 - Consultant: Bike Safety Training)
Select CCLGP or In-kind: Select the fund source (CCLGP or In-kind) that will pay for each staff position. In-kind refers to local funds, donations, or any other funding source that will not be reimbursed by the CCLGP.
Staff Hours: Provide the total number of estimated hours for each party listed.
Rate Per Hour: If using a Consultant to perform the work, list the estimated Consultant cost/hr. or include an overall cost for that work. (Put "1" in Staff Hours and the "overall cost amount" in Rate Per Hour)
Subtotal Consultant Costs: Leave Blank - This is automatically calculated.
- 7c. **Total Staff Costs:** Leave Blank - The Total Staff Cost is automatically calculated.

Indirect Costs

- Only fill out this section if asking for indirect costs to be reimbursed through CCLGP.**
Agencies should have an approved Indirect Cost Allocation Plan (ICAP) agreement with Caltrans. Local agencies without an approved ICAP may request the approval of a "provisional ICAP rate" from the Caltrans Audits and Investigations (A&I) unit. Upon receiving an Acceptance Letter from Caltrans A&I, the local agencies will be allowed to invoice for their indirect costs using this "provisional rate" until A&I has completed the review of the local agencies ICAP proposal.
- 8a. **Approved ICAP:** Select the box if the implementing agency has an approved ICAP
 - 8b. **Rate:** Input the "provisional rate" or the approved rate.
 - 8c. **CCLGP Indirect Costs:** Input your own calculation of the rate by the cost to get the indirect rate.

Task Notes

9. **Task Notes:** Provide any additional information that will clarify the work to be conducted under this task. Describe the who, what, when and where of your project. Attach an additional sheet if needed.

Other Costs

You must click the link provided to direct you to the Itemized Other Costs section.

Note: An itemized cost estimate for each of the following categories, if applicable, must be provided.

For each item select the fund source (CCLGP or In-kind) that will pay for each staff position. In-kind refers to local funds, donations, or any other funding source that will not ask for reimbursement by the CCLGP.

The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:

- 10a. **Travel:** Total cost of Travel; if applicable
- 10b. **Equipment:** Total cost of Equipment(s); if applicable
- 10c. **Supplies/Materials:** Total cost of Supplies/Materials; if applicable
- 10d. **Incentives:** Total cost of Incentives; if applicable.
- 10e. **Other Direct Costs:** Additional other direct costs; if applicable
- 10f. Provide any additional Other Direct Costs; if applicable
- 10g. **Total Other Costs:** Leave Blank - This is automatically calculated from Other Cost information provided.

Task Grand Total

11. **Task Grand Total:** Leave Blank - This is automatically calculated from the information provided under this task.

12. **CCLGP Grand Total:** Leave Blank - This is automatically calculated from the information provided under this task.

Non-Infrastructure Cost Proposal Work Plan Estimates

Fill in the following items:

Date: (1)	31-Jan-22
Implementing Agency Name: (2)	City of Gilroy
Project Title: (3)	Railroad and Gourmet Alley Renovation and Clean Up Events
Project Description: (4)	Non-infrastructure Project includes Clean Up Days and Ribbon Cutting Event

Enter information in each Task Tab, as it applies (Task A, Task B, Task C, Task D, etc.)

For Department use only

You will not be able to fill in the following items. Items will auto-populate once you've entered all "Task" tabs that apply:

Task Summary:

Click the links below to navigate to "Task Details" tabs:	Enter the Task Name from Each Itemized Task	Total CCLGP \$	Total Cost \$
Task "A"	Ribbon Cutting	\$12,000	\$12,000
Task "B"	Staff Time + Supplies for 6 Clean Up days	\$210,300	\$210,300
Task "C"		\$0	\$0
Task "D"		\$0	\$0
Task "E"		\$0	\$0
Task "F"		\$0	\$0
Task "G"		\$0	\$0
Task "H"		\$0	\$0
Task "I"		\$0	\$0
Task "J"		\$0	\$0
Total for all Tasks		\$222,300	\$222,300

TASK "A" DETAIL ESTIMATE							
Task Name (5a):		Ribbon Cutting					
Task Summary (5b):		Ribbon Cutting Event upon completion of project					
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.	Jun-24	Jun-24	Ribbon cutting event	Mayor, City Manager, Communication Officer, Media and Public Attend Ribbon Cutting			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match Total \$	In-kind Match \$
Party 1 -	Communication Officer		80	\$150.00	\$12,000		
Party 2 -							
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:					\$12,000	\$0	\$0
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match Total \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$0	\$0	\$0
Total Staff Costs (Agency & Consultant) (7c):					\$12,000		
Indirect Costs (8)							
Approved ICAP/ ICRP (8a)?			If Approved ICAP/ ICRP box is checked, provide Rate (8b):				
Task Notes (9):							
Communications and other city staff will require 80 hours total of staff time to prepare for and attend the ribbon cutting event.							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
To fill out an itemized cost for each "Other Cost", use Tab Task A "OC".						Travel (10a):	\$0
						Equipment (10b):	\$0
						Supplies/Materials (10c):	\$0
						Incentives (10d):	\$0
						Other Direct Costs (10e):	\$0
						Additional Other Direct Costs (10f):	\$0
						Subtotals:	\$0
TASK GRAND TOTAL (11):						\$12,000	

Task "A" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:						\$0	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:						\$0	\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:						\$0	\$0

Task "A" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task

Incentives (10d)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10e)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10f)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "B" DETAIL ESTIMATE							
Task Name (5a):	Clean-Up Days						
Task Summary (5b):	Two events per year for 2 years						
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.	Mar-22	Mar-22	Spring Clean Up Day	Clean up day for Railroad and Gourmet Alley March 2022			
2.	Sep-22	Sep-22	Fall Clean Up Day	Clean up day for Railroad and Gourmet Alley September 2022			
3.	Mar-23	Mar-23	Spring Clean Up Day	Clean up day for Railroad and Gourmet Alley March 2023			
4.	Sep-24	Sep-24	Fall Clean Up Day	Clean up day for Railroad and Gourmet Alley September 2023			
5.	Mar-24	Mar-24	Spring Clean Up Day	Clean Up Day for Railroad and Gourmet Alley March 2024			
6.	Jun-24	Jun-24	Clean Up Day	Clean Up Day at Project Completion June 2024			
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match Total \$	In-kind Match \$
Party 1 -	10 Staff 8 hrs each per event on site help		480	\$150.00	\$72,000		
Party 2 -	4 staff 16hrs each per event tear down set up		384	\$150.00	\$57,600		
Party 3 -	40 hours project manager per event		240	\$150.00	\$36,000		
Party 4 -	40 hours staff coordination per event		240	\$150.00	\$36,000		
Subtotal Agency Costs:					\$201,600	\$0	\$0
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match Total \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$0	\$0	\$0
Total Staff Costs (Agency & Consultant) (7c):					\$201,600		
Indirect Costs (8)							
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):					
Task Notes (9):							
<p>There will be 6 Clean Up days spanning March 2022- June 2022. Each event is expected to bring in 200 volunteers. 10 Staff will be assigned to work for each clean up for a max of 8 hours per day. 4 additional staff will work to set up and tear down before and after each event. In addition 40 hour of coordination and project management will be added for each event. Total of 224 Staff hours for each event. Supplies will be ordered in bulk. Vests and pick up sticks will be re-used but sufficient disposable gloves and trash bags will be ordered for all volunteers at each event .</p>							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
To fill out an itemized cost for each "Other Cost", use Tab Task B "OC".						Total \$	
						Travel (10a):	\$0
						Equipment (10b):	\$0
						Supplies/Materials (10c):	\$8,700
						Incentives (10d):	\$0
						Other Direct Costs (10e):	\$0
						Additional Other Direct Costs (10f):	\$0
Subtotals:	\$8,700						
TASK GRAND TOTAL (11):						\$210,300	

Task "B" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:						\$0	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.	Safety Vests	200	200	\$4,000	\$4,000		
2.	Pick Up Sticks	200	200	\$4,000	\$4,000		
3.	Latex Gloves	1,200	1,200	\$200	\$200		
4.	Large Trash Bags	3,000	3,000	\$500	\$500		
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$8,700	\$0	\$0
Total Equipment Costs:						\$8,700	\$8,700

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:						\$0	\$0

Task "B" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:				\$0		

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:				\$0		

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:				\$0		

TASK "C" DETAIL ESTIMATE							
Task Name (5a):							
Task Summary (5b):							
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:				\$0	\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:				\$0	\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):						\$0	
Indirect Costs (8)							
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):					
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
To fill out an itemized cost for each "Other Cost", use Tab Task C "OC".						Travel (10a):	\$0
						Equipment (10b):	\$0
						Supplies/Materials (10c):	\$0
						Incentives (10d):	\$0
						Other Direct Costs (10e):	\$0
						Additional Other Direct Costs (10f):	\$0
						Subtotals:	\$0
						TASK GRAND TOTAL (11):	\$0

Task "C" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:							\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:							\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:							\$0

Task "C" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "D" DETAIL ESTIMATE							
Task Name (5a):							
Task Summary (5b):							
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:					\$0	\$0	\$0
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$0	\$0	\$0
Total Staff Costs (Agency & Consultant) (7c):							\$0
Indirect Costs (8)							
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):					
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
To fill out an itemized cost for each "Other Cost", use Tab Task D "OC".						Total \$	
						Travel (10a):	\$0
						Equipment (10b):	\$0
						Supplies/Materials (10c):	\$0
						Incentives (10d):	\$0
						Other Direct Costs (10e):	\$0
						Additional Other Direct Costs (10f):	\$0
						Subtotals:	\$0
TASK GRAND TOTAL (11):							\$0

Task "D" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
SubTotals:					\$0	\$0	\$0
Total Travel Costs:						\$0	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
SubTotals:					\$0	\$0	\$0
Total Equipment Costs:						\$0	\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
SubTotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:						\$0	\$0

Task "D" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task

Incentives (10d)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
SubTotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10e)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
SubTotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10f)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	InKind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
SubTotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "E" DETAIL ESTIMATE								
Task Name (5a):								
Task Summary (5b):								
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Staff Costs (7):								
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Party 4 -								
Party 5 -								
Party 6 -								
Subtotal Agency Costs:					\$0	\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Subtotal Consultant Costs:					\$0	\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):								\$0
Indirect Costs (8)								
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):						
Task Notes (9):								
Other Costs (10):								
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:								
To fill out an itemized cost for each "Other Cost", use Tab Task E "OC".						Travel (10a):	\$0	
						Equipment (10b):	\$0	
						Supplies/Materials (10c):	\$0	
						Incentives (10d):	\$0	
						Other Direct Costs (10e):	\$0	
						Additional Other Direct Costs (10f):	\$0	
						Subtotals:	\$0	
						TASK GRAND TOTAL (11):	\$0	

Task "E" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
						Total Travel Costs:	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
						Total Equipment Costs:	\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
						Total Supplies/Materials Costs:	\$0

Task "E" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "F" DETAIL ESTIMATE								
Task Name (5a):								
Task Summary (5b):								
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Staff Costs (7):								
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Party 4 -								
Party 5 -								
Party 6 -								
Subtotal Agency Costs:				\$0	\$0	\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Subtotal Consultant Costs:				\$0	\$0	\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):								\$0
Indirect Costs (8)								
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):						
Task Notes (9):								
Other Costs (10):								
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:								
To fill out an itemized cost for each "Other Cost", use Tab Task F "OC".						Travel (10a):	\$0	
						Equipment (10b):	\$0	
						Supplies/Materials (10c):	\$0	
						Incentives (10d):	\$0	
						Other Direct Costs (10e):	\$0	
						Additional Other Direct Costs (10f):	\$0	
						Subtotals:	\$0	
						TASK GRAND TOTAL (11):	\$0	

Task "F" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:							\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:							\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:							\$0

Task "F" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task

Incentives (10d)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10e)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10f)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "G" DETAIL ESTIMATE								
Task Name (5a):								
Task Summary (5b):								
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Staff Costs (7):								
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Party 4 -								
Party 5 -								
Party 6 -								
Subtotal Agency Costs:					\$0	\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$	
Party 1 -								
Party 2 -								
Party 3 -								
Subtotal Consultant Costs:					\$0	\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):								\$0
Indirect Costs (8)								
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):						
Task Notes (9):								
Other Costs (10):								
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:								
To fill out an itemized cost for each "Other Cost", use Tab Task G "OC".						Travel (10a):	Total \$	\$0
						Equipment (10b):	Total \$	\$0
						Supplies/Materials (10c):	Total \$	\$0
						Incentives (10d):	Total \$	\$0
						Other Direct Costs (10e):	Total \$	\$0
						Additional Other Direct Costs (10f):	Total \$	\$0
						Subtotals:	Total \$	\$0
						TASK GRAND TOTAL (11):	Total \$	\$0

Task "G" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:						\$0	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:						\$0	\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:						\$0	\$0

Task "G" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "H" DETAIL ESTIMATE						
Task Name (5a):						
Task Summary (5b):						
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Costs (7):						
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	
Party 1 -						
Party 2 -						
Party 3 -						
Party 4 -						
Party 5 -						
Party 6 -						
Subtotal Agency Costs:				\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:				\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):					\$0	
Indirect Costs (8)						
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):				
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:						
To fill out an itemized cost for each "Other Cost", use Tab Task H "OC".					Total \$	
					Travel (10a):	\$0
					Equipment (10b):	\$0
					Supplies/Materials (10c):	\$0
					Incentives (10d):	\$0
					Other Direct Costs (10e):	\$0
					Additional Other Direct Costs (10f):	\$0
					Subtotals:	\$0
TASK GRAND TOTAL (11):					\$0	

Task "H" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:							\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:							\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:							\$0

Task "H" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task

Incentives (10d)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10e)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)

Please provide an itemized "other" cost estimate for all other costs applicable to each task

Other Direct Costs (10f)

Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "I" DETAIL ESTIMATE						
Task Name (5a):						
Task Summary (5b):						
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Costs (7):						
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	
Party 1 -						
Party 2 -						
Party 3 -						
Party 4 -						
Party 5 -						
Party 6 -						
Subtotal Agency Costs:				\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:				\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):					\$0	
Indirect Costs (8)						
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):				
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:						
To fill out an itemized cost for each "Other Cost", use Tab Task I "OC".					Total \$	
					Travel (10a):	\$0
					Equipment (10b):	\$0
					Supplies/Materials (10c):	\$0
					Incentives (10d):	\$0
					Other Direct Costs (10e):	\$0
					Additional Other Direct Costs (10f):	\$0
					Subtotals:	\$0
TASK GRAND TOTAL (11):					\$0	

Task "I" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
	Total Travel Costs:						\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
	Total Equipment Costs:						\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	Subtotals:				\$0	\$0	\$0
	Total Supplies/Materials Costs:						\$0

Task "I" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0

TASK "J" DETAIL ESTIMATE							
Task Name (5a):							
Task Summary (5b):							
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:				\$0	\$0	\$0	
Staff Time (Consultant/Subcontractor) (7b):			Staff Hours	Rate Per Hour	CCLGP Total \$	Local Cash Match \$	In-kind Match \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:				\$0	\$0	\$0	
Total Staff Costs (Agency & Consultant) (7c):						\$0	
Indirect Costs (8)							
Approved ICAP/ ICRP (8a)?		If Approved ICAP/ ICRP box is checked, provide Rate (8b):					
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
To fill out an itemized cost for each "Other Cost", use Tab Task J "OC".						Travel (10a):	\$0
						Equipment (10b):	\$0
						Supplies/Materials (10c):	\$0
						Incentives (10d):	\$0
						Other Direct Costs (10e):	\$0
						Additional Other Direct Costs (10f):	\$0
						Subtotals:	\$0
						TASK GRAND TOTAL (11):	\$0

Task "J" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to each task

Travel (10a)

	Type of Travel	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Travel Costs:						\$0	\$0

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to each task

Equipment (10b)

	Type of Equipment	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Equipment Costs:						\$0	\$0

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to each task

Supplies/Materials (10c)

	Type of Supplies/Materials	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Subtotals:					\$0	\$0	\$0
Total Supplies/Materials Costs:						\$0	\$0

Task "J" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Itemized Incentives Costs:						\$0

Itemized Other Direct Costs (10e)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10e)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Other Direct Costs:						\$0

If applicable, Additional Itemized Other Direct Costs (10f)						
Please provide an itemized "other" cost estimate for all other costs applicable to each task						
Other Direct Costs (10f)						
Type of Other Direct Costs	Quantity	Units	Cost \$	CCLGP Total \$	Local Cash Match \$	In-kind \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Subtotals:				\$0	\$0	\$0
Total Additional Itemized Other Direct Costs:						\$0