

Attachment D- Budget Narrative

Please complete a Budget Narrative that corresponds to the annual proposed budget providing any additional information to accompany Attachment A- Budget Summary, Attachment B- Salary Allocation Plan, and Attachment C- Fringe Benefit Detail.

CONTRACTOR NAME:

Proposed Child Care Quality Budget Narrative

WFS Alamo Child Care Quality

- I. PERSONNEL WAGES: *Please detail all positions listed on the Attachment B Salary Allocation Form by Fund.*

- II. PERSONNEL FRINGES: *Please describe all Fringe Benefits and the applicable rate listed on Attachment C*

- III. GENERAL OPERATIONS: *Please describe all general operations cost listed on Attachment A Budget Summary*

- IV. STAFF TRAVEL: *Please describe all local and out of Town Staff Travel listed on Attachment A Budget Summary*

- V. PROVIDER RELATED EXPENSES: *Please describe all Provider Related Cost listed on Attachment A Budget Summary. Please detail each cost, unit rate, and number of providers to be served along with a justification of cost.*

- VI. INDIRECT/MANGEMENT COST: *Please describe all Indirect/Management Cost listed on Attachment A Budget Summary. Please include the rationale and allocation basis for the cost being charged to this project.*

- VII. PROFIT/INCENTIVE: *Please describe the proposed profit/Incentive listed on Attachment A Budget Summary*