

6/2015

APPENDIX B

BUDGET Cover Page [Sample]

The total cost of this contract/work plan for the period _____ to _____ is estimated to be: \$

It is the intent of the Office to pay the Contractor up to the reimbursed amount shown below (#3), in accordance with [OMB 2 CFR Chapter 1 and Chapter II, Part 200](#), where applicable, and with the Vendor Budget contained in this Appendix, as follows:

- | | |
|----------------------------------|----|
| 1. The amount committed: | \$ |
| Less | |
| 2. ADMINISTRATIVE FEE: | \$ |
| Up to a | |
| 3. CONTRACTOR REIMBURSED AMOUNT: | \$ |

Contractor agrees to use sales tax exemption where applicable.

This project contains no administrative services activities

This project contains administrative service activities as indicated on the Training and Administrative Services Activities List and the attached sub-budget. Billings for administrative service activities can not exceed the amount specified on the attached sub-budget without advance approval.

The Department Appeals Board (DAB) Decision 1666 expenses related to this project are indicated on the attached sub-budget. Billings for DAB 1666 related expenses cannot exceed the amount specified without advance approval