

ATTACHMENT C

**Wisconsin Home Energy Assistance Program (WHEAP) Subcontractor
Waupaca County, Wisconsin**

COST PROPOSAL

PROVIDER'S NAME: _____

1. Indicate your Estimated Annual Expense to fulfill all requirements of administering the Wisconsin Home Energy Assistance Program as stated in the RFP. The Estimated Annual Expense must be inclusive of all costs included but not limited to; staff salary and benefits, printing, mailing, duplicating, answering applicant questions, providing reports to Agency and overhead costs.
2. Providers must use the table below to indicate the costs per category that support that estimated annual expenses proposed.

ESTIMATED ANNUAL EXPENSES: \$ _____

Instructions:

1. Indicate the Direct Service and/or Administrative costs for each category to support the estimated annual expenses.
2. The TOTAL ANNUAL COST must equal the ESTIMATED ANNUAL EXPENSES in Cost Proposal.

CATEGORY	COST
Wages	
Fringes	
Travel	
Training	
Telephone	
Occupancy	
Utilities	
Equipment	
Maintenance	
Liability Insurance	
Other Expenses (include explanation)	
TOTAL ANNUAL COST:	

Explanation to Other Expenses:

ADDENDUM RECEIPT VERIFICATION

The undersigned acknowledges that the following addenda have been received:

Addendum No: _____ Signature: _____

Addendum No: _____ Signature: _____