City of West Hollywood
Human Services Division
RFP 2025 Budget Form - Page 1 of 2

Agency: _____ Year: One-Year Term

Program: _____

Position Title	Monthly Salary	% Time on Project	# Months	Total City Funding	Total Cost Share	Total
				0.00	0.00	0.00
				0.00	0.00	0.00
				0.00	0.00	0.00
				0.00	0.00	0.00
				0.00	0.00	0.00
Total Salaries:				0.00	0.00	0.00
Fringe Benefit Costs:				**City Funding**		**Total**
FICA:				0.00	0.00	0.00
SUI:				0.00	0.00	0.00
Worker's Comp:				0.00	0.00	0.00
Medical Insurance:				0.00	0.00	0.00
Other (Detail):				0.00	0.00	0.00
Total Benefits:				0.00	0.00	0.00
Total Personnel Costs:				0.00	0.00	0.00

City of West Hollywood
Human Services Division
RFP 2025 Budget Form - Page 2 of 2

Agency: _____ Year: One-Year Term

Program: _____

Budget Line Item	City Funding Share	Cost Share		Total
SUBTOTAL: Personnel Costs:	**0.00**		**0.00**	**0.00**
OTHER COSTS--Facility Costs:				
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
SUBTOTAL: Facility Costs	**0.00**		**0.00**	**0.00**
OTHER COSTS--Program Costs:				
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
	0.00		0.00	0.00
SUBTOTAL: Program Costs	**0.00**		**0.00**	**0.00**
TOTAL COSTS:	**0.00**		**0.00**	**0.00**

Executive Director: _____ Date: _____

Finance Director: _____ Date: _____