

## WORKSHEET FOR ONE-STOP OPERATOR STAFF WAGES

 SINGLE ENTITY\*

 CONSORTIUM\*

\* Be sure to check the appropriate box above

**Note: If proposing as a Consortium, identify the lead agency on this sheet and attach a listing of Consortium entities and contacts. This budget sheet should include wages for all Consortium members funded through this proposal.**

| Staff Name / Position | Annual Salary | Annual Fringe | % of staff salary/fringe supported through this proposal | % of staff salary/fringe supported through other funds | In-Kind Contributions |
|-----------------------|---------------|---------------|--|--|-----------------------|
| 1                     | \$            | \$            | %  | %  | \$                    |
| 2                     | \$            | \$            | %  | %  | \$                    |
| 3                     | \$            | \$            | %  | %  | \$                    |
| 4                     | \$            | \$            | %  | %  | \$                    |
| 5                     | \$            | \$            | %  | %  | \$                    |
| 6                     | \$            | \$            | %  | %  | \$                    |
| <b>TOTAL</b>          | \$            | \$            | %  | %  | \$                    |

### EXPLANATION OF WORKSHEET FOR STAFF WAGES

This attachment is designed to give specific information about the Respondent's staff necessary to operate WIOA Programs.

Salaries and wages paid to employees of the contract for work, including overtime, are to be considered when computing staff wages. Also include payment for time not worked, including sick leave, vacation, holidays, and other paid absences (jury duty, military duty, etc.).

1. STAFF POSITION – Enter the name/title of each staff position whose salary will be paid out of this contract.
2. ANNUAL SALARY – Enter the total amount of salary earned from all sources for the position indicated regardless of the percentage of salary paid out of the contract.
3. ANNUAL FRINGE – Enter the total amount of fringe benefits from all sources for the position indicated regardless of the percentage of fringe paid out of the contract
4. PERCENT OF STAFF SALARY/FRINGE THROUGH THIS PROPOSAL – Enter the percentage of salary/fringe for each staff position from WIOA funds.
5. PERCENT OF STAFF SALARY/FRINGE THROUGH OTHER FUNDS – Enter the percentage of salary/fringe for each staff position supported by other funds.
6. IN-KIND CONTRIBUTIONS – Enter the total non-WIOA contributions from other sources for each staff position, if any.