



Florida Department of Environmental Protection
DEP BUDGET-COST ANALYSIS FORM

Required Signatures: Original Ink

PROJECT TITLE: MLK Jr. Sports Complex, Avon Park Project #A24022

| BUDGET DETAIL | | | | | COST ANALYSIS | | | | |
|---|------------------|---------------------------------------|---------------------|---------|--|-----------|------------|-----------|----------------------------------|
| Budget items below to be provided by the Contractor . See attached instructions. | | | | | Cost Analysis to be completed by the Department Contract Manager. See attached instructions. | | | | |
| | | | | | % Allocation | Allowable | Reasonable | Necessary | COMMENTS (Basis for Decision) |
| 1. <u>PERSONNEL EXPENSES</u> | | | | | | | | | |
| A. Salaries - (Name/Title/Position) | | | | | | | | | |
| | Hourly Cost (\$) | Hours | Totals (\$) | | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | | Total Salaries | | 0 | | | | | |
| B. Fringe Benefits (Rate% * Total salaries applicable) | | | | | | | | | |
| | Rate % | Total Sal. App. | Total \$ | | | | | | |
| | 0.00% | * | 0 | 0 | | | | | |
| | | Total Personnel Expenses (A+B) | | 0 | | | | | |
| 2. <u>Contractual Services</u> | | | | | | | | | |
| Description | | | | | | | | | |
| 2 Picnic Pavions - New | | | | | | | | | |
| | Fee/Rate \$ | Quantity | Totals \$ | | | | | | |
| | 50,000 | * | 2 | = | 100,000 | | | | |
| | 40,000 | * | 1 | = | 40,000 | | | | |
| | 70,000 | * | 1 | = | 70,000 | | | | |
| | 110,000 | * | 1 | = | 110,000 | | | | |
| | 20,200 | * | 1 | = | 20,200 | | | | |
| | 10,000 | * | 1 | = | 10,000 | | | | |
| | 49,800 | * | 1 | = | 49,800 | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | | Total Supplies | | 400,000 | | | | | |
| 3. <u>Travel</u> | | | | | | | | | |
| Purpose/Destination | | | | | | | | | |
| | Days | Per Diem \$ | Fare/Rate \$ | Mileage | Totals \$ | | | | |
| | [| * |] | + | [| * |] | = | 0 |
| | [| * |] | + | [| * |] | = | 0 |
| | [| * |] | + | [| * |] | = | 0 |
| | | | Total Travel | | 0 | | | | |
| 4. <u>Equipment</u> | | | | | | | | | |
| Description | | | | | | | | | |
| | Unit Cost \$ | Quantity | Totals \$ | | | | | | |

| | | | | | | | | | |
|--|---|------------------------|---|---|--|--|--|--|--|
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | | Total Equipment | | 0 | | | | | |

| | | | | | % Allocation | Allowable | Reasonable | Necessary | COMMENTS (Basis for Decision) |
|---|---------------------|----------|---|-----------|--------------|-----------|------------|-----------|----------------------------------|
| 5. <u>Rental/Lease of Equipment</u> | | | | | | | | | |
| Description | Fee/Rate \$ | Quantity | | Totals \$ | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | Total Contractual | | | 0 | | | | | |
| 6. <u>Miscellaneous/Other Expenses</u> | | | | | | | | | |
| Description | Unit Cost \$ | Quantity | | Totals \$ | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | * | | = | 0 | | | | | |
| | Total Miscellaneous | | | 0 | | | | | |
| SUBTOTAL (1 thru 6) | | | | | | | | | |
| | | | | 400,000 | | | | | |
| 7. <u>Overhead/Indirect</u> - Base: _____ | | | | | | | | | |
| | Rate % | Base \$ | | Total \$ | | | | | |
| | 0.00% | * | 0 | = | \$0 | | | | |
| 8. Total Budget | | | | | | | | | |
| | | | | \$ 400000 | | | | | |

CERTIFICATION

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

Name: Melody Sauerhafer

Signature: _____

Title: Finance Director

Date: 07/17/2025