

Operator:

Form A - Parking Facility - Budget Summary

	Consolidated (Three-Year Budget)			Year-One			Year-Two					
Labor	Annual Hrs.	Rate/Hour	Total	Annual Hrs.	Rate/Hour	Total	Annual Hrs.	Rate/Hour	Total			
General Manager	-	#DIV/0!	-	-	-	-	-	-	-			
Assistant Managers	-	#DIV/0!	-	-	-	-	-	-	-			
Lead Attendants	-	#DIV/0!	-	-	-	-	-	-	-			
Attendants	-	#DIV/0!	-	-	-	-	-	-	-			
Customer Service	-	#DIV/0!	-	-	-	-	-	-	-			
Sub-Total - Salaries/Wages	-	#DIV/0!	-	-	#DIV/0!	-	-	#DIV/0!	-			
Payroll Tax & Fringe												
Payroll Taxes		#DIV/0!	-		#DIV/0!	-		#DIV/0!	-			
Health/Welfare/Benefits		#DIV/0!	-		#DIV/0!	-		#DIV/0!	-			
Workers' Compensation		#DIV/0!	-		#DIV/0!	-		#DIV/0!	-			
Sub-Total (Tax & Fringe)			-			-			-			
Other Expenses												
Sub- Total (Other)			32,480			16,000			16,480			
Sub- Total (G & M)			-			-			-			
Sub- Total - Other Expenses			32,480			16,000			16,480			
Management Fee			-			-			-			
Start-up Budget ⁽¹⁾			-			-			N/A			
Total Operating Budget			32,480			16,000			16,480			
Cost/Month ⁽²⁾			902			1,333			1,373			

Notes:

¹ Proposed Start-up Budget = One-time proposed cost for transition and start-up expenditures (year-one only);

² Cost/Month = Two-year Total Budget/ 24 months

³ Cells shaded green contain formulas, do not amend.

Form A - Proposed Operating Budget (Two-Year)				
Salaries and Wages ⁽¹⁾		Consolidated	Year One	Year Two
General Manager	Annual Hours	-	-	-
	Hourly Rate	#DIV/0!	\$0.00	\$0.00
Sub- Total - General Manager		-	-	-
Assistant Managers	Annual Hours	-	-	-
	Hourly Rate	#DIV/0!	\$0.00	\$0.00
Sub- Total - Assistant Managers		-	-	-
Lead Attendants	Annual Hours	-	-	-
	Hourly Rate	#DIV/0!	\$0.00	\$0.00
Sub- Total - Lead Attendants		-	-	-
Attendants	Annual Hours	-	-	-
	Hourly Rate	#DIV/0!	\$0.00	\$0.00
Sub- Total - Attendants		-	-	-
Customer Service/Cashier	Annual Hours	-	-	-
	Hourly Rate	#DIV/0!	\$0.00	\$0.00
Sub- Total - Cashiers		-	-	-
Sub-Total - Salaries and Wages		\$0	\$0	\$0
Total - Annual Hours		-	-	-
Payroll Tax & Fringe Benefits				
Payroll Taxes	#DIV/0!	-	-	-
Health/Welfare/Benefits	#DIV/0!	-	-	-
Workers' Compensation	#DIV/0!	-	-	-
Sub-Total - Payroll Tax & Fringe Benefits		\$0	\$0	\$0
Total - Salaries, Tax, Fringe & Worker's Compensation		\$0	\$0	\$0
Other Expenses				
Insurance (liability, GKLL, crime)		-	-	-
Routine Maintenance		-	-	-
Equipment Maintenance		-	-	-
Garage Supplies		-	-	-
Tickets		-	-	-
Uniforms		-	-	-
Telecommunications/ Data Processing/Postage		-	-	-
Office Supplies		-	-	-
Marketing		-	-	-
License/Permits		-	-	-
Auto Damages		-	-	-
Utilities (cost estimated, do not amend)		32,480	16,000	16,480
Armored Car Services		-	-	-
Bank Service Fees		-	-	-
Accounting & Legal Fees		-	-	-
Sub- Total - Other Expenses		\$32,480	\$16,000	\$16,480
General/Miscellaneous ⁽²⁾				
G & M Detail		-	-	-
G & M Detail		-	-	-
G & M Detail		-	-	-
G & M Detail		-	-	-
G & M Detail		-	-	-
Sub- Total - General/Miscellaneous		\$0	\$0	\$0
Total - Other & General/Miscellaneous		\$32,480	\$16,000	\$16,480
Management Fee		\$0	-	-
Start-up Budget ⁽³⁾ - One-time Cost		-	-	N/A
Total Operating Expense Budget		\$32,480	\$16,000	\$16,480

Notes:

¹ Salaries and Wages based upon proposed staffing schedule provided (Form G); annual hours must match the hours shown

² Provide detail for any General & Miscellaneous operating expenses.

³ Proposed Start-up Budget = One-time proposed cost for transition and start-up expenditures (year-one only)

⁴ Cells shaded green contain formulas, do not amend.

⁵ Input proposed costs in the cells shaded Blue.

Form E - Management and Other Fees

Operator: _____ Operator's Name _____

Category	Year One	Year Two
¹ Payroll Tax	#DIV/0!	#DIV/0!
² Worker's Compensation Insurance	#DIV/0!	#DIV/0!
³ General Liability, GKLL Insurance	\$0.00	\$0.00
⁴ Per Claim Insurance Deductible Cost	\$0.00	\$0.00
⁵ Base Management Fee	-	-
⁶ Performance Based Management Fee	0.0%	0.0%

Notes:

¹ Maximum percentage of payroll with no cut off for SUTA

² Maximum percentage of worker's comp.

³ Maximum cost per space; assume 341 marked spaces.

⁴ i.e. \$2,500, \$5,000, etc.

⁵ Annual base fee.

⁶ Maximum percentage share of net income improvement from prior year.

⁷ *Cells shaded green contain formulas, do not amend.*

⁸ *Input proposed costs in the cells shaded Blue.*

FORM G: Proposed Staffing Schedule									
Position	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly	Annual
General Manager									
Sub-Total - General Manager									0
Assistant Manager									
Assistant Manager									
Sub-Total - Assistant Manager									0
Lead Attendant 1									
Lead Attendant 2									
Sub-Total - Lead Attendant	0	0	0	0	0	0	0	0	0
Attendant 1									
Attendant 2									
Attendant 3									
Attendant 4									
Attendant 5									
Attendant 6									
Attendant 7									
Attendant 8									
Attendant 9									
Attendant 10									
Sub-Total - Attendant	0	0	0	0	0	0	0	0	0
Customer Service 1									
Customer Service 2									
Sub-Total - Customer Service	0	0	0	0	0	0	0	0	0
Total								0	0

¹ Cells shaded green contain formulas, do not amend.

² All other fields can be utilized for input fields.

