



## Checklist to Complete Form 3

1. Forms 1 & 2
2. Staffing Plan or Employee List
3. Prevailing Wage Schedule (if applicable) or Employee Pay Rates
4. Paid Time Off for each Employee (if applicable)
5. Itemized list of Employee Benefits
  - “Fringe Benefits”/Payroll Taxes employee benefits exclusive of Article 9 supplemental benefits including but not limited to: FICA, Disability, Medical, Etc.
  - Prevailing Wage schedule with Article 9 Supplemental benefits
6. Insurance Costs
  - General Liability, Comprehensive Vehicle Liability, Data Breach- Include endorsement costs if applicable
7. Equipment Costs
  - Equipment Amortization Costs
  - Equipment Operating Costs
  - Supplies and/or Non-Amortized Equipment
8. Other Costs
  - Uniforms, background checks, Transportation, tolls, etc.
9. Overhead Costs
10. Preferred Source Fee = NYSID Fee = 4%

\*Items listed in **RED** need back-up submitted with application