



## 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