Spring Lake Heights Page 1

SUPERINTENDENT

Detailed Statement of Contract Costs

SPRING LAKE HEIGHTS

MR. JOHN W. SPALTHOFF

	Year 1	Year 2	Year 3
Contract Term:	2021-22	2022-23	2023-24
Salary			
Base Salary (2% increase annually) inclusive of Principal	$ 173,500	$ 176,870	$ 180,307
Annual Salary	$ 173,500	$ 176,870	$ 180,307
TOTAL ANNUAL SALARY	**$ 173,500**	**$ 176,870**	**$ 180,307**
Additional Salary			
Quantitative Merit Goals	$ 5,725	$ 5,837	$ 5,950
Qualitative Merit Goals	$ 4,338	$ 4,422	$ 4,508
Additional Compensation - Describe:			
Total Additional Salary	$ 10,063	$ 10,259	$ 10,458
TOTAL ANNUAL SALARY PLUS ADD COMP	**$ 183,563**	**$ 187,129**	**$ 190,765**
Total Premiums for:			
Health Insurance	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits	$ 5,000	$ 5,000	$ 5,000
Total Cost of Premiums	$ 5,000	$ 5,000	$ 5,000
Employee Contribution to Premiums as Per Law	$ -	$ -	
TOTAL HEALTH BENEFITS COMPENSATION	**$ 5,000**	**$ 5,000**	**$ 5,000**

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Other Compensation			
Travel and Expense Reimbursement	$ 6,000	$ 6,000	$ 6,000
Professional Development	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,000	$ 3,000	$ 3,000
Subscriptions	$ 500	$ 500	$ 500
Other - Describe:	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 9,500**	**$ 9,500**	**$ 9,500**
Sick and Vacation Compensation			
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 15,000	$ 15,000	$ 15,000
Total Sick and Vacation Compensation	$ 30,000	$ 30,000	$ 30,000
TOTAL CONTRACT COSTS	**$ 228,063**	**$ 231,629**	**$ 235,265**

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Year 4
2024-25
$ 183,814
$ 183,814
$ 183,814
$ 6,066
$ 4,595
$ 10,661
$ 194,475
$ -
$ -
$ -
$ -
$ -
$ -
$ 5,000
$ 5,000
$ 5,000

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$ 6,000
$ -
$ -
$ -
$ 3,000
$ 500
$ -
$ 9,500
$ 15,000
$ 15,000
$ 30,000
$ 238,975

Spring Lake Page 1

SUPERINTENDENT /SCHOOL BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: Spring Lake Borough

Name: Stephen V. LaValva

District Grade Span: PreK - 8

On Roll Students as of 10-15 of the prior year: 154 (K-8), 50 (Public HS)

	Year 1	Year 2	Year 3
Contract Term:	2023-24	2024-25	2025-26
Salary			
Base Salary	$ 155,000	$ 158,100	$ 161,262
Shared Service	$ -	$ -	$ -
Longevity	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 155,000**	**$ 158,100**	**$ 161,262**
Additional Salary			
Quantitative Merit Goals	$ 5,000	$ 2,500	$ 2,500
Qualitative Merit Goals	$ -	$ -	$ -
Additional Compensation - Describe:			
Total Additional Salary	$ 5,000	$ 2,500	$ 2,500
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 160,000**	**$ 160,600**	**$ 163,762**
Total Premiums for:			
Health Insurance	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits	$ 4,000	$ 4,000	$ 4,000
Total Cost of Premiums	$ 4,000	$ 4,000	$ 4,000
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPENSATION	**$ 4,000**	**$ 4,000**	**$ 4,000**
Other Compensation			
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ 2,000	$ -	$ -
National/State/County/Local/Other Dues	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -

TOTAL OTHER COMPENSATION	$ 2,000	$ -	$ -
Sick and Vacation Compensation			
Max Paid for Unused Sick Leave Upon Retirement	$ -	$ -	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ -	$ -
Total Sick and Vacation Compensation	$ -	$ -	$ -
TOTAL CONTRACT COSTS	**$ 166,000**	**$ 164,600**	**$ 167,762**

SUPERINTENDENT

Detailed Statement of Contract Costs

District: TINTON FALLS PUBLIC SCHOOLS					
LISA GOLDEY					
District Grade Span:	Pre K - Grade 8				
On Roll Students as of 10-15-20	1334				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
Salary					
Salary	$ 170,031	$ 175,132	$ 180,386	$ 185,797	$ 191,371
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Salary Increase	$ -	$ 5,254	$ 5,412	$ 5,574	$ 5,741
Longevity					
TOTAL ANNUAL SALARY	**$ 170,031**	**$ 180,386**	**$ 185,797**	**$ 191,371**	**$ 197,113**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ 12,248	$ 12,615
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ 12,248	$ 12,615
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 170,031**	**$ 180,386**	**$ 185,797**	**$ 203,619**	**$ 209,728**
Total Premiums for:					
Health Insurance	$ 32,904	$ 36,194	$ 39,814	$ 43,795	$ 48,175
Prescription Insurance	inc. above	inc. above	inc. above	inc. above	inc. above
Dental Insurance	$ 918	$ 964	$ 1,012	$ 1,063	$ 1,116
Vision Insurance				$ -	$ -
Disability Insurance	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 36,322	$ 39,658	$ 43,326	$ 47,358	$ 51,791
Employee Contribution to Premiums as Per Law (26% cap per contract)	$ 8,794	$ 9,661	$ 10,615	$ 11,663	$ 12,816
TOTAL HEALTH BENEFITS COMPENSATION	**$ 27,528**	**$ 29,997**	**$ 32,711**	**$ 35,695**	**$ 38,975**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 200	$ 200	$ 200	$ 200	$ 200
Professional Development (Capped Amount or Estimated Annual Cost)	$ 500	$ 600	$ 700	$ 800	$ 900
Tuition Reimbursement - **18 CREDITS OR 27 IF REQUIRED (DOCTORATE)**	$ 13,000	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,500	$ 3,600	$ 3,700	$ 3,800	$ 3,900
Subscriptions	$ 300	$ 300	$ 300	$ 300	$ 300
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 17,500**	**$ 4,700**	**$ 4,900**	**$ 5,100**	**$ 5,300**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 26,159	$ 27,752	$ 28,584	$ 29,442	$ 30,325
Total Sick and Vacation Compensation	$ 41,159	$ 42,752	$ 43,584	$ 44,442	$ 45,325
TOTAL CONTRACT COSTS	**$ 256,218**	**$ 257,835**	**$ 266,993**	**$ 288,856**	**$ 299,328**

* Must be an approved DOE Position

Revised 5/16/17

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Union Beach

Name: Amanda M. Lewert

District Grade Span: Preschool thru Grade 8

On Roll Students as of 10-15 of the prior year 606

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Salary					
Base Salary	$ 147,697	$ 150,355	$ 153,355	$ 156,355	$ 160,000
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 147,697**	**$ 150,355**	**$ 153,355**	**$ 147,697**	**$ 150,355**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 147,697**	**$ 150,355**	**$ 153,355**	**$ 147,697**	**$ 150,355**
Total Premiums for:					
Health Insurance	$ 36,159	$ 36,159	$ 36,159	$ 36,159	$ 36,159
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,348	$ 1,348	$ 1,348	$ 1,348	$ 1,348
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 37,507	$ 37,507	$ 37,507	$ 37,507	$ 37,507
Employee Contribution to Premiums as Per Law	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000
TOTAL HEALTH BENEFITS COMPENSATION	**$ 28,507**	**$ 28,507**	**$ 28,507**	**$ 28,507**	**$ 28,507**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Upper Freehold Regional School District
Name: Mark G. Guterl
District Grade Span: K-12
On Roll Students as of 10-15 of the prior year: 2,083

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2021-22	2022-23	2023-24	2024-25	2025-26
Salary					
Base Salary	$ 174,689	$ 185,381	$ 189,088	$ 192,869	$ 196,726
Shared Service		$ -	$ -		
Longevity	$ -	$ -	$ -		
TOTAL ANNUAL SALARY	**$ 174,689**	**$ 185,381**	**$ 189,088**	**$ 192,869**	**$ 196,726**
Additional Salary					
Quantitative Merit Goals up to 3 goals	$ 17,451	$ 18,520	$ 18,890	$ 19,268	$ 19,653
Qualitative Merit Goals up to 2 goals	$ 8,734	$ 9,269	$ 9,454	$ 9,643	$ 9,836
Additional Compensation - Describe:					
Total Additional Salary	$ 26,186	$ 27,789	$ 28,344	$ 28,911	$ 29,489
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 200,875**	**$ 213,170**	**$ 217,432**	**$ 221,780**	**$ 226,215**
Total Premiums for:					
Health Insurance including RX	$ 33,768	$ 34,443	$ 35,132	$ 35,835	$ 36,552
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,020	$ 1,040	$ 1,061	$ 1,082	$ 1,104
Vision Insurance	$ -	$ -	$ -		
Disability Insurance	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
Other Insurance - Describe:	$ -	$ -	$ -		
Waiver of Benefits	$ -	$ -	$ -		
Total Cost of Premiums	$ 35,988	$ 36,684	$ 37,393	$ 38,117	$ 38,856
Employee Contribution to Premiums as Per Law	$ 12,207	$ 12,207	$ 12,207	$ 12,207	$ 12,207
TOTAL HEALTH BENEFITS COMPENSATION	**$ 23,781**	**$ 24,477**	**$ 25,186**	**$ 25,910**	**$ 26,649**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 960	$ 979	$ 999	$ 1,019	$ 1,039
Subscriptions	$ 250	$ 250	$ 250	$ 250	$ 250
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 600	$ 600	$ 600	$ 600	$ 600
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -		
Other - Describe:	$ -	$ -	$ -		
TOTAL OTHER COMPENSATION	**$ 3,810**	**$ 3,829**	**$ 3,849**	**$ 3,869**	**$ 3,889**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ -	$ -		
Total Sick and Vacation Compensation	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
TOTAL CONTRACT COSTS	**$ 243,466**	**$ 256,476**	**$ 261,468**	**$ 266,559**	**$ 271,753**

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Wall Township Public Schools
Name: Dr. Tracy Handerhan
District Grade Span: K-12
On Roll Students as of 10-15 of the prior year: 3,290

	Year 1	Year 2	Year 3	Year 4
Contract Term:	2022-23	2023-24	2024-25	2025-26
Salary				
Base Salary	$ 220,000	$ 220,000	$ 220,000	$ 220,000
Annual Cummulative Salary Increase (up to 2% per year)*		$ -	$ 6,600	$ 13,398
Amount for High School	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) **Describe:	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -
Annual Salary	$ 220,000	$ 220,000	$ 226,600	$ 233,398
Annual Salary Increase ()***	$ -	$ 6,600	$ 6,798	$ 7,002
TOTAL ANNUAL SALARY	**$ 220,000**	**$ 226,600**	**$ 233,398**	**$ 240,400**
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -
Additional Compensation - Describe:				
Total Additional Salary	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 220,000**	**$ 226,600**	**$ 233,398**	**$ 240,400**
Total Premiums for:				
Health Insurance	$ 34,065	$ 34,065	$ 34,065	$ 34,065
Prescription Insurance	$ -	$ -	$ -	$ -
Dental Insurance	$ 2,981	$ 2,981	$ 2,981	$ 2,981
Vision Insurance	$ -	$ -	$ -	$ -
Disability Insurance	$ 3,900	$ 3,900	$ 3,900	$ 3,900
Other Insurance - Describe:	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 40,946	$ 40,946	$ 40,946	$ 40,946
Employee Contribution to Premiums as Per Law	$ 10,043	$ 10,043	$ 10,043	$ 10,043
TOTAL HEALTH BENEFITS COMPENSATION	**$ 30,903**	**$ 30,903**	**$ 30,903**	**$ 30,903**
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 500	$ 500	$ 500	$ 500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Tuition Reimbursement	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Subscriptions	$ 100	$ 100	$ 100	$ 100
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 624	$ 624	$ 624	$ 624
Computer for Home use, including supplies, maintenance, internet	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Other - Describe:	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 10,224**	**$ 10,224**	**$ 10,224**	**$ 10,224**
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 42,308	$ 43,577	$ 44,884	$ 46,231
Total Sick and Vacation Compensation	$ 57,308	$ 58,577	$ 59,884	$ 61,231
TOTAL CONTRACT COSTS	**$ 318,434**	**$ 326,304**	**$ 334,409**	**$ 342,757**

~~*The cumulative salary increment is all prior year's annual increment (up to 2% per year) added to the current base salary~~

**Must be a valid DOE position

~~***The annual salary increment can be up to 2% for those who qualify- adjust the formula if the increment is less than 2%~~

SUPERINTENDENT

Detailed Statement of Contract Costs

District: West Long Branch Board of Education Grade Span: PreK-8					
Name: Dr. Christina A. Egan					
On Roll Students as of 2021-2022 - 552 students					
Yrs. As District Supt. 1 Years Total Year Experience as Supt. 1 Year					
Vacation Days 20 Personal Days 5 Sick 12 Total					
Bereavement Days 5 Total	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term: July 1, 2022 - June 30, 2027	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Salary					
Salary	$ 165,000	$ 169,950	$ 175,049	$ 180,300	$185,709
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Salary Increase	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -		$ -	$ -
TOTAL ANNUAL SALARY	**$ 165,000**	**$ 169,950**	**$ 175,049**	**$ 180,300**	**$ 185,709**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 165,000**	**$ 169,950**	**$ 175,049**	**$ 180,300**	**$ 185,709**
Total Premiums for:					
Health Insurance	$ 5,000	$ 5,000	$ 5,000	$ 5,000	5000
Prescription Insurance	$ -	$ -	$ -	$ -	
Dental Insurance	$ -	$ -	$ -	$ -	0
Vision Insurance	$ -	$ -	$ -	$ -	0
Disability Insurance	$ -	$ -	$ -	$ -	$0
Other Insurance - Describe:	$ -	$ -	$ -	$ -	
Waiver of Benefits	$ 5,000	$ 5,000	$ 5,000	$ 5,000	5000
Total Cost of Premiums	$ -	$ -	$ -	$ -	$ -
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -	$ -	0
TOTAL HEALTH BENEFITS COMPENSATION	**$ 5,000**	**$ 5,000**	**$ 5,000**	**$ 5,000**	**$ 5,000**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)					
Professional Development (Capped Amount or Estimated Annual Cost)	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$2,000
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 75	$ 75	$ 75	$ 75	$ 75
Computer for Home use, including supplies, maintenance, internet (estimated)	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Other - Describe: workshops / professional conferences (estimated)	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
TOTAL OTHER COMPENSATION	**$ 9,575**	**$ 9,575**	**$ 9,575**	**$ 9,575**	**$ 9,575**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ -	$ -	$ -	
Total Sick and Vacation Compensation	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
TOTAL CONTRACT COSTS	**$ 194,575**	**$ 199,525**	**$ 204,624**	**$ 209,875**	**$ 215,284**

* Must be an approved DOE Position

Revised 5/16/17