

Budget Summary

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost (IC)* (Amount from "IC" below)	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total <i>(total DHP grant funds requested)</i>		

A. Modified Direct Cost Base
(Add Codes 15, 16, 40, 45, 46 and 80)

\$

B. Approved Restricted IC Rate

2.5 %

*IC (A) x (B) = Indirect Cost
(Enter this total in Code 90 above)

\$

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the requested budget amounts are necessary for the implementation of this project and that this agency is in compliance with applicable Federal and State laws and regulations.

Date

Original Signature (blue ink)

Name, Title of Chief Administrative Officer

FOR DHP USE ONLY

Agency Code

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Project #

0	3	7	5	1	0														
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Contract #

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Agency Name: _____

FOR DEPARTMENT USE ONLY

Approved

7/1/2010

6/30/2011

Funding Dates:

From

To

Program Approval: _____

Date: _____

Fiscal Year

First Payment

Line #

Voucher #

First Payment

Finance: Log _____

Approved _____

MIR _____