

CONTRACT # :

Local Agency Information

Funding Source:

Contact Person:

Agency Name:

Mailing Address:

Street

City

State

Zip Code

Telephone #: ()

County:

E-Mail Address:

Project Operation Dates: / /
Start

/ /
End

INSTRUCTIONS

- **Submit an original and one copy (two in total) as part of the complete application directly to the Special Legislative Projects Unit, 89 Washington Ave.- Room 503W EB, Albany, NY 12234.**
- Enter whole dollar amounts only. Totals for each budget category used should be transferred to the Appropriate Budget Summary line on page -6-.
- Certification on page -6- must be signed by Chief Administrative Officer or designee.
- The Federal Employer Identification Number (FEIN) on page -6- should be entered by all applicants.
- High quality reproductions of this form may be used.
- Changes in agency or payee address must be submitted under separate cover to the New York State Education Department, Special Legislative Projects Unit, - Room 503W EB, Albany, NY 12234.
- For further information on budgeting, please call the Special Legislative Projects Unit at (518) 473-5733.

SALARIES FOR STAFF

Include only staff that are employees of the agency. Do not include consultants or per diem staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Special Position Title	Full-Time Equivalent	Annualized Rate of Pay	Salary Paid
Subtotal - Salaries			

PURCHASED SERVICES

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal – Purchased Services			

SUPPLIES AND MATERIALS

Include computer software, library books and equipment items under \$1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal – Supplies and Materials			

TRAVEL EXPENSES

Include pupil transportation, conference costs and travel of staff between sites. Specify agency approved mileage rate for travel.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditure
Subtotal - Travel			

EQUIPMENT

All equipment to be purchased in support of this project with a per unit cost of \$1,000 or more should be itemized in this category. Equipment items under \$1,000 should be budgeted under Supplies and Materials. Repairs of equipment should be budgeted under Purchased Services.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Equipment			

HELPFUL REMINDERS

- Check for the required number of copies to be submitted, including the number of original signature copies.
- An approved copy of the SLP-10 Budget Summary will be attached to your proposed contract.
- Be sure to check your math and carry all subtotals to the Summary on page -6-. Use whole dollars only.
- Only equipment items with a unit cost of \$1,000 or more should be included under Equipment.
- Be sure to include the Contract number.
- Submit Application forms to the State Education Department as follows:

**New York State Education Department
Special Legislative Projects Coordinating Unit
89 Washington Avenue – Room 503W EB
Albany, NY 12234**

BUDGET SUMMARY

Agency Name: _____ Contract #: _____

Federal Employer ID#: _____

SUBTOTAL	PROJECT COSTS
Salaries for Staff – (Page 2)	
Purchased Services – (Page 2)	
Supplies and Materials – (Page 3)	
Travel Expenses – (Page 3)	
Employee Benefits – (Page 4)	
Indirect Cost-Overhead – (Page 4)	
Minor Remodeling – (Page 4)	
Equipment – (Page 5)	
Grand Total	

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the proposed budget amounts are necessary for the implementation of this project, and are requested in accordance with the purpose for which funds for this project are available.

_____ Date

_____ Signature

_____ Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY

Funding Dates: ____/____/____ From ____/____/____ To

Program Approval: _____ Date: _____