

Funding Source: \_\_\_\_\_

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Zip Code

E-Mail Address: \_\_\_\_\_

Project Funding Dates: \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

- ❖ **Submit the original FS-20 Budget Summary and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to Grants Finance.**
- ❖ **Please submit the FS-20 Budget Summary as a two page form (not back-to-back on a single sheet).**
- ❖ Enter whole dollar amounts only. The amounts must agree with the budget category totals from each Budget Category and Narrative Form.
- ❖ For changes in agency or payee address contact the State Education Department office indicated on the application instructions for the grant program for which you are applying.
- ❖ An approved copy of the FS-20 Budget Summary will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate, legible and confined to the address field.
- ❖ For information on budgeting, including 2005-06 **REVISED** guidelines for equipment and supplies, refer to the Fiscal Guidelines for Federal and State Aided Grants at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/).

# BUDGET SUMMARY

FS-20

Page 2

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 "C" below)	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

\*A. Modified Direct Cost Base

\$

B. Approved Restricted IC Rate

%

C. (A) x (B) = Indirect Cost

(Be sure to put 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

Signature

Name and Title of Chief Administrative Officer

Agency Code

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Project #

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Contract #

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Agency Name: \_\_\_\_\_

## FOR DEPARTMENT USE ONLY

Approved

Funding Dates: \_\_\_\_\_

From

To

Program Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Year

First Payment

Line #

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Voucher #

First Payment

Finance: Log \_\_\_\_\_

Approved \_\_\_\_\_

MIR \_\_\_\_\_