

**INCARCERATED YOUTH FINAL COST SUMMARY
& Actual Program Dates for 7/1/12 - 6/30/13 Period**

School District: Name _____ BEDS# _____

BOCES/District Name _____
 Providing Address _____
 Instruction: _____

Contact: Name _____ Telephone _____

Actual Dates IY Program Ran During 7/1/12 – 6/30/13 Period

July-Aug 2012 Dates _____, Sept 2012–June 2013 Dates _____

INSTRUCTIONS

The BOCES or school district that provided instruction for the Incarcerated Youth (IY) Program between 7/1/12 and 6/30/13 should complete this form.

Return Deadline: 12/05/13 - for "IY Final Cost Summary"

Return To: STAC, Special Aids & Medicaid Unit, 89 Washington Avenue, Room 514 EB, Albany, NY 12234 . Telephone (518) 474-7116, FAX (518) 402-5047

DVINC On-Line Verification Deadline: 12/05/13 - for 7/1/12–6/30/13 Enrollment Period

	7/1/12 - 6/30/13 FINAL COSTS
15 Professional Salaries	
16 Support Staff Salaries	
20 Equipment	
40 Purchased Services	
45 Supplies and Materials	
46 Travel Expenses for Staff Development and Training	
80 Employee Benefits	
49 Purchased Services with BOCES (If BOCES conducts entire program, do not use 49. Split costs among other budget categories listed.)	
SUBTOTAL Program Costs	
90 Administrative Overhead (or Indirect) Cost (Rate not to exceed 5% of Program Costs)	
TOTAL COSTS	

Questions: Call Edwin Truax at (518) 474-7116, Fax: (518) 402-5047

Return Deadline: December 5, 2013