

BUDGET SUMMARY

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	XXXXXXXXXX
Support Staff Salaries	16	XXXXXXXXXX
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	XXXXXXXXXX
Employee Benefits	80	XXXXXXXXXX
Indirect Cost (IC)* (Amount from "C" below)	90	XXXXXXXXXX
BOCES Services	49	XXXXXXXXXX
Minor Remodeling	30	XXXXXXXXXX
Equipment	20	
Grand Total		

*A. Modified Direct Cost Base	\$XXXXXXXX
B. Approved Restricted IC Rate	XXXXXXXXX%
C. (A) x (B) = Indirect Cost (Be sure to put total in Code 90 above)	\$XXXXXXXXXX

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 _____ July 1, 2012 _____ June 30, 2015

Funding Dates: _____ From _____ To _____

Program Approval: _____

Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Voucher # _____ First Payment