The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Send with your Completed Application
to your Public Library System Headquarters

PROPOSED BUDGET SUMMARY FOR A FEDERAL OR STATE PROJECT
FS-20 (12/05)

Grant Applicant Information

Funding Source: $14 Million Public Library Construction Grant Program

Project Manager:

Applicant:

Mailing Address:

Street

City | State | Zip Code

Telephone #: _____ County: _____

E-Mail Address: _____

Project Funding Dates: July / 1 / 2009 (Start) June / 30 / 2011 (End)

INSTRUCTIONS

- **This form has been customized for use for the Public Library Construction Grant Program ONLY and therefore should not be used for any other purpose.**
- **Submit three copies with original signatures in blue ink along with your completed application and other required documents to your Public Library System Headquarters.**
- All budget items should be entered in whole dollar amounts only.
- The Project Manager must be a Library/System staff member or a Board Trustee.
- Certification on page 8 must be signed by the Chief Administrative Officer or designee.
- 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/.

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

Agency Code | | | | | | | | | | | |

Project # | | | | | | | | | | |

Contract # | | | | | | | |

Agency Name: _____

*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

FOR DEPARTMENT USE ONLY

Approved Funding Dates: July 1, 2009 (From) June 30, 2011 (To)

Program Approval: _____

Date: _____

Fiscal Year	First Payment	Line #

_____ Voucher #

_____ First Payment

Finance: Log _____ Approved _____ MIR _____