

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 | |
| 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: July 1, 2011 From June 30, 2013 To

Program Approval: _____

Date: _____

Fiscal Year First Payment Line #

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Voucher #

First Payment

Finance: Log _____

Approved _____

MIR _____