

BUDGET SUMMARY

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	XXXXXXXXXX
BOCES Services	49	XXXXXXXXXX
Minor Remodeling	30	
Equipment	20	
Grand Total		

*A. Modified Direct Cost Base

XXXXXXXXXX

B. Approved Restricted IC Rate

XXXXXXXXXX%

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

Project #

Contract # (N/A)

Agency Name: _____

FOR DEPARTMENT USE ONLY

Approved Funding Dates: 12/01/09 From 6/30/10 To

Program Approval: _____

Date: _____

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

Voucher #

First Payment