



**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	XXXXXXXXXX
Equipment	20	XXXXXXXXXX
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 #**

**Agency Name:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Approved Funding Dates: 04/01/09 \_\_\_\_\_ 12/31/09 \_\_\_\_\_  
 From To

Program Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_ Voucher #      \_\_\_\_\_ First Payment