

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
New York State Library
Division of Library Development
Room 10B41 CEC, Albany, NY 12230
Attn: Mary Linda Todd

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

Project Number:

Grant Applicant Information

Gates Foundation Opportunity Online Hardware Grant Program

Funding Source: _____

Report Prepared By: _____

Name of Applicant: _____

Customized Versions Will Be Sent Electronically To Each Applicant

Mailing Address: _____

Street		
City	State	Zip Code

Telephone #: _____

County: _____

E-Mail Address: _____

Project Funding Dates: _____

04 / 01 / 2008
Start

03 / 31 / 2009
End

INSTRUCTIONS

- ❖ Submit the original FS-20 Budget Summary and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to the Grants Finance.
- ❖ Please submit the FS-20 Budget Summary as a two page form (not back-to-back on a single sheet).
- ❖ Enter whole dollar amounts only. The amounts must agree with the budget category totals from each Budget Category and Narrative Form.
- ❖ For changes in agency or payee address contact the State Education Department office indicated on the application instructions for the grant program for which you are applying.
- ❖ 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/.

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	

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

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Project #

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Contract #

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Agency Name: _____

FOR DEPARTMENT USE ONLY

Approved

04/01/08

03/31/09

Funding Dates:

From

To

Program Approval: _____

Date: _____

Fiscal Year

First Payment

Line #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Voucher #

First Payment