**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: 0070-12-00**

## Grant Applicant Information

Funding Source: LSTA Service Improvement invitational Grant program

| | |
|---|---|
| Report Prepared By: | |
| Name of Applicant: | |
| DUNS#: | |
| Mailing Address: | |
| | Street |
| | City / State / Zip Code |

Telephone #: _____ County: _____

E-Mail Address: _____

Project Funding Dates: 04 / 01 / 2011 (Start) 03 / 31 / 2012 (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 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 | XXXXXXX |
| BOCES Services | 49 | |
| Minor Remodeling | 30 | XXXXXXXX |
| Equipment | 20 | |
| | Grand Total | |

| | |
|---|---|
| *A. Modified Direct Cost Base | $XXXXXXX |
| B. Approved Restricted IC Rate | XX% |
| C. (A) x (B) = Indirect Cost (Be sure to put total in Code 90 above) | $XXXXXXX |

**Agency Code**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**Project #**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 7 | 0 | | 1 | 2 | | 0 | 0 | | |

**Contract #**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

**Agency Name:** _____

## 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: 04/01/11 (From) 03/31/12 (To)

Program Approval: _____

Date: _____

| Fiscal Year | First Payment | Line # |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Voucher # _____ First Payment _____

Finance: Log _____ Approved _____ MIR _____