

**2007-2010 Title II B Mathematics Science Partnership Grant Program
2009 Budget Form**

Agency Code

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School District or BOCES Name											
Address											
City	Zip County										
Contact Person	Telephone ()										
Email Address	Fax ()										
Grant Number:	<table border="1"><tr><td>0</td><td>2</td><td>9</td><td>4</td><td>0</td><td>9</td><td> </td><td> </td><td> </td><td> </td></tr></table>	0	2	9	4	0	9				
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Budgets Mail to:

**New York State Education Department
Grants Management
Room 676 EBA
Albany, NY 12234**

Budget Category and Narrative Forms

Salaries for Professional Staff: Code 15

Include only staffs that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week for each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equal .2 FTE. For hourly work, indicate per session or the training rate and the number of hours.

Indicate the amounts for fringe benefits under Code 80 – Employee Benefits.

Specific Position Titles	Full-time Equivalents	Proposed Expenditure
TOTAL (FS-20, Budget Summary Form)		

In the space below, please describe how the positions identified above will support the project activities and and contribute to program goals.

Salaries for Support Staff: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include administrative professional that are considered to be indirect costs, e.g., account clerks.

Specific Position Titles	Full-time Equivalents	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)		

In the space below, please describe how the positions identified above will support the project activities and contribute to program goals.

Purchased Services: Code 40

Identify the type of expenditure by general category (i.e., consultants, rentals, tuition, printing, communications, and other contractual services).

Purchased Services from a BOCES, if other than the applicant agency, should *not* be budgeted under this expenditure category. Use Purchased Services with BOCES, Code 49.

An agency cannot purchase services from themselves.

Copies of contracts may be requested by the State Education Department.

Description of Item	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)	

In the space below, describe how the purchased services itemized above will support the project activities and contribute to the program goals.

Supplies and Materials and Equipment less than \$5,000: Code 45

Identify the type of supplies or materials by general category (i.e., instructional, office, books, computer software, and items of equipment with a unit cost less than \$5,000).

Description of Category	Quantity	Unit Cost	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)			

In the space below, please describe how the supplies and materials and equipment less than \$5,000 itemized above will support the project activities and contribute to the program goals.

Travel Expenses: Code 46

Identify purpose of travel (i.e., student transportation, staff travel between instructional sites, student field trips – if specifically allowed by the grant, etc.) and the proposed expenditure.

Include travel expenses for conference costs, out-of-state travel and costs for staff development programs, if allowable expenditures.

Purpose	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)	

In the space below, please describe how the travel expenses itemized above will support the project activities and contribute to the program goals. Details must be provided for student field trips, out-of-state travel and conferences.

Employee Benefits: Code 80

Agencies may choose to calculate the proposed Employee Benefits using their agency’s Fringe Benefits (FB) rate or itemizing the specific benefits. The FB Rate for project personnel must be the same as those used for other agency personnel. Only the Employee Benefits, which are attributable to the professional and support staff identified in Codes 15 and 16 may be included in this section.

Complete either Section I or Section II.

Section I – Calculation of Fringe Benefits (FB) using the Agency’s FB rate.

Agency Fringe Benefit Rate	Project Salaries	Proposed Expenditure
TOTAL (transfer to FS-20 Budget Summary Form)		

Section II – Itemize Specific Categories of Benefits

Benefit	Proposed Expenditure
Social Security, Retirement (NYS Teachers, NYS Employees, Other), Health Insurance, Worker's Compensation, Unemployment Insurance, Other (Identify)	
TOTAL (transfer to FS-20 Budget Summary Form)	

Indirect Cost: Code 90

Refer to the Fiscal Guidelines for further instructions regarding Modified Direct Cost Base and the Approved Restricted Indirect Cost Rate.

A. Modified Direct Cost Base – Sum of all preceding totals (codes 15, 16, 40, 45, 46 and 80) and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds.	\$		(A)
B. Approved Restricted Indirect Cost Rate		%	(B)
C. (A) x (B) = Total Indirect Cost (transfer to FS-20)	\$		(C)
TOTAL (transfer A,B,C totals to FS-20 Budget Summary Form)			

Purchased Services with BOCES: Code 49

Describe the services to be purchased, the name of the BOCES and the proposed amount.

Description of Services	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)	

In the space below, please describe how the Purchased Services with BOCES itemized above will support the project activities and contribute to the program goals.

Equipment: Code 20

All equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted and justified under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40. Prior approval is required for all equipment purchases; see Fiscal Guidelines for additional information.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)			

In the space below, please describe how the equipment itemized above will support the project activities and contribute to the program goals.