

2008-2009 Budget Form

**Project SAVE, Safe Schools Against Violence in Education Act:
Instruction in Civility, Citizenship and Character Education**

Agency Code

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Agency Name											
Address											
City						Zip			County		
Contact Person						Telephone ()					
Email Address						Fax ()					
Grant Number:		0	5	6	0	0	9	0	0		

MAIL BUDGETS TO:

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

BUDGET CATEGORY AND NARRATIVE FORM

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.

BUDGET CATEGORY AND NARRATIVE FORM

**SUPPLIES AND MATERIALS: Code 45
AND EQUIPMENT LESS THAN \$5,000**

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	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.

BUDGET CATEGORY AND NARRATIVE FORM

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. Detail must be provided for student field trips, out-of-state travel and conferences.

BUDGET CATEGORY AND NARRATIVE 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.

BUDGET CATEGORY AND NARRATIVE FORM

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)	

BUDGET CATEGORY AND NARRATIVE FORM

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.