The University of the State of New York
THE STATE EDUCATION DEPARTMENT
(see instructions for mailing address)

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

Grant Applicant Information

Funding Source: _____

Report Prepared By:

Name of Applicant:

Mailing Address:

Street

City | State | Zip Code

Telephone #: _____ County: _____

E-Mail Address: _____

Project Funding Dates: ___/___/___ Start ___/___/___ 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/.

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	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

Agency Code | | | | | | | | | | | |

Project # | | | | | | | | | | |

Contract # | | | | | | | |

Agency Name: _____

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

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: _____ From _____ To

Program Approval: _____

Date: _____

Fiscal Year	First Payment	Line #

_____ Voucher # _____ First Payment

Finance: Log _____ Approved _____ MIR _____