

**PART II PROJECT EXPENDITURES - DETAIL INFORMATION**

**A. FUND CODE: 171/151**

<b>B. APPLICANT AGENCY:</b>		District Code:				
Applicant Agency Contact Person:	Address:		Zip Code:			
Telephone: (     )	E-mail address:					
PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE AND SUBMIT BOTH PAGES OF THE BUDGET DETAIL EVEN THOUGH THERE MAY BE NO LINE ITEM ENTRIES ON THE FIRST PAGE.						

**C. ASSIGNMENT THROUGH SCHEDULE A**

Check this box ONLY if this project will be using funds assigned by more than one agency. A completed Schedule A, with signatures and the amount of funds assigned by each participating agency, must be attached to this Budget Detail.

<b>D. STAFFING CATEGORIES</b> For School District Personnel working within school hours ONLY. All others go under contractual services.	<b>E.</b> # OF STAFF	<b>F.</b> FTE	<b>G.</b> MTRS *	<b>H.</b> AMOUNT	<b>I.</b> TOTAL
<b>1. ADMINISTRATORS:</b>					
SUPERVISOR/DIRECTOR					
PROJECT COORDINATOR					
STIPENDS					
<b>SUB-TOTAL</b>					
<b>2. INSTRUCTIONAL/PROFESSIONAL STAFF:</b>					
STIPENDS					
<b>SUB-TOTAL</b>					
<b>3. SUPPORT STAFF:</b>					
AIDES/PARAPROFESSIONALS					
SECRETARY/BOOKKEEPER					
OTHER					
<b>SUB-TOTAL</b>					

\*Check the MTRS box if the identified employee(s) is/are a member of the MA Teachers' Retirement System.  
This requirement applies only to federally funded grant programs.

<b>4. FRINGE BENEFITS:</b>	AMOUNT	LINE ITEM SUB-TOTAL
<b>4-a MA TEACHERS' RETIREMENT SYSTEM</b> (Federally-funded grants only)		
<b>4-b OTHER FRINGE BENEFITS</b> (Other retirement systems, health insurance, FICA)		
<b>SUB-TOTAL</b>		

APPLICANT AGENCY:		FUND CODE: 171/151	
5. CONTRACTUAL SERVICES: Indicate the services to be provided and the rate to be paid <u>per hour</u> or <u>per day</u> , whichever is applicable.		AMOUNT	LINE ITEM SUB-TOTAL
	RATE	Hour/Day	
CONSULTANTS	\$		
SPECIALISTS	\$		
INSTRUCTORS	\$		
SPEAKERS	\$		
OTHER	\$		
SUBSTITUTES	\$		
<b>SUB-TOTAL</b>			
6. SUPPLIES AND MATERIALS: Items costing less than \$5,000 per unit <u>or</u> having a useful life of less than one year.			
TEXTBOOKS AND INSTRUCTIONAL MATERIALS			
INSTRUCTIONAL TECHNOLOGY INCLUDING SOFTWARE			
NON-INSTRUCTIONAL SUPPLIES			
<b>SUB-TOTAL</b>			
7. TRAVEL: Mileage, conference registration, hotel, and meals			
SUPERVISORY STAFF			
INSTRUCTIONAL STAFF			
OTHER			
<b>SUB-TOTAL</b>			
8. OTHER COSTS: Indicate the amount requested in each category.			
Advertising \$	Transportation of Students \$		
Maintenance/Repairs \$	Telephone/Utilities \$		
Memberships/Sub \$	Rental of Space \$		
Printing/Reproduction \$	Rental of Equipment \$		
<b>SUB-TOTAL</b>			
9. INDIRECT COSTS		<b>Approved Rate:</b>	
10. EQUIPMENT: Attach a list with a statement of need and cost of each item. Items costing \$5,000 <u>or</u> more per unit <u>and</u> having a useful life of more than one year.			
INSTRUCTIONAL EQUIPMENT			
NON-INSTRUCTIONAL EQUIPMENT			
<b>SUB-TOTAL</b>			
<b>TOTAL FUNDS REQUESTED</b>			