

PART II PROJECT EXPENDITURES - DETAIL INFORMATION

FUND CODE: 317

B. APPLICANT AGENCY:		<i>District Code:</i>				
<i>Contact Person:</i>	<i>Address:</i>	<i>Zip Code:</i>				
<i>Title:</i>	<i>Telephone:</i> ()	<i>Extension:</i>				
<i>Email Address:</i>	<i>Program Website URL:</i>					

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.

D. GRANT CATEGORIES	AMOUNT	LINE ITEM SUB-TOTAL
1. ADMINISTRATORS:		
SUB-TOTAL		
2. METCO INSTRUCTIONAL SERVICES: per allotment schedule		
3. SUPPORT STAFF:		
SUB-TOTAL		
*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.		
4. FRINGE BENEFITS:	AMOUNT	LINE ITEM SUB-TOTAL
4-a MA TEACHERS' RETIREMENT SYSTEM (Federally-funded grants only)		
4-b OTHER FRINGE BENEFITS (Other retirement systems, health insurance, FICA)		
SUB-TOTAL		
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.		
SUB-TOTAL		

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6. SUPPLIES AND MATERIALS: Items costing less than \$5,000 per unit <u>or</u> having a useful life of less than one year.	AMOUNT	LINE ITEM SUB-TOTAL	
SUB-TOTAL			
7. TRAVEL: Mileage, conference registration, hotel, and meals			
SUB-TOTAL			
8. METCO - STUDENT TRANSPORTATION: Per allotment schedule			
9. INDIRECT COSTS Approved Rate:			
10. EQUIPMENT: Attach a list with a statement of need and cost of each item. Items costing \$5,000 or more per unit <u>and</u> having a useful life of more than one year.			
SUB-TOTAL			
TOTAL FUNDS REQUESTED:			