|  |  |
| --- | --- |
|  BUDGET | **IM-02-86****(Page 4)** |
| **INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022). |

**1. BUDGET SUMMARY CFDA NUMBER: N/A**

|  |
| --- |
| LEGAL NAME OF APPLICANT  |
| DISTRICT CODE | GRANT NUMBER24S730 |  | PROJECT TYPERegular [ ]  Carry-over | ENDING DATE | FY of Approved Activity**FY-24** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FUNCTION**CODE** | FUNCTION TITLE | SALARIES**(1000)** | BENEFITS**(2000)** | PURCHASED**SERVICES**(3000, 4000) | SUPPLIES &**MATERIALS**(5000) | CAPITAL**OUTLAY**(6000) | **OTHER****EXPENDITURES**(7000, 8000) | TOTAL |
| 110 | Instruction --- Basic Programs |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 220 | Instructional Staff Services |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 250 | Business Services |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 280 | Central Support Services |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | SUBTOTALS (Sum of ALL lines above) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 450 | Facilities Acquisition, Construction, and Improvements |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  | TOTAL EXPENDITURES |  |  |  |  |  |  | A)  |

|  |  |  |  |
| --- | --- | --- | --- |
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| --- | --- |
| 2. BUDGET DETAIL--Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet. | TOTAL AMOUNT REQUESTED**TRANSCTION AMOUNT OF CHANGE** **PURPOSE:**  (Use minus signpreceding decreases) **Original** **Amendment $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

FUNDING: Department of Education Share of Expenditures**Local Share of Expenditures (Block A Minus Block B)** | B)  |
| C)  |

|  |  |  |
| --- | --- | --- |
|  DATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUSINESS OFFICE REPRESENTATIVE (Type or Print) | SIGNATURE |
| DATE | **PROJECT CONTACT PERSON (Type or Print)** | SIGNATURE |
| DATE | M.D.E. CONTACT PERSON (Type or Print) | SIGNATURE |