|  |  |
| --- | --- |
| 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 NUMBER 24S730 |  | PROJECT TYPE Regular  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 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  | | | | | |  |  |
|  | TOTAL EXPENDITURES |  |  |  |  |  |  | A) |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | 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 sign  preceding 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 |