

**PART II PROJECT EXPENDITURES - DETAIL INFORMATION**

**A.**

**FUND CODE:**

<b>B. APPLICANT AGENCY:</b>		<i>District Code:</i>				
<i>Applicant Agency Contact Person:</i>	<i>Address:</i>		<i>Zip Code:</i>			
<i>Telephone: (      )</i>	<i>E-mail address:</i>					
<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.</i>						

**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. STAFFING CATEGORIES	E. # OF STAFF	F. FTE	G. MTRS *	H. AMOUNT	I. 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.

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

APPLICANT AGENCY:		FUND CODE:
<b>5. CONTRACTUAL SERVICES:</b> Indicate the services to be provided and the rate to be paid <u>per hour</u> or <u>per day</u> , whichever is applicable.		<b>AMOUNT</b>
	<b>RATE</b>	<b>Hour/Day</b>
CONSULTANTS	\$	
SPECIALISTS	\$	
INSTRUCTORS	\$	
SPEAKERS	\$	
OTHER	\$	
SUBSTITUTES	\$	
<b>SUB-TOTAL</b>		
<b>6. SUPPLIES AND MATERIALS:</b> 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>		
<b>7. TRAVEL:</b> Mileage, conference registration, hotel, and meals		
SUPERVISORY STAFF		
INSTRUCTIONAL STAFF		
OTHER		
<b>SUB-TOTAL</b>		
<b>8. OTHER COSTS:</b> 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>		
<b>9. INDIRECT COSTS</b>		<b>Approved Rate:</b>
<b>10. EQUIPMENT:</b> 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>		