

Orig Agency Code
11000

Contract Number

**New York State Education Department - Bureau of Fiscal Management
Model Transition Program (MTP)
Appendix B
Budget Summary – Period 2**

Budget for the Period: December 1, 2008 to November 30, 2009

Contractor Name:	
Contractor Contract Person:	Telephone:

	Expenditure Item	Amount
Line 1	Personal Service	\$
Line 2	Fringe Benefits	
Line 3	General Operating	
Line 4	(Sum of Lines 1,2 and 3) TOTAL DIRECT COSTS →	\$
Line 5	Indirect Cost Rate	%
Line 6	Indirect Cost	
Line 7	Equipment	
Line 8	Purchased Services	
Line 9	(Sum of Lines 4,6,7 and 8) TOTAL EXPENSES →	\$

	Revenue	Amount
1.		\$
2.		
Line 10	TOTAL REVENUE →	\$

	Net Budgeted Operating Costs	Amount
Line 11	(Line 9 minus Line 10) NET BUDGETED OPERATING COSTS →	\$

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Contractor Name: _____

Section 1: Direct Operating Personal Service Listing				
Title	Social Security Number (if available)	Annual Salary	% Time Allocated to Program	Salary Allocated to Program
1.	Total Personal Service-Direct Operating Salaries (To Budget Summary, Line 1) →			\$
2.	Fringe Benefits Rate →			%
3.	Total Fringe Benefits (To Budget Summary, Line 2) →			\$

Section II: General Operating Expenses					
Item	Cost Item	Amount	Item	Cost Item	Amount
1.	Insurance	\$	10.	Travel-Staff Out/State	\$
2.	Building Main.&Repair		11.	Utilities	
3.	Office Supplies		12.	Vehicles-Oper. Expenses	
4.	Program Supplies		13.	Staff Training	
5.	Telephone		14.	Advertising	
6.	Rent		15.	Printing	
7.	Travel-Staff in State		16.		
8.	Contractual Svcs		17.		
9.	Dues & Subscriptions		18.	<i>Total G/O Expenses</i> → (To Budget Summary, Line 3)	\$

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Section III: Equipment Purchases		
<i>Item / Description</i>	<i>Amount</i>	
A.	\$	
B.		
C.		
<u>Total Equipment Purchases</u> <div style="text-align: right;">(To Budget Summary, Line 7)➔</div>		\$

Section IV: Purchased Services		
<i>Cost Item</i>	<i>Amount</i>	
A.	\$	
B.		
C.		
<u>Total Purchased Services</u> <div style="text-align: right;">(To Budget Summary)➔</div>		\$