

**SUMMARY BUDGET
FISCAL YEAR 2014-15**

ENTITY NAME: _____ **Original** **Revision**

Refer to fiscal guidelines and grants manual for explanation of budget categories. ALL AMOUNTS MUST BE
ROUNDED TO THE NEAREST DOLLAR. AN ACCOMPANYING DETAILED BUDGET MAY BE REQUIRED.

Function	Description of Functions	100 Salaries	200 Benefits	300 Professional & Technical Services	400 Purchased Property Services	500 Other Purchased Services	600 Supplies	700 Property	Total
1000	Instruction								
1692	Tutor Training								
2100	Pupil Personnel Services								
2200	Staff Support Services								
2300	Administrative Support Servs								
2400	Health Support Services								
2500	Business Support Servs								
2600	Operation and Maintenance								
2700	Student Transportation								
2800	Central Support Services								
2900	Other Support Services								
3100	Food Services								
3300	Community Services								
Column Totals									Sub Total
									Approved Indirect Cost/Operational Rate: _____ (CF 5000; OBJ 900)
									Pass Through Funds (If Applicable) (CF 2990; OBJ 899)
									TOTAL

Local Matching Funds—(Not applicable to all programs.)

Object Code: 100 200 300 400 500 600 700 900 Total

LOCAL MATCH									
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**SUMMARY BUDGET
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ENTITY NAME: _____ Original Revision

Section A: EQUIPMENT BREAKDOWN--Items budgeted in the 700 series object code must be broken down below by individual item. Amounts indicated below represent program dollars only; however, if another funding source is sharing equipment costs, please indicate the percentage to be charged to this program. Items that do not meet the equipment criteria should not be included in this section. (If additional space is required for equipment, attach copies of this page.)

Item	Unit Cost	No.To Be Purchased	Total Cost	Where Equipment Will Be Located/Utilized
TOTALS				

SECTION B DOES NOT APPLY TO THE 21ST CENTURY PROGRAM

Section B: CARRYOVER OF FUNDS (Only Applicable to Riders A-G and P)--If program guidelines allow carryover of previous year funds, complete the information below. If program guidelines do not allow carryover, disregard.

Previous Year Project Number: _____	Projected Carryover Amount: \$ _____
Previous Year Allocation Amount: \$ _____	Carryover Percentage: _____ %