**Attachment 3**

**Multi-Year Budget Summary for the Use of GRANT FUNDS ONLY**

Project Period: 1/1/18-6/30/24

| FS-10 BUDGET CODE | PROGRAM COSTS PLANNING PERIOD1/1/18-6/30/18 | PROGRAM COSTSYEAR 27/1/18-6/30/19 | PROGRAM COSTSYEAR 37/1/19-6/30/20 | PROGRAM COSTSYEAR 47/1/20-6/30/21 | PROGRAM COSTSYEAR 57/1/21-6/30/22 | PROGRAM COSTSYEAR 67/1/22-6/30/23 | PROGRAM COSTSYEAR 77/1/23-6/30/24 | TOTAL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Professional Salaries -15 |  |  |  |  |  |  |  |  |
| Support Staff Salaries – 16 |  |  |  |  |  |  |  |  |
| Purchased Services – 40 |  |  |  |  |  |  |  |  |
| Supplies and Materials – 45 |  |  |  |  |  |  |  |  |
| Travel Expenses -46 |  |  |  |  |  |  |  |  |
| Employee Benefits – 80 |  |  |  |  |  |  |  |  |
| Indirect Cost – 90 |  |  |  |  |  |  |  |  |
| BOCES Services – 49 |  |  |  |  |  |  |  |  |
| Minor Remodeling 30 |  |  |  |  |  |  |  |  |
| Equipment -20 |  |  |  |  |  |  |  |  |
| GRAND TOTAL |  |  |  |  |  |  |  |  |

This form should reflect all funds requested for your proposal summarized for each year of the project period.