**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| **PROJECT #** | 0187 - Year - 8XXX |
| **PROGRAM NAME** |  |
| **DATE** |  |
| **AWARD AMOUNT** |  |
| **TARGET NUMBER OF STUDENTS** |  |

**KEY PERSONNEL**

Identify the required 21st CCLC personnel, their salary, and budget category.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***POSITION*** | ***NAME***  ***First, Last*** | ***FTE*** | ***Annualized Rate of Pay and Salary*** | ***BUDGET***  ***CATEGORY*** |
| **Program Director** |  |  |  |  |
| **Fiscal Manager** |  |  |  |  |
| **Site Coordinator(s)** |  |  |  |  |
| **Educational Liaison** |  |  |  |  |
| **Independent Evaluator** |  |  |  |  |
| **Data Manager** |  |  |  |  |

Describe IN DETAIL how expenditures are:

* reasonable and necessary
* primarily targeted to the provision of direct services to students
* cost-effective and purposeful
* used to support program goals and objectives.

| ***BUDGET CATEGORY*** | ***DESCRIPTION OF ACTIVITES (Must include more detail than the FS10.)*** |
| --- | --- |
| ***Code 15***  *Professional Salaries* |  |
| ***Code 16***  *Support Staff Salaries* |  |
| ***Code 40***  *Purchased Services* |  |
| ***Code 45***  *Supplies and Materials* |  |
| ***Code 46***  *Travel Expenses* |  |
| ***Code 80***  *Employee Benefits* |  |
| ***Code 90***  *Indirect Cost* |  |
| ***Code 49***  *BOCES Services* |  |
| ***Code 30***  *Minor Remodeling* |  |
| ***Code 20***  *Equipment* |  |