

Budget Reference Guide

The following reference guide will address some frequently asked budget questions and assist in preventing common errors.

Cost calculation

In general, the FS-10s/budgets (or FS-10As/amendments) need to provide sufficient information under each of the columns to explain and document how funds are to be used on that project, especially how the proposed costs were determined. To that end, there are some specific areas where improvements can be made.

Codes 15 & 16 – FTE

1. As it pertains to the FS10/Budget, the **FTE MUST** equate to the amount of grants funds being applied to the salary for the position. In other words, if a staff is .5 FTE on the project, however, **.30 FTE is being funded by SED monies** and .20 FTE is being funded by institutional matching funds it should be designated as follows on the FS10:

| Specific Position | FTE | Annualized Rate of Pay | Project Salary |
|-------------------|-----|------------------------|----------------|
| Coordinator | .30 | \$40,000 | \$12,000 |

You would continue to show the entire .5FTE and associated funding on the budget narrative.

2. When calculating FTEs, **it may be necessary to use more than two decimal places (e.g. three)** to ensure proper rounding.

Example:

| Specific Position Title | Full Time Equivalent | Annualized Rate of Pay | Project Salary |
|-------------------------|----------------------|------------------------|----------------|
| Jump Start Faculty | .055 | \$55,000 | \$3,000 |

**The actual FTE designation would be .545454. Therefore, when rounding to 3 digits, ensure the calculation is as close as possible to the reported project salary.

Provide information/details on the calculations of the cost and ensure the calculation is correct.

The use of “varies” as the quantity or cost calculation in any section of the FS10 is **prohibited**. **Some calculation of the cost to the grant needs to be provided.**

You may provide approximate or estimated figures.

For example (code 45):

□

| Description of Item | Quantity | Unit Cost | Proposed Expenditure |
|----------------------------|----------------------------|----------------------------|-----------------------------|
| Programmatic supplies | Approx. 338 students | Approx. \$11.52/student | \$3,894 |
| Office supplies | 12 months of supplies | Est. \$100/month | \$1,200 |

Encumbrance of costs

All project encumbrances must be made within the approved funding period of the grant. Costs encumbered outside the project dates **will not** be reimbursed on the FS-10-F. However, the type of cost affects when the encumbrance is made. For example, if the cost involves the performance of work other than personal service, the encumbrance is made on the date on which the grantee makes a binding written commitment to obtain the work. A contract would be a type of binding written agreement. An encumbrance for travel, on the other hand, is handled differently. In this case, the encumbrance is made when the travel is actually taken. For more specific examples, please refer to the General Guidelines section found at <http://www.oms.nysed.gov/cafe/guidance/guidelines.html>.

Code 15 - Salaries for Professional Staff

Salaries for all Professional Staff from your district. Any outside vendor or partner organization employee expense falls under code 40.

Code 46 -Travel Expenses

Out of state travel requires a separate approval process.

Code 90 - Indirect Cost

Indirect costs are not allowed in this grant program.

M/WBE checklist

| | | | |
|--|---------------------------|-------------------------------|-----------------------------|
| M/WBE Documents Package (original signatures required) | | | |
| <input type="checkbox"/> Full Participation <input type="checkbox"/> Request Partial Waiver <input type="checkbox"/> Request Total Waiver | | | |
| | Forms Required | | |
| Type of Form | Full Participation | Request Partial Waiver | Request Total Waiver |
| | | | |
| Calculation of M/WBE Goal Amount | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M/WBE Cover Letter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M/WBE 100 Utilization Plan | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| M/WBE 102 Notice of Intent to Participate | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| M/WBE 105 Contractor's Good Faith Efforts | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| M/WBE 101 Request for Waiver Form and Instructions | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| EE0 100 Staffing Plan and Instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |