

YB BUDGET APPLICATION WORKSHEET

PERSONAL SERVICES (Salaries & Wages)

Position Title (AS IT ACTUALLY APPEARS ON PAYROLL & CLAIMS)	RATE	SALARY BASIS	NUMBER OF POSITIONS	TOTAL AMOUNT	YB FUNDS REQUESTED	OTHER FUNDS
TOTAL SALARIES AND WAGES						

* RATE IS AMOUNT PAID PER SALARY BASIS: H - hourly; W - weekly; BW - bi-weekly; SM - semi-monthly. Do not enter annual salary.

FRINGE BENEFITS

Fringe Benefits are eligible for reimbursement up to 20% of Personal Services.
Municipalities are not eligible for fringe benefit reimbursement.

				TOTAL AMOUNT	YB FUNDS REQUESTED	OTHER FUNDS
Social Security (FICA)						
Applicable Salaries and Wages	_____	x	Rate	=		
NYS Unemployment Insurance						
Applicable Salaries and Wages	_____	x	Rate	=		
Worker's Compensation						
Applicable Salaries and Wages	_____	x	Rate	=		
Disability Insurance						
Applicable Salaries & Wages or No. of Positions	_____	x	Rate	=		
Health Insurance						
Family Premium No. of Positions	_____	x	Rate	=		
Individual Premium No. of Positions						
Individual Premium No. of Positions	_____	x	Rate	=		
TOTAL FRINGE BENEFITS						

CONSULTANTS, CONTRACTED SERVICES

Type of Service	RATE	SALARY BASIS	NUMBER OF POSITIONS	TOTAL AMOUNT	YE FUNDS REQUESTED	OTHER FUNDS
TOTAL SERVICES						

RATE IS AMOUNT PAID PER SALARY BASIS: H - hourly; W - weekly; BW - bi-weekly; SM - semi-monthly. Do not enter annual salary.
 - session; Q - quarter; A - annual

CONSUMABLE SUPPLIES

Items with a unit cost of under \$200 which are consumable.

Office :

Program :

Item (specify):

Please attach additional sheets as needed.

TOTAL SUPPLIES

TOTAL AMOUNT	YE FUNDS REQUESTED	OTHER FUNDS

MAINTENANCE/EQUIPMENT REPAIRS

Maintenance Contract :
 (specify for what)

Equipment Repair :
 (specify for what)

Household Cleaning Supplies :

Other (specify) :

TOTAL MAINTENANCE/EQUIPMENT REPAIRS

TOTAL AMOUNT	YE FUNDS REQUESTED	OTHER FUNDS

EQUIPMENT RENTAL (SPECIFY ITEMS)

a) _____

b) _____

c) _____

TOTAL EQUIPMENT RENTAL

TOTAL AMOUNT	YB FUNDS REQUESTED	OTHER FUNDS

EQUIPMENT PURCHASES (SPECIFY ITEMS)

Items with a unit cost of over \$200 and a useful life of at least two years.

a) _____

b) _____

c) _____

TOTAL EQUIPMENT PURCHASE

TOTAL AMOUNT	YB FUNDS REQUESTED	OTHER FUNDS

SPACE RENTALS

Address _____

Rate per Month _____

Rate per Square Foot _____

Total Square Footage _____

Is building owned by applicant? _____

If so, is there an existing mortgage? _____

TOTAL SPACE RENTAL

TOTAL AMOUNT	YB FUNDS REQUESTED	OTHER FUNDS

TRAVEL

Program Transportation _____
 Staff Mileage _____
 Gasoline Purchases _____
 Conferences and Seminars _____

TOTAL TRAVEL

TOTAL AMOUNT	YR FUNDS REQUESTED	OTHER FUNDS

LIABILITY INSURANCE

Specify Carrier: _____

TOTAL AMOUNT	YR FUNDS REQUESTED	OTHER FUNDS

UTILITIES & TELEPHONE

Gas & Electric _____
 Telephone _____
 Water _____

TOTAL UTILITIES AND TELEPHONE

TOTAL AMOUNT	YR FUNDS REQUESTED	OTHER FUNDS

OTHER COSTS

Include items that do not fit under other categories such as advertising, printing, postage, and copying.

Each item MUST be listed separately.

a) _____
 b) _____
 c) _____

TOTAL OTHER COSTS

TOTAL AMOUNT	YR FUNDS REQUESTED	OTHER FUNDS

GRAND TOTAL

TOTAL AMOUNT	YR FUNDS REQUESTED	OTHER FUNDS