U.S. DEPARTMENT OF EDUCATION

BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1894-0008
Expiration Date: 08/31/2026

Name of Applicant Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (lines 1-8)								
10. Indirect Costs *Enter Rate Applied:								
11. Training Stipends								
12. Total Costs (lines 9-11)								

***Indirect Cost Information *(To Be Completed by Your Business Office)*:**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? ____Yes ____No.

(2) If yes, please provide the following information and provide a copy of your Indirect Cost Rate Agreement:
Period Covered by the Indirect Cost Rate Agreement: From: ___/___/_____ To: ___/___/_____ (mm/dd/yyyy)
Approving Federal agency: ____ED ____Other (please specify): _____ The approved Indirect Cost Rate is _____%
The approved Indirect Cost Rate Base _____ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR § 75.564(b))

(3) If you do not have a current approved indirect cost rate agreement, are not a State or Local Government that receives more than $35 million in direct Federal funding, and are not funding under a training rate program or restricted rate program, do you want to use the de minimis rate of 15% MTDC?
__Yes __No, if yes, you must comply with the requirements of 2 CFR § 200.414(f).

(4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? ____Yes ____No. If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.

(5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that: ___ Is included in your approved Indirect Cost Rate Agreement?
Or ___ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is _____%
The approved Indirect Cost Rate Base _____ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR §75.564)

(6) For Training Rate Programs (check one) -- Are you using a rate that: ____Is based on the training rate of 8 percent of MTDC (See 34 CFR §75.562(c)(4))? Or ____Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See 34 CFR §75.562(c)(4)).

Name of Applicant Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (Lines 1-8)								
10. Indirect Costs *Enter Rate Applied:								
11. Training Stipends								
12. Total Costs (Lines 9-11)								

SECTION C – BUDGET NARRATIVE (see instructions)

Name of Applicant Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

IF APPLICABLE: SECTION D – LIMITATION ON ADMINISTRATIVE EXPENSES

(1) List administrative cost cap (x%): _____
(2) What does your administrative cost cap apply to? __ (a) indirect and direct costs or __ (b) only direct costs

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative								
2. Fringe Benefits Administrative								
3. Travel Administrative								
4. Contractual Administrative								
5. Construction Administrative								
6. Other Administrative								
7. Total Direct Administrative Costs (lines 1-6)								
8. Indirect Costs *Enter Rate Applied:								
9. Total Administrative Costs								
10. Total Percentage of Administrative Costs								