

**NYS MWBE CERTIFICATION ASSISTANCE
PROGRAM BUDGET FORM**

Applicant Name:
2020-2021 Program

APPENDIX A

A. Complete the following Project Budget FOR SIX MONTHS with as much detail as is currently available. Lines items may be added or removed, based on individual program budgets

EXPENDITURES			
PERSONNEL (Please List Specific Titles)	Hourly Rate	Number of Hours	TOTAL
			\$
			\$
			\$
			\$
			\$
			\$
		Total Personnel Costs	\$
NON-PERSONNEL (i.e. IT Services, Telecommunications, Subconsultants, Etc.) (Specifically Identify "Other")			TOTAL
IT Services:			\$
Supplies/Materials:			\$
Program Software:			\$
OTHER:			\$
OTHER:			\$
OTHER:			\$
OTHER:			\$
		Total Non-Personnel Costs	\$
INDIRECT (Overhead Costs. Specifically Identify "Other")			TOTAL
OTHER:			\$
OTHER:			\$
OTHER:			\$
OTHER:			\$
		Total Indirect Expenses	\$
		GRAND TOTAL EXPENSES	\$

Payments will be made monthly on a reimbursement basis, after submission of invoices with the monthly mandatory reports.

Miscellaneous is not an acceptable line item. All line items must be clearly stated.

B. If indirect funds or administrative cost are required as part of your budget, identify the intended use for these funds.

C. No more than ten percent (10%) of overhead costs may be funded by ESD grants funding.