

**NYS MWBE CERTIFICATION TECHNICAL ASSISTANCE PROGRAM  
PROPOSED PROGRAM BUDGET FORM**

**APPENDIX A**

**Applicant Name:**

**A. Complete the following Project Budget with as much detail as is currently available.**

Lines items may be added or removed, based on individual program budgets

<b>INCOME</b>	<b>ESD GRANT FUND</b>	<b>ADDITIONAL FUNDS **</b>	<b>TOTAL</b>
<b>Grant and Funding Match (12 months)*</b>	\$ 75,000.00		\$ 75,000.00
<b>SUBTOTAL</b>	\$ 75,000.00	\$ -	\$ 75,000.00
<b>EXPENDITURES</b>			
<b>Salaries: Program Staff</b>			\$ -
<b>Fringe Benefits</b>			\$ -
<b>Contractual Services</b>			\$ -
<b>Consultants (training)</b>			\$ -
<b>Supplies/Materials</b>			\$ -
<b>Participant Supplies</b>			\$ -
<b>Telephone</b>			\$ -
<b>Utilities</b>			\$ -
<b>Printing</b>			\$ -
<b>Internet Usage/Fees</b>			\$ -
<b>Program Software</b>			\$ -
<b>Data Processing</b>			\$ -
<b>OTHER:</b>			\$ -
<b>OTHER:</b>			\$ -
<b>SUBTOTAL</b>	\$ -	\$ -	\$ -
<b>GRAND TOTALS</b>	\$ 75,000.00	\$ -	\$ 75,000.00

\* Program funding included is a twelve (12) months program. No more than half the amount (\$37,500) may be used during the first six months of the program. Use of remaining funds will be based on approval of program continuation for the final six months by DMWBD.

\*\* If additional funds will be used, these must be included in the program budget

**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.**