

NYS MWBE CERTIFICATION ASSISTANCE PROGRAM
BUDGET FORM

APPENDIX A

Applicant Name:

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 Expenses | | | \$ - |
| | | | |
| INDIRECT (Overhead Costs. Specifically Identify "Other") | | | TOTAL |
| OTHER: | | | \$ - |
| OTHER: | | | \$ - |
| OTHER: | | | \$ - |
| OTHER: | | | \$ - |
| Total Indirect Expenses | | | \$ - |
| | | | |
| GRAND TOTAL EXPENSES | | | \$ - |

Program budget included is for six (6) months. No more than \$37,500 may be used during the first six months of the program. Use of remaining funds If the Program is extended at the discretion of DMWBD, the same project budget submitted will be used for the final 6 months of the Program.

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