

U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1894-0008 Expiration Date: 02/28/2011

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 . U.S. DEPARTMEN	SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS	UNDS		
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel			A CANADA			
2. Fringe Benefits						
3. Travel						
4. Equipment				:		
5. Supplies					The second secon	
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)			T. F.			
10. Indirect Costs*						
11. Training Stipends					5	
12. Total Costs (lines 9-11)						
*Indirect Cost Information (To Be Completed by Your Business Office):	(To Be Completed by Y	our Business Office):	var the following question			
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 (2) If yes, please provide the following information:	ement for indirect costs Cost Rate Agreement a following information	on line 10, please ansv pproved by the Federal :	ver the following question government?Yes	ns: No		
	indirect Cost Rate Agree	ement: From://	To://_	(mm/dd/yyyy)		
Approving Federal agency:	ED	Other (please specify):				
(3) For Restricted Rate Programs (check one) Are you using a restricted indirect cost rate that:	grams (check one) Are	e 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)?

		E (see instructions)	SECTION C - BUDGET NARRATIVE (see instructions)	SECTION C – B		
						12. Total Costs (Lines 9-11)
						11. Training Stipends
						10. Indirect Costs
						9. Total Direct Costs (Lines 1-8)
	•					8. Other
						7. Construction
						6. Contractual
						5. Supplies
						4. Equipment
						3. Travel
						2. Fringe Benefits
						1. Personnel
Total (f)	Project Year 5 (e)	Project Year 4 (d)	Project Year 3 (c)	Project Year 2 (b)	Project Year 1 (a)	Budget Categories
		MARY S	SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS	SECT		
nn under ıld complete all	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.	Applicants requesting funding for only one year should complete the columproject Year 1." Applicants requesting funding for multi-year grants shapplicable columns. Please read all instructions before completing form.	Applicants requesting fi "Project Year 1." Appli applicable columns. Ple		anization	Name of Institution/Organization

General Instructions

This form is used to apply to individual U.S. Department of Education (ED) discretionary grant programs. Unless directed otherwise, provide the same budget information for each year of the multi-year funding request. Pay attention to applicable program specific instructions, if attached. You may access the Education Department General Administrative Regulations, 34 CFR 74 – 86 and 97-99, on ED's website at: http://www.ed.gov/policy/fund/reg/edgarReg/edgar.html

You must consult with your Business Office prior to submitting this form.

Section A - Budget Summary U.S. Department of Education Funds

All applicants must complete Section A and provide a breakdown by the applicable budget categories shown in lines 1-11

Lines 1-11, columns (a)-(e): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 12, columns (a)-(e): Show the total budget request for each project year for which funding is requested.

Line 12, column (f): Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

addition, indicate whether ED or another Federal agency checked "yes" in (1), indicate in (2) the beginning and ending completed by your Business Office. (1): Indicate whether or that is included on your approved Indirect Cost Rate under a Restricted Rate Program (34 CFR 75.563 or 76.563), approved agreement. (3): If you are applying for a grant specify the name of the Federal agency that issued the (Other) issued the approved agreement. If you check "Other," dates covered by the Indirect Cost Rate Agreement. In that was approved by the Federal government. (2): If you not your organization has an Indirect Cost Rate Agreement applicable. Check only one response. Leave blank, if this item is not restricted indirect cost rate specified in 34 CFR 76.564(c)(2) rate that complies with 34 CFR 76.564(c)(2). Note: State or indicate whether you are using a restricted indirect cost rate ment for indirect costs on line 10, this information is to be Indirect Cost Information: If you are requesting reimburse-Local government agencies may not use the provision for a Agreement or whether you are using a restricted indirect cost

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Section B - Budget Summary Non-Federal Funds

If you are required to provide or volunteer to provide costsharing or matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

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Lines 1-11, columns (a)-(e): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 12, columns (a)-(e): Show the total matching or other contribution for each project year.

Line 12, column (f): Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Section C - Budget Narrative [Attach separate sheet(s)]
Pay attention to applicable program specific instructions,
if attached.

- Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B. For grant projects that will be divided into two or more separately budgeted major activities or sub-projects, show for each budget category of a project year the breakdown of the specific expenses attributable to each sub-project or activity.
- For non-Federal funds or resources listed in Section B
 that are used to meet a cost-sharing or matching
 requirement or provided as a voluntary cost-sharing or
 matching commitment, you must include:
- a. The specific costs or contributions by budget category;
 b. The source of the costs or contributions; and
 c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review ED's general cost sharing and matching regulations, which include specific limitations, in 34 CFR 74.23, applicable to non-governmental entities, and 80.24, applicable to governments, and the applicable Office of Management and Budget (OMB) cost principles for your entity type regarding donations, capital assets, depreciation and use allowances. OMB cost principle circulars are available on OMB's website at: http://www.whitehouse.gov/omb/circulars/index.html]

- If applicable to this program, provide the rate and base on which fringe benefits are calculated.
- example, you must multiply the indirect cost rates of total indirect expense. Depending on the grant program excluded from the base to which the indirect cost rate is cost" (MTDC) base (34 CFR 75.563 or 76.563). Please ("Restricted Rate" programs) by a "modified total direct programs with "Supplement not Supplant" requirements the base and multiplied by your indirect cost rate. For in your grant application budget may not be included in Cost Rate Agreement, some direct cost budget categories to which you are applying and/or your approved indirect base to which the indirect cost rate is applied and the Business Office. Specify the estimated amount of the line 10, this information is to be completed by your If you are requesting reimbursement for indirect costs on indicate which costs are included and which costs are "Training grants" (34 CFR 75.562) and grants under

When calculating indirect costs (line 10) for "Training grants" or grants under "Restricted Rate" programs, you must refer to the information and examples on ED's website at:

http://www.ed.gov/fund/grant/apply/appforms/appforms.html.

You may also contact (202) 377-3838 for additional information regarding calculating indirect cost rates or general indirect cost rate information.

Provide other explanations or comments you deem necessary.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1894-0008. The time required to complete this information collection is estimated to vary from 13 to 22 hours per response, with an average of 17.5 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual submission of this form, write directly to (insert program office), U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.