



**U.S. DEPARTMENT OF EDUCATION  
BUDGET INFORMATION  
HURRICANE KATRINA FOREIGN CONTRIBUTIONS**

OMB Control Number: 1890-0004  
Expiration Date: 10-31-2007

Name of Institution/Organization

**Archived Information**

Applicants must complete the column under "Project Period." The Department will not make awards for more than one period of 24 months.

**BUDGET SUMMARY  
HURRICANE KATRINA FOREIGN CONTRIBUTIONS**

Budget Categories	Project Period (24 Months) (a)	Project Year 2 Not Applicable	Project Year 3 Not Applicable	Project Year 4 Not Applicable	Project Year 5 Not Applicable	Total (f)
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*						
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:

Period Covered by the Indirect Cost Rate Agreement: From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

Approving Federal agency: \_\_\_ ED \_\_\_ Other (please specify): \_\_\_\_\_

# Instructions for Hurricane Katrina Foreign Contributions Budgets

## General Instructions

This form is used to apply to U.S. Department of Education (ED) awards of Hurricane Katrina Foreign Contributions. Please consult with your Business Office prior to submitting this form.

## Budget Summary

### Hurricane Katrina Foreign Contributions

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

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

Lines 1-11, column (f): Leave blank.

Line 12, column (a): Show the total budget.

Line 12, column (f): Leave blank.

### Indirect Cost Information:

Note: the applicant may not charge indirect costs against any portion of the award that funds construction by the applicant or a sub recipient or that are used to pay for tuition, room or board. Applicants that are State Educational Agencies (SEA) may charge up to 1% of the total award for administration of the award. Enter that amount on line 10 of the form.

Applicants other than SEAs may charge indirect costs against those portions of the award not budgeted for construction or tuition, room or board and enter that amount on line 10. If you are requesting reimbursement for any indirect costs, enter that amount on line 10. Your Business Office must provide the information requested at the bottom of the form regarding indirect costs: (1): Indicate whether or not your organization has an Indirect Cost Rate Agreement that was approved by the Federal government. (2): If you checked "yes" in (1), indicate in (2) the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED or another Federal agency (Other) issued the approved agreement. If you check "Other," specify the name of the Federal agency that issued the approved agreement.

### Budget Narrative [Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

1. Provide an itemized budget breakdown and justification for each budget category listed in the budget summary. For grant projects that will be divided into two or more separately budgeted major activities or sub-projects, show for each budget category of the project the breakdown of the specific expenses attributable to each sub-project or activity.
2. If applicable to this project, provide the rate and base on which fringe benefits are calculated.
3. If you are not an SEA and are requesting reimbursement for indirect costs on line 10, the information in the budget narrative that supports the request for indirect

costs must be completed by your Business Office. You may not use these funds to pay for training grants or other direct services to beneficiaries.

If you need assistance regarding calculating or recovering indirect costs, you may contact (202) 377-3838 for additional

4. 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 \_\_\_\_\_. 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. 20202-4651. 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.