ANNUAL SUBRECIPIENT BUDGET
PROJECTED EXPENSES OF 1999 LSC FUNDS

LSC GRANT TYPE: _____
(Basic Field, State Support, Migrant, etc.)

Recipient Number: _____
Recipient Name: _____
Subrecipient Name: _____
Term of Subgrant: _____
Subgrant Funding Amount: _____

Expense Category		**BUDGET**

NOTES:

Note 1 YES _____NO _____ Is any one purchase as defined in 45 C.F.R. ' 1630.5(b)(1)&(2) for $10,000 or more? If yes, please provide a supporting schedule listing the type of property, purchase price, and date of purchase.

Note 2 YES _____NO _____ Do these payments relate to a purchase in excess of $10,000 as defined in 45 C.F.R. 1630.5(b)(1) &(2)? If yes, please complete schedule as requested in Note 1.

Note 3 YES _____NO _____ Is any service/expense in excess of $5,000? If yes, please provide a supporting schedule listing The type of service fees charged and date of services.