

Schalmont IDEA Grant
A JOINT VENTURE IN INNOVATION
Schalmont Teachers' Association/Schalmont Central School District

Mini IDEA Grant Budget Form

Name _____ Date _____

The project as planned is anticipated to require the following expenditures. Be certain to include all known expenses. Be as specific as possible.

A. List names of participants, number of days needed and anticipated salary.

B. If you are using time outside of the school day, complete the chart below

Name	Number of Days	Per Diem Salary	Total Salary
Total			

OR

C. If you choose to do the project during the school day, calculate the number of days and multiply it by the sub rate you acquired from Payroll

Name	Number of Days	Sub Rate	Total Salary
Total			

D. For the following categories, please attach an addendum to this budget form to explain the anticipated funding needed for each category.

Proposal	Total Expenditure	
Supplies and Materials		
Mileage		
Purchased Services		
Communications		
Printing		
Miscellaneous		
	Total Proposed Cost of Grant	