

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

Traditional IDEA Grant Budget Form

Submit eight (8) copies of your grant proposal narrative
and budget sheet to IDEA Grant Chairperson
(Please keep a copy for your records)

Applicant(s) _____

Contact Person _____

Group members, if applicable

School(s) _____ Position(s) _____

Date of Application _____

Target Audience _____

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

A. Salaries/Substitutes

Per diem salaries are based on 1/200th of your annual salary. Call Payroll (4009) to acquire the figure for subs]

List names of participants, number of days needed and anticipated salary/sub pay (**complete chart A or B**)

- You need to calculate the amount of time needed to complete your grant. Identify the number of day(s) and multiply this by your per diem rate. Call Payroll (Ext. 4009) for your daily rate.

A. ___ I will use time outside of the school day (complete below)

Name	Number of Days	Per Diem Rate	Total Salary

OR

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

Example: Jack Smith 3 sub days x sub rate=\$255 (Call Payroll for substitute rate)

B. ___ I will need a sub (complete below)

Name	Number of Days	Sub Rate	Total Salary

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

C. Supplies and Materials

D. Travel (*not for student travel*)

E. Purchased Services (*Consultants etc.) Specific consultants and costs should be included.*)

F. Equipment Purchase

G. Communication (telephone, postage)

H. Printing and Duplication

I. Equipment Rental

I. Other costs (please describe)

TOTAL PROPOSED COST OF THE GRANT
