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| Description: Department of Education Logo | **U.S. DEPARTMENT OF EDUCATION****BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS** | OMB Control Number: 1894-0008Expiration Date: 08/31/2020 |
| Name of Institution/Organization  | 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 - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS |
| 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 |  |  |  |  |  |  |
| 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 \*Enter Rate Applied |  |  |  |  |  |  |
| 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Indirect Cost Rate is \_\_\_\_\_\_\_\_\_%1. If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? \_\_\_\_Yes \_\_\_\_No. If yes, you must comply with the requirements of 2 CFR § 200.414(f).
2. If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? \_\_\_\_Yes \_\_\_\_No. If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.
3. For Restricted Rate Programs (check one) -- Are 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)? The Restricted Indirect Cost Rate is \_\_\_\_\_\_\_\_\_%1. For Training Rate Programs (check one) -- Are you using a rate that: \_\_\_\_Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))? Or \_\_\_\_Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4)).
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| Name of Institution/Organization  | 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 B - BUDGET SUMMARYNON-FEDERAL FUNDS |
| 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 |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |
| SECTION C – BUDGET NARRATIVE (see instructions) |

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