SECTION D – Budget Summary

Instructions: Income
1. **Approved Budget:** Enter each funding stream and the amount awarded in each funding stream for the current reporting year. Enter the start date of the grant budget year (e.g., 10/01/*yy*) and the end date of the budget year (e.g., 09/30/*yy*). If you are not sure of the start and end dates of the budget year for your grant, contact your project officer.

Instructions: Expenses
1. **Carryover from Previous Budget Period:** Enter the amount of any funds carried over from the prior budget year.

2. **Approved Budget:** Enter the amount awarded for the current reporting year in each budget category. Enter the start date of the grant budget year (e.g., 10/01/*yy*) and the end date of the budget year (e.g., 09/30/*yy*). If you are not sure of the start and end dates of the budget year for your grant, contact your project officer.

3. **Expenditures:** Enter the amount of funds expended to date in each budget category. Enter the period that the expenditures cover. The start date will be the start of the grant budget year (e.g., 10/01/*yy*). The end date will be the end of the current reporting period (e.g., *mm/dd/yy* or 09/30/*yy*). If you are not sure of the start of the budget year or the end of the current reporting period, contact your project officer.

4. **Anticipated Costs:** Enter the amount of funds encumbered that will be expended prior to the end of the grant budget year. If this report covers the end of the budget year, this column should be empty.

5. **Carryover to Future Budget Period:** Enter the amount of funds you propose to carry over to the next budget period.

SECTION D – Budget Summary

INCOME U.S. DEPARTMENT OF EDUCATION AND OTHER NON-FORMULA FEDERAL FUNDS	
Funding Stream	**Approved Budget**
Reporting Period:	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*
1. MSAP	Enter $ Amount
2. Other: Enter Name of Funding Stream	Enter $ Amount
3. Other: Enter Name of Funding Stream	Enter $ Amount
4. Other: Enter Name of Funding Stream	Enter $ Amount

EXPENSES U.S. DEPARTMENT OF EDUCATION FUNDS					
Budget Categories	**Carryover from Previous Budget Period**	**Approved Budget**	**Expenditures**	**Anticipated Costs**	**Carryover to Future Budget Period**
Reporting Period:	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*	***Start:*** *mm/dd/yy* ***End:*** *mm/dd/yy*
1. Personnel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
2. Fringe Benefits	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
3. Travel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
4. Equipment	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
5. Supplies	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
6. Contractual	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
7. Construction	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
8. Other	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
9. Total Direct Costs (lines 1-8)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
10. Indirect Costs	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount

11. Training Stipends	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
12. Total Costs (lines 9-11)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
1. Transportation	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
2. Evaluation	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount
3. Planning Costs	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount

PR/Award # (11 characters): **Click here to enter text.**

SECTION D – Budget Information

1. Please provide an explanation if funds have not been drawn down from the G5 System to pay for the budget expenditure amounts reported in items 8a. – 8c of the Cover Sheet:

2. Please provide an explanation if you *did not* expend funds at the expected rate during the reporting period:

3. **Describe any significant changes to your budget resulting from modification of project activities:**

4. Please describe any changes to your budget that affected your ability to achieve your approved project activities and/or project objectives:

5. Do you expect to have any unexpended (carryover) funds at the end of the current budget period? ☐ Yes ☐ No.

    a. If yes, please explain why, provide an estimate, and indicate how you plan to use the unexpended funds in the next budget period:

6. **Describe any anticipated changes in your budget for the *next* budget period that require prior approval from the Department (see EDGAR, 2 CFR 200.407, as applicable):**