



**U.S. DEPARTMENT OF EDUCATION**  
BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control Number:  
1894-0008  
Expiration Date:  
08/31/2026

Name of Applicant 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)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
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 and provide a copy of your Indirect Cost Rate Agreement:  
 Period Covered by the Indirect Cost Rate Agreement: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)  
 Approving Federal agency:  ED  Other (please specify): \_\_\_\_\_ The approved Indirect Cost Rate is \_\_\_\_\_ %  
 The approved Indirect Cost Rate Base \_\_\_\_\_ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR § 75.564(b))
- (3) If you do not have a current approved indirect cost rate agreement, are not a State or Local Government that receives more than \$35 million in direct Federal funding, and are not funding under a training rate program or restricted rate program, do you want to use the de minimis rate of 15% MTDC?  
 Yes  No, if yes, you must comply with the requirements of 2 CFR § 200.414(f).
- (4) 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.
- (5) 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 \_\_\_\_\_ %  
 The approved Indirect Cost Rate Base \_\_\_\_\_ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR §75.564)
- (6) For Training Rate Programs (check one) -- Are you using a rate that:  Is based on the training rate of 8 percent of MTDC (See 34 CFR §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 34 CFR §75.562(c)(4)).

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**SECTION B - BUDGET SUMMARY  
NON-FEDERAL FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
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)								

**SECTION C – BUDGET NARRATIVE** (see instructions)

Name of Applicant 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.
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**IF APPLICABLE: SECTION D – LIMITATION ON ADMINISTRATIVE EXPENSES**

**(1) List administrative cost cap (x%): \_\_\_\_\_**  
**(2) What does your administrative cost cap apply to? \_\_ (a) indirect and direct costs or \_\_ (b) only direct costs**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative								
2. Fringe Benefits Administrative								
3. Travel Administrative								
4. Contractual Administrative								
5. Construction Administrative								
6. Other Administrative								
7. Total Direct Administrative Costs (lines 1-6)								
8. Indirect Costs *Enter Rate Applied:								
9. Total Administrative Costs								
10. Total Percentage of Administrative Costs								