

Agency:

Program:

OHM BOCES Safe Schools/Healthy Students Initiative Budget Summary Form

✦ The purpose of this form is to document the preliminary budget for the proposed program.

| Expense Category | Year One | Year Two | Year Three | Year Four |
|---------------------------------------|-----------------|-----------------|-------------------|------------------|
| A. Personal Services | | | | |
| 1. Personnel | | | | |
| 2. Fringe Benefits | | | | |
| 3. Total (Lines 1 + 2) | | | | |
| B. Non-Personal Services | | | | |
| 4. Contractual/Consultant | | | | |
| 5. Staff Travel/Per Diem | | | | |
| 6. Equipment | | | | |
| 7. Supplies | | | | |
| 8. Other Expenses | | | | |
| 9. Total (Total Lines 4 to 8) | | | | |
| C. Project Total (Lines 3 + 9) | | | | |