

Montana OPI

BUDGET DETAIL

Applicant Name: _____

Legal Entity: _____

Application Year: _____

School Name: _____

Total Allocation Available for Budgeting \$ _____

Purpose Category	100 Personal Service- Salaries	200 Employee Benefits	300 Purchased Professional & Technical	400 Purchased Property Services	500 Other Purchased Services	600 Supplies	700 Property & Equipment	800 Other Objects	Total Funds
Instruction									
Support Services									
Parental/Family Involvement									
Professional Development									
Administration									
Pupil Transportation									
School & Community Support									
Facilities									
Sub Totals									

Staff Paid by SIG Funds	Full-Time Equivalents (FTEs)
Job Classification	
Administrators (nonclerical)	
Teachers	
Instructional Paraprofessionals	
Staff providing support service (non-clerical)	
Staff providing support services (clerical)	
Sub Totals	

(A) Total Allocation Available for Budgeting \$ _____

(B) Budgeted Property & Equipment Cost (Object 700) \$ _____

(C) Allowable Direct Costs (A-B) \$ _____

(D) Indirect Cost Rate % _____

(E) Maximum Indirect Cost (C*D/1+D)) \$ _____

(F) Total budgeted above \$ _____

(G) Budgeted Indirect Cost \$ _____

(H) Total budget (F+G) \$ _____

Allocation Remaining \$ _____