

**ADDITIONAL FULLY FINANCED BUDGET INFORMATION**

**FISCAL YEAR :** \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

BUDGET ADMINISTRATOR (Superintendency member): \_\_\_\_\_

ORGANIZATIONAL UNIT (Which schools will be spending funds from this grant): \_\_\_\_\_

PROGRAM TYPE: \_\_\_\_\_

PROJECT CONTACT (district employee): \_\_\_\_\_

LOCATION: \_\_\_\_\_

**Complete one section for each "outside" source of funding on Program Budget page:**

I. Granting Agency: \_\_\_\_\_ Amount: \_\_\_\_\_  
Grant Authority: \_\_\_\_\_  
Grantor's Project Number: \_\_\_\_\_ Year of Funding: \_\_\_\_\_  
Financial Reports should be sent to: \_\_\_\_\_ Special Report Format?  
Required reporting frequency (quarterly, monthly, etc.)? \_\_\_\_\_ Yes/No

II. Granting Agency: \_\_\_\_\_ Amount: \_\_\_\_\_  
Grant Authority: \_\_\_\_\_  
Grantor's Project Number: \_\_\_\_\_ Year of Funding: \_\_\_\_\_  
Financial Reports should be sent to: \_\_\_\_\_ Special Report Format?  
Required reporting frequency (quarterly, monthly, etc.)? \_\_\_\_\_ Yes/No

**CARRYOVER REVENUE (if applicable)**

Previous year Budget Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

**Other Information:**

Person(s) authorized to sign pay instruments: \_\_\_\_\_

Budget Administrator's signature: \_\_\_\_\_

**NOTE: Please attach a copy of Grant Award and/or other preliminary budget breakdown.**