

ATTACHMENT A
 NEW YORK STATE BANKING DEPARTMENT
 GRANT BUDGET SUBMISSION FORM

Vendor:	
Project Name:	
Contract Duration:	
Date:	

Submit to:
 NYS Banking Department
 80 South Swan Street, Suite 1157
 Albany, NY 12210

Enter the amount of request for each category for each year of the grant period. If none, leave blank.

	A. Total Budget: NYSBD Funds, Plus Match, Plus In-Kind	B. Year One NYSBD Funds	C. Year Two NYSBD Funds	D. Total Project Budget Provided by NYSBD (B + C)
Personal Services				
Direct Service Staff Salaries, Stipends				
Fringe for Direct Service				
Administration Salaries				
Fringe for Administration				
Total Personal Service				
Non Personal Service				
Staff Travel, Auto Reimbursement, Lodging				
Client Travel, Bus Tokens, etc.				
Program Fees, Materials, Curricula				
Training, Conference Attendance, Workshops				
Independent Contractors, Editors, etc.				
Website Development, Maint., Web Hosting, etc.				
Audit, Financial Mgmt., Monitoring, Analysis				
Administrative, Overhead, Indirect Costs				
Rent, Utilities, Phone, Fax, Internet, etc.				
Equipment Purchase / Lease				
Marketing / Advertising				
Media Production, Copying, Printing				
Office Supplies, Postage, Shipping, etc.				
Participant Incentives				
Awards, Certificates, Refreshments				
Other*** Must explain on separate sheet.				
Total Non Personal Service				
Grand Total Personal & Non Personal Service				

Total number of persons provided services: _____
Total number of hours of services: _____
Average number of hours per person: _____

Indicate location of services and pool for which you are applying: _____
 Pool A, Bronx, Kings, New York, Queens, and Richmond Counties
 Pool B, Nassau, Suffolk, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Cc
 Pool C, All other NYS Counties