Appendix D

Budget Worksheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Innovative Workforce Incentive Program Implementation Grant | | | | | | | |
|  |  |  |  |  |  |  |  |
| Applicant Name: |  |  |  |  |  |  |  |
| Applicant IRN: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Applicants must upload the Budget Worksheet into the Comprehensive Continuous Improvement Plan that includes the total sum requested for the qualifying credential program as well as a narrative that provides an itemized list of expenditures, with cost, the applicant plans to incur using grant funds. | | | | | | | |
|  |  |  |  |  |  |  |  |
| Proposed Budget (submitted with grant application) | Salaries 100 | Retirement Fringe Benefits 200 | Purchased Services 400 | Supplies 500 | Capital Outlay 600 | Other 800 | Total |
| Instruction |  |  |  |  |  |  | $ - |
| Support Services |  |  |  |  |  |  | $ - |
| Governance/Admin |  |  |  |  |  |  | $ - |
| Prof Development |  |  |  |  |  |  | $ - |
| Family/Community |  |  |  |  |  |  | $ - |
| Safety |  |  |  |  |  |  | $ - |
| Facilities |  |  |  |  |  |  | $ - |
| Transportation |  |  |  |  |  |  | $ - |
| Nonpublic |  |  |  |  |  |  | $ - |
| Indirect Cost |  |  |  |  |  |  | $ - |
| Total | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
|  |  |  |  |  |  |  |  |
| The final expenditure report is the final Budget Worksheet and narrative listing expenditures. The narrative will include property inventory of all equipment and nonconsumable goods, with cost, purchased using Innovative Workforce Incentive Program Implementation Grant 2 funds. The ending balance as of Sept. 30, 2023, shall be provided with one of the following documents attached for each expenditure: canceled check, receipt or bank statement. Documents will be uploaded into Ohio Department of Education Compliance system. | | | | | | | |
|  |  |  |  |  |  |  |  |
| Final Expenditure Report (submitted with interim activities report) | Salaries 100 | Retirement Fringe Benefits 200 | Purchased Services 400 | Supplies 500 | Capital Outlay 600 | Other 800 | Total |
| Instruction |  |  |  |  |  |  | $ - |
| Support Services |  |  |  |  |  |  | $ - |
| Governance/Admin |  |  |  |  |  |  | $ - |
| Prof Development |  |  |  |  |  |  | $ - |
| Family/Community |  |  |  |  |  |  | $ - |
| Safety |  |  |  |  |  |  | $ - |
| Facilities |  |  |  |  |  |  | $ - |
| Transportation |  |  |  |  |  |  | $ - |
| Nonpublic |  |  |  |  |  |  | $ - |
| Indirect Cost |  |  |  |  |  |  | $ - |
| Total | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

Budget Narrative:

*Please provide a description of how the requested funds will be used in each of the categories listed in the table below. Provide an itemized list of expenditures the project expects to incur throughout the duration of the funding period.*

*Additionally, provide information on any matching or in-kind funds or services that will be provided in support of the program objectives.*

|  |  |
| --- | --- |
| Budget Category | Explain how the requested funds will be used to meet the objectives identified in the co-designed plan. |
| Instruction |  |
| Support Services |  |
| Governance/Admin |  |
| Professional Development |  |
| Family/Community |  |
| Safety |  |
| Facilities |  |
| Transportation |  |
| Nonpublic |  |
| Indirect Cost |  |