



**Educational Service District
 PROJECT BUDGET
 (State and Federal)**

Fiscal Year _____ Program No. _____

ESD	CO	DIST	GRANT NUMBER	
<input type="checkbox"/> Application <input type="checkbox"/> Revision No. _____			BUDGET PERIOD	
			Beginning	Ending

DISTRICT NAME	PROJECT TYPE/NAME	CONTACT PERSON	TELEPHONE NUMBER
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OBJECT OF EXPENDITURE										
ACTIVITY	TOTAL	DEBIT TRANSFER 0	CREDIT TRANSFER 1	SALARIES CERTIFICATED 2	SALARIES CLASSIFIED 3	BENEFITS AND PAYROLL TAXES 4	SUPPL INSTRUCT RESOURCES AND NONCAPITAL 5	PURCHASED SERVICES 7	TRAVEL 8	CAPITAL OUTLAY 9
21 Staff Development			XXXX							
27 Direct Instruction			XXXX							
51 Trans, Supervision & Coord.			XXXX							
60 Facilities			XXXX							
83 Debt Service-Interest			XXXX	XXXX	XXXX	XXXX	XXXX		XXXX	XXXX
98 General Support			XXXX							
99 Transfers				XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Budgeted Direct Expenditures										
Budgeted Indirect Expenditures										
Total Budgeted Expenditures										

FTE PROGRAM STAFF	
Total Cert	Total Class
Activity 21-2	Activity 21-3

OSPI USE ONLY		
APPROVED BY: (Prog Dir/Designee)	Date Approved	Effective Date
Grants Management Approval:		Date