

**STAUNTON CITY SCHOOLS
DETAILED GRANT BUDGET FORM**

Date _____
Applicant Name _____
School or Department _____
Grant Funding Source _____
Program Name (if any) _____

	FROM GRANT FUNDS	FROM SCHOOL BOARD	FROM OTHER SOURCES	TOTAL BUDGET
PERSONAL SERVICES:				
Salaries				
Stipends				
Other				
Sub-Total				
FRINGE BENEFITS:				
FICA				
Unemployment				
Workers' Comp				
Health Insurance				
Retirement				
Group Life Insur				
Tuition Reimbursement				
Other:				
Sub-Total				
PURCHASED SERVICES:				
List:				
Sub-Total				
INTERNAL SERVICES:				
Transportation Dept.				
Other:				
Sub-Total				

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		FROM GRANT FUNDS	FROM SCHOOL BOARD	FROM OTHER SOURCES	TOTAL BUDGET
OTHER CHARGES:					
	Travel				
	Other:				
	Sub-Total				
MATERIALS & SUPPLIES:					
	Instructional Supplies				
	Office Supplies				
	Other Supplies:				
	Sub-Total				
CAPITAL EXPENDITURES:					
	Classroom Equipment				
	Technology Equipment				
	Other Equipment:				
	Sub-Total				
TOTAL BUDGET					