PROGRAM BUDGET INSTRUCTIONS
REFER TO FISCAL POLICIES AND PROCEDURES MANUAL FOR RESTRICTIONS

1. QYDS ID – NUMBER ASSIGNED BY SYSTEM
2. FISCAL YEAR-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED
3. AGENCY/MUNICIPALITY-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID
4. PROGRAM TITLE-NAME OF PROGRAM RECEIVING FUNDING
5. FISCAL CONTACT INFORMATION-PERSONS TO CONTACT FOR QUESTIONS ON BUDGETING-CLAIMING AND VOUCHERING FOR THIS PROGRAM

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT*	*TOTAL FUNDS REQUESTED FOR THIS PROGRAM*
1	2	3	4	

6. LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
7. ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. $100, $500, $5. (enter the highest rate for each title)
8. INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
9. ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
10. ENTER THE TOTAL OF THIS COLUMN.
11. ENTER THE TOTAL AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL SALARIES AND WAGES

5	6

TOTAL FRINGE BENEFITS

7	8

12. ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
13. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED.
14. MOST PROGRAMS ARE LIMITED TO 25%. YDDP/RHYA – DO NOT USE

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE	PAYMENT BASIS	TOTAL PROGRAM AMOUNT*
9	10	11	12

15. ENTER TYPE OR TITLE OF SERVICES, e.g. Accounting Firm, Speaker.
16. INDICATE RATE OF PAY
17. INDICATE PAYMENT BASIS e.g. Session (S), Monthly (M)
18. ENTER THE TOTAL COST FOR EACH LINE

TOTAL CONTRACTED SERVICES (2)

13	14

19. ENTER THE TOTAL OF THIS COLUMN
20. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL MAINTENANCE & OPERATION (3)

15	16

21. ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
22. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

LIST IN THE SPACE PROVIDED, EQUIPMENT PURCHASES AND RENTALS PLANNED FOR PROGRAM YEAR

FACILITY REPAIRS

PROGRAM SITE	
17	18

23. LIST EACH PROGRAM ADDRESS FOR WHICH FACILITY REPAIRS ARE BEING PLANNED
24. ENTER AMOUNT FOR EACH PROGRAM SITE. YDDP LIMIT - $500 PER SITE

TOTAL FACILITY REPAIRS (4)

19	20

25. ENTER THE TOTAL OF THIS COLUMN
26. ENTER THE AMOUNT FOR WHICH REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL OCFS PROGRAM AMOUNT

TOTAL OCFS FUNDS REQUESTED　　| 21 |

LIST OTHER FUNDING SOURCES		
	22	REIMBURSEABLE TOTAL
	23	MUNICIPAL FUNDING
	24	OTHER SOURCES

27. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
28. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
29. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
30. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES