

SCHOOL COMMITTEE PROJECT SUMMARY SHEET

Program Title: _____

Funding Source: _____ From: _____ To: _____

Fund Code: _____ Grant New: _____ Continuing: _____ Previous Award: _____

Person Responsible: _____ Date: _____ Dept/Location: _____

Description of Program:

Summary of Project Expenditures	Instructional Services	Non-Instructional Services	Total
Salaries			
Benefits, (BC/BS, longevity, etc.)			
Purchased Services (Contractual)			
Supplies, Materials			
Capital Outlay/Equip			
Transportation			
All Other			
Total			

In-Kind Contribution: _____ Local Budget Contribution: _____

Number of Staff to be employed by Program: Part-time: _____ Full-time: _____ Number of New Staff required: _____

Agencies or organizations participating in program:

1. _____ 2. _____

Submitted to AOL: _____

Submitted to MRS: _____

Check one:

Proposal for Submission: _____

Funded Program for Implementation: _____