

**ECEAP BUDGET (DEVELOPMENT/REVISION) FORM**  
**CENTER BUDGET FY 2014-2015**

**Center Name:**

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OBJECT OF EXPENDITURE		OPERATIONS BUDGET	ADMINISTRATION BUDGET (if needed)
<b>SALARIES</b>	Salaries		
<i>(complete a salary breakout form and attach)</i>			
<b>BENEFITS</b>	Benefits		
	Number of people receiving benefits: _____		
<b>CONTRACTUAL</b>	Medical Services		
	Dental Services		
	Other (specify) _____		
	Other (specify) _____		
	Other (specify) _____		
<b>Persons Under Contract</b>			
	Position	# People	Amount
	Mental Health		
<b>GOODS/SERVICES</b>	Food/Non USDA		
	Adult/Parent		
<b>SUPPLIES</b>	Office		
	Classroom		
	Kitchen		
	Other (specify) _____		
<b>OCCUPANCY</b>	Telephone		
	Utilities		
	Rent/Space		
	Maintenance/Repair		
<b>OTHER</b>	Postage		
	Audit		
	Copying		
	Parent Activity		
	Insurance		
	Advertising		
	Printing		
	Dues/Registrations		
	Other (specify) _____		
	Other (specify) _____		

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Center Name: \_\_\_\_\_

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OBJECT OF EXPENDITURE		OPERATIONS BUDGET	ADMINISTRATION BUDGET (if needed)
<b>TRAVEL</b>	Staff Travel		
	Parent Travel		
	Child Transportation		
	Field Trips		
	Veh Rent/Lease		
	Veh Repair/Maint		
	Veh Insurance		
<b>EQUIPMENT-Over \$5,000.</b>	Office		
	Classroom		
	Kitchen		
	Playground		
	Other (specify)		
	Other (specify)		
<b>BLDG. ALTER</b>	Building Alterations		
	Specify Project: _____		
	_____		
<b>TOTAL BUDGET</b>		\$ -	\$ -

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Salary/Benefits Breakout Form**  
**Funding Year 2014-2015**

Center \_\_\_\_\_

SALARIES - Program 2014-2015								(Y or N)
	(A)	(B)	C=(A * B)	(D)	E=(C/D)	(F)	G=(C*F)	Impacted by Collective Bargaining ?
Position	Hours/Day	Days/Year	Hours/Year	Full Time Hours	FTE	Hourly Pay	Total ECEAP Pay	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
				2088	-		\$ -	
<b>Totals</b>					0.000		\$0.00	

**BENEFITS - Program 2014-2015**

Position	Benefit Rate	% Increase xx-xx	Amount
<b>Totals</b>			

**Salary Instructions:**

I lettered the columns to help you do the calculations the way D.E.L. is requesting

(A) is the positions average hours worked per day.

(B) is the scheduled working days per year.

(C) is calculated by multiplying A and B together.

(D) is D.E.L.'s determination of full time hours. This does not change by position.

(E) is the calculation of FTE's for D.E.L.. (Full time Employees). Divide the hours per year (C) by D.E.L. Hours (D)

(F) is the hourly salary for the position

(G) is the hours/year (C) multiplied by The hourly pay (F)

Also, Please fill in the part about Collective Bargaining. We have to have that information for our application.

Please list Salaries and Benefits according to the following D.E.L. position categories: **Lead Teachers, Assistant Teachers, Family Service Workers, and Others.** Please put them in that order on your list as well, that is how they need to be reported to D.E.L. If you have a staff member that fits more than one category, just choose one category to place them in. You don't have to try to separate it out.