

SDA # _____

TECHNICAL COLLEGE SYSTEM OF GEORGIA
 State Adult Education Program
 Fiscal Year 2010

Budget Form 1 - General Information

1. Applicant Agency: (Name, Address, City, State, Zip)	2. Applicant Contact Person: [Name, Title, Address (if different)] Phone	3. Purpose of Application <input type="checkbox"/> FY10 New Contract
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4. Use of the Application Forms: This system provides a series of standard forms to be used as formats by applicants who apply for funds administered by the Technical College System of Georgia. If additional clarification is needed, please call (404) 679-1647.

5. Program Authority: State of Georgia Code (2006) Title 20, Chapter 4, Article 2.

 State Funds

6. **Certification and Incorporation**

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the eligible grant recipient above has authorized me as its representative to obligate this organization. I further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, lobbying requirements, special provisions, Data Quality Guidelines, Reporting Obligations and the forms attached as applicable. It is understood by applicant that this application constitutes an offer, and if accepted by the Technical College System of Georgia or renegotiated to acceptance, will form a binding agreement.

Typed Name and Title of Authorized Official	Phone	Date Signed	Signature

TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 2 – Budget Summary

State Funds							
Adult Education Programs							
Line	Expense Items	Form	Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004	Project 1-938-R
			Administration*	Programs 0-8	Programs 9-12	English Literacy Programs 0-12	Totals
1	Full-Time Payroll	3					\$
2	Part-Time Payroll	3					\$
3	Travel	4					\$
4	Supplies and Materials	5					\$
5	Equipment	6					\$
6	Operating	7					\$
7	Other/ Facilities	8					\$
Project 1-938-R Totals			\$	\$	\$	\$	\$

*Administration cannot exceed 5% of total State funds.

State Funds					
Project 1-937					
8	Payroll	9	Project 1-937 Total		\$

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Budget Form 3 – Payroll

State Funds									
Adult Education Programs									
Line	Expense Items	Project 1-938-001		Project 1-938-002		Project 1-938-003		Project 1-938-004	
		Administration		Programs 0-8		Programs 9-12		English Literacy Programs 0-12	
		Number of Positions	% of Time charged to Grant	Number of Positions	% of Time charged to Grant	Number of Positions	% of Time charged to Grant	Number of Positions	% of Time charged to Grant
1	Full-time (line 2-9)								
2	Adult Literacy Director								
3	Clerical Staff (Administrative)								
4	Instructional Staff								
5	Instructional Aides								
6	Coordinator (Administrative)								
7	Counselor								
8	Other (Specify)								
9	TBA								
10	Part-time (line 11-18)								
11	Clerical Staff (Administrative)								
12	Instructional Staff								
13	Instructional Aides								
14	Coordinator (Administrative)								
15	Counselor								
16	Other (specify)								
17	TBA								
18									
19	Full-time Payroll Totals (to Form 2, Line 1)	\$		\$		\$		\$	
20	Part-time Payroll Totals (to Form 2, Line 2)	\$		\$		\$		\$	

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TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 4 – Travel

State Funds					
Adult Education Programs					
Line	Expense Items	Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004
		Administration	Programs 0-8	Programs 9-12	English Literacy Programs 0-12
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTALS (to Form 2, Line 3)	\$	\$	\$	\$

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Budget Form 5 – Supplies and Materials

State Funds					
Adult Education Programs					
Line	Expense Items	Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004
		Administration	Programs 0-8	Programs 9-12	English Literacy Programs 0-12
1	Instructional Supplies				
2	Instructional Materials				
3	Audio Visual Supplies and Materials				
4	Other (Specify)				
5					
6					
7					
8					
9					
10	Administrative Supplies and Materials (specify)				
11					
12					
13					
14					
15					
16					
17					
18	TOTALS (to Form 2, Line 4)	\$	\$	\$	\$

TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 6 – Equipment

State Funds						
Adult Education Programs						
Line	Expense Items		Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004
			Administration	Programs 0-8	Programs 9-12	English Literacy Programs 0-12
		Quantity				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	TOTALS (to Form 2, Line 5)		\$	\$	\$	\$

TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 6 – Equipment
Page 2 of 2

Provide a brief description of each piece of equipment requested and its intended use below.

Name of Equipment	Brief Description	Intended Use

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Budget Form 7 – Operating

State Funds					
Adult Education Programs					
Line	Expense Items	Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004
		Administration	Programs 0-8	Programs 9-12	English Literacy Programs 0-12
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTALS (to Form 2, Line 6)	\$	\$	\$	\$

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TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 8 – Other/Facilities

State Funds					
Adult Education Programs					
Line	Expense Items	Project 1-938-001	Project 1-938-002	Project 1-938-003	Project 1-938-004
		Administration	Programs 0-8	Programs 9-12	English Literacy Programs 0-12
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTALS (to Form 2, Line 7)	\$	\$	\$	\$

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TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 9 – Full-Time Teachers’ Payroll Summary

State Funds		
Adult Education Programs		
Line	Name of County	Project 1-937
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15	Total (to Form 2, line 8)	\$

TECHNICAL COLLEGE SYSTEM OF GEORGIA
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Budget Form 10 – Full-Time Teacher’s Monthly Payroll
 Complete for each County

County _____ Personnel Database Code # _____

Current Teacher _____ Prior Teacher _____

Date Hired _____ Termination Date _____

State Funds			
Adult Education Programs			
MONTH	SALARY(A)*	BENEFITS (B)	MONTH TOTALS (C)*
July 2009			\$
August 2009			\$
September 2009			\$
October 2009			\$
November 2009			\$
December 2009			\$
January 2010			\$
February 2010			\$
March 2010			\$
April 2010			\$
May 2010			\$
June 2010			\$

TOTAL REQUESTED FOR THIS Full-time Teacher \$ _____
 (Add the 12 lines under Column (c) and enter total on Form 9).

*Be sure to include planned increases.