

**Agency:**

**Program:**

**OHM BOCES Safe Schools/Healthy Students Initiative Budget Summary Form**

✦ The purpose of this form is to document the preliminary budget for the proposed program.

<b>Expense Category</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Year Four</b>
<b>A. Personal Services</b>				
1. Personnel				
2. Fringe Benefits				
3. Total (Lines 1 + 2)				
<b>B. Non-Personal Services</b>				
4. Contractual/Consultant				
5. Staff Travel/Per Diem				
6. Equipment				
7. Supplies				
8. Other Expenses				
9. Total (Total Lines 4 to 8)				
<b>C. Project Total (Lines 3 + 9)</b>				