Presented y Ord 99-11 260/99, K. Yansila

#### WASILLA CITY COUNCIL INFORMATION MEMORANDUM

IM No. 99-21

SUBJECT: Additional funds requested by Youth Court when it was found that there were some funds still available.

PREPARED BY: Chief Fannon

DATE: February 1, 1999

FOR AGENDA OF: February 8, 1999

### SUMMARY:

These funds come from a grant revision that increases the original amount. There is no additional expense to the City of Wasilla.

FISCAL IMPACT: X No Yes, amount requested: \$4,240 Fund: 21-498-2907

**RECOMMENDED ACTION:** Submit to Council

Reviewed by: SARAH PALIN, Mayor

Attachments: AK Dept of Education Grant Revision

# FY 99 GRANT AWARD

Note: No portion of this grant may be used directly or indirectly for ELVEL the benefit of a Department of Education employee.

Ref: AS 39.50.010, Conflict of Interest AS 39.52.170, Outside Employment AS 39.52.150, Improper Influence in State Grants, Contracts, Leases, or Loans

JAN 1 9 1999



Division of Teaching and Learning Support 801 West 10th Street, Suite 200 Juneau, AK 99801-1894

**Governor's Drug Prevention** 

### CITY OF WASILLA, ALASKA

| <b>a</b>      | City of Wasilla (Mat-Su Youth Court)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Program: Governor's Drug Prevention |                                   |                |  |  |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|----------------|--|--|
| Grantee:      | 290 E. Herning Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Project No.                         | DA 99.105.01                      |                |  |  |
| Address:      | Wasilla, AK 99654                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amendment No.                       | ONE                               |                |  |  |
|               | Wasilia, AK 99054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                   | 044.040.00     |  |  |
| Authorize     | ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Grant Amo                     | unt:                              | \$44,240.00    |  |  |
| D             | <sub>atative:</sub> Mayor Sarah H. Palin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                   | #40 000 00     |  |  |
| Kepresen      | hative. May or Cara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Original Grant                      |                                   | \$40,000.00    |  |  |
| Contact       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Previous Amenda                     |                                   | \$4,240.00     |  |  |
| Person:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Changes this Am                     | nendment (+ or -)                 | Ψ1,210.00      |  |  |
| I CIBOII.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                   |                |  |  |
|               | 7 1 1 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ends:                               | June 30, 1999                     |                |  |  |
| Grant a       | award begins: July 1, 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                   |                |  |  |
| _             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                   |                |  |  |
| Comme         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ee's application and am             | endments as approved by the De    | partment.      |  |  |
| 1.            | This grant provides services as stated in the grant<br>Reimbursement requests should be submitted at le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | east quarterly on form i            | 65a and b in duplicate with orig  | inal           |  |  |
| 2. I          | Reimbursement requests should be submitted at les signature of authorized representative as on file was confile was confident was confile was confile was confident | with the Department. Re             | eimbursements will be made for    | actual         |  |  |
| S             | signature of authorized representative as on the w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vim mo Department                   |                                   |                |  |  |
|               | expenditures only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | al naument is made                  |                                   | •              |  |  |
| 3.            | A final evaluation may be required before the fin.  Final reimbursement request must be received by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Garandar 30 followir                | og the end of the grant award per | riod. If the   |  |  |
| <b>4</b> . 1  | Final reimbursement request must be received by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sebtember 20 tonown                 | nce may be liquidated from the    | grant.         |  |  |
| 1             | final reimbursement request has not been receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d, the unexpended balan             | state audit requirements. This    | grant may be   |  |  |
| ς ΄           | This grant is subject to the federal A-128 of A-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 33 audit requirements of            | state audit requirements.         | <b>5</b>       |  |  |
| <b>.</b>      | monitored by Department of Education staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | · -1 No commitments or obl        | igations       |  |  |
| 6.            | monitored by Department of Education staff.  Grant awards accompanied by a budget with una                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | llocated funds are provi            | Islonal. No communents of con     | by the grantee |  |  |
| 0.            | Grant awards accompanied by a budget with una may be made against those funds until an approv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed budget, signed by th             | e program manager, is received    | o budget       |  |  |
| ,             | may be made against those funds until an approve<br>Expenditures in excess of the total amount specification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fied on the award docur             | nent will not be reimbursed. In   | e duaget       |  |  |
| 7.            | Expenditures in excess of the total amount specific approved by the program manager in the Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ment of Education conti             | rols expenditures made under the  | is grant.      |  |  |
|               | approved by the program manager as a series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                   |                |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Financial Coding                  | CFDA No.       |  |  |
| ~ A           | · \ \ \ · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount                              | 05113010 05549400                 | 84.186B        |  |  |
| $\cap$ $\cap$ | al10 Hhm 1-11-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$4,240.00                          | 05113010 05349400                 | - 01.1002      |  |  |
| (             | and Du 1911-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                   |                |  |  |
| Claims I      | shii, Grant Administrator Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | te                                  |                                   |                |  |  |
| Claire        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                   |                |  |  |
| St            | (200 Dec 1) /11/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | -                                 |                |  |  |
|               | ampbell, Program Manager Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | te                                  |                                   |                |  |  |
| Terri Ca      | ampheli, Program Wanagu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                   |                |  |  |
|               | 11/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                   |                |  |  |
| 1             | TIS Director Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | te                                  |                                   |                |  |  |
| Barbar        | a Thompson, TLS Director Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                   |                |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                   |                |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | PROGRAM CODE                      | > 17105        |  |  |

## **Project Budget**

Grant Number: <u>DA 99.105.01</u>

Program Title: Governor's Drug Prevention

Grant Recipient: City of Wasilla (Mat-Su Youth Court)

| Initial/Current Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UNIFORM<br>CHART of |          | Account Title                                        | Budget Amount   |           |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|------------------------------------------------------|-----------------|-----------|-----------|
| Personal Services   37,735.85   0.00   37,735.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACCO                | UNTS     | 1100001111111                                        | Initial/Current | Revisions | Approved  |
| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Daguirad            | Ontional | ·                                                    | Budget          | (+ or -)  | Budget    |
| Staff Travel   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   4,000.00   500   Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | Оргони   | Personal Services                                    | 37,735.85       | 0.00      | 37,735.85 |
| Contractual   4,000.00   4,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 100                 |          |                                                      |                 |           |           |
| UNALLOCATED   UNALLOCATED   UNALLOCATED   Subtotal Direct Costs   37,735.85   4,000.00   41,735.8   1,000.00   6.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1,000.00   1   | 200                 |          | Staff Travel                                         |                 |           |           |
| ### Subtotal Direct Costs   37,735.85   4,000.00   41,735.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 300                 |          | Contractual                                          |                 | 4,000.00  | 4,000.00  |
| UNALLOCATED   Subtotal Direct Costs   37,735.85   4,000.00   41,735.8     Indirect Rate   6.00%   6.00     Indirect Amount   2,264.15   240.00   2,504.1     Equipment >\$5,000 per unit (no indirect charges)   10,000.00   10,000.00     Equipment >\$5,000 per unit (no indirect charges)   10,000.00   10,000.00     Comparison of the content of the conte | 400                 |          | Supplies                                             |                 |           |           |
| Subtotal Direct Costs Indirect Rate Indirect Amount Equipment >\$5,000 per unit (no indirect charges)  Subtotal Direct Costs 37,735.85 4,000.00 41,735.8 6.00 6.00 2,504.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 500                 |          | Equipment                                            |                 |           |           |
| Indirect Rate 6.00% 6.00  Indirect Amount 2,264.15 240.00 2,504.1  Equipment >\$5,000 per unit (no indirect charges)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |          |                                                      | 07.705.95       | 4 000 00  | 41 735 85 |
| Indirect Amount 2,264.15 240.00 2,504.1  Equipment >\$5,000 per unit (no indirect charges)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |          |                                                      |                 | 4,000.00  |           |
| Equipment >\$5,000 per unit (no indirect charges)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |          |                                                      |                 | 240.00    |           |
| Equipment >\$5,000 per unit (no indirect charges)  TOTAL 40,000.00 4,240.00 44,240.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |          |                                                      | 240.00          | 2,507.10  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | Equipr   | nent >\$5,000 per unit (no indirect charges<br>TOTA) | 40,000.00       | 4,240.00  | 44,240.00 |

| ** UNALLOCA   | TED FUNDS MAY NOT BE ENCUMBERED OR SPENT. A BUD<br>A narrative explanation is required for ALL budget re | GET REVISION IS REQUIRED. |
|---------------|----------------------------------------------------------------------------------------------------------|---------------------------|
|               | A narrative explanation is required for ALL badget is                                                    |                           |
|               | CEM april                                                                                                | 1/1/99                    |
| OOE APPROVAL: | Signature                                                                                                | Date                      |
|               |                                                                                                          |                           |