

**Workforce Investment Board - Mid Ohio Valley  
Budget Summary**

<b>Proposer:</b>				
<b>Contract:</b>				
<b>For the Period of:</b>				
Line Item Description	Staff Support	Direct Participant Activity	Total Amount Requested	Other Sources of Funding
<b>Salaries Staff (Schedule A)</b>			0	
<b>Total Salaries Staff</b>	0	0	0	
<b>Fringes Staff (Schedule B)</b>				
FICA			0	
Workers' Compensation			0	
Insurance			0	
Retirement			0	
Unemployment			0	
<b>Total Fringes Staff</b>	0	0	0	
<b>Other Programmatic (direct participant costs) (Schedule C)</b>				
Participant Wages			0	
Supportive Services			0	
Training Materials			0	
Other:				
<b>Total Programmatic</b>	0	0	0	
<b>Travel (Schedule D)</b>				
<b>Total Travel</b>	0	0	0	
<b>Rent/Space (Schedule E)</b>				
<b>Total Rent/Space</b>	0	0	0	
<b>Equipment, Purchased, Leased or Rented (Schedule F)</b>				
<b>Total Equip. Purchased, Leased or Rented</b>	0	0	0	
<b>Other Operating (administrative, overhead costs) (Schedule G)</b>				
Desk Top Supplies			0	
Telephones			0	
Postage			0	
Utilities			0	
Insurance			0	
Printing			0	
Copying			0	
Meeting Rooms/Conference Fees			0	
Janitorial			0	
Legal Fees			0	
Advertising			0	
Indirect/Overhead			0	
Other:				
<b>Total Operating</b>	0	0	0	
<b>Grand Total</b>	0	0	0	

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

**Salaries Staff**

**1st Year  
12  
MONTHS**

<b>Position Title</b>	<b>Annual Salary/Hrly. Rt.</b>	<b>Hrs. Worked</b>	<b>% Time to WIB</b>	<b>Total Charged to Region 4 WIB</b>
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
<b>TOTAL</b>			<b>0.00%</b>	<b>0</b>



**OTHER PROGRAMMATIC EXPENSES**

	<b>Cost Per Month</b>	<b>No. of Months</b>	<b>Total</b>
<b>Participant Wages</b>			<b>0</b>
<b>Training Materials</b>			<b>0</b>
<b>Supportive Services</b>			<b>0</b>
<b>Other:</b>			<b>0</b>
			<b>0</b>
			<b>0</b>
			<b>0</b>
			<b>0</b>
			<b>0</b>
			<b>0</b>
<b>TOTAL</b>			<b>0</b>

\* Costs Related to Program (wages, training materials that are directly related to participants)

	<b># Being Served</b>	<b>Rate of Wage</b>	<b># of Hours</b>	<b>Total</b>
<b>Participants</b>				



**RENT / SPACE**

<b>Location</b>	<b>Total Sq. Ft.</b>	<b>Total Rent/Cost</b>	<b>Total to WIB</b>
<b>TOTAL</b>			<b>0</b>

**EQUIPMENT, PURCHASED, LEASED OR RENTED**

<b>Item</b>	<b>No. to be Purchased, Leased or Rented</b>	<b>Unit Cost</b>	<b>(Which one) Purchased Leased or Rented</b>	<b>Total</b>
Telephones				
Easels				
TV/VCR				
Desks				
Chairs				
Fax Machine/Copier				
File Cabinets				
Power Point Projector				
Laptop Computer/Printer				
<b>*If purchased, need WIB inventory tags and serial #'s for all items</b>				
<b>*If leased, need contract from leasing company.</b>				
<b>TOTAL</b>				<b>0</b>

**PROJECTED  
OTHER OPERATING EXPENSES**

	<b>Cost Per Month</b>	<b>No. of Months</b>	<b>% to WIB</b>	<b>Total</b>
<b>Desk Top Supplies</b>				<b>0</b>
<b>Telephones</b>				<b>0</b>
<b>Postage</b>				<b>0</b>
<b>Utilities</b>				<b>0</b>
<b>Insurance</b>				<b>0</b>
<b>Printing</b>				<b>0</b>
<b>Copying</b>				<b>0</b>
<b>Meeting Rooms/ Conference Fees</b>				<b>0</b>
<b>Janitorial</b>				<b>0</b>
<b>Legal Fees</b>				<b>0</b>
<b>Advertising</b>				<b>0</b>
<b>Audit</b>				<b>0</b>
<b>Indirect/Overhead</b>				<b>0</b>
<b>Other:</b>				
<b>TOTAL</b>				<b>0</b>

\* Includes Office Supplies such as Paper, Pencils, Pens, Staplers, Staples, Correction Pens, Post-It Notes, Paper Clips, etc. All Office Supplies are based on program usage.