MCAEL FY19 PROGRAM Grant Application 2C. Comparison of Budget/Expenses, FY18 and FY19

Organization:	
Program:	

	FY 2018 ACTUAL					FY 2019 PROJECTED			
	Program	MCAEL	%		Program	MCAEL	%		
Line Expenses	Cost (\$)	Grant (\$)	MCAEL	Cost Basis/Explanation	Cost (\$)	Request	MCAEL	Cost Basis/Explanation	
DIRECT PROGRAM COSTS									
A. PERSONNEL									
Organization's Employees (total salary	and fringe l	benefits - se	e instruct	ions)					
1 Program Staff #1: (indicate title)	\$ -	\$ -	0%		\$ -	\$ -	0%		
2 Program Staff #2: (indicate title)	\$ -	\$ -	0%		\$ -	\$ -	0%		
3 Program Staff #3: (indicate title)	\$ -	\$ -	0%		\$ -	\$ -	0%		
4 Other:	\$ -	\$ -	0%		\$ -	\$ -	0%		
Hourly Contractors (total hourly wage :	s)								
5 Instructor(s)	\$ -	\$ -	0%		\$ -	\$ -	0%		
6 Childcare workers	\$ -	\$ -	0%		\$ -	\$ -	0%		
7 FICA and other taxes	\$ -	\$ -	0%		\$ -	\$ -	0%		
B. Classroom Rent									
8	\$ -	\$ -	0%		\$ -	\$ -	0%		
C. Textbooks/Instructional Materials									
9	\$ -	\$ -	0%		\$ -	\$ -	0%		
D. Supplies									
10	\$ -	\$ -	0%		\$ -	\$ -	0%		
E. Equipment/Technology									
11	\$ -	\$ -	0%		\$ -	\$ -	0%		
F. Copying and Printing									
12	\$ -	\$ -	0%		\$ -	\$ -	0%		
G. Staff and Volunteer Training									
13	\$ -	\$ -	0%		\$ -	\$ -	0%		
H. Outreach									
14	\$ -	\$ -	0%		\$ -	\$ -	0%		
I. Travel and meetings (for program m	anagers)								
15	\$ -	\$ -	0%		\$ -	\$ -	0%		
J. Other (e.g. transportation cards for l	learners)								
16	\$ -	\$ -	0%		\$ -	\$ -	0%		
SUBTOTAL PROGRAM:	\$ -	\$ -	0%		\$ -	\$ -	0%		

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	FY 2018 ACTUAL				FY 2019 PROJECTED			
Line Expenses	Program Cost (\$)	MCAEL Grant (\$)	% Funded	Cost Basis/Explanation	Progra Cost (m MCAEL Request	% Funded	Cost Basis/Explanation
GENERAL OPERATING COSTS	T .	1			1.4	1 1		
17 Other Staff (non-program)	\$ -	\$ -	0%		\$	- \$ -	0%	
18 Rent/Occupancy	\$ -	\$ -	0%		\$	- \$ -	0%	
19 Utilities	\$ -	\$ -	0%		\$	- \$ -	0%	
20 Communications	\$ -	\$ -	0%		\$	- \$ -	0%	
21 Audit	\$ -	\$ -	0%		\$	- \$ -	0%	
22 Other	\$ -	\$ -	0%		\$	- \$ -	0%	
SUBTOTAL GEN OPS:	\$ -	\$ -	0%		\$	- \$ -	0%	
IN-KIND (Related to Program)								
23 Space: Classroom	\$ -	\$ -	0%		\$	- \$ -	0%	
24 Volunteer Instructors	\$ -	\$ -	0%		\$	- \$ -	0%	
25 Volunteer Staff	\$ -	\$ -	0%		\$	- \$ -	0%	
26 Donated Goods	\$ -	\$ -	0%		\$	- \$ -	0%	
27 Other:	\$ -	\$ -	0%		\$	- \$ -	0%	
SUBTOTAL IN-KIND	\$ -	\$ -	0%		\$	- \$ -	0%	
TOTAL EXPENSES:	\$ -	\$ -	0%		\$	- \$ -	0%	

Does your program provide transportation?	
If yes, how does your organization cover liability insurance?	
Does your program provide childcare?	
If yes, how does your organization cover liability insurance?	