



**U.S. DEPARTMENT OF EDUCATION**  
BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control  
Number: 1894-0008  
Expiration Date:  
09/30/2023

Name of Applicant Organization  
Alabama State Department of Education

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel	0	0	0	0	0			
2. Fringe Benefits	0	0	0	0	0			
3. Travel	24,000.00	24,000.00	24,000.00	24,000.00	24,000.00			
4. Equipment	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00			
5. Supplies	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00			
6. Contractual	1,014,606.00	1,014,606.00	1,014,606.00	1,014,606.00	1,014,606.00			
7. Construction	0	0	0	0	0			
8. Other	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00			
9. Total Direct Costs (lines 1-8)	1,091,606.00	1,091,606.00	1,091,606.00	1,091,606.00	1,091,606.00			
10. Indirect Costs *Enter Rate Applied: 11.5%	27,830.00	27,830.00	27,830.00	27,830.00	27,830.00			
11. Training Stipends	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00			
12. Total Costs (lines 9-11)	1,139,436.00	1,139,436.00	1,139,436.00	1,139,436.00	1,139,436.00			

**\*Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

- (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government?  Yes \_\_\_ No.
- (2) If yes, please provide the following information and provide a copy of your Indirect Cost Rate Agreement:  
Period Covered by the Indirect Cost Rate Agreement: From: 10/01/2021 To: 09/30/2022 (mm/dd/yyyy)  
Approving Federal agency:  ED \_\_\_ Other (please specify): \_\_\_\_\_ The Indirect Cost Rate is 11.5 %
- (3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? \_\_\_ Yes \_\_\_ No. If yes, you must comply with the requirements of 2 CFR § 200.414(f).
- (4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? \_\_\_ Yes \_\_\_ No. If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.
- (5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that: \_\_\_ Is included in your approved Indirect Cost Rate Agreement?  
Or \_\_\_ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is \_\_\_\_\_ %
- (6) For Training Rate Programs (check one) -- Are you using a rate that: \_\_\_ Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))? Or \_\_\_ Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4)).

Name of Applicant Organization  
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**SECTION B - BUDGET SUMMARY  
NON-FEDERAL FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel	204,934.24	204,934.24	204,934.24	204,934.24	204,934.24			
2. Fringe Benefits	61,033.13	61,033.13	61,033.13	61,033.13	61,033.13			
3. Travel	20,250.00	20,250.00	20,250.00	20,250.00	20,250.00			
4. Equipment	0	0	0	0	0			
5. Supplies	0	0	0	0	0			
6. Contractual	0	0	0	0	0			
7. Construction	0	0	0	0	0			
8. Other	0	0	0	0	0			
9. Total Direct Costs (Lines 1-8)	286,217.37	286,217.37	286,217.37	286,217.37	286,217.37			
10. Indirect Costs *Enter Rate Applied: 11.5%	32,915.00	32,915.00	32,915.00	32,915.00	32,915.00			
11. Training Stipends	0	0	0	0	0			
12. Total Costs (Lines 9-11)	319,132.37	319,132.37	319,132.37	319,132.37	319,132.37			

**SECTION C – BUDGET NARRATIVE (see instructions)**



# Instructions for ED 524

## General Instructions

This form is used to apply to individual U.S. Department of Education (ED) discretionary grant programs. Unless directed otherwise, provide the same budget information for each year of the multi-year funding request. Pay attention to applicable program specific instructions, if attached. You may access the Education Department General Administrative Regulations cited within these instructions at:

[https://www.ecfr.gov/cgi-bin/text-idx?SID=0b63ce6f20cacbf480e5596fd289e3&mc=true&tpl=/ecfrbrowse/Title34/34cfr75\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?SID=0b63ce6f20cacbf480e5596fd289e3&mc=true&tpl=/ecfrbrowse/Title34/34cfr75_main_02.tpl). You may access requirements from 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions at: [https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

**You must consult with your Business Office prior to submitting this form.**

## Section A - Budget Summary U.S. Department of Education Funds

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-11.

Lines 1-11, columns (a)-(e): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 13, columns (a)-(e): Show the total budget request for each project year for which funding is requested.

Line 13, column (f): Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

**Indirect Cost Information:** If you are requesting reimbursement for indirect costs on line 10 the indirect cost rate to be charged to the grant must be entered in the applicable field on line 10, and the following information is to be completed by your Business Office.

(1): Indicate whether or not your organization has an Indirect Cost Rate Agreement that was approved by the Federal government. If you checked "no," ED generally will authorize grantees to use a temporary rate of 10 percent of budgeted salaries and wages (**complete (4) of this section when using the temporary rate**) subject to the following limitations:

(a) The grantee must submit an indirect cost proposal to its cognizant agency within 90 days after ED issues a grant award notification; and

(b) If after the 90-day period, the grantee has not submitted an indirect cost proposal to its cognizant agency, the grantee may not charge its grant for indirect costs until it has negotiated an indirect cost rate agreement with its cognizant agency.

(2): If you checked "yes" in (1), provide a copy of your Indirect Cost Rate Agreement and indicate in (2) the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED, another Federal agency (Other) or State agency issued the approved agreement. If you check "Other," specify the name of the Federal or other agency that issued the approved agreement.

(3): If you check "no" in (1), indicate in (3) if you want to use the de minimis rate of 10 percent of MTDC (see 2CFR § 200.68). If you use the de minimis rate, you are subject to the provisions in 2 CFR § 200.414(f). Note, you may only use the 10 percent de minimis rate if you are a first-time Federal grant recipient, and you do not have an Approved Indirect Cost Rate Agreement. You may not use the de minimis rate if you are a State, Local government, or Indian Tribe, or if your grant is funded under a training rate or restricted rate program.

(5): If you are applying for a grant under a Restricted Rate Program (34 CFR 75.563 or 76.563), indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with 34 CFR 76.564(c)(2). Note: State or Local government agencies may not use the provision for a restricted indirect cost rate specified in 34 CFR 76.564(c)(2). Check only one response. Leave blank, if this item is not applicable.

(6): For Training Rate Programs, ED regulations limit **non-governmental entities** to the recovery of indirect costs on training grants to the grantee's actual indirect costs, as determined by its negotiated rate agreement, or 8 percent of a MTDC, whichever is lower (see EDGAR § 75.562(c)(4)). The 8 percent limit also applies to cost-type contracts under grants, if these contracts are for training as defined in EDGAR § 75.562(a). If a **non-governmental entity** that receives a grant under a training grant program does not have an approved indirect cost rate and wants to recover indirect costs, it may use a temporary rate of 10 percent of budgeted direct salaries and wages, but it must submit an indirect cost rate proposal to its cognizant agency for indirect costs within 90 days after ED issues the GAN. After the 90-day period, the government entity may not charge its grant for indirect costs until it has negotiated an indirect cost rate agreement.

## Section B - Budget Summary Non-Federal Funds

If you are required to provide or volunteer to provide cost-sharing or matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

Lines 1-11, columns (a)-(e): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 12, columns (a)-(e): Show the total matching or other contribution for each project year.

Line 12, column (f): Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

## Section C - Budget Narrative [Attach separate sheet(s)] Pay attention to applicable program specific instructions, if attached.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B. For grant projects that will be divided into two or more separately budgeted major activities or sub-projects, show for

each budget category of a project year the breakdown of the specific expenses attributable to each sub-project or activity.

2. For non-Federal funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:

- The specific costs or contributions by budget category;
- The source of the costs or contributions; and
- In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If you are requesting reimbursement for indirect costs on line 10, this information is to be completed by your Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which you are applying and/or your approved Indirect Cost Rate Agreement, some direct cost budget categories in your grant application budget may not be included in the base and multiplied by your indirect cost rate. For example, you must multiply the indirect cost rates of "Training grants" (34 CFR 75.562) and grants under programs with "Supplement not Supplant" requirements ("Restricted Rate" programs) by a "modified total direct cost" (MTDC) base (34 CFR 75.563 or 76.563). Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

When calculating indirect costs (line 10) for "Training grants" or grants under "Restricted Rate" programs, you must refer to the information and examples on ED's website at: <http://www.ed.gov/fund/grant/apply/appforms/appforms.html>.

You may also contact (202) 377-3838 for additional information regarding calculating indirect cost rates or general indirect cost rate information.

5. Provide other explanations or comments you deem necessary.

## If Applicable Section D - Budget Summary Limitation on Administrative Expenses.

If your program is subject to an administrative cost cap (as indicated Section III.2.C of the program's Notice Inviting Applications (NIA)), fill out this form as follows:

- On the top of the page, list the percentage cap on administrative costs, and indicate whether your administrative cost cap applies to both indirect and direct costs, or only direct costs (from Section III.2.C of the program's NIA).
- If the cost cap applies to both indirect and direct costs:
  - Fill out the entire table noting your administrative costs, including line 8. Line 8 is taken from Section A, line 10.

For lines 1-6, these are only direct administrative costs; do not include in lines 1-6 any costs included in your indirect cost rate. If your program has a matching requirement (see NIA), include in lines 1-6 the administrative portions of the applicable rows from both Section A and Section B. If there is no program matching requirement, only use Section A.

- (b) Ensure that the line 10 percentage DOES NOT EXCEED the percentage cap on administrative costs. If your program does not have a matching requirement, divide line 9 by Section A line 12. If your program does have a matching requirement, to calculate line 10, divide line 9 by the sum of Section A line 12 and Section B line 12.

3. IF the cost cap applies ONLY to direct costs:

- (a) Fill out the entire table noting your administrative costs, EXCLUDING line 8.

Ensure that the line 10 percentage DOES NOT EXCEED the percentage cap on administrative costs. If your program does not have a matching requirement, divide line 7 by Section A line 9. If your program does have a matching requirement, to calculate line 10, divide line 7 by the sum of Section A line 9 and Section B line 9).

#### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1894-0008**. The time required to complete this information collection is estimated to vary from 13 to 22 hours per response, with an average of 17.5 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual submission of this form, write directly to the Office of Finance and Operations, Office of Acquisitions and Grants Administration, Grants Policy and Training Division, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.