

FINGER LAKES WORKFORCE INVESTMENT AREA

SUB-RECIPIENT:

ORIGINAL:

FUNDING PERIOD:

MODIFICATION:

BUDGET SUMMARY	TOTAL	WIOA Youth	Leveraged Funds
STAFF WAGES			
STAFF FRINGE BENEFITS			
STAFF OPERATING EXPENSES			
PROGRAM OPERATING EXPENSES			
CLIENT EXPENSES			

BELOW IS TO BE COMPLETED UPON SUBMISSION OF "FINAL" BUDGET ONLY

I CERTIFY THAT THE "FINAL" BUDGET FIGURES ABOVE ARE AS REPORTED TO THE GRANT RECIPIENT OF THE FINGER LAKES WORKFORCE INVESTMENT AREA.

 Print Name Date

 Title

 Signature

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FUNDING PERIOD:

MODIFICATION:

STAFF FRINGE BENEFITS	TOTAL	WIOA Youth	Leveraged Funds
Dental Insurance			
Disability Insurance			
FICA			
401(a) Plan/Longevity			
Medicare			
Medical Insurance			
Retirement			
Workers Compensation			

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MODIFICATION:

STAFF OPERATING EXPENSES	TOTAL	WIOA Youth	Leveraged Funds
Books, Subscriptions & Periodicals			
Equipment Rental/Lease			
Office Supplies			
Postage			
Memberships and Dues			
Staff Training			
Staff Travel			
Telephone			
Xeroxing/Copying			
Other:			
Printing			

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PROGRAM OPERATING EXPENSES	TOTAL	WIOA Youth	Leveraged Funds
Advertising			
Books & Subscriptions			
Intructional Supplies			
Contracts: (please list separately)			
Printing			
Workshop Supplies/Refreshments			
Other:			
Gift Cards/Incentives			
Gas Cards/Transportation Assistance			
Gift Cards/Work Clothing			
Subcontract/Career Exploration			

FINGER LAKES WORKFORCE INVESTMENT AREA

SUB-RECIPIENT:

ORIGINAL:

FUNDING PERIOD:

MODIFICATION:

CLIENT EXPENSES	TOTAL	WIOA Youth	Leveraged Funds
Client Wages/Fringe Benefits			