

**Form E**

**Budget Summary – Family Child Care Network Lead Grant**

<b>SECTION I - Contractor Information</b>		
Contractor Name and Address:		
Telephone Number:	Federal ID Number:	
<b>SECTION II</b>		
<b>MiLEAP DOLLAR AMOUNT</b>		
LISTED LINE ITEM BUDGET (Listed as specified in approved Grant Agreement.)	<b>FY25 Budget</b>	<b>FY26 Budget</b>
Personnel		
Fringe Benefits		
Supplies		
Travel/Transportation		
Contracted Services		
Miscellaneous/Other		
Indirect Cost Expenses (capped at 15%)		
<b>Totals</b>	\$	\$
<b>SECTION III- Contractor Certification and Signature</b>		
<b>DATE</b>	<b>ORGANIZATION CHIEF FINANCIAL OFFICER (PRINT OR TYPE)</b>	<b>SIGNATURE</b>
<b>DATE</b>	<b>PROJECT MAIN CONTACT PERSON (PRINT OR TYPE)</b>	<b>SIGNATURE</b>
<b>DATE</b>	<b>MiLEAP CONTACT PERSON (PRINT OR TYPE)</b>	<b>SIGNATURE</b>

## Please use this sheet to Detail Expenses

	Budget	Budget
	FY25	FY26
<b><u>Personnel</u></b>	\$	\$
	\$	\$
<b><u>Fringe Benefits</u></b>	\$	\$
	\$	\$
<b><u>Supplies</u></b>	\$	\$
<b><u>Consumable Supplies</u></b>	\$	\$
	\$	\$
<b><u>Non-consumable Supplies (with a unit cost of less than \$5,000)</u></b>	\$	\$
	\$	\$
<b><u>Travel/Transportation</u></b>	\$	\$
	\$	\$
<b><u>Contracted Services</u></b>	\$	\$
	\$	\$
<b><u>Miscellaneous/Other</u></b>	\$	\$
	\$	\$
<b>Subtotal</b>	\$	\$
<b>Indirect Costs</b>	\$	\$
<b>Total Expenses This Period</b>	\$	\$

<b>FY25 Indirect Calculation</b>				
		<b>FY2025</b>		<b>Remaining</b>
<b>General Fund</b>		<b>CCDF Budget</b>	<b>Exclusions</b>	<b>CCDF Budget</b>
Personnel		-		-
Fringe Benefits				-
Supplies		-		-
Travel		-		-
Contracted Services				-
Other		-		-
			<b>B</b>	
				-
		<b>Budget</b>		<b>Indirect</b>
<b>Contracted Services:</b>		<b>Amount</b>	<b>Exclusions</b>	<b>Threshold</b>
	<b>A</b>	-		-