

Attachment B Budget
Out of School

Check One: Program Year July 1, 2026- June 30, 2027 _____

Transitional April 1, 2026-June 30, 2026 _____

Cost Category	Budgeted Amount	WIOA Youth Funds	In-Kind or Cash Contribution (s) (Attach detailed summary)
Administration Costs			
Salary & Wages			
Fringe Benefits			
Total Admin Costs			
Program Costs			
Salary & Wages			
Fringe Benefits			
Mileage/Travel			
Mtng Rooms/Conf Fees			
Telephone			
Postage			
Utilities			
Supplies			
Printing/Copies			
Subcontractor			
27% Work Experience			
Staff Salary & Wages			
Staff Fringe benefits			
Staff Travel			
Subtotal 27% Wk Exp			
Total Program Costs			
Participant Costs			
27% Work Experience			
Participant Wages			
Participant Fringes			
Total 27% Work Experience			
Other Participant Costs			
Incentive Payments			
Youth Trvl Payment			
Supp Service Payments			
Total Participant Costs			
TOTAL CONTRACT COSTS			

Check one:

- Cost Allocation Plan
- Indirect Cost proposal
- 15% de minimis

