

Children's Investment Strategy
Budget for School Year 2002 - 2003

CIS After School Budget		Page 1 of 2		
Provider Name Site Name Site Address Zip Code Fringe Benefit %		Start Date Stop Date Slots Partial Days Half Days (Max. 6) Full Days	7/1/2003 6/30/2004	
Section 1 - COSTS		<i>Column A</i>	<i>Column B</i>	<i>Column C</i>
		Total Actual Program Costs (excluding In-kind)	Total Actual In-Kind Costs	Total Actual + In-Kind (Sum Columns A + B)
		<i>7/1/2003</i>	<i>7/1/2003</i>	<i>7/1/2003</i>
		<i>6/30/2004</i>	<i>6/30/2004</i>	<i>6/30/2004</i>
<i>Employees (Taxes and/or Benefits)</i>				
Benefits(y/n)	Position Title			
y	1a			
y	1b			
y	1c			
y	1d			
y	1e			
y	1f			
y	1g			
y	1h			
	2 Subtotal	0	0	0
	3 Fringe Benefits	0	0	0
	4 Payroll Taxes 7.65%	0	0	0
	5 Total Employee Cost	0	0	0
<i>Consultants (No Benefits or Taxes)</i>				
Title				
	6a			
	6b			
	6c			
	6d			
	6e			
	6f			
	7 Total Consultants	0	0	0
	8 TOTAL PERSONNEL	0	0	0
<i>Operating</i>				
	9 Rent			
	10 Utilities			
	11 Office Supplies			
	12 Program Supplies			
	13 Equipment			
	14 Telephone			
	15 Liability Insurance			
	16 Printing/Advertising			
	17 Postage			
	18 Local Travel			
	19 Staff Training			
	20a (other)			
	20b (other)			
	20c (other)			
	20d (other)			
	20e (other)			
	20f (other)			
	21 Total Operating	0	0	0
	22 TOTAL COSTS	0	0	0

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Provider Name:		Page 2 of 2		
Section 2- REVENUE		Column A	Column B	Column C
		Total Actual Program Revenues (excluding In-kind)	Total Actual In-Kind Revenues	Total Actual + In-Kind (Sum Columns A + B)
		7/1/2003 6/30/2004	7/1/2003 6/30/2004	7/1/2003 6/30/2004
23	Children's Investment Strategy Funds (via PHMC)	0		0
	<i>List Other Revenue Sources Below</i>			0
24a	State Childcare Subsidies			
24b	(other)			
24c	(other)			
24d	(other)			
24e	(other)			
24f	(other)			
24g	(other)			
24h	(other)			
25	In-Kind Revenue (Donated space,etc.)		0	0
26	TOTAL REVENUE	0	0	0

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CIS AFTERSCHOOL BUDGET		Page 1 of 2		
Provider Name		Start Date		1/1/2003
Site Name		Stop Date		6/30/2003
Site Address		Slots		
Zip Code		Partial Days		
Fringe Benefit %		Half Days (Max. 6)		
Full Days				
Section 1 - COSTS		<i>Column A</i>	<i>Column B</i>	<i>Column C</i>
		Total Actual Program Costs (excluding In-kind)	Total Actual In-Kind Costs	Total Actual + In-Kind (Sum Columns A + B)
<i>Employees (Taxes and/or Benefits)</i>		<i>1/1/2003</i>	<i>1/1/2003</i>	<i>1/1/2003</i>
Position Title		<i>6/30/2003</i>	<i>6/30/2003</i>	<i>6/30/2003</i>
1a				
1b				
1c				
1d				
1e				
1f				
1g				
1h				
2	Subtotal	0	0	0
3	Fringe Benefits	0	0	0
4	Payroll Taxes 7.65%	0	0	0
5	Total Employee Cost	0	0	0
<i>Consultants (No Benefits or Taxes)</i>				
Title				
6a				
6b				
6c				
6d				
6e				
6f				
7	Total Consultants	0	0	0
8	TOTAL PERSONNEL	0	0	0
<i>Operating</i>				
9	Rent			
10	Utilities			
11	Office Supplies			
12	Program Supplies			
13	Equipment			
14	Telephone			
15	Liability Insurance			
16	Printing/Advertising			
17	Postage			
18	Local Travel			
19	Staff Training			
20a	(other)			
20b	(other)			
20c	(other)			
20d	(other)			
20e	(other)			
20f	(other)			
21	Total Operating	0	0	0
22	TOTAL COSTS	0	0	0

Benefits(y/n)
y
y
y
y
y
y
y
y

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Provider Name:		Page 2 of 2		
Section 2- REVENUE		Column A	Column B	Column C
		Total Actual Program Revenues (excluding In-kind) 1/1/2003 6/30/2003	Total Actual In-Kind Revenues 1/1/2003 6/30/2003	Total Actual + In-Kind (Sum Columns A + B) 1/1/2003 6/30/2003
23	Children's Investment Strategy Funds (via PHMC)	0		0
	<i>List Other Revenue Sources Below</i>			0
24a	State Childcare Subsidies			
24b	(other)			
24c	(other)			
24d	(other)			
24e	(other)			
24f	(other)			
24g	(other)			
24h	(other)			
25	In-Kind Revenue (Donated space,etc.)		0	0
26	TOTAL REVENUE	0	0	0