

**Planned Expenditure
EDGE Transition Program Funds by Provider**

Provider: _____ Agency Code: _____

Program: _____ Project Number: _____

Agency's Projected EPE: \$_____ Contact Person: _____ Ph: _____

SECTION I - PLANNED GRANT EXPENDITURES BY FS-10 CATEGORIES				PLANNED EPE
FS-10 BUDGET CODES/ITEMS	60%	50%		60%
1 15 Professional Salaries				
2 16 Non-Professional Salaries				
3 40 Purchased Services				
4 45 Supplies & Materials				
5 46 Employee Travel				
6 80 Employee Benefits				
7 90 Indirect Costs	XXXXXXXXXXXXXXXXXX			XXXXXXXXXXXX XXXXXXXXXXXX
8 49 BOCES Services				XXXXXXXXXXXX
9 30 Minor Remodeling				
10 20 Equipment				
11 TOTAL EXPENDITURES				

SECTION II - PLANNED GRANT EXPENDITURES AND ENROLLMENTS BY ACTIVITY CATEGORIES				PLANNED EXPENDITURE
SECTION II	60%	50%		60%
12 Assessment/EP #_____				
13 Education (Basic/HS/ESOL)				
14 Job Skills Training				
15 Job Readiness Training				
16 Job Development/Placement				
17 Community Work Experience (CWEP)				
18 Work Supplementation (TEAP)				
19 Case Management				

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SECTION III - WORK BASED PLANNED GRANT EXPENDITURES	PLANNED EXPENDITURE	PLANNED ENROLLMENTS
23* Work Based Activities		
a. Internship/Externship		
b. Job Skills Training		
c. Job Readiness Training		
d. Job Development/Placement		
e. Community Work Experience (CWEP)		
f. Work Supplementation (TEAP)		

*Beginning January 2, 1996, all Stand-Alone programs must be discontinued.

** Represents the portion of planned expenditures from Section II to be spent on

*** Represents the portion of planned enrollments from Section II to be served in

TOTAL PLANNED EXPENDITURES: 60% +50% + EPE + = _____
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TOTAL PLANNED INDIVIDUALS TO BE SERVED (UNDUPLICATED): _____	TARGET ENTRIES TO EMPLOYMENT: _____ BY DIRECT PLACEMENT: _____ BY JOB SKILLS TRAINING: _____
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Please check if applicable:

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+-+ Agency has not met 85% of their EDGE IV EE target.

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+-+ Agency has not met 70% of their EDGE IV EE target. (Please attach explanation f

* **Work based activities are not standalone activities. They must be done in conjunction with Education, Job Skills or Readiness Training. Numbers to be enrolled in work based activities will include enrollments in these activities.**

SECTION IV

In WITNESS whereof, the parties hereby agree to work together to implement the EDGE the purpose of providing a unique adult learning and training experience leading to of _____ ADC recipients in _____ County and have hereunto signed this agreement year opposite their respective signatures.

By: _____ Date: _____

Title: _____

_____ County Department of Social Services

By: _____ Date: _____

Title: _____

_____ (EDGE Provider Agency)