

FY 2005 ANNUAL WORKFORCE INVESTMENT AREA BUSINESS PLAN BUDGET

Attachment I																
WIB NAME: _____																
Mod # _____ Date _____																
Program Number	G805	G807	G820	G809	G810	G830				GW-	GW-	GW-	Connect	DTA		
	WP 90%	WP 10%	DTA-EAS	DVOP	LVER	U.I.	One-Stop	WIB WTF	RSP	T-1 Adult	T-1 Youth	T-1 DW	Activities	Skills/Ed	Other	TOTAL
1: AVAILABLE FUNDING	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
A. New Funding																\$0
B. Carry-in Funding																\$0
2. WIB / FISCAL AGENT - PROGRAM / ADMIN																
A. WIB FUNDS - (Admin Expenses)																\$0
B. WIB FUNDS - (Program Expenses)																\$0
C. WIB - WTF (Personnel - Fringe)																\$0
D. WIB - WTF (NPS)																\$0
E. WIB - WTF (Other)																\$0
F. FISCAL AGENT - (Admin Expenses)																\$0
G. FISCAL AGENT - (Program Expenses)																\$0
CAREER CENTER EXPENSES																
3. FUNDS FOR CC EXPENSES TO BE PAID BY STATE																
Number of FTEs:																0.0
A. PERSONNEL (Salaries/Fringe)																\$0
B. PREMISES																\$0
B-1-1: PREMISES - Lease (DCS Att. D,E)																\$0
B-1-2: PREMISES - Renovations/Modular Furn.																\$0
B-1-3: PREMISES - Moving Expenses																\$0
B-1-4: PREMISES - Equipment																\$0
C. NON-PERSONNEL (NPS)																
1. EMPLOYEE SUPPORT																
C-1-A. EMPLOYEE SUPPORT (FTEs x \$2,095)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
C-2-A. EMPLOYEE SUPPORT (FTEs x \$1,443)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
2. CENTER SUPPORT																
C-2-A: Copiers (DCS Att. G1)																\$0
C-2-B: Fax Machines (DCS Att. G2)																\$0
C-2-C: Telephone (DCS Att. H1)																\$0
C-2-D: Data Circuits (DCS Att. H2)																\$0
3. MOSES SUPPORT (\$450 per user)																\$0
4. PERIPHERALS & SOFTWARE																
Total NPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL-CC EXPENSES PAID BY STATE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. FUNDS FOR CC EXPENSES TO BE PAID LOCALLY																
Number of FTEs:																0.0
A. PERSONNEL (Salary/Fringe)																\$0
B. PREMISES																\$0
C. NON-PERSONNEL (NPS)																\$0
D. TRAINING																\$0
E. OTHER ()																\$0
SUBTOTAL-CC EXPENSES PAID LOCALLY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. Total - State / Local CC EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL ALL EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNDER BUDGET / OVER BUDGET / OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Prepared By:	Title			Approved By			Title			Date						