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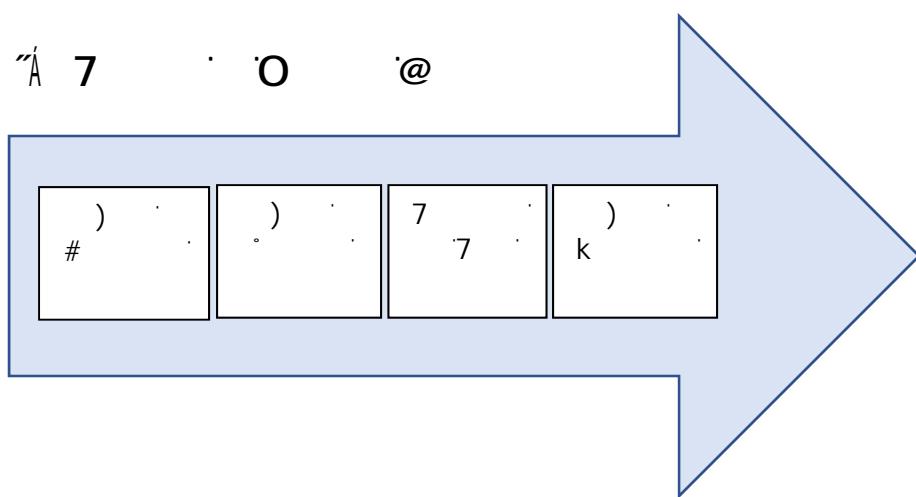
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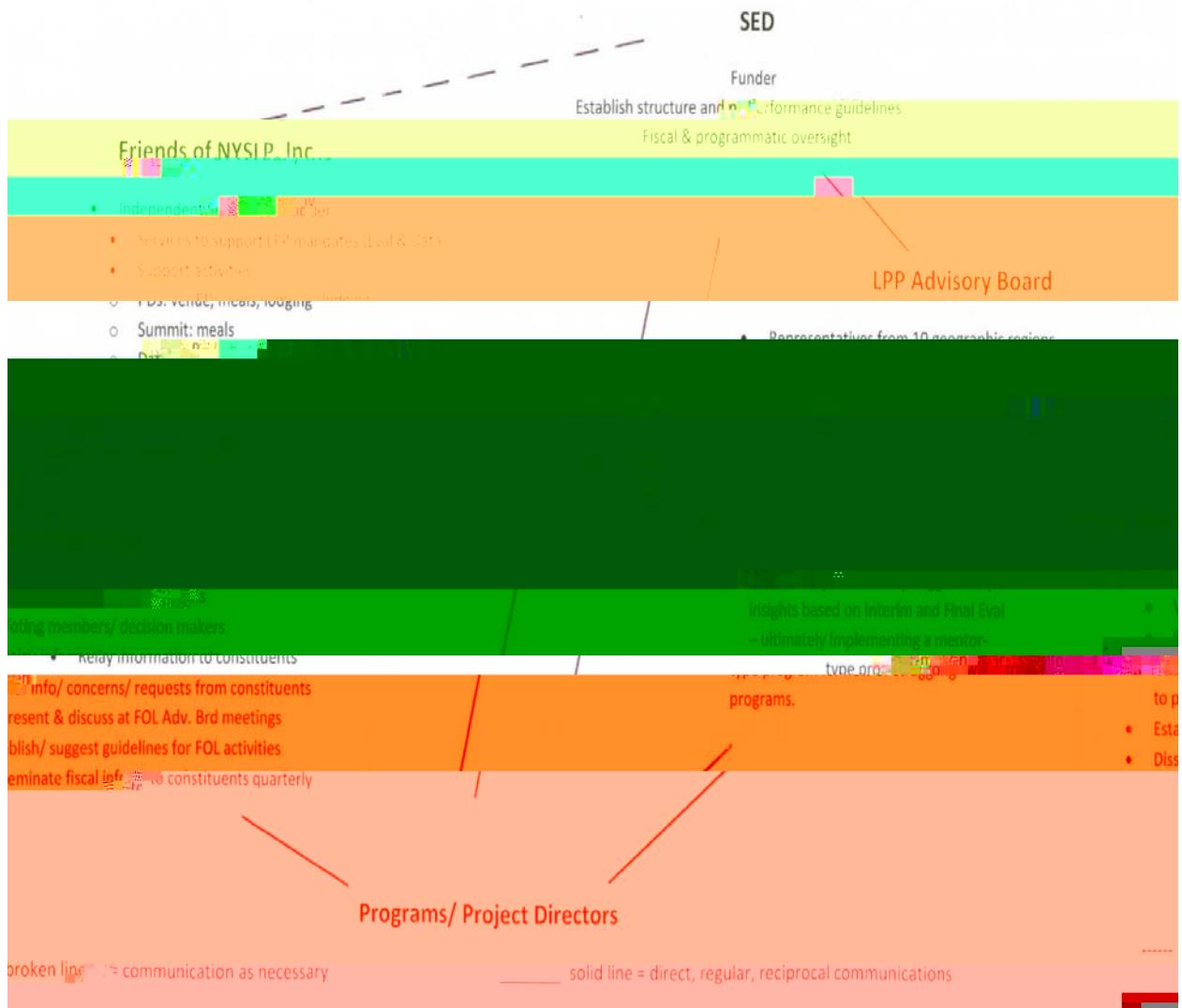
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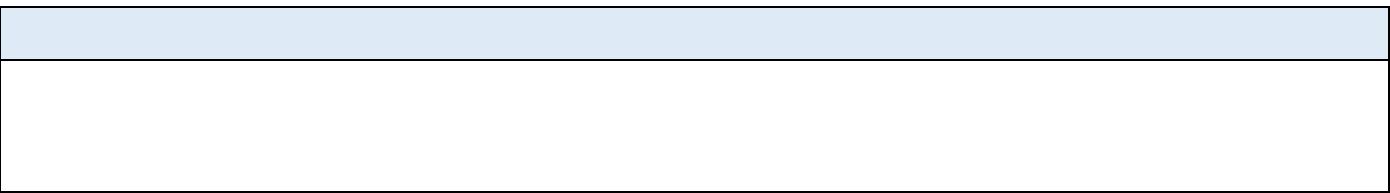




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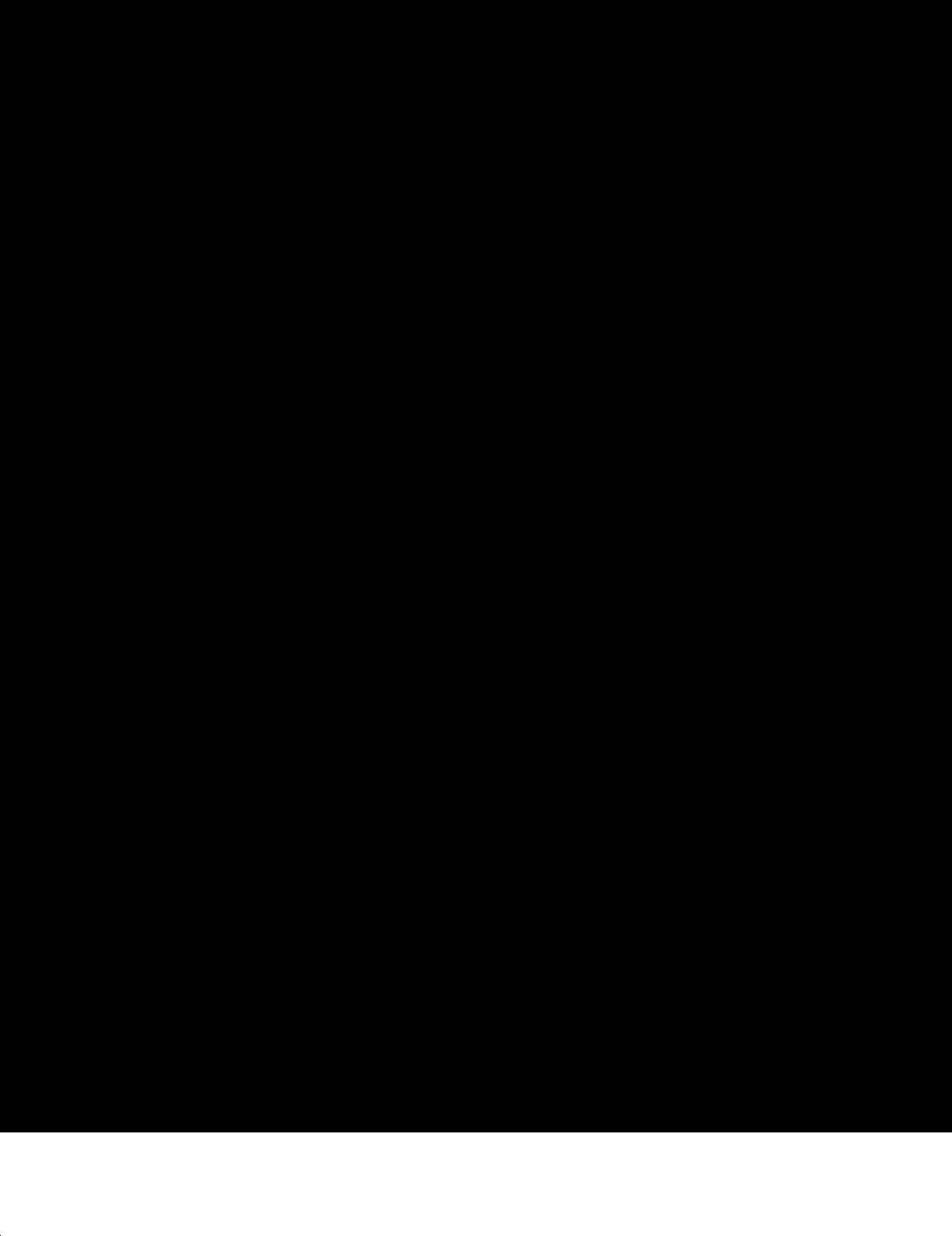
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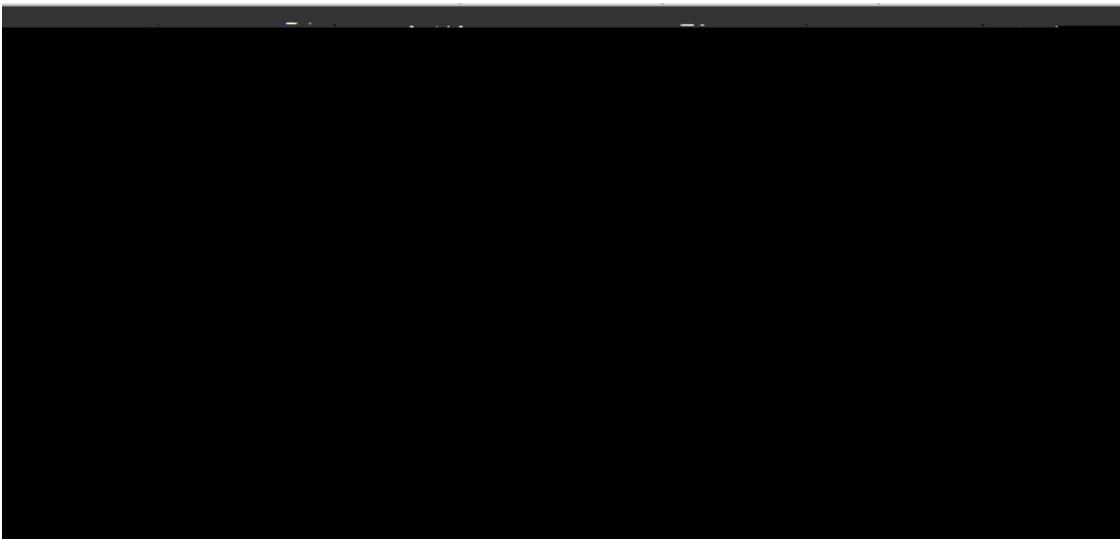


**PROPOSED BUDGET FOR A
BUREAU OF PUBLIC RELATIONS
FOR THE CITY OF NEW YORK**

Local Government Information	
Address:	120 Broadway, New York, N.Y.
Telephone:	212-533-1660
Agency Name:	New York City Department of Public Relations
Counties Served:	All five counties of New York City
Telephone:	212-533-1660
Counties Served:	All five counties of New York City

Code 15 – Professional Staff

Include only staff that are employees of LPP. Do not include consultants or per diem staff; do not include central administrative staff that are indirect costs.



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SALARIES FOR SUPPORT STAFF

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Tutors (5)	30 hours per semester	\$350.00	\$1,750
Graduate Assistants (2)	40 hours per semester	\$2,000.00	\$4,000
Administrative Assistant	0.50	\$30,000.00	\$15,000

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INDIRECT COST

A. Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding..... \$324,074

45, 46, and 80 and excludes the portion of each subcontract exceeding..... \$324,074

45, 46, and 80 and excludes the portion of each subcontract exceeding..... \$324,074

B. Maximum Direct Cost Rate.....

Subtotal - Gai

\$25,926

For your information, maximum direct cost base is \$324,074.00

To calculate Modified Direct Cost Base, reduce maximum direct cost base by

the amount of subcontract costs exceeding the maximum direct cost base.

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The University of the State of New York Division of the State Budget Office of the State Comptroller Albany, NY 12223		REQUEST FOR FUNDS FOR A [REDACTED]	
Contract# [REDACTED]		Project# [REDACTED]	
		Agency Code: [REDACTED]	
		Funding Source: [REDACTED]	
		Agency Name: [REDACTED]	
		Mailing Address: [REDACTED]	
		Street [REDACTED]	
City [REDACTED]		State [REDACTED] Zip Code [REDACTED]	
Contact Person: [REDACTED]		Telephone: [REDACTED]	
E-Mail Address: [REDACTED]		[REDACTED]	
		MONTH [REDACTED] YEAR [REDACTED]	
CHIEF ADMINISTRATOR'S CERTIFICATION			
Date: [REDACTED]	Signature: [REDACTED]		
Amount of Approved Budget (Include approved amendment): \$ [REDACTED]			
<p>1. I do hereby certify that the attached budget is in accordance with the laws of the State of New York.</p> <p>2. I have read and understand the instructions contained in the Budget Manual.</p> <p>3. I have read and understand the provisions of the State Comptroller's Circular Letter dated [REDACTED].</p> <p>4. I have read and understand the provisions of the State Comptroller's Circular Letter dated [REDACTED].</p>			

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Budget Category	Amount budgeted for Instructional Staff	Total Budgeted	Total
Professional Salaries	\$1,100,000	\$1,100,000	\$1,100,000
3. Support Staff Salaries	\$1,000,000	\$1,000,000	\$1,000,000
Employee Benefits	\$1,000,000	\$1,000,000	\$1,000,000
Indirect Costs	\$1,000,000	\$1,000,000	\$1,000,000
6. Student Stipends /Tuition	\$1,000,000	\$1,000,000	\$1,000,000
Line 7			
8. Line 1 minus Line 7			
Goal percentage (30%)			
multiplied by Line 9			
Line 8 multiplied by Line 9			
10. Line 10 minus Line 11			

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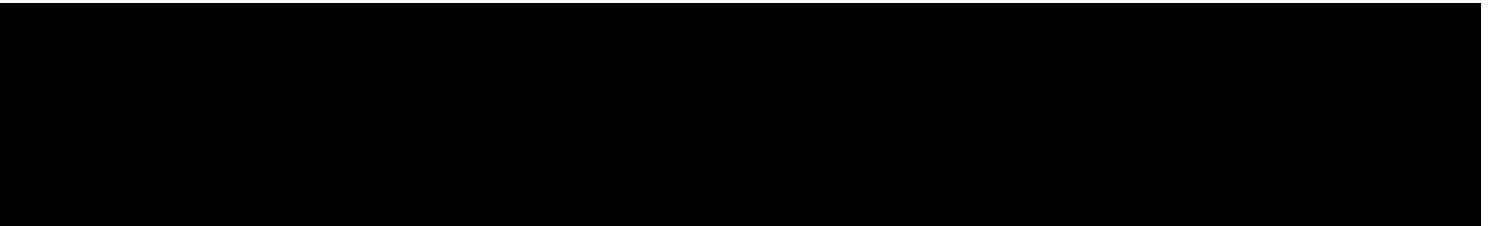
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