Purpose

The Budget Information Summary (BIS) displays planned expenditures on a cumulative basis by quarterly periods for the agreement period.

General Instructions

A separate BIS should be prepared for each agreement (Adult Programs, Dislocated Worker Programs and Local Administrative Costs).

Box I.A  Agency Name & Address

Box I.B  Type of Program
Place an “X” to indicate if the program is for Local Adult, Local Dislocated Worker, or Local Administrative Costs.

Box I.C  Agreement Number
Leave this blank if the budget is for a new program year because a new agreement number will be assigned. If a budget modification is being submitted, input the previously assigned number.

Box I.D  Modification Number
Enter the modification number of the agreement, if applicable.

Box I.E  Agreement Period
Enter the planned agreement period.

Column II.B  Carry Over
Enter the projected expenditure of any carry-over funds from prior years.

Column II.C  New Allocation
Enter the projected expenditure of current year funds.

Column II.D  Total Budget
Enter the sum of columns II.B and C.

Column II.E  1st Quarter – 8th Quarter Thru II.H
Specify the last day of each quarterly period, and enter the planned cumulative expenses for each quarterly period of the agreement.

Line II.A.1  Total Projected Expenditure of WIOA Funds
Complete Columns B through H for the planned expenditure of WIOA funds for
the entire agreement period.

Line II.A.2  Total Projected Expenditure of Non-Federal Funds
Complete Columns B through H for the planned expenditure of any non-federal funds for the entire agreement period to further the objectives of WIOA. Such funds may consist of cash contributions from State or local governments or private sector partners. Leave blank if non-federal funds are not available for the grant.

Line II.A.3  Total Projected Expenditure of Program Income Funds
Complete Columns B through H for the planned expenditure of any program income funds for the entire agreement period.

Line II.A.4  Subrecipient Total Projected Obligations
Enter the sum of lines II.A.1, 2 and 3. Complete Columns B through H.

Line II.A.4.a  No. of Persons to be Registered
Complete Columns B through H for the planned participant registrations for each quarter of the agreement period.

Line II.A.4.b  Estimated Cost Per Person Registered
Complete Column H for the last quarter of the agreement period. The amount shown on Column H, line 1 divided by the amount shown on Column H, line 4.a is the estimated WIOA cost per person registered.