

JAMP Budget Proposal Instruction Guide

Please fill out the form electronically, after obtaining the appropriate signatures, mail or email the budget form to the JAMP Office.

- ✓ All expenses require a written explanation of how the funds will be spent.
- ✓ Computer purchases have been separated from equipment purchases.

Proposed Budget Form, Page 1

1. **Identification:** Enter the name of your institution, date, JAMP faculty director, and phone number
2. **Income:** This section contains the amount of the FY 2020 JAMP Distribution.
3. **Expenses:** This section is where you will detail how the JAMP distribution will be spent. You must check the box for the item for which you will be expending JAMP funds, and include the estimated amount of the expense. *Please refer to the JAMP Expenditure Guidelines if you are uncertain as to what costs are allowable.*
 - a. Note that certain categories of expenses have annotations (i.e.: computer purchases, equipment purchases, capital expenditures, and other).
 - b. Three blank lines have been provided, should you have “other” expenses to itemize.
 - c. The total of all expenses should calculate automatically.
4. **Certification:** Note that by signing the document, you are certifying that all funds will be used according to JAMP guidelines.
5. **Signatures:** The JAMP faculty director is required to sign the budget proposal, and must obtain a **second signature, from the institution’s officer responsible for accounting for JAMP funds**. The second signer is typically a vice president, controller, director/manager of contracts and grants, or other business officer directly responsible for funds.
Please include date and email address for both signers.

Explanation for Expenses, Page 2

1. **Identification:** The name of your institution, date, JAMP faculty director, and phone number should be filled in automatically for you.
2. **Salaries-Professional:** If you checked the box on the budget form for Salaries-Professional, you must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
3. **Salaries-Faculty:** If you checked the box on the budget form for Salaries-Faculty, you must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
4. **Salaries-Classified:** If you checked the box on the budget form for Salaries-Classified, you must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
5. **Wages-Student:** If you checked the box on the budget form for Wages-Student, you must include the number of students to be paid from JAMP funds, as well as a brief description of the services provided to the JAMP program. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
6. **Other Personnel/Contract Services:** If you checked the box on the budget form for Other Personnel/Contract Services, you must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
7. **Fringe Benefits:** If you checked any of the boxes on the budget form related to Salary expense, you must include the dollar amount of fringe benefits associated with the salary. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*

Explanation for Expenses, Page 3

8. **Maintenance & Operations:** If you checked the box on the budget form for Maintenance & Operations, you must include a brief description of the type of expense and the benefits provided to the JAMP program. An example of this type of expense would be general operating expenses. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
9. **Computer Equipment Purchases:** If you checked the box on the budget form for Computer Equipment, you must include the number and description of computer equipment to be purchased with JAMP funds, as well as a brief description of the benefits provided to the JAMP program derived from this expenditure. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
10. **Equipment Purchases (other than computer equipment):** If you checked the box on the budget form Equipment Purchases, you must include a description of equipment to be purchased with JAMP funds, as well as a brief description of the benefits provided to the JAMP program derived from this expenditure. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
11. **Capital Expenditures:** If you checked the box on the budget form for Capital Expenditures, you must include a description of equipment to be purchased with JAMP funds, as well as a brief description of the benefits provided to the JAMP program derived from this expenditure. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*
12. **Travel:** If you checked the box on the budget form for Travel, you must include the names and titles of those who will be traveling using JAMP funds, the name of the meeting or event, as well as a brief description of the benefits provided to the JAMP program derived from this expenditure. *This is a required field – if you did not check the box on page 1 for this expense, you must indicate N/A.*

Explanation for Other Expenses, Page 4

13. **Other:** If you checked the box on the budget form for Other, you must include the name of the product and/or services, as well as a brief description of the benefits provided to the JAMP program derived from this expenditure.
14. **Additional Comments:** You may use this space to provide additional comments regarding your FY 2020 budget proposal.

**Joint Admission Medical Program
Undergraduate School
FY 2020 Proposed Budget**

Institution _____
Faculty Director _____

Date _____
Phone Number _____

Income	
FY 2020 JAMP Distribution	
Total Income	
Expenses	
Salaries – Professional ¹	
Salaries – Faculty ¹	
Salaries – Classified ¹	
Wages – Students	
Other Personnel Costs/Contract Services ¹	
Fringe Benefits	
Maintenance & Operations	
Computer Purchases ²	
Equipment Purchases ³ (List must be included if over \$250)	
Capital Expenditures ⁴	
Travel	
Other (must specify) ⁵	
Total Expenses	

Certification:

By signing this document, I certify, to the best of my knowledge and belief, that this report is correct and that all funds will be used for the purposes set forth in the Agreement executed with the JAMP Council.

JAMP Faculty Director (Signature)

Date

JAMP Faculty Director (Print name)

Email address

Second Signature (Required)

Date

Second Signature (Print Name and Title)

Email address

The second signature must be that of the institution's officer responsible for accountability of JAMP funds. This may be a vice president, controller, director/manager of contracts and grants, or other business officer directly responsible for funds, other than the JAMP faculty director.

JAMP OFFICE USE ONLY

Proposed Budget Approved:

JAMP Director's Signature

Date

¹ Salaries-Budget must include the name(s), position and percentage of salary for anyone funded with JAMP funds.
² JAMP requires that all computer purchases adhere to institutional policy for the purchase of computer equipment.
³ JAMP requires a list of any planned equipment purchases with a value of \$250 or higher.
⁴ JAMP defines capital expenditures as items of physical improvement, such as classroom, resource room, lab.
⁵ The category "Other" should be used when no other category applies and a description must be provided.

**Joint Admission Medical Program
FY 2020 Proposed Budget Appendix A
Explanation for Expenses**

Institution _____
Council Member _____

Date _____
Phone Number _____

Salaries – Professional¹

Must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds:

Salaries – Faculty¹

Must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds:

Salaries – Classified¹

Must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds;

Wages – Student

Number of students to be paid from JAMP funds:
Brief description of the services provided to the JAMP program:

Other Personnel Costs/Contract Services¹

Must include the name(s), position/responsibility and percentage of salary for anyone funded with JAMP funds:

Fringe Benefits

The dollar amount of fringe benefits associated with the salary to be paid from JAMP funds:

Maintenance & Operations

Brief description of the benefits and type of expense provided to the JAMP program:

Computer Equipment Purchases²

Number and description of computer equipment to be purchased with JAMP funds:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Equipment Purchases (other than computer equipment)³

Description of equipment to be purchased with JAMP funds:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Capital Expenditures⁴

Description of capital expenditures to be paid with JAMP funds:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Travel (Travel using JAMP funds must be in-state only)

Names/Titles of those who will be traveling using JAMP funds:

Name of meeting/event:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Other

Name of products/services:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Other⁵

Name of products/services:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Other⁵

Name of products/services:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Other⁵

Name of products/services:

Brief description of the benefits provided to the JAMP program derived from this expenditure:

Additional Comments