

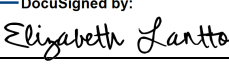
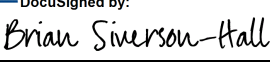
GRANT AUTHORIZATION FORM

THIS FORM IS COMPLETED BY THE BUSINESS OFFICE AND SUBMITTED TO THE BOARD FOR AUTHORIZATION OF GRANT REVENUE AND EXPENDITURE BUDGETS

Grant Information			
Fiscal Year: <u>25-26</u>	Finance Code: <u>399</u>		
Grant Title: <u>Office & Medical Admin Professional Training</u>	Grant Manager: <u>Emily Watts</u>		
Type of Submission and Amount			
☐ New	Award Amount: _____		
☒ Amended	Existing Amount: \$ <u>3,000.00</u>	Amended Amount: \$ <u>1,500.00</u>	

Expenditure Budget Summary				
Expense Category	Existing Amount	Less: In Kind Costs	New/Amended Amount	Total Expenditure
100 - Salaries and Wages	2,300	-	(2,300)	-
200 - Employee Benefits	700	-	(700)	-
300 - Purchased Services	-	-	4,500	4,500.00
400 - Supplies and Materials	-	-	-	-
500 - Capital Expenditures	-	-	-	-
Other Expenses	-	-	-	-
Totals	\$ 3,000	\$ -	\$ 1,500	\$ 4,500.00

Revenue Budget					
Source	Description of Source	Revenue Code	Existing Amount	New/Amended Amount	Total Revenue
Local/Other	HIRED	04-500-520-399-099-520	3,000	1,500	4,500.00
State			-	-	-
Federal			-	-	-
Totals			\$ 3,000	\$ 1,500	\$ 4,500.00

APPROVALS	
DocuSigned by:  Elizabeth Lantto - District Controller	<u>6/3/2026</u> Date
DocuSigned by:  Brian Siverson-Hall - Executive Director, Community Engagement	<u>6/3/2026</u> Date
Board Approved:	

Expenditure Budget Detail				
The following are expenditures to be incurred under this grant.				
Account Code	Description	Existing Amount	New/Amended Amount	Total Expenditure
04-500-520-399-170-520	Non-Instructional Support	2,300	(2,300)	-
04-500-520-399-214-520	PERA	175	(175)	-
04-500-520-399-219-520	MN Paid Leave	218	(218)	-
04-500-520-399-220-520	Health Insurance	3	(3)	-
04-500-520-399-230-520	Life Insurance	225	(225)	-
04-500-520-399-235-520	Dental Insurance	3	(3)	-
04-500-520-399-240-520	Disability Insurance	5	(5)	-
04-500-520-399-250-520	Retirement Savings Plan	4	(4)	-
04-500-520-399-251-520	HSA	27	(27)	-
04-500-520-399-270-520	Workers Compensation	22	(22)	-
04-500-520-399-280-520	Unemployment Compensation	13	(13)	-
04-500-520-399-398-520	Inter-department Chargeback	5	(5)	-
04-500-520-399-401-520	Supplies & Material - NonInstructional	-	4,500	4,500.00
		\$ 3,000	\$ 1,500	\$ 4,500.00

Procedures to be followed:

- A) All district employee payments must be paid through payroll. Hourly rate payments are to be requested on a BA 8 Time Report Form.
- B) The grant manager must approve all transactions relating to this project.
- C) Existing requisitioning and purchasing procedures will be followed. A Payment Request Form is to be used only for items not practical to procure on a purchase order basis (i.e. consultant fees). It is important that all requests are identified as belonging to this project. The originator of the request should indicate the proper account code on the form.
- D) **Reporting - The grant manager is responsible for all reporting requirements.**
- E) Cut-off Dates: Orders against the 2025-2026 school year are to be issued after July 1, 2025. Expenditures eligible for reimbursement for the 2025-2026 fiscal year are those dated July 1, 2025 or after, for which the goods/services and invoice have been received and processed by June 30, 2026.

IMPORTANT Purchase orders must be cancelled if delivery, invoicing and payment can not be completed by June 30, 2026. Purchase orders should contain notations to that effect. All requisitions must be submitted by the district's due date.