

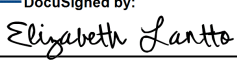
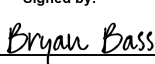
GRANT AUTHORIZATION FORM

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>26-27</u>	Finance Code: <u>399</u>		
Grant Title: <u>Native Language Revitalization</u>	Grant Manager: <u>Ethan Neerdaels</u>		
Type of Submission and Amount			
☒ New	Award Amount: \$ <u>302,351.00</u>		
☐ Amended	Existing Amount: _____ Amended Amount: _____		

Expenditure Budget Summary				
Expense Category	Existing Amount	Less: In Kind Costs	New/Amended Amount	Total Expenditure
100 - Salaries and Wages	-	-	186,605	186,605.00
200 - Employee Benefits	-	-	65,274	65,274.00
300 - Purchased Services	-	-	34,472	34,472.00
400 - Supplies and Materials	-	-	16,000	16,000.00
500 - Capital Expenditures	-	-	-	-
Other Expenses	-	-	-	-
Totals	\$ -	\$ -	\$ 302,351	\$ 302,351.00

Revenue Budget					
Source	Description of Source	Revenue Code	Existing Amount	New/Amended Amount	Total Revenue
Local/Other			-	-	-
State	MDE Award		-	302,351	302,351.00
Federal			-	-	-
Totals			\$ -	\$ 302,351	\$ 302,351.00

APPROVALS			
DocuSigned by:			
		9/21/2026	
Signed by: <u>Elizabeth Lantto - District Controller</u>		Date	
		9/21/2026	
Signed by: <u>Bryan Bass - Assistant Superintendent for Equity & Achievement</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
01-200-610-399-140-000	Licensed Classroom	-	149,284	149,284.00
01-200-610-399-142-000	Licensed Support	-	37,321	37,321.00
01-200-610-399-210-000	FICA/Medicare	-	14,275	14,275.00
01-200-610-399-218-000	TRA	-	18,306	18,306.00
01-200-610-399-219-000	MN Paid Leave	-	821	821.00
01-200-610-399-220-000	Health Insurance	-	22,075	22,075.00
01-200-610-399-230-000	Life Insurance	-	171	171.00
01-200-610-399-235-000	Dental Insurance	-	1,008	1,008.00
01-200-610-399-240-000	Disability Insurance	-	355	355.00
01-200-610-399-251-000	HSA	-	7,200	7,200.00
01-200-610-399-270-000	Workers Compensation	-	914	914.00
01-200-610-399-280-000	Unemployment Compensation	-	149	149.00
01-200-610-399-305-000	Consulting Fees/Fees Services	-	16,472	16,472.00
01-200-610-399-360-000	Transportation-Public	-	18,000	18,000.00
01-200-610-399-460-000	Textbooks & Workbooks	-	12,000	12,000.00
01-200-610-399-490-000	Food	-	4,000	4,000.00
		\$ -	\$ 302,351	\$ 302,351.00

Procedures to be followed:

- A) All payments to district employees must be paid through payroll. Requests for hourly rate payments must be submitted to Payroll using the Timecard Spreadsheet.
- 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 2026-2027 school year are to be issued after July 1, 2026. Expenditures eligible for reimbursement for the 2026-2027 fiscal year are those dated July 1, 2026 or after, for which the goods/services and invoice have been received and processed by June 30, 2027.

IMPORTANT Purchase orders must be cancelled if delivery, invoicing and payment can not be completed by June 30, 2027. Purchase orders should contain notations to that effect. All requisitions must be submitted by the district's due date.