

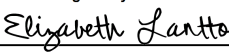
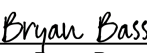
GRANT AUTHORIZATION FORM

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: 26-27                      | Finance Code: 605                |
| Grant Title: College Career Ready       | Grant Manager: Emily Woolsey     |
| Type of Submission and Amount           |                                  |
| <input checked="" type="checkbox"/> New | Award Amount: \$ 45,000.00       |
| <input type="checkbox"/> 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     | -               | -                   | 31,415             | 31,415.00         |
| 200 - Employee Benefits      | -               | -                   | 13,585             | 13,585.00         |
| 300 - Purchased Services     | -               | -                   | -                  | -                 |
| 400 - Supplies and Materials | -               | -                   | -                  | -                 |
| 500 - Capital Expenditures   | -               | -                   | -                  | -                 |
| Other Expenses               | -               | -                   | -                  | -                 |
| Totals                       | \$ -            | \$ -                | \$ 45,000          | \$ 45,000.00      |

| Revenue Budget |                             |                        |                 |                    |               |
|----------------|-----------------------------|------------------------|-----------------|--------------------|---------------|
| Source         | Description of Source       | Revenue Code           | Existing Amount | New/Amended Amount | Total Revenue |
| Local/Other    | NW Suburban School District | 01-300-399-605-099-000 | -               | 45,000             | 45,000.00     |
| State          |                             |                        | -               | -                  | -             |
| Federal        |                             |                        | -               | -                  | -             |
| Totals         |                             |                        | \$ -            | \$ 45,000          | \$ 45,000.00  |

| APPROVALS                                                                                                                                                        |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| DocuSigned by:<br><br>Signed by: Elizabeth Lantto - District Controller       | 9/16/2026<br>Date |
| <br>Signed by: Bryan Bass - Assistant Superintendent for Equity & Achievement | 9/16/2026<br>Date |
| Board Approved:                                                                                                                                                  |                   |



| <b>Expenditure Budget Detail</b>                                |                           |                        |                           |                          |
|-----------------------------------------------------------------|---------------------------|------------------------|---------------------------|--------------------------|
| The following are expenditures to be incurred under this grant. |                           |                        |                           |                          |
| <b>Account Code</b>                                             | <b>Description</b>        | <b>Existing Amount</b> | <b>New/Amended Amount</b> | <b>Total Expenditure</b> |
| 01-300-399-605-142-000                                          | Licensed Support          | -                      | 31,415                    | 31,415.00                |
| 01-300-399-605-210-000                                          | F.I.C.A.-Medicare         | -                      | 2,403                     | 2,403.00                 |
| 01-300-399-605-218-000                                          | T.R.A.                    | -                      | 3,082                     | 3,082.00                 |
| 01-300-399-605-220-000                                          | Health Insurance          | -                      | 138                       | 138.00                   |
| 01-300-399-605-219-000                                          | MN Paid Leave             | -                      | 5,952                     | 5,952.00                 |
| 01-300-399-605-230-000                                          | Life Insurance            | -                      | 19                        | 19.00                    |
| 01-300-399-605-235-000                                          | Dental Insurance          | -                      | 112                       | 112.00                   |
| 01-300-399-605-240-000                                          | Disability Insurance      | -                      | 60                        | 60.00                    |
| 01-300-399-605-250-000                                          | Retirement Savings Plan   | -                      | 360                       | 360.00                   |
| 01-300-399-605-251-000                                          | HSA                       | -                      | 1,280                     | 1,280.00                 |
| 01-300-399-605-270-000                                          | Workers Compensation      | -                      | 154                       | 154.00                   |
| 01-300-399-605-280-000                                          | Unemployment Compensation | -                      | 25                        | 25.00                    |
|                                                                 |                           | <b>\$ -</b>            | <b>\$ 45,000</b>          | <b>\$ 45,000.00</b>      |

**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 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.