

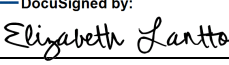
GRANT AUTHORIZATION FORM

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>Homework Starts with Home (HWSH)</u>	Grant Manager: <u>Angie VanHee</u>		
Type of Submission and Amount			
☒ New	Award Amount: \$ <u>28,013.00</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	-	-	20,725	20,725.00
200 - Employee Benefits	-	-	7,288	7,288.00
300 - Purchased Services	-	-	-	-
400 - Supplies and Materials	-	-	-	-
500 - Capital Expenditures	-	-	-	-
Other Expenses	-	-	-	-
Totals	\$ -	\$ -	\$ 28,013	\$ 28,013.00

Revenue Budget					
Source	Description of Source	Revenue Code	Existing Amount	New/Amended Amount	Total Revenue
Local/Other	Hennepin County Award	01-200-211-399-099-399	-	28,013	28,013.00
State			-	-	-
Federal			-	-	-
Totals			\$ -	\$ 28,013	\$ 28,013.00

APPROVALS	
DocuSigned by:  CBE6834EC1B946C Signed by: Elizabeth Lantto - District Controller	<u>10/12/2026</u> Date
 2574030351A Signed by: Bryan Bass Assistant Superintendent for Equity & Achievement	<u>10/12/2026</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
01-200-211-399-156-399	School Social Worker	-	20,725	20,725.00
01-200-211-399-210-399	FICA/Medicare	-	1,585	1,585.00
01-200-211-399-218-399	TRA	-	1,659	1,659.00
01-200-211-399-219-399	MN Paid Leave	-	91	91.00
01-200-211-399-220-399	Health Insurance	-	2,397	2,397.00
01-200-211-399-230-399	Life Insurance	-	11	11.00
01-200-211-399-235-399	Dental Insurance	-	67	67.00
01-200-211-399-240-399	Disability Insurance	-	39	39.00
01-200-211-399-250-399	Retirement Savings Plan	-	360	360.00
01-200-211-399-251-399	HSA	-	960	960.00
01-200-211-399-270-399	Workers Compensation	-	102	102.00
01-200-211-399-280-399	Unemployment Compensation	-	17	17.00
		\$ -	\$ 28,013	\$ 28,013.00

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.