

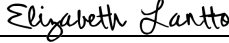
GRANT AUTHORIZATION FORM

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>Grow Your Own (GYO) - Pathways for Adults</u>	Grant Manager: <u>Nilceia Anderson</u>		
Type of Submission and Amount			
☒ New	Award Amount: \$ <u>295,661.00</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	-	-	88,500	88,500.00
200 - Employee Benefits	-	-	15,500	15,500.00
300 - Purchased Services	-	-	175,500	175,500.00
400 - Supplies and Materials	-	-	16,161	16,161.00
500 - Capital Expenditures	-	-	-	-
Other Expenses	-	-	-	-
Totals	\$ -	\$ -	\$ 295,661	\$ 295,661.00

Revenue Budget					
Source	Description of Source	Revenue Code	Existing Amount	New/Amended Amount	Total Revenue
Local/Other			-	-	-
State	MDE Award	01-006-605-399-370-000	-	295,661	295,661.00
Federal			-	-	-
Totals			\$ -	\$ 295,661	\$ 295,661.00

APPROVALS	
DocuSigned by:  CBE6834EC1B946C... Signed by: Elizabeth Lantto - District Controller	<u>10/19/2026</u> Date
 CAE1402B32401... Signed by: Yvonne Shorts Lind - Executive Director of Human Resources	<u>10/16/2026</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
01-006-605-399-185-000	Other Salary Pmts - Licensed/Certified	-	1,500	1,500.00
01-006-605-399-186-000	Other Salary Pmts - NonLicensed/NonCertified	-	87,000	87,000.00
01-006-605-399-210-000	F.I.C.A.-Medicare	-	7,000	7,000.00
01-006-605-399-214-000	P.E.R.A.	-	7,000	7,000.00
01-006-605-399-218-000	T.R.A.	-	200	200.00
01-006-605-399-219-000	MN Paid Leave	-	500	500.00
01-006-605-399-270-000	Workers Compensation	-	600	600.00
01-006-605-399-280-000	Unemployment Compensation	-	200	200.00
01-006-605-399-366-000	Business Travel	-	500	500.00
01-006-605-399-389-000	Staff Tuition Reimbursement	-	175,000	175,000.00
01-006-605-399-401-000	Supplies & Material - NonInstructional	-	16,161	16,161.00
		\$	-	\$ 295,661
				\$ 295,661.00

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.