


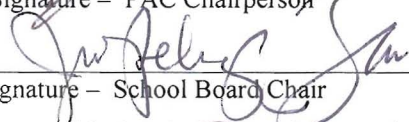
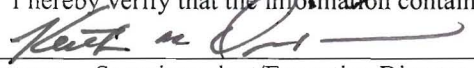
GENERAL INFORMATION AND INSTRUCTIONS: This form is required in making application for funding under the Indian Education program listed below. This information is required pursuant to Minn. Stat. § 124D Success for the Future. The information requested in this form needs to be submitted for each year of funding. All signatures must appear on this form to be considered valid.

FOR STATE USE ONLY
Application I.D. #

APPLICANT IDENTIFICATION INFORMATION			
Name of Applicant Agency Duluth Public Schools – ISD#709		Name of Contact Terrence Smith	
Address 215 North 1 st Avenue East	City/State/Zip Duluth, MN 55802	Email Address Terrence.Smith@duluth.k12.mn.us	Telephone Number (218)336- 8700

PROJECT APPLICATION INFORMATION SUMMARY		
CHECK ONE:	TOTAL FUNDS REQUESTED FOR THIS PROJECT YEAR	PROJECT DURATION
Project Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	\$ 69,455.00	Beginning Date of Project: 09/01/2011 Ending Date of Project: 06/30/2012

AMERICAN INDIAN STUDENT PARTICIPATION			
Grade Level	Male	Female	Total
K			
1			
2			
3			
4			
5			
6	25	21	46
7	18	17	35
8	24	23	47
9	22	11	33
10	29	20	49
11	31	23	54
12	36	29	65
TOTALS	185	144	329

STATEMENT OF ASSURANCES/VERIFICATION OF INFORMATION		
The proposed project has the formal approval of the school district or participating school and the support of the American Indian community. If funded, the project will be carried out according to the plan submitted with this application. Any necessary project or budget revisions will be approved by the appropriate groups and submitted to the Minnesota Department of Education (MDE). Regular reports will be submitted as directed in the agreement requested by the MDE and/or the State Legislature.		
 Signature – PAC Chairperson	Terry Goodsky Printed Name	5-17-2011 Date
 Signature – School Board Chair	Judy Seliga Punyko Printed Name	5/19/11 Date
I hereby verify that the information contained in this application is true and correct to the best of my knowledge and belief.		
 Signature – Superintendent/Executive Director	Keith Dixon Printed Name	 Date

PROJECT CONTACTS			
Project Director Name Terrence Smith		Telephone Number (218)336- 8700	
Address 215 N. 1 st Avenue East	City Duluth	State MN	Zip Code 55802
E-Mail Address Terrence. smith@duluth.k12.mn.us		Fax Number (218)336- 8773	
Project Coordinator Name Tammy Walker		Title Indian Student Services Coordinator	
Address 4405 W. 4 th St.	City Duluth	State MN	Zip Code 55807
E-Mail Address Tammy.walker@duluth.k12.mn.us	Telephone Number (218)336- 8830	Fax Number (218)336- 8773	
Fiscal Representative Name Jody D. LeBlanc		Title Accountant	
Address 215 N. 1 st Avenue East	City Duluth	State MN	Zip Code 55802
E-Mail Address Jody.leblanc@duluth.k12.mn.us	Telephone Number (219)336- 8701	Fax Number (218)336- 8777	

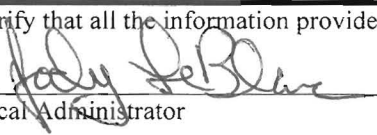
Summer Contact:
Terrence Smith

GENERAL INFORMATION AND INSTRUCTIONS: This form is required in making application for funding under the Indian Education program listed below. This information is required pursuant to Minn. Stat. § 124D Success for Future. All program object codes must comply with UFARS as defined. **This form can be duplicated if additional space is required.**

THIS BUDGET PROPOSAL APPLIES TO: *School Year* 2011 - 2012 *and Project Year:* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6

IDENTIFICATION INFORMATION		
Name of Applicant Agency ISD #709 – Duluth Public Schools		
Name of Program Contact Person Terrence Smith	Title Director	Telephone Number (218) 336- 8700 ext. 1152
Name of Person Completing This Form (if different) ISD #709 – Duluth Public Schools	Title Director	Telephone Number (218) 336- 8700 ext. 1152

BUDGET ITEM INFORMATION				
UFARS PROGRAM CODE #	UFARS OBJECT CODE #	BUDGET ITEM INFORMATION	TOTAL AMOUNT REQUEST FROM THIS PROGRAM FOR ITEM	TOTAL COST FOR ITEM (all sources)
605	110	Director (.05%)	2,910	
	144	Educational Planning Assistant (.93%)	25,806	
	144	Liaison/Advocate (.375%)	7,854	
	141	Hourly tutors 2@ 8.75/hr X 12 hrs per wk X 38 wks	7,980	
	210	FICA/Medicare @ .0765%	2,798	
	214	PERA @ .065%	2,651	
	220,235, 240, 230	Employee Insurance - Health, Dental, LTD and Life	15,343	
	270	Worker’s Comp @ .011%	402	
	280	Unemployment Comp .0025%	366	
	305	Other Contracted Services	1,330	
	329	Postage	50	
TOTALS (last page only)				

DISTRICT VERIFICATION OF INFORMATION		
I hereby verify that all the information provided in this report is true and accurate to the best of my belief and knowledge.		
<div><div></div><div>District Fiscal Administrator</div></div>	<div><div>5/19/11</div><div>Date</div></div>	<div><div></div><div>Program Contact Person</div></div> <div><div></div><div>Date</div></div>
MINNESOTA DEPARTMENT OF EDUCATION USE ONLY		
Reviewed By:	Title	Review Date
Final Approval Signature		Approval Date

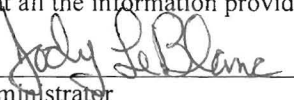
	Indian Education 1500 Highway 36 West Roseville, MN 55113-4266	SUCCESS FOR THE FUTURE PROGRAM BUDGET PROPOSAL (F3)	ED-02255-02E
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Name of Person Completing This Form (if different) Terrence Smith	Title Director	Telephone Number (218) 336- 8700 ext. 1152

BUDGET ITEM INFORMATION				
UFARS PROGRAM CODE #	UFARS OBJECT CODE #	BUDGET ITEM INFORMATION	TOTAL AMOUNT REQUEST FROM THIS PROGRAM FOR ITEM	TOTAL COST FOR ITEM (all sources)
605	401	Office Supplies	119	
	430	Instructional Supplies	496	
	490	Field trip meals 5 @ 100.00 each (College and Career)	500	
	365	Transportation Field Trips 5 @ 100.00 each	500	
	366	In-District Travel 2 staff @ 12 miles per week	200	
	366	Quiz Bowl and Title VII/JOM registration	100	
	398	Printing	50	
TOTALS (last page only)			69,455.00	

DISTRICT VERIFICATION OF INFORMATION			
I hereby verify that all the information provided in this report is true and accurate to the best of my belief and knowledge.			
 District Fiscal Administrator	<u>5/19/11</u> Date	_____ Program Contact Person	_____ Date

MINNESOTA DEPARTMENT OF EDUCATION USE ONLY		
Reviewed By:	Title	Review Date
Final Approval Signature	Approval Date	