**School District:**

**Date:**

**2021-2022 OPERATING BUDGET**

*All state funds should be specified on a line item basis, as applicable. Cells with****XXXXXX****indicate categories which cannot be supported by a particular funding source.  Any of the funding sources listed in 79-1103(2) R.R.S. can be used to support the Early Childhood Program.  PLEASE NOTE: Text boxes may be expanded to include all necessary information.****All budgets submitted MUST be dated, as well as the name of the district.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FUNDING**  **BUDGET** **CATEGORIES**  |  **State Early Childhood Grant** **Original Allocation**  |  **IDEA** **Part B Enrollment/** **Poverty**  |  **Special Education Act Flex Funding (State)**  |  **Head Start** |  **Title 1****Part A** |  **Title 1 Part C (Migrant)** |  **Local District Funds**  |  **HHSS Child Care Assistance** |  **Parent Fees (Sliding Fee Scale)** |  **Other** |
| Personnel (100)  |   |   |   |   |   |   |   |   |    |    |
| Employee Benefits (200)  |   |   |   |   |   |   |   |   |    |    |
| Professional Services (300)  |   |   |   |   |   |   |   |   |    |   |
| Other Purchased Services & Travel (400/500)  |    |    |    |    |    |    |    |    |    |    |
| Supplies (600)  |   |   |   |   |   |   |   |   |    |    |
| Capital Assets/Furnishings (700)  |   |   |   |   |   |   |   |   |   |   |
| Indirect Costs  |    |    |    |    |    |    |    |    |    |    |
|  **TOTAL**  |   |   |   |   |   |   |   |   |   |   |

Budget Narrative PLEASE NOTE: Text boxes within the budget template will expand to include all detailed information. All budgets submitted must be dated and include district name. *All anticipated costs necessary to operate the program must be explained. The budget must relate directly to the activities and staff identified in the application and should provide a rationale for the projected costs (e.g., how employee benefits are derived). The budget should indicate the portions to be supported through grant funds as well as the matching funding or services provided by the applicant or partner agencies.*

**Personnel: 100’s**

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| **110 Non-Instructional Staff****111 Salaries Paid to Regular Employees Paid to Teachers and Professional Staff****112 Salaries for Regular Employees Paid to Instructional Aides and Assistants****113 Salaries of Regular Employees Paid to Substitute Teachers****116 Professional Non-Certificated Staff****122 Salaries of Temporary Employees Paid to Instructional Aids and Assistants** |
| **Match:** |

**Fringe Benefits: 200**

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| **210 Group Insurance for Non-Instructional or 216 Group Insurance for Professional Non-Certificated Staff** **220 Social Security Payments for Non- Instructional or 226 Social Security Payments for Non-Certificated Staff****230 Retirement contributions for Non- Instructional or 236 Retirement contributions for Non-Certificated Staff****221 Social Security Payments for Teachers/Professional Staff****222 Social Security Payments for Instructional Aides or Assistants****223 Social Security Payments for Substitute Teachers****231 Retirement Contributions for Teachers** **232 Retirement Contributions for Instructional Aides or Assistants****238 Increase Retirement Contributions****256 Tuition Reimbursement for Professional Non-Certificated Staff** **271 Worker’s Compensations Paid to Teachers****272 Worker’s Compensations Paid for Instructional Aides or Assistants****281 Health Benefits Paid for Teachers****282 Health Benefits Paid for Instructional Aides or Assistants** **286 Other health benefits. (Contributions to HSA)**  |
| **Match:** |

**Professional Services: 300**

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| **Employee Training and Development Services:** **330 Employee Training and Development (may include dues and Evaluation fees)** **Employee Professional Development:** (not travel)**No out of state trainings. Please utilize in-state opportunities, no National online conferences, for example (Zero to Three)** |
| **Mileage Paid to Staff:****333 Mileage Paid to Staff** |
| **Contractual Partner Services:** **340 Other Professional Services** **Professional Educational Services:** **340 Other Professional Services (Mental Health Support Services)** **340 Dues and Fees (expenditures for assessments and memberships to professional or other organizations)** |
| **Match:** |

**Other Property Services: 400** Telephone and internet services are not included here

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| **Rent:** **410 Utility Services****420 Cleaning Services****440 Rent****450 Minor Facility Modifications (contracted construction, alteration, and renovations of buildings. Board of Trustees reserves the right to cap this amount)** |
| **Match:** |

**Other Purchased Services: 500**

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| **510 Student Transportation Services**:  |
| **520 Insurance (Other than Employee Benefits):** |
| **530 Communications:**  |
| **531 Postage:** |
| **540 Advertising:** **No promotional items this year** |
| **550 Printing**  |
| **580 Travel:****No out of state travel for professional development**  |
| **Match:** |

**Supplies: 600**

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| **610 General Supplies:** |
| **610 Family Involvement:** |
| **Utilities:****620 Energy: Expenditures for energy, including gas, oil, coal, and gasoline, and for services received from public or private utility companies.****621 Natural Gas: Expenditures for gas utility services from a private or public utility company.****622 Electric: Expenditures for electric utility services from a private or public utility company.****626 Gasoline: Expenditures for gasoline periodically from a gasoline service station.** |
| **650 Technology:**  |
| **Match:** |

**Capital Assets/Furnishings: 700**

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| **733 Furniture and Fixtures:** **739 Other Equipment:** Expenditures for all other equipment not classified elsewhere. (Playground Equipment) The Board of Trustees reserves the right to cap this amount. |
| **Match:** |