BUDGET EXPENDITURE SUMMARY

SCHOOL DIST Mater Academy of Nevada

SCHOOL / GRANT NAME: NV R 31 FISCAL YEAR 2016-2017

CHECK ONE: BUDGET X AMENDMENT ____ FINAL REPORT _____

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	1,650.00	0.00	1,650.00
200	Benefits	0.00	0.00	0.00
300	Purchased Professional Services	0.00	0.00	0.00
400	Purchased Property Services	0.00	0.00	0.00
500	510 Student Transportation Services	0.00	0.00	
	580 Staff Travel	645.00	32.40	
	500 Other	0.00	0.00	
	Total 500	645.00	32.40	677.40
600	610 General Supplies (exclude 612)	0.00	0.00	
	612 Non InfomationTech Items of Value *	0.00	0.00	
	620 Energy	0.00	0.00	
	630 Food	0.00	0.00	
	640 Books and Periodicals (Ex 641)	0.00	0.00	
	641 Textbooks	0.00	0.00	
	650 Supplies; Info Tech (Ex 651 , 652, 653)	0.00	0.00	
	651 Software	0.00	0.00	
	652 Information Tech Items of Value *	155,928.00	0.00	
	653 Web-based and Similar Programs	65,124.64	0.00	
	Total 600	221,052.64	0.00	221,052.64
800	810 Dues and Fees	0.00	0.00	
	890 Other Miscellaneous	0.00	0.00	
	800 Other	0.00	0.00	
	Total 800	0.00	0.00	0.00
Subtotal 100 - 600 & 800		223,347.64	32.40	223,380.04
** Aprproved Indirect Cost Rate : 0.00%				0.00
700	730 Equipment: over $5,000 each	0.00	0.00	
	700 Other	0.00	0.00	
	Total 700	0.00	0.00	0.00
TOTAL				223,380.04

Signature: Renee M. Fairless
Signature of Authorized Representative

Date 2-18-16

* All Items of Value must be itemized on the Budget Detail.

** Indirect Cost Rates must be approved by the Dept. of Education before the subgrantee may budget for and charge those costs to the grant.

DEPARTMENT OF EDUCATION USE ONLY

Initial _____ Date Approved _____

BUDGET EXPENDITURE SUMMARY

SCHOOL DIST Mater Acadmey of Nevada

SCHOOL / GRANT NAME: FISCAL YEAR 2016

CHECK ONE: BUDGET X AMENDMENT ____ FINAL REPORT ____

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	1,200.00	0.00	1,200.00
200	Benefits	0.00	0.00	0.00
300	Purchased Professional Services	0.00	0.00	0.00
400	Purchased Property Services	0.00	0.00	0.00
500	510 Student Transportation Services	0.00	0.00	
	580 Staff Travel	0.00	0.00	
	500 Other	0.00	0.00	
	Total 500	0.00	0.00	0.00
600	610 General Supplies (exclude 612)	0.00	0.00	
	612 Non InfomationTech Items of Value *	0.00	0.00	
	620 Energy	0.00	0.00	
	630 Food	0.00	0.00	
	640 Books and Periodicals (Ex 641)	0.00	0.00	
	641 Textbooks	0.00	0.00	
	650 Supplies; Info Tech (Ex 651 , 652, 653)	0.00	0.00	
	651 Software	0.00	0.00	
	652 Information Tech Items of Value *	58,473.00	0.00	
	653 Web-based and Similar Programs	20,695.50	0.00	
	Total 600	79,168.50	0.00	79,168.50
800	810 Dues and Fees	0.00	0.00	
	890 Other Miscellaneous	0.00	0.00	
	800 Other	0.00	0.00	
	Total 800	0.00	0.00	0.00
Subtotal 100 - 600 & 800		80,368.50	0.00	80,368.50
** Aprproved Indirect Cost Rate : 0.00%				0.00
700	730 Equipment: over $5,000 each	0.00	0.00	
	700 Other	0.00	0.00	
	Total 700	0.00	0.00	0.00
TOTAL				80,368.50

Signature: Renee Y Fowler
Signature of Authorized Representative

Date 2-18-16

* All Items of Value must be itemized on the Budget Detail.

** Indirect Cost Rates must be approved by the Dept. of Education before the subgrantee may budget for and charge those costs to the grant.

DEPARTMENT OF EDUCATION USE ONLY

Initial ____ Date Approved ____

INSTRUCTION

Grant: Meter

Project No:

Fiscal Year: 2016

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
100	**PERSONNEL:**					
	Certified Teachers, Traditional Certified Teachers, Yr Round Substitutes Classified Assistants Aides Extra Duty Stipends: one-time Training Stipends Certified Instructor Stipends Certified Hourly Pay	8.00	8	$ 150.00	$ 1,200.00	
	NARRATIVE: 100- May 2016- 6 educators to attend One Day In-Person Google Summit/Chrome Book Camp at 6*$150= $900. May 2016 1 Subsititue for Coach to attend One Day In-Person Train-the Trainer Coach at 1 Substitute *$150=$150.00. TBD One Day Google Certified Adminstrator Training 1 Substitute * $150= $150.00 . Total= $1200.00					
				TOTAL	$ 1,200.00	$ 1,200.00
200	**BENEFITS:**					
	Group Insurance Life Insurance: Cert / Class Life Insurance: Admin / Pro Long Term Disab: Admin / Pro FICA PERS Medicare Workers Compensation Other Post Emp Benefits Post Employment Benefits					

INSTRUCTION

Grant: Mater

Project No:

Fiscal Year: 2014

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
651	Administrative Software					$ -
652	Computers Seat Cost		292	CTL Payment Schedul	$58,473.00	$ 58,473.00
652	Info Tech Inventory Items				$0.00	$ -
653	Web Based & Similar		292	Network Seat cost	$ 20,695.50	$ 20,695.50
	NARRATIVE: 652: $534 * 292 seats = $155,928* 37.5% = $58,473 653: $189 * 292 = $55,188 *37.5% =20,695.50					
				TOTAL	$ 79,168.50	

INSTRUCTION

Grant: Mater

Project No:

Fiscal Year: 2014

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
800	OTHER OBJECTS:					
810	Dues & Fees					$ -
890	Miscellaneous					$ -
800 Other	Insert Object & Description					$ -
	NARRATIVE:					
				TOTAL	$ -	
Subtotal Objects 100 - 600 & 800					$ 80,368.50	
Approved Indirect Cost Rate: _____ x Subtotal Above						
700	EQUIPMENT:					
730	Capital Equipment > $5,000					
730	Capital Computer > $5,000					$ -
700 Other	Other > $5,000					$ -
	NARRATIVE:					
				TOTAL	$ -	
				GRANT TOTAL	$ 80,368.50	

BUDGET EXPENDITURE SUMMARY

SCHOOL DISTRICT Mater PROJECT NUMBER _____

SCHOOL / GRANT NAME: NVR 21 FISCAL YEAR 2017

CHECK ONE: BUDGET X AMENDMENT ____ FINAL REPORT _____

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	450.00	0.00	450.00
200	Benefits	0.00	0.00	0.00
300	Purchased Professional Services	0.00	0.00	0.00
400	Purchased Property Services	0.00	0.00	0.00
500	510 Student Transportation Services	0.00	0.00	
	580 Staff Travel	645.00	32.40	
	500 Other	0.00	0.00	
	Total 500	645.00	32.40	677.40
600	610 General Supplies (exclude 612)	0.00	0.00	
	612 Non InfomationTech Items of Value *	0.00	0.00	
	620 Energy	0.00	0.00	
	630 Food	0.00	0.00	
	640 Books and Periodicals (Ex 641)	0.00	0.00	
	641 Textbooks	0.00	0.00	
	650 Supplies; Info Tech (Ex 651 , 652, 653)	0.00	0.00	
	651 Software	0.00	0.00	
	652 Information Tech Items of Value *	97,455.00	0.00	
	653 Web-based and Similar Programs	44,429.14	0.00	
	Total 600	141,884.14	0.00	141,884.14
800	810 Dues and Fees	0.00	0.00	
	890 Other Miscellaneous	0.00	0.00	
	800 Other	0.00	0.00	
	Total 800	0.00	0.00	0.00
Subtotal 100 - 600 & 800		142,979.14	32.40	143,011.54
** Aprproved Indirect Cost Rate : 0.00%				0.00
700	730 Equipment: over $5,000 each	0.00	0.00	
	700 Other	0.00	0.00	
	Total 700	0.00	0.00	0.00
TOTAL				143,011.54

Signature: Renee Y. Farless
Signature of Authorized Representative

Date 2-18-16

* All Items of Value must be itemized on the Budget Detail.

** Indirect Cost Rates must be approved by the Dept. of Education before the subgrantee may budget for and charge those costs to the grant.

DEPARTMENT OF EDUCATION USE ONLY

Initial _____ Date Approved _____

INSTRUCTION

Grant: Mater

Project No:
Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
100	**PERSONNEL:**					
	Certified Teachers, Traditional Certified Teachers, Yr Round Substitutes Classified Assistants Aides Extra Duty Stipends: one-time Training Stipends Certified Instructor Stipends Certified Hourly Pay	3.00	3	$ 150.00	$ 450.00	
	NARRATIVE: 100- March 2016 preparing for the GAFE GCT certification with Google Certified Trainings 1 Substittute * $150.00= $150. March 2017 One-Day Google Educator/Adminstrator Training 1 Substitute *$150.00= *$150.00. April 2017 Regional GAFE Mini=Summits 1 Substitute * $150.00 = $150.00. Totalling $450.00					
				TOTAL	**$ 450.00**	**$ 450.00**
200	**BENEFITS:**					
	Group Insurance Life Insurance: Cert / Class Life Insurance: Admin / Pro Long Term Disab: Admin / Pro FICA PERS Medicare Workers Compensation Other Post Emp Benefits Post Employment Benefits					
	NARRATIVE: Standard fringe benefits rates.					
				TOTAL	**$ -**	**$ -**

INSTRUCTION

Grant: Mater

Project No:

Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
500	OTHER PURCHASED SERVICES:					
510	Student Transportation					$ -
519	Student Travel & Related					$ -
580	Travel	1	1	$300.00 Flight	$300.00	
		1	1	$125.00 Rental Car	$ 125.00	
		1	1	$97.00 GSA Loding R	$128.00	$645.00 ✓
		1	1	$28 Per Diem +$64.00	$ 92.00	
580	Mileage					$ -
531	Postage					$ -
534	Cell Phone					$ -
550	Printing					$ -
560	Student Tuition					$ -
500 Other	Insert Object & Description					$ -
500 Other	Insert Object & Description					$ -
	NARRATIVE: 580- March 2017 One Day Certified Training offered in Northern Nevada. 1 Flight * $300= $300.00. 1 Night Lodging * 97 GSA Rate +13.5% Taxes+18 Resort Fee =$128.00. Per Diem 1 Dinner * 28 + 1 day Per Diem $64.00=92.00. Totallig= $645.00.					
				TOTAL	$ 645.00	✓

INSTRUCTION

Grant: Mater

Project No:

Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
651	Administrative Software					$ -
652	Computers Seat Cost	$534.00	292	CTL Payment	$97,455.00	$ 97,455.00
652	Info Tech Inventory Items					$ -
653	Canvas	4.92	292		$ 1,436.64	
	Inplemenation Fee	4500	1		$ 4,500.00	
	Tier 1 Support	4000	1		$ 4,000.00	
	Network seat cost	189	292		$ 34,492.50	$ 44,429.14
				TOTAL	$ 141,884.14	

NARRATIVE: Computer Seat Cost

652: $534 * 292 seats = $155,928* 62.5% = $97,455.00

653: Canvas $4.92 * 292 seats = $1,436.64
Implementation fee $4,500
Tier 1 Support = $4,000
Network seat cost =$189 * 292 = $55,188 *62.5 = $34,492.50

INSTRUCTION

Grant: Mates

Project No:
Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
800	OTHER OBJECTS:					
810	Dues & Fees					$ -
890	Miscellaneous					$ -
800 Other	Insert Object & Description					$ -
	NARRATIVE:					
				TOTAL	$ -	
Subtotal Objects 100 - 600 & 800					$ 142,979.14	✓
Approved Indirect Cost Rate: _____ x Subtotal Above					$ -	
700	EQUIPMENT:					
730	Capital Equipment > $5,000					
730	Capital Computer > $5,000					$ -
700 Other	Other > $5,000					$ -
	NARRATIVE:					
				TOTAL	$ -	
				GRANT TOTAL	$ 142,979.14	✓

SUPPORT SERVICES

Grant: Mater

Project No:

Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
500	OTHER PURCHASED SERVICES:					
510	Student Transportation					$ -
519	Student Travel & Related					$ -
580	Travel					$ -
580	Mileage	0.54	60		$ 32.40	$ 32.40
531	Postage					$ -
534	Cell Phone					$ -
550	Printing					$ -
560	Student Tuition					$ -
500 Other	Insert Object & Description					$ -
500 Other	Insert Object & Description					$ -
	NARRATIVE:					
				TOTAL	$ 32.40	

SUPPORT SERVICES

Grant: Mater

Project No:

Fiscal Year: 2017

A	B	C	D	E	F	
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount	Budget Summary Object Total
800	OTHER OBJECTS:					
810	Dues & Fees					$ -
890	Miscellaneous					$ -
800 Other	Insert Object & Description					$ -
	NARRATIVE:					
				TOTAL	$ -	
Subtotal Objects 100 - 600 & 800					$ 32.40	
Approved Indirect Cost Rate: _____ x Subtotal Above					$ -	
700	EQUIPMENT:					
730	Capital Equipment > $5,000					
730	Capital Computer > $5,000					$ -
700 Other	Other > $5,000					$ -
	NARRATIVE:					
				TOTAL	$ -	
				GRANT TOTAL	$ 32.40	✓