



GRANT COVER SHEET / CHANGES

FOR RECEIPT OF OR CHANGES TO A GRANT

NAME OF GRANT _____ SWMETRO NAME OF GRANT _____ SWMETRO CONTACT PERSON (in charge of Grant) _____	
<input type="checkbox"/> First Cover Sheet <input type="checkbox"/> Change to Grant	GRANT CONTACT INFORMATION Contact Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> State <input type="checkbox"/> Federal CFDA # _____ <input type="checkbox"/> Other _____	WE WILL RECEIVE THIS GRANT OVER <input type="checkbox"/> One year <input type="checkbox"/> Multiple years _____ years
GRANT EFFECTIVE DATES _____ - _____	THIS GRANT <input type="checkbox"/> Needs to go to the Board for approval <input type="checkbox"/> Has been Board approved as of _____
AMOUNT OF GRANT _____ AMOUNT OF CARRY OVER (if applicable) _____	(This section is merged into the right column of the previous row)

PLEASE COMPLETE THE BUDGET BREAKDOWN ON THE NEXT PAGE
OR ATTACH A DETAILED BUDGET SPREADSHEET

Finance Specialist Signature Date

Finance Director Signature Date

Grant Coordinator Signature Date

BUDGET BREAKDOWN
 OR ATTACH A DETAILED BUDGET SPREADSHEET
Include names of employees to be paid by grant & match sources

EMPLOYEE(S) <i>to be used in Grant</i>	HOURS PER DAY	DAYS / WEEK	SALARY	BENEFITS	MATCH AMOUNT

Obj	Description	Amount
110	Administration / Supervision Salary	
140	Licensed Salary	
141	Non-Licensed Salary	
143	Licensed Instructional Support	
154	School Nurse	
156	School Social Worker	
157	School Psychologist	
165	School Counselor	
170	Clerical / Non-Instructional Support	
176	Social Worker - Interagency	
185	Other Salary - Licensed / Cert.	
186	Other Salary - Non-Licensed / Cert.	
195	Chargeback Salaries	
210	FICA	
214	PERA	
218	TRA	
220	Health Insurance	
230	Life Insurance	
235	Dental Insurance	
240	Long Term Disability Insurance	

Obj	Description	Amount
250	TSA / MN Deferred Comp	
251	FSA / HSA	
270	Worker's Compensation	
295	Chargeback Benefits	
303	Fed Sub Award - Contract under \$25,000	
304	Fed Sub Award - Contract over \$25,000	
305	Contracted Services	
329	Postage	
350	Repair & Maintenance Services	
360	Transportation - Contract Priv/Pub Carrier	
365	Chargeback Transportation	
366	Travel / Conv / Conference	
368	Federal Out-of-State Travel	
390	Non-Federal - Payment to MN District	
401	General Supplies / Food	
430	Instructional Supplies	
455	Non-Instructional Tech Supplies	
530	Equipment	
820	Dues / Memberships / Licensing Fees	
398	Indirect Costs	
895		

TOTAL MATCHING DOLLAR AMOUNT	
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