

MARYLAND STATE DEPARTMENT OF EDUCATION GRANT BUDGET C-1-25

Original Grant Budget	(the original budget total)	Amended Budget #	1 (if this is the first time you're requesting a budget change)	Request Date	xx/xx/xxxx
Grant Name	Teacher Collaborative Grant - Year x (include the year)	Grant Recipient Name	(project name)		
MSDE Grant #	123456	Recipient Grant #			
Revenue Source	State	Recipient Agency Name	(grant recipient name)		
Fund Source Code		Grant Period	xx/xx/xxxx - xx/xx/xxxx		

CATEGORY/PROGRAM	BUDGET OBJECT						BUDGET BY CAT./PROG.
	01- SALARIES & WAGES	02- CONTRACT SERVICES	03- SUPPLIES & MATERIALS	04 - OTHER CHARGES	05 - EQUIPMENT	06 - TRANSFERS	
<b>201 Administration</b>							
Prog. 21 General Support	42,000.00	60,500.00	13,000.00	1,500.00	0.00	3,500.00	120,500.00
Prog. 22 Business Support							0.00
Prog. 23 Centralized Support							0.00
<b>202 Mid-Level Administration</b>							
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin. & Supv.							0.00
<b>203-205 Instruction Categories</b>							
Prog. 01 Regular Prog.							0.00
Prog. 02 Special Prog.							0.00
Prog. 03 Career & Tech Prog.							0.00
Prog. 04 Gifted & Talented Prog.							0.00
Prog. 07 Non Public Transfers							0.00
Prog. 08 School Library Media							0.00
Prog. 09 Instruction Staff Dev.							0.00
Prog. 10 Guidance Services							0.00
Prog. 11 Psychological Services							0.00
Prog. 12 Adult Education							0.00
<b>206 Special Education</b>							
Prog. 04 Public Sch Instr. Prog.							0.00
Prog. 09 Instruction Staff Dev.							0.00
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin & Superv.							0.00
<b>207 Student Personnel Serv.</b>							0.00
<b>208 Student Health Services</b>							0.00
<b>209 Student Transportation</b>							0.00
<b>210 Plant Operation</b>							
Prog. 30 Warehousing & Distr.							0.00
Prog. 31 Operating Services							0.00
<b>211 Plant Maintenance</b>							0.00
<b>212 Fixed Charges</b>							0.00
<b>213 Food Services</b>							0.00
<b>214 Community Services</b>							0.00
<b>215 Capital Outlay</b>							
Prog. 34 Land & Improvements							0.00
Prog. 35 Buildings & Additions							0.00
Prog. 36 Remodeling							0.00
<b>Total Expenditures By Object</b>	42,000.00	60,500.00	13,000.00	1,500.00	0.00	3,500.00	120,500.00

Finance Official Approval

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Supt./Agency Head Approval

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone # \_\_\_\_\_

MSDE Grant Manager Approval

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone # \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF EDUCATION REQUEST BUDGET AMENDMENT C-1-25 A

Original Grant Budget	(the original budget total)	Amended Budget #	1 (if this is the first time you're requesting a budget change)	Request Date	xx/xx/xxxx
Grant Name	Teacher Collaborative Grant - Year x (include the year)		Grant Recipient Name	(project name)	
MSDE Grant #	123456	Recipient Grant #			
Revenue Source	State	Recipient Agency Name	(grant recipient name)		
Fund Source Code		Grant Period	xx/xx/xxxx - xx/xx/xxxx		

FROM TO

Provide the name of the **Category/Program** under the appropriate **Object**, e.g., **Administration/General Support** under **05 Equipment**.

EXPENDITURES BY OBJECT AND CATEGORY/PROGAM	CURRENT APPROVED BUDGET	ADJUSTMENTS Increase (+) / Decrease (-)	NEW AMENDED BUDGET
<b>01 SALARIES AND WAGES</b>			
PI salary	17,000.00		17,000.00
Co-PI salary	17,000.00		17,000.00
Graduate assistant salary	6,000.00	2,000.00	8,000.00
			0.00
			0.00
<b>02 CONTRACTED SERVICES</b>			
Mentor teacher stipends	25,000.00	500.00	25,500.00
Lead teacher stipends, induction design	25,000.00		25,000.00
Evaluator	10,000.00		10,000.00
			0.00
			0.00
<b>03 SUPPLIES AND MATERIALS</b>			
Books for book study	5,000.00	-2,000.00	3,000.00
Books for intervention	5,000.00		5,000.00
Classroom supplies	5,000.00		5,000.00
			0.00
			0.00
<b>04 OTHER CHARGES</b>			
Conference registration fees	1,000.00	500.00	1,500.00
Conference travel and lodging	2,000.00	-1,000.00	1,000.00
			0.00
			0.00
<b>05 EQUIPMENT</b>			
			0.00
			0.00
			0.00
			0.00
			0.00
<b>08 TRANSFERS</b>			
Indirect costs	3,500.00		3,500.00
			0.00
			0.00
			0.00
			0.00
<b>Total Expenditures By Object</b>	\$121,500.00	\$0.00	\$121,500.00

THIS REQUEST MUST BE ACCOMPANIED BY A REVISED GRANT BUDGET FORM (C-1-25) AND GRANT CHANGE REQUEST FORM (C-1-25 B).

Grantee Project Manager				
Approval				
	Printed Name	Signature	Date	Telephone #
Finance Official				
	Printed Name	Signature	Date	Telephone #
MSDE Grant Manager				
	Printed Name	Signature	Date	Telephone #

Amended Budget #	1 (if this is the first time you're requesting a budget change)	Request Date	xx/xx/xxxx
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Fund Source Code		Grant Period	xx/xx/xxxx - xx/xx/xxxx

FROM TO

**SECTION A. This Grant Change Request: (All changes must be explained in Section B).**

<input type="checkbox"/>	Changes the Grant Period.	Date From	Date To
<input checked="" type="checkbox"/>	Reallocates Funds to a Different Category/Program and/or Object.*		
<input type="checkbox"/>	Increases/Decreases the Amount of the Grant.*	\$0.00	\$0.00
		(Amount) From	(Amount) To
<input type="checkbox"/>	Makes a Programmatic Change.		
<input type="checkbox"/>	Specifies a Change Other Than Those Listed Above (e.g., a change of address, fiscal agent or grant manager).		

**SECTION B. Fully explain the reason for all requested changes. (Increase row height to accommodate space if needed.)**

Category	Program	Object	PURPOSE OF CHANGE	
Salaries and Wages		Graduate Assistant Salary	A. DESCRIPTION:	We are seeking to increase the graduate assistant salary by \$2,000 because...
			B. REASON:	The graduate assistant...
			C. EXPECTED RESULTS:	With the increase, the Collaborative will be able to...
Contracted Services		Mentor teacher stipends	A. DESCRIPTION:	We are requesting to use \$500 from conference travel expenses to add an additional mentor teacher, which will increase...
			B. REASON:	The reason for the additional mentor teacher is...
			C. EXPECTED RESULTS:	By adding another mentor teacher, this aligns with objective...
Supplies and Materials		Books for book study	A. DESCRIPTION:	We are requesting to realign \$2,000 out of expenses for books and use them to increase the graduate assistant salary (see above)...
			B. REASON:	We were originally approved to spend \$5,000 on books, but we underspent in this line item because...
			C. EXPECTED RESULTS:	The book study will still take place in year 1...
Other Charges		Conference registration fees	A. DESCRIPTION:	We are approved to present at one conference this year, however we are requesting \$500 from travel fees to register for...
			B. REASON:	The Collaborative learned of an additional conference that aligns with the purpose of the grant... (see attached...)
			C. EXPECTED RESULTS:	This aligns with the purpose of the grant...
Other Charges		Conference travel fees	A. DESCRIPTION:	We are requesting to realign \$1,000 of...
			B. REASON:	We underspent in this grant activity because...
			C. EXPECTED RESULTS:	By using these funds to....

**\*AN LEA / AGENCY APPROVED AMENDED GRANT BUDGET FORM (C-125-A) MUST ACCOMPANY THIS REQUEST. SECTION -B- IS TO BE COMPLETED IF A PROGRAM / OBJECT INCREASED / DECREASED BY 15% OR MORE OF THE LAST APPROVED BUDGET OR \$1,000, WHICHEVER IS GREATER.**

Grant Project Manager: \_\_\_\_\_  
Printed Name Signature Date Telephone #

Finance Official: \_\_\_\_\_  
Printed Name Signature Date Telephone #

Superintendent / Agency Head: \_\_\_\_\_  
Printed Name Signature Date Telephone #

MSDE Grant Manager: \_\_\_\_\_  
Printed Name Signature Date Telephone #