| NCLB Consultant Iris Hubbard | | | | System Name | Obion County |
|--|--|--|---|-------------|---------------------------------------|
| | Tennes | see Department of Educa | tion Budget Worksheet | | |
| 1 School System Name | Obion County | | | | |
| 2 System Number | 660 (Please enter the three dig | <u>it number</u> for your LEA) | | | |
| 3 Reporter' s Name: | Lesa Scillion | | | | |
| 4 School Year | 2009-2010 | | | | |
| 5 Grant Year | FY 10 | | | | |
| 6 Check one below: | | | | | |
| Preliminary Allocat | tions X | Final Allocations | | | |
| | General LE | A information | | | |
| 1. Curre | | by typing: " In Good Standing" , " or " Corrective Action " below | | | |
| 2. Curre | ent Title I Schools Status | In Good Standing | | | |
| | Please indicate by typir | ng: " In Good Standing " or " High P i | r iority " below | | |
| | | In Good Standing | - | | |
| rat | A's Indirect Cost Rate (most current te posted by the State) If "Negative Intent", enter "N/A". wise, enter the rate whether you use in Federal Programs or not. | 1.15% | 4. LEA's Indirect Cost F Check if NO Indirect allocation | | 0.62% ter 6/30/09 from last year's |
| Using the information f | rom your allocations and proje | cted budget complete the form | n | | |
| - | ving Academic Achievement | Title I-A NCLB funds | Title I-A STIMULU | JS funds | |
| A. Enter your Title I Bas | se Allocation: | \$ 584,744.00 | \$ 293, | 109.00 | |
| B. Enter your Local Neg | glected Allocation: | <mark>\$</mark> - | \$ | - | |
| C. Enter any planned tr | ansfers into Title I: | <mark>\$</mark> - | \$ | - | |
| D. Enter FY09 funds av (Use projected amo | | \$ 15,000.00 | | N/A | |
| E. Total Title I-A funds | | \$ 599,744.00 | \$ 293, | ,109.00 | |
| F. Is your LEA retaining | g its Local Neglected allocation? | | allocation; " No " if releasing the a receives NO Local Neglected al | | |
| | | N/A | N/A | | |

NCLB Consultant Iris Hubbard

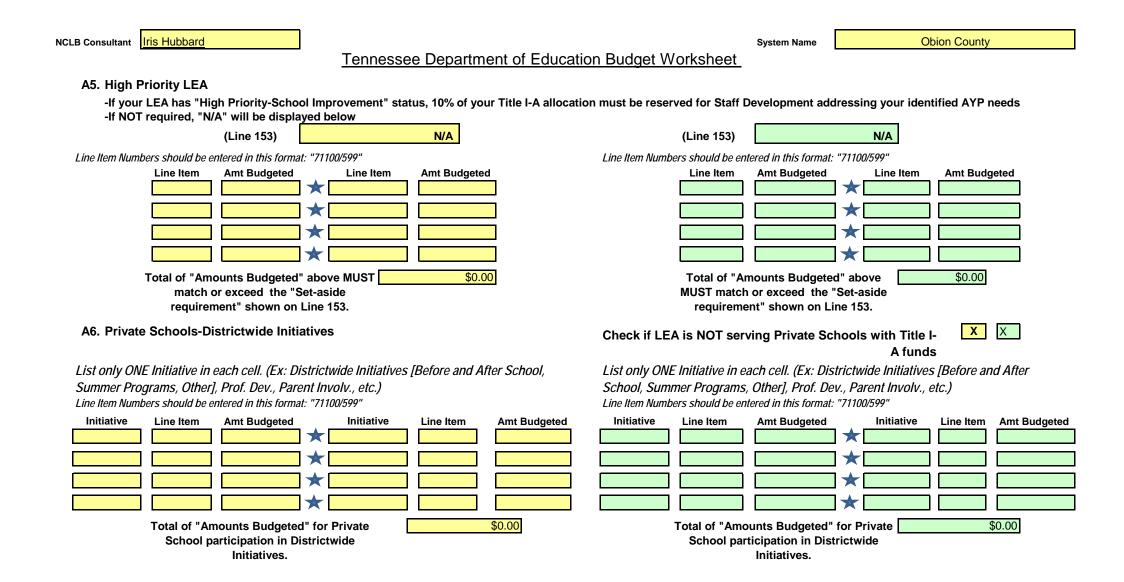
System Name

Obion County

| A2. Public School Choice (PSC) and Supplemental Educational Service | nt of Education Budget Worksheet |
|---|--|
| NOTE: An amount " <u>EQUAL TO</u> " 20% of your LEA's entire T Once services are offered, a lesser amount may | Title I allocation is required as a set-aside IF the school has not met AYP for two years. be needed. Up to 1% of the 20% set-aside can be used for Parent Outreach. ds may come from a variety of sources). |
| If required, the TOTAL set-aside shown on Line 58 will be determined from your Title I Base allocation PLUS your Local Neglected allocation, BEFORE including FY09 funds. If NOT required, "N/A" will be displayed on Line 58. (Line 58) N/A | If required, the TOTAL set-aside shown on Line 58 will be determined from your Title I STIMULUS allocation PLUS your Local Neglected STIMULUS allocation. If NOT required, "N/A" will be displayed on Line 58. (Line 58) N/A |
| -The transportation MINIMUM (25% of the required set-aside) is displayed on Line 62. This amount is also 5% of your total Title I allocation. -If NOT required, "N/A" will be displayed on Line 62. | -The transportation MINIMUM (25% of the required set-aside) is displayed on Line 62. This amount is also 5% of your total Title I allocation. -If NOT required, "N/A" will be displayed on Line 62. |
| (Line 62) N/A Check | (Line 62) N/A if PSC options are not practicable, indicating reason below: All Title I High Priority Schools One school per grade span Other (Authorization letter received from PSC/SES Project Director) |
| List only ONE Funding Source in each cell. (Ex: Local, I-A, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" Funding Funding Source Line Item Amt Budgeted Source Line Item | List only ONE Funding Source in each cell. (Ex: Local, I-A, I-A Stimulus, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" Funding Funding Amt Budgeted Source Line Item Amt Budgeted Mathematical Source Line Item Amt Budgeted Source Line Item Amt Budgeted Mathematical Source Line Item Amt Budgeted Mathematical Source Line Item |
| -EQUAL the "Set-aside requirement" shown on Line 58 | 0.00 Total of "Amounts Budgeted" above MUST: -EQUAL the "Set-aside requirement" shown on Line 58 \$0.00 |
| IF only PSC is offered OR -EQUAL or EXCEED the amount shown on Line 62 IF both PSC and SES are offered. | IF only PSC is offered OR -EQUAL or EXCEED the amount shown on Line 62 IF both PSC and SES are offered. |

| NCLB Consultant Iris Hubbard | System Name Obion County |
|---|---|
| Tennessee Department of Educ | cation Budget Worksheet |
| A2. Public School Choice (PSC) and Supplemental Educational Services (SES) (contin SES -The MINIMUM set-aside (25% of the total required set-aside) is displayed on Line 87. This amount is also 5% of your total Title I allocation. -If NOT required, "N/A" will be displayed on Line 87. | nued) -The MINIMUM set-aside (25% of the total required set-aside) is displayed on line 87. This amount is also 5% of your total Title I allocation. -If NOT required, "N/A" will be displayed on line 87. |
| (Line 87) N/A | (Line 87) N/A |
| Check if SES is indicated on line 87, but is not required for this LEA. | Check if SES is indicated on line 87, but is not required for this LEA. |
| List only ONE Funding Source in each cell. (Ex: Local, I-A, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" | List only ONE Funding Source in each cell. (Ex: Local, I-A, I-A Stimulus, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" |
| Funding Funding Source Line Item Amt Budgeted Source Line Item Amt Budgeted | Funding Funding Source Line Item Amt Budgeted Source Line Item Amt Budgeted |
| | |
| | |
| | |
| Total of "Amounts Budgeted" above MUST match the \$0.00 amount shown on Line 87 OR EQUAL up to 75% of the required set-aside shown on Line 58 IF both PSC and SES are offered. | Total of "Amounts Budgeted" above MUST match the \$0.00 amount shown on Line 87 OR EQUAL up to 75% of the required set-aside shown on Line 58 IF both PSC and SES are offered. |
| Check IF using up to 1% of the 20% set-aside for Parent Outreach | N/A Maximum allowed for Parent Outreach, if desired (1% of Line 58) |
| List only ONE Funding Source in each cell. (Ex: Local, I-A, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" | List only ONE Funding Source in each cell. (Ex: Local, I-A, I-A Stimulus, II-A, etc.) Line Item Numbers should be entered in this format: "71100/599" |
| Funding Funding Source Line Item Amt Budgeted Source Line Item Amt Budgeted | Funding Funding Source Line Item Amt Budgeted Source Line Item Amt Budgeted |
| | |
| Total of "Amounts Budgeted" above MUST \$0.00 match or be less than the Parent Outreach maximum shown on Line 103. | Total of "Amounts Budgeted" above MUST match or be less than the Parent Outreach maximum shown on Line 103. |
| Total budgeted for PSC, SES and Parent Outreach MUST equal set-aside on Line 58 | Total budgeted for PSC, SES and Parent OutreachMUST equal set-aside on Line 58\$0.00 |

| NCLB Consultant Iris Hubbard | System Name Obion County |
|--|--|
| A3. HOMELESS EDUCATION | ation Budget Worksheet_ State Agencies, enter "N/A" in the box to the right. X |
| -ENTER an amount from your Title I-A total allocation sufficient for compa (Line 116) \$ 550.00 | arable services for homeless youth in your LEA. (Line 116) \$550.00 |
| List only ONE Activity type in each cell. (Ex: Clothing, school supplies, etc.) Line Item Numbers should be entered in this format: "71100/599" | List only ONE Activity type in each cell. (Ex: Clothing, school supplies, etc.) Line Item Numbers should be entered in this format: "71100/599" |
| Activity typeLine ItemAmt BudgetedActivity typeLine ItemAmt Budgetedchool supplie72130/599\$550.00 | Activity typeLine ItemAmt BudgetedActivity typeLine ItemAmt BudgetedIchool supplie72130/599\$ 550.00+ |
| | |
| | |
| | |
| Total of "Amounts Budgeted" above MUST \$550.00 match the "Set-aside requirement" shown on Line 116. | Total of "Amounts Budgeted" above \$550.00 MUST match the "Set-aside requirement" shown on Line 116. |
| A4. Parent Involvement | |
| -1% of your total <u>Title I</u> allocation is required for this set-aside IF your allocation is over -If NOT required, "N/A" will be displayed below | r \$500,000 |
| (Line 133) \$ 5,847.44 | (Line 133) N/A |
| School portion 5555.068 | School portion N/A |
| | layed on Line 133) goes to schools |
| List only ONE Activity type in each cell. (Ex: Parent Liaison, Advertisement, Mtg. Supplies,etc.) Line Item Numbers should be entered in this format: "71100/599" | List only ONE Activity type in each cell. (Ex: Parent Liaison, Advertisement, Mtg. Supplies,etc.) Line Item Numbers should be entered in this format: "71100/599" |
| Activity typeLine ItemAmt BudgetedActivity typeLine ItemAmt BudgetedMtg. Supplies72130/599\$2,923.72* | Activity typeLine ItemAmt BudgetedActivity typeLine ItemAmt BudgetedMtg. Supplies72130/599\$ 2,931.09* |
| ental Involver 72130/599 \$2,923.72 | |
| | |
| | |
| Total of "Amounts Budgeted" above MUST \$5,847.44 match the "Set-aside requirement" shown | Total of "Amounts Budgeted" above \$2,931.09 |
| | MUST match the "Set-aside requirement" |



| NCLB Consultant Iris Hubbard | | System Name Obion County |
|---|--|--|
| <u>Tenness</u> a. Private Schools (Title I-A participants only) | ee Department of Education Budget Worksheet | serving Private Schools in Title I-A XX |
| | | |
| If serving Private Schools, ENTER an amount budgeted (Line 186) | to provide equitable <u>instructional</u> services based on per pupil (Line 1 | |
| List only ONE Funding Source in each cell. (Ex: Local or I-A) Line Item Numbers should be entered in this format: "71100/599" Funding Source Line Item Amt Budgeted Source | | ource in each cell. (Ex: Local or I-A) entered in this format: "71100/599" Funding Amt Budgeted Source Line Item Amt Budgeted |
| | | |
| | | |
| | | |
| Total of "Amounts Budgeted" above MUST match the "Set-aside allocation" shown on Line 186. | MUST mat | Amounts Budgeted" above \$0.00 ch the "Set-aside allocation" shown on Line 186. |
| b. Private Schools (Title II-A participants only) | Check if NOT s | erving Private Schools in Title II-A X N/A |
| If serving Private Schools, ADD an amount to provide ed (Line 204) | quitable services. If serving Priva (Line 20) | ate Schools, ADD an amount to provide equitable services. 4) N/A |
| List only ONE Funding Source in each cell. (Ex: Local, II-A, etc | c.) List only ONE Funding So | ource in each cell. (Ex: Local, Il-A, etc.) |
| Funding Funding Source Line Item Amt Budgeted Source | Funding Line Item Amt Budgeted Source Line Item | Funding Amt Budgeted Source Line Item Amt Budgeted |
| Total of "Amounts budgeted" above MUST match the "Set- aside allocation" shown on Line 204 | | ed" above MUST match the "Set- " shown on Line 204 |
| c. Private Schools (Title II-D participants only) | Check if NOT s | erving Private Schools in Title II-D |
| If serving Private Schools, ADD an amount to provide ed (Line 215) | quitable services. If serving Private (Line 21) | Schools, ADD an amount to provide equitable services. 5) |
| List only ONE Funding Source in each cell. (Ex: Local, II-D, etc | c.) List only ONE Funding So | ource in each cell. (Ex: Local, II-D, etc.) |
| Funding Funding Source Line Item Amt Budgeted Source | Funding Line Item Amt Budgeted Source Line Item | Funding Amt Budgeted Source Line Item Amt Budgeted |
| Total of "Amounts budgeted" above MUST match the "Set- aside allocation" shown on Line 215 | | ed" above MUST match the "Set- \$0.00 n" shown on Line 215 |

| NCLB Consultant | | System | Name | Obion County | |
|--|--|---|--|--------------------------|-------|
| | Tennessee Department of Educati | on Budget Worksheet | | | |
| d. Private Schools (Title II-D competitive (E4T | N) participants only) | Check if NOT serving Private Sch | ools in Title II-D (e4TN Stimulus | | |
| If serving Private Schools, ADD an amount to (Line 227) | o provide equitable services. | If serving Private Schools, ADI (Line 227) | D an amount to provide e | quitable services. | |
| List only ONE Funding Source in each cell. (Ex: | Local, II-D Competitive (e4TN), etc.) | List only ONE Funding Source i | n each cell. (Ex: Local, I | I-D Comp. Stimulus, et | tc.) |
| Funding Source Line Item Amt Budgeted | Funding Source Line Item Amt Budgeted | Funding Source Line Item Amt Bu | Idgeted Funding | Line Item Amt Budg | notod |
| | | | | | jeleu |
| | | | * | | |
| | | | | | |
| | | | $ \rightarrow $ | | |
| Total of "Amounts budgeted" above MUST match the | "Set- \$0.00 | Total of "Amounts budgeted" above N | IUST match the "Set- | \$0.00 | |
| aside allocation" shown on Line 227. | \$0.00 | aside allocation" shown or | | φ0.00 | |
| e. Private Schools (Title III-A participants only | 0 | Check if NOT serving Pri | vata Sabaala in Titla III | -A X N/A | |
| | | - | | | |
| If serving Private Schools, ADD an amount to (Line 244) | o provide equitable services. | If serving Private School (Line 244) | s, ADD an amount to prov N/A | vide equitable services. | • |
| List only ONE Funding Source in each cell. (Ex: Lo | ocal III-A etc.) | List only ONE Funding Source in ea | ach cell (Ex: Local III-A e | otc) | |
| Funding | Funding | Funding | Funding | | |
| Source Line Item Amt Budgeted | Source Line Item Amt Budgeted | • | udgeted Source | Line Item Amt Budg | jeted |
| * | | | ★ | | |
| Total of "Amounts budgeted" above MUST match the aside allocation" shown on Line 244. | "Set- \$0.00 | Total of "Amounts budgeted" above N aside allocation" shown or | | \$0.00 | |
| f. Private Schools (Title IV-A participants only | 0 | Chook if NOT conving Bri | voto Sobools in Title IV | -A X N/A | |
| | - | Check if NOT serving Privets | | | |
| If serving Private Schools, ADD an amount to (Line 256) | o provide equitable services. | If serving Private School (Line 256) | s, ADD an amount to prov N/A | nde equitable services. | • |
| List only ONE Funding Source in each cell. (Ex: Lo Funding | <i>ocal, IV-A, etc.)</i> Funding | List only ONE Funding Source in ea | ach cell. (Ex: Local, IV-A, d Funding | etc.) | |
| Source Line Item Amt Budgeted | Source Line Item Amt Budgeted | | udgeted Source | Line Item Amt Budg | jeted |
| Total of "Amounts budgeted" above MUST match the | "Set- \$0.00 | Total of "Amounts budgeted" above N | IUST match the "Set- | \$0.00 | |
| aside allocation" shown on Line 256. | | aside allocation" shown or | n Line 256. | | |

| NCLB Consultant Iris Hubbard | | System Name | Obion County |
|---|----------------------------|---|----------------|
| | see Department of Educa | | |
| B. Title I-D Budget-Local Delinquent and State Agen | cies | Title I-D, Subpart 2 Budget-Local Del | linquent |
| *Enter zeros for items not applicable | | | |
| B1. Enter your Title I-D allocation | <mark>\$ -</mark> | Enter your Title I-D <u>stimulus</u> allocation (ONLY LEAs receive stimulus money) | \$ - |
| B2. Enter FY09 funds available as of 6/30/09 | \$- | | |
| (Use projected amount, if preliminary allocations) | | | |
| Enter an "X" IF releasing I-D | funds to TACF: | Enter an "X" IF releasing I-D stimulus | funds to TACF: |
| B3. Total Title I-D funds available DOC/DCS ONLY | <mark>\$ -</mark> | Total Title I-D stimulus funds available | \$ - |
| B4. Minimum set-aside required | \$ - | | |
| B5. Maximum set-aside required | \$ - | | |
| B6. Transition Set-Aside (15%-30% of allocation) | \$- | | |
| C. Title II-A Budget-Teacher Quality | | | |
| C1. Enter your Title II-A allocation | \$ 172,808.00 | | |
| C2. Enter projected transfers INTO Title II-A | \$- | | |
| C3. Enter projected transfers OUT of Title II-A (Do NOT include funds transferred into Consolidated Administration) | \$ | | |
| C4. Enter FY09 funds available as of 6/30/09 (Use projected amount, if preliminary allocations) | \$ 22,000.00 | | |
| C5. Total Title II-A funds available | <mark>\$ 194,808.00</mark> | | |

NCLB Consultant Iris Hubbard

System Name

Obion County

Tennessee Department of Education Budget Worksheet

D. Title II-D Budget and Set-Asides-EdTech NCLB and ARRA funds 5,513.00 13,558.00 D1. Enter your Title II-D allocation \$ Enter your Title II-D stimulus allocation D2. Enter projected transfers INTO Title II-D \$ \$ Enter projected transfers INTO Title II-D Stimulus -D3. Enter projected transfers OUT of Title II-D \$ (Do NOT include funds transferred into Consolidated Administration) D4. Enter FY09 funds available as of 6/30/09 \$ (Use projected amount, if preliminary allocations) 13,558.00 D5. Total Title II-D funds available 5,513 Total Title II-D stimulus funds available \$ 3,389.50 **D6. Required Professional Development** (Line 313) \$ 1,378.25 **Required Professional Development** (Line 313) \$ Set-Aside (25%) Set-Aside (25%) Line Item Numbers should be entered in this format: "71100/599" Line Item Numbers should be entered in this format: "71100/599" Line Item Amt Budgeted Amt Budgeted Line Item Amt Budgeted Amt Budgeted Line Item Line Item \$1,378.25 72210/524 \$ 3,389.50 72210/524 Total of "Amounts Budgeted" above MUST \$1,378.25 Total of "Amounts Budgeted" above \$3,389.50 match or exceed the "Set-aside MUST match or exceed the "Set-aside requirement" shown on Line 313. requirement" shown on Line 313.

ED-5338

| NCLB Consultant | | System Name | Obion County |
|---|----------------------------|--|---------------------------------|
| | ee Department of Education | on Budget Worksheet | |
| D. Title II-D Budget and Set-Asides-EdTech e4TN Con | npetitive | Title II-D Budget and Set-Asides-Ec | Tech Competitive STIMULUS funds |
| D7. Enter your Title II-D e4TN competitive allocation \$- | | Enter your Title II-D Competitive stimule | us allocation \$ - |
| D8. Enter FY09/FY08 funds available as of 6/30/09 (Use projected amount, if preliminary allocations) | \$ - | Check your program(s): | -8 focus 9-12 focus |
| D9. Total Title II-D e4TN competitive funds available | \$ - | | |
| D10. Required Professional Development Set-Aside (25%) | | Required Professional Development Set- | Aside (25%) |
| (Line 337) <mark>\$</mark> | - | (Line 337) \$ | - |
| Line Item Numbers should be entered in this format: "71100/599" | | Line Item Numbers should be entered in this format: "71 | 100/599" |
| Line Item Amt Budgeted Line Item | Amt Budgeted | Line Item Amt Budgeted | Line Item Amt Budgeted |
| Total of "Amounts Budgeted" above MUST match or exceed the "Set-aside requirement" shown on Line 337. | \$0.00 | Total of "Amounts Budgeted" a MUST match or exceed the "Set requirement" shown on Line 3 | t-aside |

| 5 5 5 | 0 |
|---|---------------------|
| E1. Does your LEA receive an allocation for Title III from SDE? (Enter "Yes" or "No") If "No", skip to section for Title IV-A | Yes |
| E2. Do you retain your Title III allocation as either a Stand-Alone or a member/Fiscal Agent of a Consortium? <i>(Enter "Yes" or "No")</i> | Yes |
| E3. If "Yes" on E2, are you a "Stand-Alone", a "Fiscal Agent" or a "Consortium Member"? Please enter the applicable term in the shaded box to the right. | Stand Alone |
| E4. Enter <u>your</u> LEA's Title III-A allocation (NOT the Consortium's allocation) | \$ <u>11,643.00</u> |
| E5. Enter your FY09 funds available as of 6/30/09 (Use projected amount, if preliminary allocations) | \$ <u>6,000.00</u> |
| E6. YOUR Total Title III-A funds available | \$ 17,643.00 |
| E7. Consortiums ONLY: | |
| In the boxes to the right, LIST your Fiscal Agent first, followed by the letters "FA"; then in the following blanks, list the other consortium members, including yourself. (If a stand-alone or no funds are received, please leave blank.) | |
| | |

E. Title III-A Budget-ELL-Language Instruction for Limited English Proficient Students

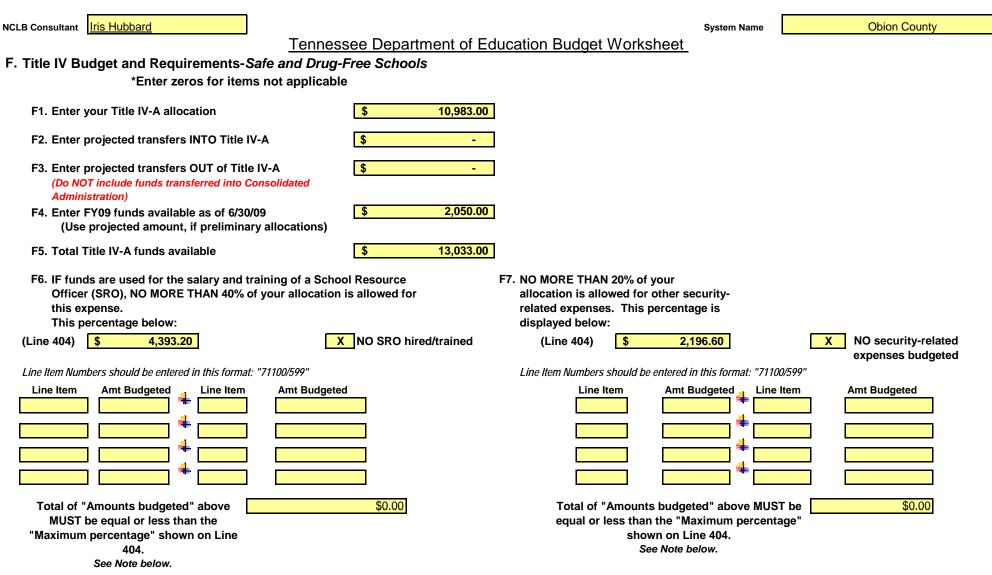
Tennessee Department of Education Budget Worksheet

NCLB Consultant Iris Hubbard

ED-5338

System Name

Obion County



Note: Systems MAY decide to spend 20% on security-related items AND UP TO another 20% on an SRO. They may also decide NOT to use Title IV money for either of these options.

