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: " <b>In Good Standing"</b> , " or " <b>Corrective Action</b> " below			
2. Curre	ent Title I Schools Status	In Good Standing			
	Please indicate by typir	ng: " <b>In Good Standing</b> " or " <b>High P</b> i	r <b>iority</b> " 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%	<ul> <li>4. LEA's Indirect Cost F</li> <li>Check if NO Indirect allocation</li> </ul>		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; " <b>No</b> " if releasing the a receives NO Local Neglected al		
		N/A	N/A		

NCLB Consultant Iris Hubbard

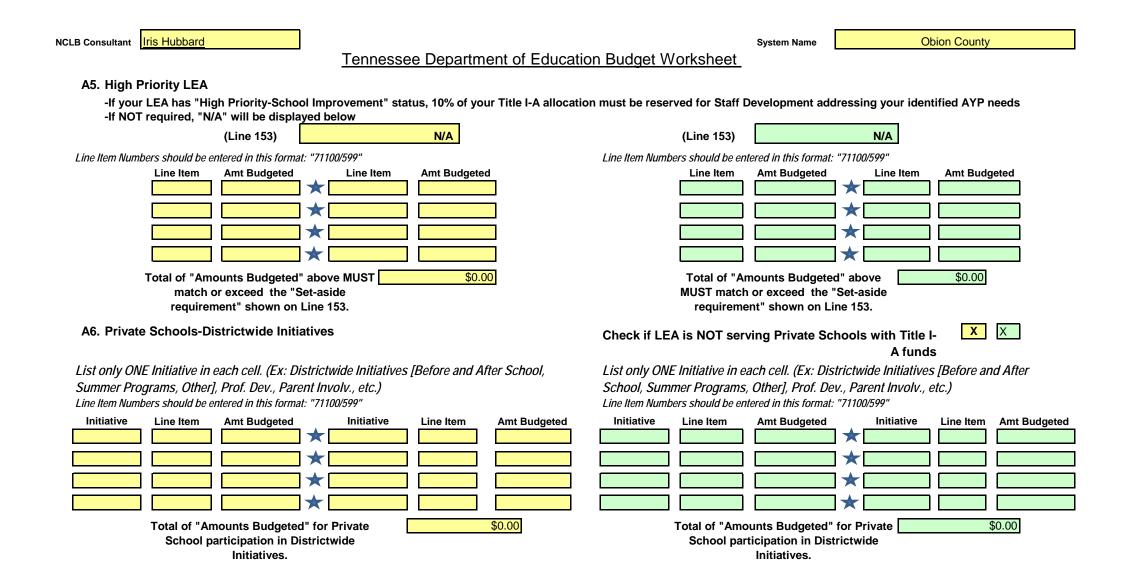
System Name

**Obion County** 

A2. Public School Choice (PSC) and Supplemental Educational Service	nt of Education Budget Worksheet
NOTE: <b>An amount</b> " <u>EQUAL TO</u> " 20% of your LEA's entire T Once services are offered, a lesser amount may	<b>Title I allocation is required as a set-aside IF the school has not met AYP for two years.</b> 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
<ul> <li>-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.</li> <li>-If NOT required, "N/A" will be displayed on Line 62.</li> </ul>	-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) <b>\$</b> 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	<b>\$</b> 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

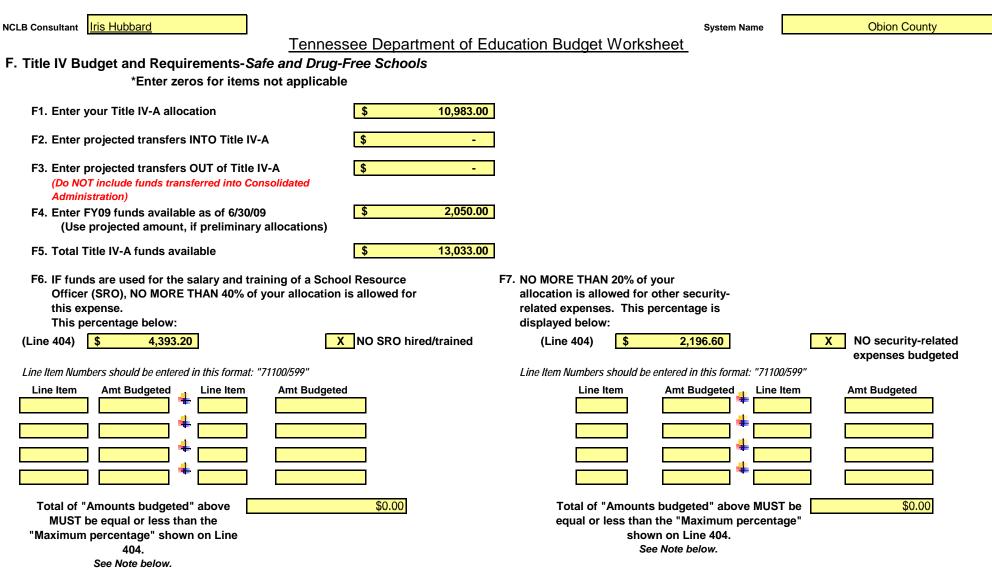
Tennessee Department of Education Budget Worksheet

NCLB Consultant Iris Hubbard

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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.

