



I. GENERAL INFORMATION			
Applicant Agency	Mailing Address <i>Street, City, State, ZIP</i>		
Contact Person	Title		
E-Mail Address	Fax Area/No.	Phone Area/No.	
Program Coordinator <i>If other than contact person</i>	Title		
E-Mail Address	Phone Area/No.		
Program Coordinator's Mailing Address <i>Street, City, State, ZIP</i>	Grant Period Beginning Date <i>Mo./Day/Yr.</i>		Ending Date <i>Mo./Day/Yr.</i>
	7/1/2025		6/30/2026
Total Funds Awarded	Project Title Educator Effectiveness Grant 2025-26		

II. CERTIFICATION/SIGNATURES	
------------------------------	--

WE, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

WE FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures, and representation in this application are correct to the best of my knowledge.

Signature of Applicant Agency Administrator ➤	Date Signed <i>Mo./Day/Yr.</i>
Signature of School Board Clerk <i>If applicable</i> ➤	Date Signed <i>Mo./Day/Yr.</i>

III. JUSTIFICATION

Provide justification for the requested budget modification here. Please describe not only the reason for the request, but also the content of the request. Describe the impact on not only the budget, but also the grant program's goals, objectives, and activities:

XII-a. BUDGET DETAIL (cont'd)

Date of Request <i>mm/dd/yyyy</i>	Applicant Agency	Project No. <i>For revisions only</i>
-----------------------------------	------------------	---------------------------------------

2. Purchased Services Summary (300s)

a. WUFAR Function Code Only Required for LEAs	b. Type of Service Purchased	c. Date(s) Service to be Provided	d. Specify Agency/Vendor or Supplier <i>If known</i>	e. Cost
Total				
<i>Must agree with Purchase Services Total on Budget Summary</i>				

3. Non-Capital Objects Summary (400s)

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each item listed in column c.</i>	b. Quantity	c. Item Name <i>Include all items budgeted</i>	d. Total Costs
Total			
<i>Must agree with Non-Capital Objects total on Budget Summary</i>			

XII-b. BUDGET SUMMARY				
Applicant Agency	Grant Period			Date Submitted
	Beginning Date	Ending Date	Initial Request	First Revision Second Revision
Project Number <i>For DPI Use Only</i>	07/01/2025	06/30/2026		

Budget Revisions: Submit a copy of this page, with appropriate revisions included. (Attach this to a brief letter of justification.) **Note:** Submit request at least **30 days** prior to expenditure of grant monies.

WUFAR Function	WUFAR Object	Amount Requested	First Revision	Second Revision
Support Services—Pupil and Instructional Staff Services (in 210 000 and 220 000 Series) Support services are those which facilitate and enhance instructional or other components of the grant. This category includes staff development, supervision, and coordination of grant activities.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	TOTAL Support Services—Pupil/Instructional Staff Services			
Support Services—Administration (Associated with functions in 230 000 series and above.) Includes general; building; business; central service administration, and insurances.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Insurance (700s)			
	g. Other Objects (e.g., fees) (900s)			
TOTAL Support Services—Admin.				
	TOTAL BUDGET			

DPI Approval	Signature of DPI Reviewer	Date Signed <i>mm/dd/yyyy</i>
	➤	