END OF YEAR SCHOOL REPORT
ED001, REVISED 5/2010
DATA YEAR: 2009-10
STATUTORY REF: C.G.S. 10-227

Date Printed: Time:

STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION
DIVISION OF FINANCE AND INTERNAL OPERATIONS
BUREAU OF GRANTS MANAGEMENT
165 CAPITOL AVENUE
HARTFORD, CT 06106-1630

LEA NAME		LEA CODE
CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS		

PUBLIC SCHOOL FINANCIAL REPORT AND GRANT APPLICATIONS FOR THE SCHOOL YEAR ENDING JUNE 30, 2010

SECTION 10-227 OF THE CONNECTICUT GENERAL STATUTES MANDATES THE SUBMISSION OF THIS REPORT ON OR BEFORE SEPTEMBER 1, 2010

CERTIFICATION #1:

I, the Superintendent of Schools, do hereby swear or affirm that I am aware of the requirements of state law concerning education and, to the best of my knowledge and belief, the board of education maintained schools according to law, with such exceptions as may have been separately noted, or with such exemptions as may have been granted, during the school year which ended on June 30, 2010.

YES:_____ NO:_____

CERTIFICATION #2:

I, the Superintendent of Schools, do hereby certify that all data contained herein are correct to the best of my knowledge and in accordance with the statutes governing the various state grants and reporting requirements (Statutory Ref.: C.G.S. 10-66ee of the 2010 Supplement, 10-76d of the 2010 Supplement, 10-76g of the 2010 Supplement, 10-97, 10-158a of the 2010 Supplement, 10-227, 10-253 of the 2010 Supplement, 10-262f-j of the 2010 Supplement, 10-264i of the 2010 Supplement, 10-277, and 10-281 of the 2010 Supplement).

Superintendent's electronic certification entered: **a YES or NO will be printed here**

If YES is printed after the above statement, this indicates that the Superintendent has certified that the data in this report are correct to the best of his/her knowledge. If a NO is printed, then caution should be exercised as there may be math or content issues which remain unresolved.

District:_____Code:_____

SCHEDULE 1: In-Kind Services Detail of Expenditures

Report the dollar value of in-kind services provided to the LEA and funded from local municipal tax revenues in Column 1 and the value of in-kind services supported by other than local tax revenues in Column 2. DO NOT report in-kind for food services in this Schedule. (See Schedule 3 for food service instructions.)

LINE	DESCRIPTION OF SERVICE	2009-10 IN-KIND SERVICES	
		FROM LOCAL TAX REVENUES (Col. 1)	OTHER THAN LOCAL TAX REVENUES (Col. 2)
101	Personal Services – Salaries		
102	Personal Services - Employee Benefits		
103	Purchased Professional and Technical Services		
104	Public Utilities		
105	Property and Liability Insurance		
106	Repairs and Maintenance		
107	Rental of Land, Buildings and/or Equipment		
108	Equipment		
109	Minor School Construction		
110	Other In-Kind Services**		
111	In-Kind Services Provided to Secondary Region by Member Town		
112	TOTALS (Col. 1 Total must equal Schedule 9, Line 929; Col. 2 Total must equal Schedule 8, Line 801)	*	*

**** Details of Line 110:** _____

_____

_____

_____

* For local use only. The State Department of Education data processing system will compute this amount automatically. We will provide you with an EDIT/AUDIT report which you should use to confirm your figure.

District:_____Code:_____

SCHEDULE 2: Expenditures for Land, Buildings, Capital Construction and Debt Service

If the town provided all or some of the information to the superintendent/board of education in order to complete this schedule, provide the town agency contact person, telephone number and e-mail address.

LINE		
201	Contact Person	
202	Contact Person's Telephone Number	
203	Contact Person's E-mail Address	

Part 1: Board of Education and/or Town Expenditures from Local, State, Federal and Other Funding Sources for Public Elementary and Secondary Education for Current School Year Facility Acquisition and Construction Expenditures (function code 4000) and Interest on Current Loans

Section A: School Construction For Which SDE Has Issued a Project Number

LINE	SDE PROJECT NUMBER (Col. 1)	PROJECT NAME (Col. 2)	MAJOR TYPE (Col. 3)	AMOUNT (Col. 4)
204.01				
204.02				
204.03				
204.04				
204.05				
204.06				

Section B: School Construction For Which SDE Has Not Issued a Project Number

LINE	LOCAL REFERENCE NUMBER (Col. 1)	PROJECT NAME (Col. 2)	MAJOR TYPE (Col. 3)	AMOUNT (Col. 4)
205.01				
205.02				
205.03				

LINE	DESCRIPTION	AMOUNT (Col. 4)
206	Total of Part 1 - Sections A and B	*

Section C: Interest on Current Loans

LINE	DESCRIPTION	AMOUNT (Col. 1)
207	Interest on Current Loans (repayable within one year of incurring the obligation)	
LINE	DESCRIPTION	AMOUNT (Col. 1)
208	Part 1 Total - Sum of Lines 206 and 207	*

Note: For most school districts, the total expenditures in Part 2 will not reconcile to the total expenditures in Part 1.

Part 2: Board of Education and/or Town Expenditures from Local, State, Federal and Other Funding Sources for Public Elementary and Secondary Education Debt Service and Selected Non-Debt Service Capital Construction

LINE	CODE	DESCRIPTION	AMOUNT (Col. 1)
209	831	Redemption of Principal	
210	832	Interest	
211	xxx	Purchase of Land and Improvements, Acquisition of Buildings, not included in lines 209 or 210	
212	730	Equipment Subject to Reimbursement Under Chapter 173 (School Construction), not in lines 209 or 210	
299		Part 2 Total - Sum of Lines 209 through 212	*

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District:_____Code:_____

SCHEDULE 3: Food Services

This schedule is solely for the purpose of determining what amount, if any, you may include in Schedule 9, Line 931 as local contributions.

LINE	DESCRIPTION	AMOUNT (Col. 1)	AMOUNT (Col. 2)
301	Local Contributions for Prior Year's Food Service Program Deficit DO NOT include this amount in Line 302.		
302	Expenditures from Board of Education Budget (Local Sources Only)		
303	Locally Supported In-Kind Services		
304	TOTAL (Sum of Lines 302 and 303)		*
	If line 301 is zero and Line 304 is zero (or less than zero), then DO NOT complete the balance of this Schedule and DO NOT include food service expenditures anywhere in this report. Otherwise, proceed with the remainder of this Schedule.		
305	Sales to Students and Adults		
306	Other Sales		
307	Interest Income		
308	Federal and State Grants (Excluding USDA Commodities)		
309	Revenues from Other Than Local Tax Sources		
310	TOTAL REVENUES (Sum of Lines 305 through 309)		*
311	TOTAL EXPENDITURES for Food Service Program**		
312	Net Profit or Loss (Line 310 minus Line 311)		*
	If Line 312 is equal to or greater than zero, then DO NOT complete Line 313.		
313	If Line 312 is less than zero, then enter the lesser of the absolute value of Line 304 or the absolute value of Line 312 here.		*
314	Enter the sum of lines 301 and 313 here and in Schedule 9, Line 931.		*

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** Exclude USDA commodities except for shipping and handling.
Include amounts reported on Lines 302 and 303.

District:_____Code:_____

SCHEDULE 4: Special Education Expenditures Data					
LINE	CODE	DESCRIPTION	SPECIAL ED. OTHER (Col. 1)	SPECIAL ED. per C.G.S. 10-76f (Col. 2)	Total (Col. 3)
401	100	Certified Personnel			*
402	100	Noncertified Personnel			*
403	200	Employee Benefits			*
404	300 590	Purchased Services			*
405	560	Special Education Tuition			*
406	600	Instructional Supplies			*
407	600	Other Supplies and Materials			*
408	400	Property Services			*
409	510	Special Education Transportation			*
410	730 739	Equipment			*
411	890	All Other Expenditures			*
412	Totals - Sum of Lines 401 through 411		*	*	*

Complete EITHER Line 413 OR Line 414 below; NOT BOTH		Col. 1
413	Expenditures included in Line 412 (col. 1 + col. 2) which relate to high school grades.	$
414	Percentage of Line 412 (col. 1 + col. 2) which relates to high school grades.	%

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District:_____Code:_____

SCHEDULE 5: Public School Pupil Transportation					
LINE	DESCRIPTION	VOCATIONAL SCHOOL DATA (Col. 1)	PUPILS TRANSPORTED (Col. 2)	CURRENT EXPENDITURES (Col. 3)	DEBT SERVICE (Col. 4)
501	Total Transportation Expenditures from Local Sources				
502	Nonreimbursable Transportation Expenditures Included in Line 501 Above				
503	Excess Vo-Ag Transportation Costs Beyond Nearest Center				
504	Adjusted Transportation Expenditures (Line 501 minus Lines 502 and 503)			*	*
505	Local Schools (Exclude Special Ed. Pupils Riding on Special Ed. Vehicles)				
506	In-Town Vo-Tech Schools (Nonmembership)				
507	Out-of-Town Vocational Schools and Centers				
508	Number of Pupils in Lines 506 & 507 with Transportation Costs Over $800				
509	Total Transportation Costs for Pupils in Line 508				
510	Transportation Revenue for Pupils in Line 508				
511	Out-of-Town Magnet Schools				
512	Out-of-Town Public High Schools				
513	Names of Receiving Towns Included in Line 512:_____ _____				
514	Special Education Pupils on Special Ed. Vehicles				
515	Out-of-Town Charter School Transportation				
516	Totals (Cols. 3 and 4 must equal Line 504, Cols. 3 and 4)		*	*	*
517	Transportation Expenditures from Other Than Local Sources				
518	Expenditures by Member Town of Secondary Region for High School Level Transportation				
519	Enter an "x" here if you are filing for a public pupil transportation grant under a cooperative arrangement. (See C.G.S. 10-158a.) The Department will compute a reimbursement percentage per C.G.S. 10-266m(b) rather than under C.G.S. 10-266m(a).				

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District:_____Code:_____

SCHEDULE 6: Nonpublic School Transportation Expenses and Reimbursement Claim

Report of in-town transportation for eligible nonpublic elementary and secondary school pupils and out-of-town nonpublic schools. Do not include expenditures funded from other than local sources.

LINE	SCHOOL CODE (Col. 1)	SCHOOL LOCATION (Col. 2)	SCHOOL LEVEL (Col. 3)	NONPUBLIC REIMBURSABLE TRANSPORTATION NAME OF SCHOOL (Col. 4)	NUMBER OF STUDENTS (Col. 5)	ELIGIBLE EXPENDITURES (Col. 6)
601						
602						
603						
604						
605						
606						
607						
608						
609						
610						
611						
612						
613						
614						
615						
616						
617						
618						
619						
620						
699	TOTALS - Sum of Lines 601 through 620				*	*

* For local use only. The State Department of Education data processing system will compute this amount automatically. We will provide you with an EDIT/AUDIT report which you should use to confirm your figure.

District:_____Code:_____

SCHEDULE 7: Tuition and Transportation Revenues for Public Education					
Expenditures Supported By These Revenues Are Included in Schedule 9, Lines 928 & 929.					
LINE	CODE	DESCRIPTION	BOARD OF EDUCATION (Col. 1)	TOWN (Col. 2)	TOTAL (Col. 3)
701	1310	Tuition from Individuals for Regular Education			*
702	1320	Tuition from CT School Districts for Regular Education			*
703	1330	Tuition from Out-of-State School Districts for Regular Education			*
704	1320	Tuition from CT School Districts for Special Ed. (Including Summer School)			*
705	1330	Tuition from All Other Sources for Special Education			*
706	1320	Tuition from All Sources for Summer School (Except Special Education)			*
707	1400	Public Transportation from CT School Districts (Nonspecial Education)			*
708	1400	Public Transportation from Other Sources (Nonspecial Education)			*
709	1400	Public Transportation from CT School Districts (Special Education)			*
710	1400	Public Transportation from Other Sources (Special Education)			*
711		Totals - Sum of Lines 701 through 710	*	*	*

* For local use only. The State Department of Education data processing system will compute this amount automatically. We will provide you with an EDIT/AUDIT report which you should use to confirm your figure.

District:_____Code:_____

SCHEDULE 8: Expenditures Which Support Public Elementary and Secondary Education			
DO NOT Include These Expenditures in Schedule 9, Lines 928 and 929.			
LINE	CODE	DESCRIPTION	AMOUNT (Col. 1)
801	1200	In-Kind Services (Sch. 1, Col. 2 Total)	
EXPENDITURES FROM DIRECT STATE AND FEDERAL GRANTS			
802	3000	Board of Education Services for the Blind	
803	4300	Bilingual Education (Federal)	
804	4300	Headstart	
805	xxxx	Other Direct Federal Grants**	
806	xxxx	Other Direct State Grants**	
EXPENDITURES FROM MISCELLANEOUS REVENUE SOURCES			
807	1343	Medicaid Revenue Expended on Special Education Services	
808	1343	Medicaid Revenue Expended on Regular Education Services	
809	1343	Third Party Billing/Insurance	
810	1920	Contributions	
811	1910	Rentals	
812	1990	Endowment Funds	
813	xxxx	Other Miscellaneous Revenue**	
814	xxxx	Total Miscellaneous Revenue from ED141 Summary Report, Column 3	
EXPENDITURES FROM STATE GRANTS VIA SDE			
815	xxxx	Total from ED141 Summary Report, Column 3	
816	xxxx	Your Portion of Services/Expenditures from Consortium Grant Payment Arrangement	
817	xxxx	State Grants Managed by a Nonpublic/Quasi-Public Organization Serving Public Education	
818	TOTAL - Sum of Lines 815, 816 and 817		*
EXPENDITURES FROM FEDERAL GRANTS VIA SDE			
819	xxxx	Total from ED141 Summary Report, Column 3	
820	xxxx	Your Portion of Services/Expenditures from Consortium Grant Payment Arrangement	
821	xxxx	Federal Grants Managed by a Nonpublic/Quasi-Public Organization Serving Public Education	
822	TOTAL - Sum of Lines 819, 820 and 821		*
899	TOTAL - Sum of Lines 801 through 814, 818 and 822		*

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** Report listing of grant(s) and grant amount(s) in subschedules.

District:_____Code:_____

SCHEDULE 9: Regular Program Expenditures Summary		
LINE	DESCRIPTION	AMOUNT (COL. 1)
901	Total Expenditures from Appropriated Budget (Include Encumbrances as at June 30)	
	DEDUCTIONS List below the amounts included in the budget (Line 901 above) for the following categories of expenditures. These expenditures do not count as Regular Program Expenditures (RPE).	
902	Adult Education	
903	Nonpublic Health Services	
904	Nonpublic School Transportation	
905	Continuing Education Programs	
906	Food Services	
907	Prior Year Food Services	
908	Community Services	
909	Tuition Summer School	
910	Debt Service (Including Interest)	
911	Land or Buildings	
912	Major Remodeling	
913	Salaries of Uncertified Staff in Certified Positions	
914	Fringe Benefits of Uncertified Staff in Certified Positions	
915	Vo-Ag Adult and Out-of-School Youth	
916	Noneducational Expenditures	
917	Secondary Region's Assessment to the Member Town	
918.01	Other (describe)	
918.02	Other (describe)	
918.03	Other (describe)	
919	Total Deductions (Sum of Lines 902 through 918.99)	*
	ADDITIONS List below the amounts not included in the budget (Line 901 above) for the following categories of expenditures. As additions, these items become part of your Adjusted Board Budgeted Expenditures included in Line 928.	
920	Excess Cost Special Education Grant and/or State Agency Placement Grant	
921	Additional Special Education Tuition	
922	Magnet School Transportation Grant	
923	Expenditures made from School Construction Progress Payment Grant for Minor Remodeling	
924.01	Other (describe)	
924.02	Other (describe)	
925	Total Additions (Sum of Lines 920 through 924.99)	*
926	Subtotal (Line 901 minus Line 919 plus Line 925)	*
927	Unliquidated Encumbrances from Prior Year	
928	Adjusted Board Budgeted Expenditures (Line 926 minus Line 927)	*
929	In-Kind Services (Local) (from Schedule 1, Line 112 Col. 1)	
930	Adjustment for Debt Service (from ED452(s))	
931	Adjustment for Food Service (from Schedule 3, Line 314)	
932	Special Education (from Schedule 4, Line 412, Col. 2)	
933	Public Pupil Transportation (from Schedule 5, Line 504, Col. 3 minus Line 514, Col. 3)	
934	Vo-Ag Operating Grant	
935	Tuition Received for Nonresident Students in Regular Education Programs (from Schedule 7, sum of Lines 701, 702, 703 and 706)	
936	Regular Program Expenditures (sum of Lines 928 through 931 minus (sum of Lines 932 through 935))	*

* For local use only. The State Department of Education data processing system will compute this amount automatically. We will provide you with an EDIT/AUDIT report which you should use to confirm your figure.

District:_____Code:_____

SCHEDULE 10: Claim For Exceeding Statutory School Year	
LINE	
1001	Enter an "x" here _____ and do not complete the balance of this schedule if the district did not exceed 180 days and 900 hours.

Complete Line 1002 and the applicable Lines 1003 to 1008 only if you seek credit, in the calculation of your resident student and average daily membership counts, for exceeding 180 days and 900 hours of school (450 hours for kindergarten). Data must apply to ALL public schools operated by your district. DO NOT include summer school.

LINE	DESCRIPTION	DATE (Col. 1)
1002	Date on which your district satisfied both the 180 days and 900 hours (450 hours for kindergarten) statutory requirements for the school year.	_ _ / _ _ / _ _
	On the lines below, list the hours of school work for each school day ALL your public schools were in operation subsequent to the date on Line 1002.	HOURS (Col. 1)
1003	1st Additional Day	
1004	2nd Additional Day	
1005	3rd Additional Day	
1006	4th Additional Day	
1007	5th Additional Day	
1008	6th Additional Day	

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District:_____Code:_____

SCHEDULE 11: Regional High School Tuition Assessment (Do not include costs for Transportation and Debt Service) and Detail of Pupils Sent Out of the District (Do not include costs for Transportation)

LINE	DESCRIPTION	TUITION/ ASSESSMENT RATE (Col. 1)	TUITION EXPENDITURES (Col. 2)	FTE PUPILS TUITIONED (Col. 3)
	MEMBER TOWNS' REGIONAL HIGH SCHOOL ASSESSMENT			
1101	Regular and Special Education Non-Vo-Ag			
	DESIGNATED HIGH SCHOOL			
1102	Regular Education			
	PRIVATE OR RESIDENTIAL FACILITIES (INCLUDING OUT OF STATE)			
1103	Regular Education			
	APPROVED INTERDISTRICT MAGNET SCHOOLS			
1104	Regular Education			
	INTERDISTRICT COOPERATIVE HIGH SCHOOLS (C.G.S. 10-158a)			
1105	Regular Education			
	ALL OTHER**			
1106	Regular Education			

**** PROVIDE DETAIL FOR ALL OTHER TUITION (LINE 1106)**

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1199	Total Regular Education (Sum of Lines 1102, 1103, 1104, 1105, and 1106)		*	

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SEE ED001 INSTRUCTIONS REGARDING AUDITING SCHEDULE 12 DATA. District:_____Code:_____

SCHEDULE 12: Total Current Expenditures from All Sources by Function and Object

Report All Cash Expenditures and Encumbrances as at June 30, 2010 from All Sources Regular and Special Education.

LINE	CODE	FUNCTION (Program Area)	OBJECT								
			Total (Col. 1)	Salaries (Col. 2)	Employee Benefits ** (Col. 3)	Purchased Services (Col. 4)	Tuition Pub. In-State (Col. 5)	Tuition All Other (Col. 6)	Supplies (Col. 7)	Property (Col. 8)	Other (Col. 9)
1201		Total Employee Benefits (see instructions manual before completing)									
1202	1000	Program Expenditures	*								
1203	2100	Support Services – Students	*								
1204	2200	Improvement of Instructional Services	*								
1205	2300	Support Services - General Admin.	*								
1206	2400	School Based Administration	*								
1207	2600	Operation and Maintenance of Plant Svc.	*								
1208	2700	Student Transportation Services	*								
1209	2500 2900	Support Services	*								
1210	3100	Food Services	*								
1211	3200	Enterprise Operations	*								
1212		Prepayment Grant Capital Expenditures									
1213		TOTAL	*	*	*	*	*	*	*	*	*
1214		Regular Ed. - Elem, Mid, Jr. High	*								
1215		Regular Ed. - High School starting grade	*								
1216		Special Education Included in Schedule 4									
1217		TOTAL (Line 1213 minus Line 1212, Col. 1)	*								

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** See ED001 Instructions Manual before completing column 3.