

Classroom Innovation Grant

<http://doe.sd.gov/secretary/cig.aspx>

FINANCIAL CODING:

Fund -- as appropriate for the type of expenditure (**10 or 21**)

Revenue Account - **3129** (Other Restricted Grants in Aid)

Expenditure Coding -- **as appropriate based on approved grant application**

2 year program

See grant application to understand and be informed of any reporting requirements.

To ensure claim is accepted by DOE for reimbursement:

1) Submitted invoice must include district name, date and must be signed by the business manager and the superintendent.

2) Submitted invoice must reference the agreement number.

3) Invoice will state the period of time for which reimbursement is being requested and itemize the cost by budget category. **(best practice -- use budget worksheet and track each request for reimbursement by adding a column, see below example)**

4) Claim will include the following certification statement above the date and signature line.

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise."

5) Submit invoices to:

Classroom Innovation Grant Reimbursement
 South Dakota Department of Education
 800 Governors Drive
 Pierre, SD 57501-2294

Project Budget: Classroom Innovation Grant				Operation Unit Code = XXX (assigned by district)			
XXX School District				Agreement Number = XXXXXX			
2016-2017 School Year							
APPLICATION BUDGET:							
Year I: Budget Item Description	Quantity	Per Item Cost	Total Cost	Claim Reimbursement 7-1/2016 thru 12/1/2016	Remaining Balance	Claim Reimbursement 12/02/2016 thru 3/1/2016	Remaining Balance
i-pads	20	\$900	\$18,000	\$18,000	\$0		\$0
Software	20	\$500	\$10,000	\$10,000	\$0		\$0
i-pad storage	1	\$1,000	\$1,000	\$1,000	\$0		\$0
XYZ Supplies	40	\$500	\$20,000		\$20,000		\$20,000
Equipment	2	\$1,500	\$3,000		\$3,000		\$3,000
Staff Training	1	\$2,500	\$2,500		\$2,500	\$2,500	\$0
TOTAL			\$54,500	\$29,000	\$25,500	\$2,500	\$23,000

Attach appropriate supporting documentation for each claim.