FY2016

BUDGET SUMMARY ALLOCATION REQUEST

FOR SCHOOL USE Single Cost Center

MOBILE COUNTY PUBLIC SCHOOL SYSTEM

STEP I

Must Select One

- [x] *ORIGINAL* NEW ALLOCATION
- [ ] *REVISION*
- [ ] *AMENDMENT I*
- [ ] *AMENDMENT II*

c

STEP II - Complete Top Section

Fund 12 **Fund Source** 4110

Cost Center # 0715 **Program Name if applicable** Title 1

Cost Center Name Theodore High School **Date** 12/8/2015
Date Submitted

Appropriation Year 1

Base Allocation 10,908.24

Minimum Parenting Requirement + _____

Total Allocation = 10,908.24

PROGRAM CODE 5101
Parenting is only applicable if you are preparing a budget for Funding Sources 4110

You must complete ALL components above before proceeding to the next worksheet

STEP III - *Enter budget detail information on the appropriate worksheets. Totals will automatically update to complete this section*

BUDGETED EXPENSES	Worksheet Totals
Total Salaries/Fringes (Staffing - Form B)	$ 0.00
Total Salaries/Fringes (Stipends & Substitutes - Forms C & C1)	$ 700.00
Total Materials & Supplies (Form D)	$ 10,208.24
Total Contracts (Form F)	$ 0.00
Total Equipment (Form G)	$ 0.00
Total Travel (Form H)	$ 0.00
Indirect Cost (For Central Office Use Only)	$
GRAND TOTAL EXPENSES	$ 10,908.24

For Funding Sources 4110 Only

Parenting Allocation 0

Parenting Budget 0

Congratulations, you met the minimum required funds to be spent on Parenting.

Congratulations your total budget is in balance!

Prepared By: Carolyn W. Kiser Date December 8, 2015

Reviewed By: _____ Date _____

Approved By: Ronald Rowell Date December 8, 2015

Federal Programs Approval _____ Date _____

Internal Use Only:
Budget Input _____
Budget Reviewed _____
Updated by _____

6-9-15 Insurance rate $780/mo
8-11-15 S.U.I rate 0.05%

EXHIBIT B

FY 2016 STAFFING BUDGET REQUEST

FUND SOURCE # 4110

COST CENTER # 0715 COST CENTER NAME Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code - Click Below		Object Code - Click Below										Program Code - Click Below		Special Use Code - Click Below					
DESCRIPTION REQUIRED LIST, in alphabetical order, NAME AND JOB TITLE (will require use of two lines per entry) Enter VACANCIES last	Employee Number & Position Control	Fund	Account	Function Code - REQUIRED	Object - REQUIRED - Use Range 010-179	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED	Annual Salary Enter full salary for 1 year	REQUIRED (Enter 1 or fraction of 1) FTE	Budgeted Salary No Input required	FICA Med. 7.65%	Health Ins. $780 Month	Unemp. 0.05%	Retire. 11.94%	Total Salaries & Benefits
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
Enter Employee Name Here	Enter Emp # Here	12	5			0715	4110	1					0.00	0.00	0.00	0.00	0.00	0.00
Enter Job Title-If teacher, see Subs Exhibit C1	Enter Position Control # Here																	
											TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00

BUDSUM

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EXHIBIT B-1

FY 2016 SPLIT FUNDING MEMO PAGE

Use this form when a position is partially paid from more than one cost center/fund

COST CENTER # 0715 COST CENTER NAME Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below	Object Code Click Below	Program Code Click Below	Special Use Code Click Below

DESCRIPTION REQUIRED LIST NAME & JOB TITLE in alphabetical order, (will require two lines per entry) Enter VACANCIES last	Positon Control Number	Fund	Account	Function Code - REQUIRED	Object - REQUIRED Use Range 010-179	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED	Annual Salary Enter full salary for 1 year	REQUIRED (All entries in this column will be fractions of 1) FTE	Budgeted Salary No Input Required	FICA Med 7.65%	Subject to Change Health Ins. $780 Month	Subject to Change Unemp. 0.05%	Subject to Change Retire. 11.94%	Total Salaries & Benefits
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
													0.00	0.00	0.00	0.00	0.00	0.00
										TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00

EXHIBIT C

FY 2016 MISCELLANEOUS COMPENSATION BUDGET REQUEST

(Stipends, Extended Day, Miscellaneous Wages, etc.)

FUND SOURCE 4110

COST CENTER # 0715 **COST CENTER NAME** Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below | Object Code Click Below | Program Code Click Below | Special Use Code Click Below

DESCRIPTION REQUIRED Type of Compensation (Stipends, Extended Day, Miscellaneous Wages)	Fund	Account	Function Code - REQUIRED	Object - REQUIRED Use Range 191-199	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED	Total Salary & Benefits	FICA & Med 7.65%	Unemp. 0.05%	Retire. 11.94%	Salary before benefits
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00	0.00
									TOTAL	0.00	0.00	0.00	0.00	0.00

BUDSUM

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EXHIBIT C1

FY 2016 SUBSTITUTE BUDGET REQUEST

(Substitutes, Retired Teachers, Parent Organizer, etc.)- Use Object Code 018, 109, 180, 181,199)

FUND SOURCE 4110

COST CENTER # 0715 **COST CENTER NAME** Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below		Object Code Click Below		Program Code Click Below		Special Use Code Click Below

REQUIRED List program that substitutes are to be used for (extended day, instructional, etc.)	ACCOUNT NUMBER Fund	Account	Function Code - REQUIRED	Object-REQUIRED Use Range 180-181	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED	Total Salary & Benefits	FICA 7.65%	Unemp. 0.05%	Salary before Benefits
Allocation for Instr Subs for Teachers	11	5	1100	180	0000	0000	1	1200	0000	0	0.00	0.00	0.00
Enter total number of classroom teachers listed on this budget ➡ 0.00	11 days @ $58 plus fringes = $687.61 (Total Salary & Benefits) per teacher unit												
Substitutes for Professional Develoment (CFA)	12	5	2215	180	0715	4110	1	8220	0000	700.00	49.72	0.32	649.95
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
	12	5			0715	4110	1				0.00	0.00	0.00
									TOTAL	**700.00**	**49.72**	**0.32**	**649.95**

Retirement is not calculated on substitute pay.

Exhibit D

FY 2016 MATERIALS/SUPPLIES BUDGET REQUEST

USE OBJECT CODE RANGE 411-499

FUND SOURCE # 4110

COST CENTER # 0715 **COST CENTER NAME** Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below		Object Code Click Below		Program Code Click Below		Special Use Code Click Below	

This form is to be used to record supplies, books, telephones, software, etc., and equipment less than $5,000.00 (Equipment must be itemized)

DESCRIPTION/JUSTIFICATION	AMOUNT	ACCOUNT NUMBER								
		Fund	Account	Function Code - REQUIRED	Object-REQUIRED Use Range 411-499	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED
Computer Technology	4,223.24	12	5	1100	495	0715	4110	1	1500	0000
Ipads	5,985.00	12	5	1100	491	0715	4110	1	1500	0000
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
		12	5			0715	4110	1		
BUDSUM TOTAL	10,208.24									

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EXHIBIT F

FY 2016 PURCHASED SERVICES/CONTRACTS BUDGET REQUEST

Object Code Range 300-379 and 390-399

FUND SOURCE # 4110

COST CENTER # 0715 **COST CENTER NAME** Theodore High School

This form is to be used to record purchased services, vendor contracts, local/state contracts, etc.

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below		Object Code Click Below		Program Code Click Below		Special Use Code Click Below

List the *name of the Vendor* as it will be presented to the Board for contract approval **VENDOR**	**DESCRIPTION** *(Specify type of service rendered)*	**AMOUNT**	**PYMT. TERMS** TERM (period of svc.)	(month due)	**Account Number** Fund	Account	Function Code - REQUIRED	Object - REQUIRED	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
					12	5			0715	4110	1		
	TOTAL	**0.00**											

**** CONTRACTS SHOULD BE BASED ON FISCAL YEAR SUBJECT TO AVAILABILITY OF FUNDS***

EXHIBIT G

FY 2016 CAPITAL EQUIPMENT REQUEST
CAPITALIZED

(Include all items $5,000 or more, Use object code range 520-589)

FUND SOURCE # 4110

COST CENTER # 0715 **Cost Center Name** Theodore High School

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below		Object Code Click Below		Program Code Click Below		Special Use Code Click Below

MUST ITEMIZE Description of Items (Item No., Model, Size, etc.)	REQUIRED Qty.	Vendor/ Catalog Pg. No. or Bid Number/ Item Number	Unit Cost	Total Cost	Account Number: Fund	Account	Function Code - REQUIRED	Object-REQUIRED Use Range 520-589	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
				0.00	12	5			0715	4110	1		
			TOTAL	0.00									

EXHIBIT H

FY 2016 TRAVEL BUDGET REQUEST FORM

OBJECT CODES 381-389 AND 623

FUND SOURCE # 4110

COST CENTER # 0715 COST CENTER NAME Theodore High School

Component Code Reference Tables

If the appropriate code is not included in the selection list, leave the cell in the account number blank. The account number will be completed by Budget personnel based on the description.

Function Code Click Below	Object Code Click Below	Program Code Click Below	Special Use Code Click Below

PRIORITY (M)andatory (F)unctional (S)uggested	PERIOD Dates	PURPOSE Justification of Trip	DESTINATION	ACCOUNT NUMBER Fund	Account	Function Code - REQUIRED	Object-REQUIRED Use Range 381-389, 623	Cost Center	Fund Source	Year	Program - REQUIRED	Special Use - REQUIRED	ELEMENTS Show lodging, meals, transportation and other related expenses. Also include number of attendees unit cost and mileage. (57.5 cents/mile, eff 1-1-15)	COST
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
				12	5			0715	4110	1				
													TOTAL	0.00