

**ARKANSAS DEPARTMENT OF EDUCATION (ADE)
Division of Elementary and Secondary Education
FY24 - High-Impact Tutoring Grant**

**Budget and Budget Narrative Report
Please complete all fields highlighted in blue**

To make a copy of this budget sheet, please go to File>Make a Copy.

Grant Recipient Name: **Gentry School District**
 Name of Grant Program: **FY24 - High-Impact Tutoring Grant**
 APSCN SOF
 Grant Award Period of Performance: **October 1, 2023 - June 30, 2024**
 Date Completed: **November 1, 2023**

Please check one:

Initial Budget	X
SemiAnnual Report Budget	
Final Report Budget	

Notes:

- Budget Narratives must be completed and equal the Budget Amounts. See tabs related to each budget line item
- Budget changes that result in a 10% or greater deviation from any budgeted line item must be pre-approved in writing by the ADE Program Manager.
- If the Budget and Narrative are not balanced, please see tab: Budget & Narrative Table for assistance in balancing
- A Budget Amendment form is included. See tab: Budget Amendment

Grant Budget/Expenditure Report

Grant Award Amount	\$175,000.00
Grant Funding Received by Recipient to Date	\$0.00
Actual Expenditures Paid by Recipient	\$0.00
Remaining Grant Balance (Grant Award - Grant Funding Received)	\$175,000.00
Cash Balance (Funding Received - Actual Expenditures)	\$0.00

Budget Analysis

	Budgeted Amount	Actual Expenditures Paid by Recipient	Remaining Budget Balance	Budget % Over/Under	Budget Result
Salaries	50,000.00				
Fringe Benefits	12,500.00				
Operating Expenses	0.00				
Equipment	0.00				
Contracts	112,500.00				
TOTAL	175,000.00	0.00	0.00		

"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 grant 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."

Recipient Authorized Representative Name and Title	Date
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