

**WAYLAND PUBLIC SCHOOLS
METCO BUDGET OVERVIEW**

	FY'04	FY'05	FY'06	FY'07	FY'08
STATE GRANT SCHEDULE A					
Program Personnel	\$249,428	\$290,740	\$300,919	\$309,473	\$332,290
Contractual Services	\$3,600	\$2,000	0	\$9,726	\$1,000
Supplies & Materials	\$11,054	\$10,400	\$5,898	\$9,300	\$5,118
Staff Travel	\$5,400	\$7,000	\$8,800	\$8,800	\$9,000
(Offset)	\$110,000	\$120,000	\$150,000	\$150,000	\$150,000
STATE GRANT SCHEDULE B	\$0	\$0	\$0	\$0	\$0
STATE GRANT SCHEDULE C					
Transportation:					
Bus Routes	\$135,900	\$179,194	\$186,122	\$186,122	\$186,122
Bus Monitors	\$12,960	\$8,099	\$22,783	\$14,301	\$15,837
State Total	\$528,342	\$617,433	\$674,522	\$687,722	\$699,367

Grade	K	1	2	3	4	5	Elementary	6	7	8	MS	9	10	11	12	HS	Total
2004-2005	0	6	13	15	15	15	64	10	10	9	29	10	9	10	8	37	130
2005-2006	1	10	10	10	14	14	59	15	9	11	35	9	9	9	10	37	131
2006-2007	0	8	13	12	11	13	57	14	15	9	38	11	8	9	9	37	132
2007-2008	11	2	8	14	11	10	56	13	14	15	42	9	10	7	9	35	133
2008-2009	6	13	6	8	13	11	57	9	13	13	35	15	9	9	7	40	132
09-10 projected	7	6	13	6	8	13	53	11	9	13	33	13	15	9	9	46	132

MASSACHUSETTS DEPARTMENT OF EDUCATION
STANDARD APPLICATION FOR PROGRAM GRANTS

FORM AM 1

(AMENDMENT REQUEST FORM)

SECTION I

- A. All sections of this report must be completed, and the request submitted, at least 30 days prior to the proposed change and no later than 30 days prior to the termination date of the project.
- B. Attach revised Budget Detail Pages (Part II of the Standard Application for Program Grants), indicating revised line item and sub-line item changes and totals for amendment requests that affect budgeted amounts. (Amounts in Column D on the reverse side of this form should be reflected on the revised Budget Detail Pages.)
- C. Complete and return this request with two copies addressed to the attention of the appropriate representative of the Department of Education.
- D. Amendment requests must be approved in writing by an authorized representative of the Department of Education prior to implementation.

E. Grant Recipient: (Legal Name of Agency)	WAYLAND METCO PROGRAM	
F. Address: (Street, City/Town/Zip Code)	41 Cochituate Road, Wayland, MA 01778	
G. Project Number:	317	
H. Name of grant program/ Source of funds	METCO	
I. Name of person Completing this report: (Print or Type)	Name:	Mabel Reid-Wallace
	Title:	METCO Director
	Phone Number:	(508) 358-3754

SECTION II

Justification: (Explain and justify why the proposed amendment should be implemented; attach additional sheets if the space provided is insufficient for this.)

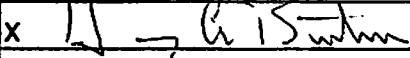
Supplemental Grant Allotment

SECTION III


- A. Leave Column B blank, if the budget approved originally has not been previously amended.
 B. Under Column C, indicate the amount of increase (+) or decrease (-) for the affected line items.
 C. Under Column D, indicate revised cumulative totals for all line items.

	Column A	Column B	Column C	Column D
LINE ITEM	BUDGET APPROVED ORIGINALLY	APPROVED AMENDED BUDGET (If applicable)	AMENDMENT REQUEST	REVISED BUDGET
1. Administrators				0
2. Instructional/Direct Service Staff	501,600		26,400	528,000
3. Support Staff				0
4. Fringe Benefits	MTRS			0
	Other			0
5. Contractual Services				0
6. Supplies				0
7. Travel				0
8. Other	186,122		0	186,122
9. Indirect Costs				0
10. Equipment				0
11. Total	687,722		26,400	714,122

I certify that all the information contained in this AMENDMENT REQUEST is true and correct.

1. Signature of Authorized Representative:	X 
2. Typed or Printed Name:	Gary A. Burton
3. Title:	Superintendent
4. Date Report Submitted:	9/27/07

SECTION IV (To be completed by the Department of Education) ACTION TAKEN

A. APPROVED	X	EFFECTIVE DATE OF APPROVAL:	10- 2000 02-07
B. DISAPPROVED		REASON FOR DISAPPROVAL:	
1. Signature of Authorized DOE Representative:	X 		
2. Typed or Printed Name:	Hadley B. Cabral		
3. Title:			
4. Date:		10-23-07	

APPLICANT AGENCY:

FUND CODE: 317

	AMOUNT	LINE ITEM SUB-TOTAL
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
8. METCO - STUDENT TRANSPORTATION: Per allotment schedule	\$186,122.00	\$186,122.00
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
TOTAL FUNDS REQUESTED:		\$714,122.00

PART II PROJECT EXPENDITURES - DETAIL INFORMATION

A.

FUND CODE: 317

B. APPLICANT AGENCY: Wayland Public Schools METCO Program

District Code:

3

1

5

Applicant Agency
Contact Person: Mabel Reid-Wallace

Address: 41 Cochituate Road, Wayland MA Zip Code: 01778

Telephone: (508) 358-3754

E-mail address: Mabel_Reid-Wallace@wayland.k12.ma.us

PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE AND SUBMIT BOTH PAGES OF THE BUDGET DETAIL EVEN THOUGH THERE MAY BE NO LINE ITEM ENTRIES ON THE FIRST PAGE

C. ASSIGNMENT THROUGH SCHEDULE A

Check this box ONLY if this project will be using funds assigned by more than one agency. A completed Schedule A, with signatures and the amount of funds assigned by each participating agency, must be attached to this Budget Detail.

D. STAFFING CATEGORIES	E. # OF STAFF	F. FTE	G. MTRS *	H. AMOUNT	I. TOTAL
1. ADMINISTRATORS:					
SUPERVISOR/DIRECTOR	1	1		\$87,235.00	
M.S./H.S. TUTOR					
STIPENDS					
SUB-TOTAL					\$87,235.00
2. INSTRUCTIONAL/PROFESSIONAL STAFF:					
Elementary Schools' Coordinator	1			\$53,709.00	
Middle School Coordinator	1			\$54,488.00	
High School Coordinator	1			\$50,883.00	
STIPENDS (OFFSET + M.S./H.S. TUTOR)			\$45,679.	\$195,679	
SUB-TOTAL					\$354,759.00
3. SUPPORT STAFF:					
LATE BUS MONITORS (ELEM & M.S./H.S.)				\$00	
SECRETARY/ BOOKKEEPER	1	1		\$40,296.00	
OTHER (BUS MONITOR)				\$15,837.00	
SUB-TOTAL					\$56,133.00
*Check the MTRS box if the identified employee(s) is/are a member of the MA Teachers' Retirement System. This requirement applies only to federally funded grant programs.					
4. FRINGE BENEFITS:				AMOUNT	LINE ITEM SUB-TOTAL
4-a MA TEACHERS' RETIREMENT SYSTEM (Federally funded grants only)					
4-b OTHER FRINGE BENEFITS (Other retirement systems, health insurance, FICA)					
SUB-TOTAL					0

APPLICANT AGENCY:				FUND CODE: 317	
5. CONTRACTUAL SERVICES: Indicate the services to be provided and the rate to be paid per hour or per day, whichever is applicable.				AMOUNT	LINE ITEM SUB-TOTAL
	RATE	Hour/Day			
CONSULTANTS					
SPECIALISTS	\$				
INSTRUCTORS	\$				
SPEAKERS (3)	\$				
OTHER BASE	\$			\$1000	
SUBSTITUTES	\$				
SUB-TOTAL					\$1,000.00
6. SUPPLIES AND MATERIALS: Items costing less than \$5,000 per unit or having a useful life of less than one year.					
TEXTBOOKS AND INSTRUCTIONAL MATERIALS					
INSTRUCTIONAL TECHNOLOGY INCLUDING SOFTWARE				\$	
NON-INSTRUCTIONAL SUPPLIES				\$5,000	
SUB-TOTAL					\$5,000.00
7. TRAVEL: Mileage conference registration hotel and meals					
SUPERVISORY STAFF				\$8,000.00	
INSTRUCTIONAL STAFF				\$1000.00	
OTHER					
SUB-TOTAL					\$9,000.00
8. OTHER COSTS: Indicate the amount requested in each category.					
Advertising	\$	Transportation of Students	\$186,122.00		
Maintenance/Repairs	\$	Telephone/Utilities	\$118.00		
Memberships/Sub	\$	Rental of Space	\$		
Printing/Reproduction	\$	Rental of Equipment	\$		
SUB-TOTAL					\$186,240.00
9. INDIRECT COSTS Approved Rate:					
10. EQUIPMENT: Attach a list with a statement of need and cost of each item. Items costing \$5,000 or more per unit and having a useful life of more than one year.					
INSTRUCTIONAL EQUIPMENT					
NON-INSTRUCTIONAL EQUIPMENT					
SUB-TOTAL					
TOTAL FUNDS REQUESTED					\$699,367.00