

**State of New Jersey
Department of Education**

NJDEC030010689

GRANT AGREEMENT

(State Use Only)

County Code: _____ Sequence _____

District Code: _____

(State Use Only)

 F Y N G O # W K L

Agreement No. _____

Addendum (check if applicable)

GRANTEE		DEPARTMENT	
ORGANIZATION NAME AND ADDRESS: (1)		DEPARTMENT NAME AND ADDRESS:	
TELEPHONE:		New Jersey Department of Education PO Box 500 Trenton, New Jersey 08625-0500	
CHIEF FINANCIAL OFFICER: (2)		DIVISION: (4)	
FEDERAL EMPLOYER I.D.# OR SSN: (3)		PROGRAM OFFICER: (5)	TELEPHONE:

SOURCE OF FUNDS			
	AMOUNT	ACCOUNT NUMBER	ACCOUNT TITLE
State (6)			
Federal* (7)			
Other (8)			
(9)		TOTAL GRANT AMOUNT	(7a) *FEDERAL CFDA NO. _____

GRANT TIME FRAME			
STARTING DATE (10)	____ MO ____ DAY ____ YEAR	ENDING DATE (11)	____ MO ____ DAY ____ YEAR

PURPOSE	
(12) GRANT PROGRAM:	

DEPARTMENT AND GRANTEE AGREEMENT SIGNATURES

(13) If this Grant Agreement, including all applicable attachments annexed hereto, correctly set forth your understanding of the terms of the agreement, please indicate your organization's concurrence with such terms by having the Grant Agreement signed by an appropriate officer of your organization and returned to the Department. Attachment A, Grant Agreement Terms and Conditions, Attachment B, the regulations entitled Administration of Grants (34 CFR, Part 74, et. seq.), the Public School Contracts Law (NJSA-18A: 18A), Executive Order No. 189, the Notice of Grant Opportunity, and the approved application are hereby made a part of this Grant Agreement.

Further, the Grantee, in accepting this Grant Agreement, agrees to comply with all applicable audit requirements, as set forth in the following documents:

Federal Circulars A-102, A-110, A-133 and New Jersey Treasury Circular Letter 98-07.	The Grantee also agrees to be responsible for obtaining the services of a CPA, PSA, RMA or equivalent to perform any necessary audit in compliance with the aforementioned documents.
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(14) ACCEPTED AND AGREED:		(15) COUNTERSIGNED:	
GRANTEE / ORGANIZATION		DEPARTMENT OFFICE	
PRINT NAME AND TITLE		PRINT NAME AND TITLE	
SIGNATURE	DATE	SIGNATURE	DATE

State of New Jersey
Department of Education

GRANT AGREEMENT
PROGRAM SPECIFICATIONS

Addendum (check if applicable)

(State Use Only)

F Y N G O # W K L

Agreement No. _____

(21) Your approved application describes the goals, objectives and activities your agency will implement under this agreement.

CODE OF ETHICS:
The Department of Education is committed to the highest ethical standards and expects the same of all recipient agencies. Any person having concerns or questions regarding the propriety of any act involved in this grant is advised to call an appropriate office such as the Department's Office of Compliance or the Office of the Attorney General.

**New Jersey State Department of Education
GRANT AGREEMENT BUDGET**

(22) _____
Grantee Name

Check one:

ORIGINAL

or

REVISION

Address

City

State

Zip

(23) _____

NGO Title

(State Use Only)	
F Y	N G O # W K L
Agreement No. _____	

BUDGET CATEGORY	FUNCTION & OBJECT CODE	STATE (6)	FEDERAL (7)	OTHER (8)
INSTRUCTION				
Personal Services — Salaries	100-100			
Purchased Professional & Technical Services	100-300			
Other Purchased Services	100-500			
Supplies and Materials	100-600			
Other Objects	100-800			
SUBTOTAL — INSTRUCTION				
SUPPORT SERVICES				
Personal Services — Salaries	200-100			
Personal Services — Employee Benefits	200-200			
Purchased Professional & Technical Services	200-300			
Purchased Professional Education Services <i>Subgrant Cost Summary</i>	200-320			
Purchased Property Services	200-400			
Other Purchased Services	200-500			
Travel	200-580			
Supplies and Materials	200-600			
Other Objects	200-800			
Indirect Costs	200-860			
SUBTOTAL — SUPPORT SERVICES				
FACILITIES ACQUISITION & CONSTRUCTION SERVICES				
Buildings	400-720			
Instructional Equipment	400-731			
Non-Instructional Equipment	400-732			
SUBTOTAL — FACILITIES				
TOTAL COST*				

* Totals must equal "Source of Funds" amount(s) on page 1.

**New Jersey State Department of Education
EXPENDITURE REPORT**

Agreement No. _____

(24) _____
Grantee Name

(27) **Basis of Report**

_____ Address

FINAL REPORT (check if final)

Cash

_____ City _____ State _____ Zip _____

(26) **Reporting Period:**

Accrued Expenditures

(25) _____
NGO Title

_____ From _____ To _____

Other (Explain on separate sheet of paper)

BUDGET CATEGORY	OBJ. CODE	(28) APPROVED BUDGET			(29) CUMULATIVE EXPENDITURES			
		State	Federal	Other	State	Federal	Other	Special Purpose
INSTRUCTION	100 Series							
Personal Services — Salaries	100							
Purchased Prof. & Tech Svcs.	300							
Other Purchased Services	500							
Supplies and Materials	600							
Other Objects	800							
SUBTOTAL — INSTRUCTION								
SUPPORT SERVICES	200 Series							
Personal Services — Salaries	100							
Personal Svcs.— Emp. Benefits	200							
Purchased Prof. & Tech Svcs.	300							
Purchased Prof. Ed. Svcs. Subgrant Cost Summary	320							
Purchased Property Services	400							
Other Purchased Services	500							
Travel	580							
Supplies and Materials	600							
Other Objects	800							
Indirect Costs	860							
SUBTOTAL— SUPPORT SERVICES								
FACILITIES ACQUISITION & CONSTRUCTION SERVICES	400 Series							
Buildings	720							
Instructional Equipment	731							
Non-Instructional Equipment	732							
SUBTOTAL — FACILITIES								
TOTAL COST								
LESS PROGRAM INCOME								
NET TOTAL COST								

This form must be used when submitting interim or final fiscal reports. **The report must be signed by the grant recipient agency's chief fiscal officer.**

I hereby certify that this report is true and correct to the best of my knowledge and that all expenditures reported herein have been in accordance with the terms and conditions of this grant agreement.

NJ DEPARTMENT OF EDUCATION BUDGET MODIFICATION REQUEST WORKSHEET

Agreement No. _____

NGO# _____

Agency Name: _____ County / District Code: _____

NGO Title: _____

BUDGET CATEGORIES	OBJECT CODES	SECTION I: Approved Budget			SECTION II: Requested Change (+) or (-)			SECTION III: Revised Budget		
		STATE	FEDERAL	OTHER	STATE	FEDERAL	OTHER	STATE	FEDERAL	OTHER
INSTRUCTION										
Personal Services — Salaries	100-100									
Purchased Professional & Technical Services	100-300									
Other Purchased Services	100-500									
Supplies and Materials	100-600									
Other Objects	100-800									
SUBTOTAL INSTRUCTION										
SUPPORT SERVICES										
Personal Services — Salaries	200-100									
Personal Services — Employee Benefits	200-200									
Purchased Professional & Technical Services	200-300									
Purchased Professional Education Services	200-320									
<i>Subgrant Cost Summary</i>										
Purchased Property Services	200-400									
Other Purchased Services	200-500									
Travel	200-580									
Supplies and Materials	200-600									
Other Objects	200-800									
Indirect Costs	200-860									
SUBTOTAL — SUPPORT SERVICES										
FACILITIES ACQUISITION & CONSTRUCTION SERVICES										
Buildings	400-720									
Instructional Equipment	400-731									
Non-instructional Equipment	400-732									
SUBTOTAL — FACILITIES										
TOTAL COST										
FOR STATE USE ONLY	<input type="checkbox"/> CHECK IF TYPE I MOD. — DOES NOT REQUIRE COMMITTEE APPROVAL CMO Initials _____									
		Signature: Addenda Committee			Signature: Addenda Committee			Signature: Addenda Committee		
		Date _____			Date _____			Date _____		