

SCHOOL DISTRICT PLAN FOR ELIMINATING A DEFICIT BUDGET

EDUCATIONAL AGENCY	Legal Name of School District	District Code Number	Telephone (Area Code)
	Address	City	Zip Code

MAILING INSTRUCTIONS: Return ONE copy within 30 days of receipt to the State address indicated above or fax to (517) 241-0196 Attention Phil Boone.

A. FINANCIAL DATA

* Be Prepared to explain any variance greater than 10% from the previous year in section E		Actual 2006-2007	Estimated 2007-2008	% Change from Previous Year*	Estimated 2008-2009
		(1)	(2)	(3)	(4)
1.	BEGINNING FUND EQUITY				
2.	ADD: Revenues				
(1XX)	Local Sources				
3.	Other Political Subdivisions				
(2XX)					
4.	State Sources				
(3XX)					
5.	Federal Sources				
(4XX)					
6.	Incoming Transfers & Other Transactions				
(5XX)					
7.	Fund Modification (Incoming)				
(6XX)					
8.	TOTAL REVENUES, INCOMING TRANSFERS AND OTHER TRANSACTIONS				
9.	TOTAL RESOURCES AVAILABLE				
	LESS: Expenditures				
10.	Instruction				
(1XX)					
11.	Support Services: Pupil				
(21X)					
12.	Instructional Staff				
(22X)					
13.	General Administration				
(23X)					
14.	School Administration				
(24X)					
15.	Business				
(25X)					
16.	Operations and Maintenance				
(26X)					
17.	Transportation				
(27X)					
18.	Central				
(28X)					
19.	Other				
(29X)					
20.	Community Services				
(3XX)					
21.	Outgoing Transfers and Other Transactions				
(4XX)					
22.	Debt Service				
(5XX)					
23.	Fund Modifications				
(6XX)					
24.	TOTAL EXPENDITURES, OUTGOING TRANSFERS AND OTHER TRANSACTIONS				
25.	ENDING FUND BALANCE:				

B. STATE SCHOOL AID MEMBERSHIP PROJECTIONS

Please list your State School Aid Membership **projection** as defined by State School Aid Act Section 6 (4):

YEAR:	2007-2008	2008-2009	2009-2010
ENROLLMENT:			

C. TAXABLE VALUE DATA

	2007-2008	2008-2009 (Projected)
Homestead Taxable Value		
Non-Homestead Taxable Value		

D. SALARIES AND UNEMPLOYMENT BENEFITS

1. Estimated Gross Savings as a Result of Staff Reductions (FTE) reflected in Part A:

TITLE	STAFF REDUCTIONS in FTE		Amount of Savings Reflected in Part A	Additional Savings Projected in Part A
	2007-2008	2008-2009	2007-2008	2008-2009
	(1)	(2)	(3)	(4)
Instructional			\$	\$
Support Services				
Community Services				
TOTAL			\$	\$

2. Estimated Cost of Unemployment Benefits as a Result of Staff Reductions:

	2007-2008	2008-2009
TOTAL	\$	\$

E. OTHER REQUIRED DATA

Please answer the following questions on a separate sheet of paper.

1. For which employee groups have negotiations been completed for 2007-2008?
2. For which employee groups have negotiations not been completed for 2007-2008?
3. For which employee groups have employee negotiations been completed for 2008-2009?
4. For which employee groups have employee negotiations not been completed for 2008-2009?
5. When is the next year employee negotiations will be open?
6. Are projected savings from employee negotiations included in the financial plan on page 1 for 2007-2008?
7. Are projected savings from employee negotiations included in the financial plan on page 1 for 2008-2009?
8. What factors caused the school district's deficit?
9. What is the school district's plan to eliminate the deficit?
10. What subjects or instructional programs is the district proposing to discontinue or curtail?
11. What support services would be reduced or eliminated?
12. What specific steps have been initiated to carry out the plan?
13. Give the details of staff reductions for instruction, support services and community services.
14. Please give the details of any proposed employee wage concessions. Have any of those concessions been accepted?
15. Please submit the most recent board adopted budget along with the board resolution with which it was adopted or provide the URL at which it is located.
16. Please submit the Board Resolution showing approval of the deficit elimination plan.
17. List expected savings to be achieved by eliminating specific extra-curricular activities.
18. Do you have a sinking fund? If so, what is it designated for?
19. Explain any variances of 10% or more from section A.

NOTE: Please attach any other data that are pertinent to the school district's plan to eliminate its deficit.

F. CERTIFICATION

I hereby certify as the responsible official of said school district that the information contained in this deficit elimination plan is correct and has been board approved.

**Signature of Superintendent or
Authorized Official** _____ **Date** _____

Contact Person (Type Name) _____

Telephone Number (Area Code/Local Number) _____