**APPENDIX D**

**2015-2016 BUDGET SUBMISSION LISTING**

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| ***DISTRICT NAME:*** | |
| ***DATE OF SUBMISSION:*** | |
| ***SUBMITTED BY:*** | |
| ***DATE OF ADVERTISEMENT:*** | |
| ***DATE OF PUBLIC HEARING:*** | |
| ***15-16 TAX LEVY % INCREASE:*** | |
| ***STATUS ABOVE OR BELOW ADEQUACY: \_\_\_\_\_ Above \_\_\_\_\_ Below or At*** | |
| **ALL DISTRICTS MUST SUBMIT:** | |
|  | **Board Resolution Approving Budget Submission certifying the General Fund Budget Amount** |
|  | **Position Control Roster (PCR)** |
|  | **Warning Edits List – including reason why edit occurs** |
| **TAX LEVY CAP ADJUSTMENT(S) (if applicable):** | |
|  | **Prebudget Year Tax Levy and Enrollment Adjustment** (Budget Guidelines page 124)   * If utilizing a factor of 1.00 for DOE Projection must submit required supporting documentation * Board Resolution |
|  | **Health Care Cost Adjustment** (Budget Guidelines page 126)   * Detail to support health and prescription appropriations * Board Resolution |
|  | **Deferred Pension Contributions** (Budget Guidelines Page 128)   * Support for the amount of deferral * Board Resolution |
|  | **Responsibility Shifted From/To Another** (Budget Guidelines Page 129)   * Detail to support amounts in Adjustment * Board Resolution |
|  | **Use of Banked Cap** (Budget Guidelines Page 132)   * Board Resolution which states need for and amount to be included in base and statement that need must be completed in the 15-16 budget year |
| **ADDITIONAL ITEMS TO BE SUBMITTED (if applicable):** | |
|  | **Capital Reserve Withdrawals:** Statement of Purpose, if excess costs/“other capital projects” withdrawals |
|  | **Additional Spending Proposal(s):** Details; resolutions, GAAP account(s) itemization; evidence of shared services participation and/or efficiency efforts |
|  | **Send-Receive Relationships:** Supporting documentation for budgeted tuition revenue and appropriation lines (see sample worksheet posted on department website at <http://www.state.nj.us/education/finance/fp/dwb.shtml>) |
|  | **If ROD Grant was approved:** approved project information |
|  | **If SEMI program has less than 90% participation in prebudget year, or district failed to comply with all SEMI requirements:** corrective action plan |
|  | **If Bonds issued by the district:** Documentation of steps being taken to ensure compliance with continuing disclosure requirements (LFN 2014-9) |

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| **COMMENTS:** |