

PUBLIC SCHOOL COST SCHEDULE

Local Collaborative Time Study

County/Collaborative Name	School District Name	Quarter Ending (mm/dd/yy)	
SECTION 1: EXPENDITURES		COLUMN A	COLUMN B
		QUARTERLY COSTS	QUARTERLY COSTS
Line 1: Direct Labor and Benefits of Time Study Participants	_____	.00	
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	_____	.00	
Line 3: Federal Revenue Offset	(_____)		
(See Section 2 below for this figure)			
Line 4: Net Direct Labor and Benefits (Columns A and B = sum of lines 1 and 2 less line 3)		_____	_____
Line 5: Indirect Allocation - Column A Only (Total Direct from line 4 x District Unrestricted Indirect Rate of _____)		_____	
Line 6: Indirect Allocation - Column B Only (Total Direct from line 4 x Special rate)			_____
Special rate = District Restricted Indirect Rate of _____ plus 1% for a total of _____ percent			
Line 7: Occupancy (Use only if DHS approved) - Put in both columns A & B		_____	_____
Line 8: Depreciation (Use only if DHS approved) - Put in both columns A & B		_____	_____
Line 9: Direct Expenses - Put in both columns A & B		_____	_____
Line 10: NET School District Cost Pool		_____	_____
SECTION 2: FEDERAL REVENUE OFFSET		Amount of Federal Grant that was used to fund expenditures in Section 1	
Name of Federal Grant (If none - write "NONE" - do not leave this section blank)		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Total Federal Revenue Offset (transfer to line 3 above)		_____	

I, _____, verify that I have received the LCTS Fiscal & Cost Report training, and that this schedule and supporting documentation is accurate and complies with all guidelines set forth in the LCTS Public School Cost Schedule Instructions.

Signature of the LCTS Fiscal Site Contact _____ Date _____ Telephone Number _____