BOARD AGENDA ITEM

September 23, 2014

SUBJECT:

Funding Flexibility for the Quarter Ending September 30, 2014

BACKGROUND INFORMATION:

Provisos 1.31, 1.36 and 1A.16 provide school districts and special schools funding flexibility for 2014 – 2015. Among the requirements, each district's board and superintendent must certify the specific flexibility actions taken. The certification must be in writing, signed by the board chairman and superintendent, and delivered electronically to the State Superintendent of Education. An electronic copy must be sent to the SC Department of Education which will subsequently forward the information to the Chairman of the Senate Finance Committee, the Chairman of the Senate Education Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the House Education and Public Works Committee.

Furthermore, the certification must be presented publicly at a regularly called school board meeting and be posted on each district's website.

ADMINISTRATIVE CONSIDERATION:

The State Department of Education (SCDE) provided a funding flexibility form to be used by school districts for reporting purposes. The District's information for the period ending September 30, 2014, is presented in the required format.

RECOMMENDATION:

Approve the funding flexibility form for the quarter ending September 30, 2014.

ATTACHMENT:

Funding flexibility form for the quarter ending September 30, 2014.

PREPARED BY:

M. O. Traxler III

District Name:	AIKEN		SCDE Receipt:	
Financial Flexibility (provide additional fo	rms as necessary)		Quarter: 1 (X) 2 () 3 () 4 ()	
Transfer From (Include Program name and sub-fund *) (Identify any prior year carryover amounts)	Current Allocation (include carryover amounts here)	Transfer Amount (up to 100%)	Transfer to (Include Program name and sub-fund)	
None this quarter.				
Tono Group que tos				
The appropriations excluded from this flexibil judicious caution when transferring any funds			res #5. Districts should use	
Staffing Flexibility/Maximazing Resources	(provide additional informati	on as necessary)		
(1) Our district suspended staffing ratios in the following areas:		None		
(O) Our district deleved the following number of teacher				
(2) Our district delayed the following number of teacher contracts:		None		
contracts.		110110		
(3) The following number of contracts were not renewed		9		
(4) Our district negotiated the following number of retiree				
salaries		7		
(5) Our district furloughed teachers the following number		N		
of days		None		
(6) Our district furloughed administrators the following number of days				
		None		
(7) Our district has suspended the following		Suspended drivers education and continuation of cuts/reductions dating		
noninstructional/nonessential programs for the 2013-14 school year.			to 2009-10 that include, but are not limited to, elimination of International	
		Baccalaureate program, not funding full-time nursing at middle and high		
		schools, elimination of athletic playoff supplements, no increase in		
		athletic/extracurricular supplements since 2009-10, etc.		
District Approval: The signatures below certi	fy that this action was approved	at a regularly scheduled school board	I meeting.	
Board Chair Signature:			Date: September 23, 2014	
			Date: September 23, 2014	
Superintendent Signature:				
Completed by: (please print)	M. O. "Tray" Traxler III		Date: September 23, 2014	
Contact Phone No:	803-641-2437		_ B-6	
			Attachment	