

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
MTRS SUPPLEMENT – FORM FR-1 (A)

This form is for information and computational purposes only. Please do not submit it to DESE. A signed copy should be kept and maintained with the grant files for the project.

PART I		
A.	Grant/Program Name: (Source of Funds)	
B.	Project Number:	
C.	Make any additional payments directly to the Massachusetts Teachers' Retirement System (MTRS). Do not make payments to the Department for the liability to MTRS.	

PART II		
A.	Amount budgeted for MTRS as of December 31 of the applicable grant period. (Obtain this figure from Line item four (4), Fringe Benefits, Subline 1, Massachusetts Teachers' Retirement System, of the original grant application or subsequent approved amendment. (If zero, please indicate.)	\$
B.	Multiply the figure on Line A by eighty percent (.8). This should equal the payment directly made for you by the Department of Elementary and Secondary Education to the Massachusetts Teachers' Retirement System. (If zero, please indicate.)	\$
C.	Compute the actual liability to MTRS for this federal project, by multiplying the combined total salaries paid under this project to staff who are members of MTRS by nine percent (.09).	\$
D.	Subtract Line B from Line C and indicate the result of Line D. This should constitute the additional liability to be paid directly by you to the Massachusetts Teachers' Retirement System. Do not pay this amount to the Department of Elementary and Secondary Education.	\$

I certify that all the information contained in this report is true and correct.		
1.	Signature of Authorized Representative: (e.g., School Business Manager or Town Accountant)	X
2.	Typed or Printed Name:	
3.	Title:	