### Louisiana Department of Education FY14 1003(g) School Improvement Grant LEA Application Budget

#### **LA Department of Education Contact:**

John Baxter

Phone: 225-342-9442 John.Baxter@la.gov

#### Applicants must complete a budget for the full three years of the grant program.

The computerized budget allows interaction among worksheets, calculates subtotals and totals automatically, and links data from detail sheets to the summary sheets.

You will only enter budget data on the budget detail worksheets (Detail Y1, Detail Y2, Detail Y3). The data will link to the appropriate summary sheets.

### Complete the following information.

(This information is linked to the top of each budget form.)

Name of Eligible Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address:

City, State, Zip: Baker, LA 70714

**Submitted by:** Dr. Herman Brister

Email Address <a href="mailto:hbrister@bakerschools.org">hbrister@bakerschools.org</a>

The additional information below will be used to request corrections to the budgets.

This information is not linked to the budget forms.

Program Coordinator Dr. Angela Domingue

Telephone (225) 774-5795 Fax (225) 774-5797

Email adomingue@bakerschools.org

Fiscal/Accounting Contact Mrs. Sidney Stewart

Telephone (225) 774-5795 Fax (225) 774-5797

Email <u>SStewart@bakerschools.org</u>

#### **Summary of Object Codes Required for Budget Detail**

Examples of typical allowable costs are provided for each object. For further details regarding specific object codes, refer to the Louisiana Accounting and Uniform Governmental Handbook (LAUGH Guide) located on the Department's website at http://www.louisianaschools.net/lde/finance/688.html

**100 Salaries & 200 Benefits:** Extended teacher contract salaries and benefits are allowable as long as the activities the staff are engaged in are the planning and initial implementation of the school, curriculum development and/or the professional development of staff.

**300 Purchased Professional and Technical Services:** Payment for curriculum development; Payment for staff development or related consultant work to implement intervention model activities (workshops, conferences).

**400 Purchased Property Services:** Only minor renovations to meet applicable federal, state and local health and safety requirements (accessibility to ramps or bathrooms); no remodeling; no painting; no landscaping; no technology leases.

**500 Other Purchased Services:** To attend national and state conferences and conferences for specific field (Core Knowledge, Environmental, etc.,) that are related to the implementation of the intervention model.

**600 Supplies:** Textbooks and other curriculum materials; classroom supplies, start-up technologies related to the implementation of the intervention model, etc. Software is always considered a supply item, regardless of cost.

**700 Property:** This would include items over the threshold limit for supplies. If the unit cost is \$5,000 or more, it must be shown here.

# Refer to the SIG Guidance for additional information about 1003(g) School Improvement Grants.

**Examples of non-allowable costs:** No major renovations (no leasehold improvements, no roofing, no repairs to walls, no paving driveways, no construction or property improvements, no carpeting or painting, no landscaping); no public address or intercom systems; no student transportation costs or bus tickets, no purchase of vans, buses or other vehicles; no insurance other than employee benefits; no audits; no legal fees: no fees associated with subscriptions or memberships: no field trips.

## Louisiana Department of Education Year One Budget Detail

Name of Eligible

Recipient: City of Baker School System (Bakerfield Elementary)

Program: 1003(g) School Improvement Grant

Street Address: 14750 Plank Road Project: FY2014

Mailing Address: P.O. Box 680 Baker, LA 70704-0680 Submitted by: Dr. Herman Brister

City, State, Zip: Baker, LA 70714 Telephone/Fax #: 225-774-5795 225-774-5797

E-mail Address: <a href="mailto:hbrister@bakerschools.org">hbrister@bakerschools.org</a>

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	Denote # of full-time employees in each group and % full-time	
	For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	<b>\$</b> -
	10 IAL GALANIEG (OBJECT 100)	<u>-</u>
200	EMPLOYEE BENEFITS	

	Health Insurance				
	Life Insurance				
	Dental Insurance				
	FICA (6.2%) - Provide Total Salary Am	ount to detern	nine benefit cost.		
	\$ -	Х	6.2%	\$	-
	Medicare (1.45%) -Provide Total Salary	/ Amount to de	etermine benefit cost.		
	\$ -	Х	1.45%	\$	-
	Teacher Retirement (15.5% in FY08/09	)- Provide Tota	al Salary Amount to determine b	penefit cost.	
	,	X	15.5%	\$	-
	School Employees (17.8% in FY08/09)-	- Provide Total	Salary Amount to determine be	enefit cost.	
	\$ -	Х	17.8%	\$	-
	Unemployment Comp. (%)-Provide To	otal Salary Am	ount and Rate to determine ben	efit cost.	
	\$ -	Х	0.00000%	\$	-
		<u> </u>			
	Worker's Comp. (%)-Provide Total Sa	alarv Amount a	and Rate to determine benefit co	ost.	
	\$ -	Х	0.00000%	\$	_
				,	
	TOTAL F	EMPLOYE	EE BENEFITS (Object	ct 200) \$	-
	101712				
300	PURCHASED PROFESS	SIONAL &	TECHNICAL SERV	CES	
	For every service budgeted, provide the	e following:			
	Name of vendor or consultant				
	2. Rate of Pay				
	3. Topic covered or service provided				
	Using Minds Well Collaborative				
	Unit cost of workshops, participants, ar	nd follow-up			\$30,000

	Professional Development for Teachers		
	or		
	Institute for Learning		
	monato for Estatining		
	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$	30,000.0
400	PURCHASED PROPERTY SERVICES		
	For every service budgeted, provide the following:		
	1. List sites		
	2. List applicable rates		
	Only allowable renovations are minor renovations to meet applicable federal, state, and local		
	health and safety requirements (i.e., accessiblity to ramps or bathrooms)		
	Rental of Equipment (Technology leases not allowed)		
	Other Purchased Property Services (Specify below.)		
	TOTAL PURCHASED PROPERTY SERVICES (Object 400)	¢	
500	OTHER PURCHASED SERVICES  OTHER PURCHASED SERVICES	Ψ	
	For all services budgeted, provide the following:		
	List sites		
	List applicable rates		
	For all travel costs budgeted, provide the following: (registration fees included also)		
	Position of employee		
	Mileage rates as applicable for local travel		
	Travel - In-State (List name of conference attending)		

	Troval Out of State (List name of conference attending)	
	Travel - Out-of-State (List name of conference attending)  Site Visits recommended by the Using Minds Well Collaborative	
		\$4
	Teachers, Teacher Leader, and Principal	<b>\$</b> 4
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$ 4,000.
600	SUPPLIES	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	10- 13" MacBooks for Teachers (\$850 per device)	\$ 8,50
	Instructional Classroom Resources to implement Using Minds Well	\$2
	Other Supplies (Specify below.)	
	TOTAL SUPPLIES (Object 600)	\$ 11,000.
700	TOTAL SUPPLIES (Object 600) PROPERTY	\$ 11,000.

TOTAL BUDGET DETAIL SHEETS (Ojbects 100 thru 700)	\$ 45,000.00
TOTAL PROPERTY (Object 700)	\$ -
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#### Louisiana Department of Education Year One Budget Summary

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address: 0

City, State, Zip: Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax #: (225) 774-579! (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 30,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 4,000.00
600	Supplies	\$ 11,000.00
700	Property	\$ -
GRAND T	OTAL	\$ 45,000.00

MAIL TO:

# Louisiana Department of Education Year 2 Budget Detail

Name of Eligible

Recipient:	Bakerfield Elementary in City of Baker School System	Program:	1003(g) School Improvement Grant
Street Address:	2550 South St.	Project:	FY2014
Mailing Address:	0	Submitted by:	Dr. Herman Brister
City, State, Zip:	Baker, LA 70714	Telephone/Fax #:	(225) 774-5795 (225) 774-5797

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	Denote # of full-time employees in each group and % full-time	
	For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Clarical/Canadarial	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	/ lideo// draproressionals	
	TOTAL SALARIES (Object 100)	\$ -
200	EMPLOYEE BENEFITS	

	Health Insurance		
	Life Insurance		
	Dental Insurance		
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.		
	\$ - X 6.2%	\$	-
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.		
	\$ - X 1.45%	\$	-
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cos	st.	
	X 15.5%	\$	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost		
	\$ - X 17.8%	\$	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.00000%	\$	
		·	
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.00000%	\$	
		·	
	TOTAL EMPLOYEE BENEFITS (Object 200)	\$ -	
	101/12 21111 20122 321121 110 (03)601 200	Ψ	
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES		
	For every service budgeted, provide the following:		
	Name of vendor or consultant		
	2. Rate of Pay		
	Topic covered or service provided		
	Using Minds Well Collaborative		
	Unit Cost for workshops, participants, and follow-up	\$30,0	000

	Took on week as it and development	
	Teacher professional development	
	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ 30,000.0
400	PURCHASED PROPERTY SERVICES	
	For every servcie budgeted, provide the following:	
	1. List sites	
	List applicable rates	
	Only allowable renovations are minor renovations to meet applicable federal, state, and local	
	health and safety requirements (i.e., accessiblity to ramps or bathrooms)	
	mounts and saroty requirements (i.e., accessionly to rumps of buttingoine)	
	Rental of Equipment (Technology leases not allowed)	
	Other Purchased Property Services (Specify below.)	
	TOTAL PURCHASED PROPERTY SERVICES (Object 400)	\$ -
500	OTHER PURCHASED SERVICES	
	For all services budgeted, provide the following:	
	1. List sites	
	List applicable rates	
	For all travel costs budgeted, provide the following: (registration fees included also)	
	1. Position of employee	
	2. Mileage rates as applicable for local travel	
	Travel - In-State (List name of conference attending)	

	Travel - Out-of-State (List name of conference attending)		
	Using Minds Well Recommended Site Visit		\$4,0
	Teachers, Lead Teacher, and Principal		
	Phone (list monthly rate)		
	Postage		
	Printing		
	Other (Specify below.)		
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$	4,000.0
000		Ψ	4,00010
600	SUPPLIES		
	Provide examples of each type of Materials and Supplies to be purchased.		
	Instructional Resources to Implement Using Minds Well		\$2,
	60		
	Other Supplies (Specify below.)		
	TOTAL SUPPLIES (Object 600)	\$	2,500.0
700	TOTAL SUPPLIES (Object 600) PROPERTY	\$	2,500.0

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	TOTAL PROPERTY (Object 700)	\$ -
	TOTAL BUDGET DETAIL SHEETS (Ojbects 100 thru 700)	\$ 36,500.00

### Louisiana Department of Education Year 2 Budget Summary

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address: 0

City, State, Zip: Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax #: (225) 774-579! (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 30,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 4,000.00
600	Supplies	\$ 2,500.00
700	Property	\$
GRAND T	OTAL	\$ 36,500.00

MAIL TO:

## Louisiana Department of Education Year 3 Budget Detail

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School Syster	Program: 1003(g) School Improvement Grant	
Street Address: 2550 South St.	Project: FY2014	

Mailing Address: 0 Submitted by: Dr. Herman Brister

City, State, Zip: Baker, LA 70714 Telephone/Fax #: (225) 774-5795 (225) 774-5797

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	Denote # of full-time employees in each group and % full-time	
	For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ -
200	EMPLOYEE BENEFITS	

	Health Insurance		
	Life Insurance		
	Dental Insurance		
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.		
	\$ - X 6.2%	\$	-
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.		
	\$ - X 1.45%	\$	-
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cos	st.	
	X 15.5%	\$	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost		
	\$ - X 17.8%	\$	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.00000%	\$	
		·	
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.00000%	\$	
		·	
	TOTAL EMPLOYEE BENEFITS (Object 200)	\$ -	
	101/12 21111 20122 321121 110 (03)601 200	Ψ	
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES		
	For every service budgeted, provide the following:		
	Name of vendor or consultant		
	2. Rate of Pay		
	Topic covered or service provided		
	Using Minds Well Collaborative		
	Unit Cost for workshops, participants, and follow-up	\$30,0	000

	Professional development for Transferre	
	Professional development for Teachers	
	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ 30,000.0
400	PURCHASED PROPERTY SERVICES	
	For every servcie budgeted, provide the following:	
	1. List sites	
	List applicable rates	
	Only allowable renovations are minor renovations to meet applicable federal, state, and local	
	health and safety requirements (i.e., accessiblity to ramps or bathrooms)	
	nountraina caloty requirements (no., accessions) to ramps of battingoins)	
	Rental of Equipment (Technology leases not allowed)	
	Other Purchased Property Services (Specify below.)	
	TOTAL PURCHASED PROPERTY SERVICES (Object 400)	\$ -
500	OTHER PURCHASED SERVICES	
	For all services budgeted, provide the following:	
	1. List sites	
	2. List applicable rates	
	For all travel costs budgeted, provide the following: (registration fees included also)	
	Position of employee	
	Mileage rates as applicable for local travel	
	Travel - In-State (List name of conference attending)	

	Travel - Out-of-State (List name of conference attending)	
	Using Minds Well Recommended Site Visit and Conference	\$4,0
	Teachers, Teacher Leader, Principal	
	Phone (list monthly rate)	
	Postage	
	Printing	
	i mung	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$ 4,000.0
600	SUPPLIES	
	Provide examples of each type of Materials and Supplies to be purchased.	
	Instructional Resources to implement Using Minds Well	\$2,
	Other Supplies (Specify below.)	
	TOTAL SUPPLIES (Object 600)	\$ 2,500.0
700	TOTAL SUPPLIES (Object 600) PROPERTY	\$ 2,500.0

П		
	TOTAL PROPERTY (Object 700)	\$ -
	TOTAL BUDGET DETAIL SHEETS (Ojbects 100 thru 700)	\$ 36,500.00

#### Louisiana Department of Education Year 3 Budget Summary

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address: 0

City, State, Zip: Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax #: (225) 774-579! (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object		
Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 30,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 4,000.00
600	Supplies	\$ 2,500.00
700	Property	\$ -
GRAND TO	DTAL	\$ 36,500,00

MAIL TO:

# Louisiana Department of Education Year Four Budget Detail

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School Syster	Program: 1003(g) School Improvement Grant	
Street Address: 2550 South St.	Project: FY2014	

 Mailing Address: 0
 Submitted by:
 Dr. Herman Brister

 City, State, Zip: Baker, LA 70714
 Telephone/Fax #: (225) 774-5795 (225) 774-5797

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	Denote # of full-time employees in each group and % full-time	
	For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	<b>\$</b> -
	10 IAL GALANIEG (OBJECT 100)	<u>-</u>
200	EMPLOYEE BENEFITS	

	Health Insurance		
	Life Insurance		
	Dental Insurance		
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.		
	\$ - X 6.2%	\$	-
	•		
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.		
	\$ - X 1.45%	\$	_
		1	
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cos	st	
	X 15.5%	<b>T</b> \$	
	Λ 10.07	<b>*</b>	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost		
	\$ - X 17.8%	\$	
	Λ	<b>*</b>	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- X 0.00000076	Ψ	<del>_</del>
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- ^ 0.000000/6	Ψ	
		1	
	TOTAL FMDL OVER DENERITS (Object 200)	<b>.</b>	
	TOTAL EMPLOYEE BENEFITS (Object 200)	<b>\$</b>	-
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES		
	For every service budgeted, provide the following:		
	Name of vendor or consultant		
	2. Rate of Pay  3. Topic covered or sorvice provided.		
	Topic covered or service provided	1	
		1	
	<u>†</u>	1	

	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ -
400	PURCHASED PROPERTY SERVICES	
	For every servcie budgeted, provide the following:	
	1. List sites	
	List applicable rates	
	Only allowable renovations are minor renovations to meet applicable federal, state, and local	
	health and safety requirements (i.e., accessiblity to ramps or bathrooms)	
	Rental of Equipment (Technology leases not allowed)	
	Other Purchased Property Services (Specify below.)	
	Other Fulchased Froperty Services (Specify below.)	
	TOTAL DUDCHASED DEODERTY SERVICES (Object 400)	Φ
500	TOTAL PURCHASED PROPERTY SERVICES (Object 400)	Φ -
500	OTHER PURCHASED SERVICES	
	For all services budgeted, provide the following:	
	1. List sites	
	2. List applicable rates	
	For all travel costs budgeted, provide the following: (registration fees included also)	
	Position of employee	
	Mileage rates as applicable for local travel	
	Travel - In-State (List name of conference attending)	

	Travel - Out-of-State (List name of conference attending)	
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	¢
	TOTAL OTHER PORCHASED SERVICES (Object 500)	<b>5</b> -
600	SUPPLIES	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	
	TOTAL CURRILES (Object COO)	¢
	TOTAL SUPPLIES (Object 600)	<b>5</b> -
700	PROPERTY	
. 00	I IXOI EIXI I	

TOTAL PROPERTY (Object 700)	\$ -
TOTAL BUDGET DETAIL SHEETS (Ojbects 100 thru 700)	\$ -

#### Louisiana Department of Education Year Four Budget Summary

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address: 0

City, State, Zip: Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax #: (225) 774-579! (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object Code	Expenditure Category	Amount	
100	Salaries	\$ -	
200	Employee Benefits	\$ -	
300	Purchased Professional/Tech Svcs.	\$ -	
400	Purchased Property Services	\$ -	
500	Other Purchased Services	\$ -	
600	Supplies	\$ -	
700	Property	\$ -	
GRAND T	OTAL	\$	

MAIL TO:

## **Louisiana Department of Education** Year Five Budget Detail

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School Syster	Program:	1003(g) School Improvement Grant
Street Address: 2550 South St.	Project:	FY2014

Submitted by: <u>Dr. Herman Brister</u>

Mailing Address: 0
City, State, Zip: Baker, LA 70714 Telephone/Fax #: (225) 774-5795 (225) 774-5797

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	Denote # of full-time employees in each group and % full-time	
	2. For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ -
200	EMPLOYEE BENEFITS	

	Health Insurance		
	Life Insurance		
	Dental Insurance		
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.		
	\$ - X 6.2%	\$	-
	•		
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.		
	\$ - X 1.45%	\$	_
		1	
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cos	st	
	X 15.5%	<b>T</b> \$	
	Λ 10.07	<b>*</b>	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost		
	\$ - X 17.8%	\$	
	Λ	<b>*</b>	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- X 0.00000076	Ψ	<del>_</del>
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- ^ 0.000000/6	Ψ	
		1	
	TOTAL FMDL OVER DENERITS (Object 200)	<b>.</b>	
	TOTAL EMPLOYEE BENEFITS (Object 200)	<b>\$</b>	-
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES		
	For every service budgeted, provide the following:		
	Name of vendor or consultant		
	2. Rate of Pay  3. Topic covered or sorvice provided.		
	Topic covered or service provided	1	
		1	
	<u>†</u>	1	

	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ -
400	PURCHASED PROPERTY SERVICES	
	For every servcie budgeted, provide the following:	
	1. List sites	
	List applicable rates	
	Only allowable renovations are minor renovations to meet applicable federal, state, and local	
	health and safety requirements (i.e., accessiblity to ramps or bathrooms)	
	Rental of Equipment (Technology leases not allowed)	
	Other Purchased Property Services (Specify below.)	
	Other Fulchased Froperty Services (Specify below.)	
	TOTAL DUDCHASED DEODERTY SERVICES (Object 400)	Φ
500	TOTAL PURCHASED PROPERTY SERVICES (Object 400)	Φ -
500	OTHER PURCHASED SERVICES	
	For all services budgeted, provide the following:	
	1. List sites	
	2. List applicable rates	
	For all travel costs budgeted, provide the following: (registration fees included also)	
	Position of employee	
	Mileage rates as applicable for local travel	
	Travel - In-State (List name of conference attending)	

	Travel - Out-of-State (List name of conference attending)	
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	¢
	TOTAL OTHER PORCHASED SERVICES (Object 500)	<b>5</b> -
600	SUPPLIES	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	
	TOTAL CURRILES (Object COO)	¢
	TOTAL SUPPLIES (Object 600)	<b>5</b> -
700	PROPERTY	
. 00	I IXOI EIXI I	

TOTAL PROPERTY (Object 700)	\$ -
TOTAL BUDGET DETAIL SHEETS (Ojbects 100 thru 700)	\$ -

#### Louisiana Department of Education Year Five Budget Summary

Name of Eligible

Recipient: Bakerfield Elementary in City of Baker School System

Street Address: 2550 South St.

Mailing Address: 0

City, State, Zip: Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax #: (225) 774-579! (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object Code	Expenditure Category	Amount	
100	Salaries	\$ -	
200	Employee Benefits	\$ -	
300	Purchased Professional/Tech Svcs.	\$ -	
400	Purchased Property Services	\$ -	
500	Other Purchased Services	\$ -	
600	Supplies	\$ -	
700	Property	\$ -	
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MAIL TO:

#### Louisiana Department of Education Combined Budget Summary

Name of Eligible

City, State, Zip:

CRANTEE INFORMATION

Recipient: Bakerfield Elementary in City of Baker School Syste
Street Address: 2550 South St.

Mailing Address: 0

Baker, LA 70714

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Dr. Herman Brister

Telephone/Fax#: (225) 774-5795 (225) 774-5797

E-mail Address: hbrister@bakerschools.org

Object Code	Expenditure Category	Year 1	Year 2	Year 3	Year 4	Year 5	COMBINED FUNDING
100	Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
200	Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
300	Purchased Professional/Tech Svcs.	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ -	\$ -	\$90,000.00
400	Purchased Property Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
500	Other Purchased Services	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ -	\$ -	\$12,000.00
600	Supplies	\$ 11,000.00	\$ 2,500.00	\$ 2,500.00	\$ -	\$ -	\$16,000.00
700	Property	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
	TOTAL	\$45,000.00	\$36,500.00	\$36,500.00	\$ -	\$ -	\$118,000.00

GRANTEE INFORMATION		STATE DEPARTMENT OF EDUCATION		
		Approved Division Director/Designee:	Date:	
Representative of the entity:	Date:	_		
		Approved Ed. Finance Director/Designeee:	Date:	

MAIL TO:

STATE DEPARTMENT OF EDUCATION