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: Morehouse Parish Schools- H.V. Adams Elementary

Street Address:4099 Naff AvenueMailing Address:P.O. Box 872City, State, Zip:Bastrop, LA 71220

Submitted by: Crystal Washington, Ed.D.

Telephone # Fax #: 318-283-3477 **Fax #** 318-283-3490

Email Address cwashington@mpbs.us

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

This information is not linked to the budget forms.

Program Coordinator Crystal Washington, Ed.D.

 Telephone
 318-283-3477

 Fax
 318-283-3490

 Email
 cwashington@mpsb.us

Fiscal/Accounting Contact Ersula Norwood

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 318-2833050

 Fax
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 Email
 enorwood@mpsb.us

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: Morehouse Parish Schools- H.V. Adams Elementary Program: 1003(g) School Improvement Grant

Street Address: 4099 Naff Avenue Project: FY2014

Mailing Address: P.O. Box 872 Submitted by: Crystal Washington, Ed.D.

City, State, Zip: Bastrop, LA 71220 Telephone/Fax #: 318-283-3477 318-283-3490

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 SALADIES (Object 100)	•
	TOTAL SALARIES (Object 100)	Ψ -
200	EMPLOYEE BENEFITS	

	Health Insurance				
	Life Insurance				
	Dental Insurance				
	_				
	FICA (6.2%) - Provide Total Salary A	mount to determine	ne benefit cost.		
	\$ -	Х	6.2%	\$	-
	Medicare (1.45%) -Provide Total Sala	ry Amount to dete	ermine benefit cost.		
	\$ -	Х	1.45%	\$	-
				L	
	Teacher Retirement (15.5% in FY08/0	9)- Provide Total		nefit cost.	
		Х	15.5%	\$	-
	School Employees (17.8% in FY08/09		-		
	-	Х	17.8%	\$	-
	Unemployment Comp. (%)-Provide				
		Х	0.000000%	\$	-
	West asta Course (90) Brazilla Tatal	2-1	d Detector detector's a base 60		
	Worker's Comp. (%)-Provide Total \$				
	-	Х	0.000000%	\$	<u> </u>
	_				
	TOTAL	FMPI OYF	E BENEFITS (Object	t 200) \$	-
	101712		2 22.12.11.0 (0.0)000	. 200) \$	
300	PURCHASED PROFES	SIONAL &	TECHNICAL SERVIC	CES	
	For every service budgeted, provide the	he following:			
	Name of vendor or consultant				
	2. Rate of Pay				
	3. Topic covered or service provided				
	Generation Ready will provide 21 days	s of professional of	development at a rate of \$1,500 إ	per \$	31,500.00
	day. Such services will include 11 day	ys of literacy coad	hing support and 10 days of ma	ıth	

	T	
	coaching at H.V. Adams Elementary.	
	Additional funds have been allocated through Title I to provide additional	
	contractual days to H.V. Adams.	
	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ 31,500.0
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)	
	industriand derety requirements (i.e., decessions) 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	
	List applicable rates	
	For all travel costs budgeted, provide the following: (registration fees included also)	
	1. Position of employee	
	Mileage rates as applicable for local travel	
	Travel - In-State (List name of conference attending)	

	Toronto O to (Orato (City orange of a coference of the City or		
	Travel - Out-of-State (List name of conference attending)		
		<u> </u>	
	Phone (list monthly rate)		
	Postage	i	
	Printing		
	Other (Specify helew)		
	Other (Specify below.)		
		<u> </u>	
		<u> </u>	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$	-
600	SUPPLIES		
000			
	Provide examples of each type of the Materials and Supplies to be purchased.	 	
	Purchase of toner, ink, and/or equipment to support additional printing of handouts provided by	\$	1,081.26
	consultants.	<u> </u>	
		<u> </u>	
		 	
		 	
	Other Supplies (Specify below.)	<u> </u>	
		 	
		 	
		<u> </u>	
	TOTAL SUPPLIES (Object 600)	\$	1,081.26
IC	Indirect Costs	¢	4 060 00
10	munect Costs	\$	4,068.29
		<u> </u>	
<u> </u>		i	

Indirect Costs	\$ 4,068.29
TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)	\$ 36,649.55

Louisiana Department of Education Year One Budget Summary

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary

Street Address: 4099 Naff Avenue

Mailing Address: P.O. Box 872

City, State, Zip: Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax #: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 31,500.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ 1,081.26
IC	Indirect Costs	\$ 4,068.29
GRAND T	OTAL	\$ 36,649,55

MAIL TO:

Louisiana Department of Education Year 2 Budget Detail

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary Program: 1003(g) School Improvement Grant

Street Address: 4099 Naff Avenue Project: FY2014

Mailing Address: P.O. Box 872 Submitted by: Crystal Washington, Ed.D.

City, State, Zip: Bastrop, LA 71220 Telephone/Fax #: 318-283-3477 318-283-3490

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 SALADIES (Object 100)	•
	TOTAL SALARIES (Object 100)	Ψ -
200	EMPLOYEE BENEFITS	

	Health Insurance				
	Life Insurance				
	Dental Insurance				
	FICA (6.2%) - Provide Total Salary A	mount to determi	ne henefit cost		
	\$ -	X	6.2%	\$	
	V	Λ	0.270	Ψ	
	Medicare (1.45%) -Provide Total Sala	rv Amount to dete	ermine benefit cost.		
	\$ -	Χ	1.45%	\$	-
	ľ			· ·	
	Teacher Retirement (15.5% in FY08/0	9)- Provide Total	Salary Amount to determine be	enefit cost.	
		X	15.5%	\$	-
	School Employees (17.8% in FY08/09)- Provide Total S	Salary Amount to determine ber	nefit cost.	
	\$ -	Χ	17.8%	\$	-
	Unemployment Comp. (%)-Provide T	otal Salary Amou	unt and Rate to determine bene	fit cost.	
	-	Х	0.000000%	\$	-
	Worker's Comp. (%)-Provide Total S				
	-	Х	0.00000%	\$	-
	TOTAL	EMDI OVE	E DENEEITS (Obice	t 200) \$	
	TOTAL	EIVIPLOTE	E BENEFITS (Objec	ι 200) φ	-
300	PURCHASED PROFES	SIONAL &	TECHNICAL SERVI	CES	
	For every service budgeted, provide the	ne following:			
	Name of vendor or consultant				
	2. Rate of Pay				
	3. Topic covered or service provided				
	Generation Ready will provide 21 days	of professional of	development at a rate of \$1,500	per \$	31,500.00
	day. Such services will include 11 day	s of literacy coac	thing support and 10 days of ma	ath	
	coaching at H.V. Adams Elementary.				

	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ 31,500.00
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.)	
	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)	
	Position of employee	
	Mileage rates as applicable for local travel	
	Troval In State (List name of conference attending)	
	Travel - In-State (List name of conference attending)	

	Toronto O to (Orato (City and a conference of the City and		
	Travel - Out-of-State (List name of conference attending)		
		<u> </u>	
		<u> </u>	
	Phone (list monthly rate)	<u> </u>	
	Postage		
	Printing		
		i	
	Other (Specify below.)		
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$	-
	TOTAL OTTIER I GREHAGED SERVICES (OBJECT 300)	Ψ	_
600	SUPPLIES		
	Provide examples of each type of Materials and Supplies to be purchased.		
	Purchase of toner, ink, and/or equipment to support additional printing of handouts provided by	\$	1,081.26
	consultants.	Ť	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		<u> </u>	
		<u> </u>	
	Other Supplies (Specify below.)		
		i	
		 	
		<u> </u>	
	TOTAL SUPPLIES (Object 600)	\$	1,081.26
IC	Indirect Costs	\$	5,796.90
10	munect oosts	Ψ	3,730.30
		 	
		1	

Indirect Costs	\$ 5,796.90
TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)	\$ 38,378.16

Louisiana Department of Education Year 2 Budget Summary

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary

Street Address: 4099 Naff Avenue

Mailing Address: P.O. Box 872

City, State, Zip: Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax #: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 31,500.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ 1,081.26
IC	Indirect Costs	\$ 4,068.29
GRAND T	OTAL	\$ 36,649,55

MAIL TO:

Louisiana Department of Education Year 3 Budget Detail

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary Program: 1003(g) School Improvement Grant

Street Address: 4099 Naff Avenue Project: FY2014

Mailing Address: P.O. Box 872 Submitted by: Crystal Washington, Ed.D.

City, State, Zip: Bastrop, LA 71220 Telephone/Fax #: 318-283-3477 318-283-3490

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 SALADIES (Object 100)	•
	TOTAL SALARIES (Object 100)	Ψ -
200	EMPLOYEE BENEFITS	

	Health Insurance				
	Life Insurance				
	Dental Insurance				
	4				
	FICA (6.2%) - Provide Total Salary A	mount to detern	nine benefit cost.		
	\$ -	Х	6.2%	\$	-
	_				
	Medicare (1.45%) -Provide Total Sala	ry Amount to de			
	\$ -	X	1.45%	\$	-
	Teacher Retirement (15.5% in FY08/0				
		X	15.5%	\$	-
		<u> </u>			
	School Employees (17.8% in FY08/09		-		
	-	Х	17.8%	\$	-
	Linemale, ment Comp. (0/) Drevide T	Total Colomi Am	ount and Data to determine hones	it cost	
	Unemployment Comp. (%)-Provide T	X	0.00000%		
	-	^	0.00000%	\$	-
	Worker's Comp. (%)-Provide Total S	Salary Amount s	and Rate to determine henefit cos		
	\$ -	X	0.000000%	\$	
	Ψ -	Λ	0.0000070		
	TOTAL	EMPLOYE	EE BENEFITS (Object	200) \$	-
300	PURCHASED PROFES	SIONAL &	TECHNICAL SERVIC	ES	
	For every service budgeted, provide the	ne following:			
	Name of vendor or consultant				
	2. Rate of Pay				
	3. Topic covered or service provided				
	Generation Ready will provide 21 days	of professiona	l development at a rate of \$1,500 p	per \$	31,500.00
	day. Such services will include 11 day	s of literacy coa	aching support and 10 days of ma	th	
	coaching at H.V. Adams Elementary.				

	TOTAL PURCHASED PROF/TECH SERV. (Object 300)	\$ 31,500.00
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.)	
	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)	
	Position of employee	
	Mileage rates as applicable for local travel	
	Troval In State (List name of conference attending)	
	Travel - In-State (List name of conference attending)	

	Toronto O to (Orato (City and a conference of the City and		
	Travel - Out-of-State (List name of conference attending)		
		<u> </u>	
		<u> </u>	
	Phone (list monthly rate)	<u> </u>	
	Postage		
	Printing		
		i	
	Other (Specify below.)		
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$	-
	TOTAL OTTIER I GREHAGED SERVICES (OBJECT 300)	Ψ	_
600	SUPPLIES		
	Provide examples of each type of Materials and Supplies to be purchased.		
	Purchase of toner, ink, and/or equipment to support additional printing of handouts provided by	\$	1,081.26
	consultants.	Ť	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		<u> </u>	
	Other Supplies (Specify below.)		
		i	
		 	
		<u> </u>	
	TOTAL SUPPLIES (Object 600)	\$	1,081.26
IC	Indirect Costs	\$	5,796.90
10	munect oosts	Ψ	3,730.30
		 	
		1	

Indirect Costs	\$	5,796.90
	·	
TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)	\$	38,378.16

Louisiana Department of Education Year 3 Budget Summary

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary

Street Address: 4099 Naff Avenue

Mailing Address: P.O. Box 872

City, State, Zip: Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax #: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 31,500.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ 1,081.26
IC	Indirect Costs	\$ 4,068.29
GRAND T	OTAL	\$ 36,649,55

MAIL TO:

Louisiana Department of Education Year Four Budget Detail

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary Program: 1003(g) School Improvement Grant

Street Address: 4099 Naff Avenue Project: FY2014

Mailing Address: P.O. Box 872 Submitted by: Crystal Washington, Ed.D.

City, State, Zip: Bastrop, LA 71220 Telephone/Fax #: 318-283-3477 318-283-3490

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	
	Cierical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ -
	10 TAL GALARILO (OBJECT 100)	Ψ
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%	T \$	
	Λ 10.07	*	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost		
	\$ - X 17.8%	\$	
	Λ	*	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- X 0.00000076	Ψ	_
	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)	.	
	TOTAL EMPLOYEE BENEFITS (Object 200)	\$	-
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES		
	For every service budgeted, provide the following:		
	Name of vendor or consultant		
	Rate of Pay 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)	5 -
600	SUPPLIES	
	Provide examples of each type of the Materials and Supplies to be purchased.	
	Provide examples of each type of the Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	
	TOTAL CURRILES (Object COO)	¢
	TOTAL SUPPLIES (Object 600)	5 -
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: Morehouse Parish Schools- H.V. Adams Elementary

Street Address: 4099 Naff Avenue

Mailing Address: P.O. Box 872

City, State, Zip: Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax #: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

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	\$
RAND T		\$

MAIL TO:

Louisiana Department of Education Year Five Budget Detail

Name of Eligible

Recipient: Morehouse Parish Schools- H.V. Adams Elementary Program: 1003(g) School Improvement Grant

Street Address: 4099 Naff Avenue Project: FY2014

Mailing Address: P.O. Box 872 Submitted by: Crystal Washington, Ed.D.

City, State, Zip: Bastrop, LA 71220 Telephone/Fax #: 318-283-3477 318-283-3490

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)	¢
	TOTAL SALARIES (OBJECT 100)	Ψ
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 co	st	
	× 15.5%	I \$	
	Λ 15.5%	-	
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cos	†	
	\$ - X 17.8%	\$	
	Λ	-	
	Unemployment Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	-
	- X 0.0000076	Ψ	
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ - X 0.000000%	\$	
	- X 0.0000076	Ψ	
		1	
	TOTAL FMDL OVER DENIETE (Object 200	\	
	TOTAL EMPLOYEE BENEFITS (Object 200) \$	-
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 convice provided.	1	
	Topic covered or service provided		
		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.)	
	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)	
	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)	Φ -
600	SUPPLIES	
	Provide examples of each type of the Materials and Supplies to be purchased.	
	Provide examples of each type of the Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	
	TOTAL CURRILES (Object COO)	¢
	TOTAL SUPPLIES (Object 600)	5 -
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: Morehouse Parish Schools- H.V. Adams Elementary

Street Address: 4099 Naff Avenue

Mailing Address: P.O. Box 872

City, State, Zip: Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax #: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

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 Combined Budget Summary

Name of Eligible

City, State, Zip:

Recipient: Morehouse Parish Schools- H.V. Adams Elementar
Street Address: 4099 Naff Avenue
Mailing Address: P.O. Box 872

Bastrop, LA 71220

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Crystal Washington, Ed.D.

Telephone/Fax#: 318-283-3477 318-283-3490

E-mail Address: cwashington@mpbs.us

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.	\$ 31,500.00	\$ 31,500.00	\$ 31,500.00	\$ -	\$ -	\$94,500.00
400	Purchased Property Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
500	Other Purchased Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
600	Supplies	\$ 1,081.26	\$ 1,081.26	\$ 1,081.26	\$ -	\$ -	\$3,243.78
IC	Indirect Costs	\$ 4,068.29	\$ 4,068.29	\$ 4,068.29	\$ -	\$ -	\$12,204.87
	TOTAL	\$36,649.55	\$36,649.55	\$36,649.55	-	\$ -	\$109,948.65

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

MAIL TO: