

**Louisiana Department of Education
Budget Summary**

APPENDIX B

Name of Eligible Recipient: _____
 Mailing Address: _____
 City, State, Zip: _____

Program: SRCL
 Program Fiscal Year: January 1, 2018 - September 30, 2018
 Project Number: _____
 Submitted by: _____
 Telephone #: ()
 Email: _____

Source of Funds: X Federal _____ State

Object Code	Expenditure Category	Amount
100	Salaries	\$0
200	Employee Benefits	\$0
300	Purchased Professional/Tech Svcs.	\$0
400	Purchased Property Services (NOT APPLICABLE)	
500	Other Purchased Services	\$0
600	Supplies	\$0
800	Other Objects	
	Subtotal - Operating Budget	\$0
	Indirect Costs (if applicable) Approved _____%	\$0
700	Property (NOT APPLICABLE)	
900	Other Uses of Funds (NOT APPLICABLE)	
GRAND TOTAL		\$0



Budget Detail

Name of Eligible Recipient: _____	Program: <u>SRCL</u>
Mailing Address: _____	Program Fiscal Year: <u>January 1, 2018 - September 30, 2018</u>
City, State, Zip: _____	Project Number: _____
Source of Funds: X Federal _____ State	Submitted by: _____
	Telephone #: () _____
	Email: _____

Object Code	Expenditure Category	Amount
100	SALARIES	
	Stipends for teachers to attend ELA/early childhood professional development described in Allowables	
	Substitute pay for teachers to attend professional development described in Allowables	

	Stipends (Provide daily rate X # of days or hourly rate X # of hours.)			
	Daily Rate:	\$0.00	X 0	\$0.00
	Hourly Rate:	\$0.00	X 0	\$0.00
	Substitutes (Provide daily X # of days or hourly rate X # of hours.)			
	Daily Rate:	\$0.00	X 0	\$0.00
	Hourly Rate:	\$0.00	X 0	\$0.00
	TOTAL SALARIES			\$0.00
200	EMPLOYEE BENEFITS			
	Benefits (e.g. retirement, health insurance, etc.) related to stipends or substitute pay for teachers to participate in professional development described in Allowables			
	TOTAL BENEFITS			\$0.00
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES DESCRIBED IN ALLOWABLES			
	For every Allowable service budgeted, provide the following:			
	1. Name of vendor or consultant			
	2. Rate of Pay			
	3. Topic covered or service provided			
	TOTAL PURCHASED PROF/TECH SERV.			\$0.00
500	OTHER PURCHASED SERVICES			
	For all Allowable services budgeted, provide the following:			
	1. List sites			
	2. List applicable rates			
	For all Allowable travel costs budgeted provide the following:			
	1. Positions of employees to travel			

	2. Conferences to be attended	
	3. Mileage rates as applicable for local travel	
	Travel - In-State (List position, title and meeting to be attended and/or applicable mileage.)	
	TOTAL OTHER PURCHASED SERVICES	\$0.00
600	SUPPLIES	
	Provide several examples of Allowable materials to be purchased	
	TOTAL SUPPLIES	\$0.00
800	OTHER	
	SUBTOTAL-OPERATING BUDGET	\$0.00
	Enter in your approved indirect rate below.	
	INDIRECT COST	\$0.00
	TOTAL BUDGET DETAIL SHEETS	\$0.00