

**Louisiana Department of Education
FY13 1003(g) School Improvement Grant
LEA Application Budget**

LA Department of Education Contact:

Rashaunda S. Matthews
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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: Sci Academy
Street Address: 5552 Read Boulevard
Mailing Address: _____
City, State, Zip: New Orleans, LA 70127

Submitted by: Allison Zimmer
Telephone # Fax #: 201-618-1735 **Fax #** 504-324-0171
Email Address azimmer@collegiateacademies.org

The additional information below will be used to request corrections to the budgets.
This information is not linked to the budget forms.

Program Coordinator _____
Telephone _____
Fax _____
Email _____

Fiscal/Accounting Contact Kristin Do
Telephone 773-744-0553
Fax 504-324-0171
Email kdo@collegiateacademies.org

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: Sci Academy

Street Address: 5552 Read Boulevard

Mailing Address: 0

City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Allison Zimmer

Telephone/Fax #: 201-618-1735 504-324-0171

E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	1. 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	
	School Leader (25% of salary)	\$ 24,387.50
	Director of Curriculum and Instruction	\$ 68,500.00
	Instructional Coach	\$ 60,000.00
	Teachers	
	Academic Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Culture Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Full-time substitute teacher	\$ 50,000.00
	Clerical/Secretarial	
	Director of Information Technology	\$ 60,000.00
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ 328,887.50
200	EMPLOYEE BENEFITS	

	Health Insurance			
	7% of total salaries			\$ 23,022.13
	Life Insurance			
	Dental Insurance			
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.			
	\$ 328,887.50	X	6.2%	\$ 20,391.03
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 328,887.50	X	1.45%	\$ 4,768.87
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
	\$ 328,887.50	X	15.5%	\$ 50,977.56
	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.			
	\$ 328,887.50	X	0.000000%	\$ -
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ 328,887.50	X	0.800000%	\$ 2,631.10
	TOTAL EMPLOYEE BENEFITS (Object 200)			\$ 101,790.68
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES			
	For every service budgeted, provide the following:			
	1. Name of vendor or consultant			
	2. Rate of Pay			
	3. Topic covered or service provided			

	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)	
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$ -
600	SUPPLIES	
	Provide examples of each type of the Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	

Louisiana Department of Education Year One Budget Summary

Name of Eligible Recipient: Sci Academy
 Street Address: 5552 Read Boulevard
 Mailing Address: 0
 City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant
 Project: FY2013
 Submitted by: Allison Zimmer
 Telephone/Fax #: 201-618-1735 504-324-0171
 E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 328,887.50
200	Employee Benefits	\$ 101,790.68
300	Purchased Professional/Tech Svcs.	\$ -
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
GRAND TOTAL		\$ 430,678.18

<p>MAIL TO: Louisiana Department of Education Grants Management - 5th Floor P.O. Box 94064 Baton Rouge, LA 70804-9064 FAX # (225)219-4205</p>

Louisiana Department of Education Year 2 Budget Detail

Name of Eligible

Recipient: Sci Academy

Street Address: 5552 Read Boulevard

Mailing Address: 0

City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Allison Zimmer

Telephone/Fax #: 201-618-1735 504-324-0171

E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	1. 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	
	School Leader (25% of salary)	\$ 24,875.25
	Director of Curriculum and Instruction	\$ 69,870.00
	Instructional Coach	\$ 61,200.00
	Teachers	
	Academic Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Culture Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Full-time substitute teacher	\$ 50,000.00
	Clerical/Secretarial	
	Director of Information Technology	\$ 61,200.00
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ 333,145.25
200	EMPLOYEE BENEFITS	

	Health Insurance			
	7% of total salaries			\$ 23,320.17
	Life Insurance			
	Dental Insurance			
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.			
	\$ 333,145.25	X	6.2%	\$ 20,655.01
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 333,145.25	X	1.45%	\$ 4,830.61
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
	\$ 333,145.25	X	15.5%	\$ 51,637.51
	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.			
	\$ 333,145.25	X	0.000000%	\$ -
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ 333,145.25	X	0.800000%	\$ 2,665.16
	TOTAL EMPLOYEE BENEFITS (Object 200)			\$ 103,108.45
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES			
	For every service budgeted, provide the following:			
	1. Name of vendor or consultant			
	2. Rate of Pay			
	3. Topic covered or service provided			

Louisiana Department of Education Year 2 Budget Summary

Name of Eligible Recipient: Sci Academy
 Street Address: 5552 Read Boulevard
 Mailing Address: 0
 City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant
 Project: FY2013
 Submitted by: Allison Zimmer
 Telephone/Fax #: 201-618-1735 504-324-0171
 E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 333,145.25
200	Employee Benefits	\$ 103,108.45
300	Purchased Professional/Tech Svcs.	\$ -
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
GRAND TOTAL		\$ 436,253.70

<p>MAIL TO: Louisiana Department of Education Grants Management - 5th Floor P.O. Box 94064 Baton Rouge, LA 70804-9064 FAX # (225)219-4205</p>

Louisiana Department of Education Year 3 Budget Detail

Name of Eligible

Recipient: Sci Academy

Street Address: 5552 Read Boulevard

Mailing Address: 0

City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Allison Zimmer

Telephone/Fax #: 201-618-1735 504-324-0171

E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	1. 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	
	School Leader (25% of salary)	\$ 25,372.76
	Director of Curriculum and Instruction	\$ 71,267.40
	Instructional Coach	\$ 62,424.00
	Teachers	
	Academic Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Culture Deans (4 teachers * 15% of salary)	\$ 33,000.00
	Full-time substitute teacher	\$ 50,000.00
	Clerical/Secretarial	
	Director of Information Technology	\$ 62,424.00
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ 337,488.16
200	EMPLOYEE BENEFITS	

	Health Insurance			
	7% of total salaries			\$ 23,624.17
	Life Insurance			
	Dental Insurance			
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.			
	\$ 337,488.16	X	6.2%	\$ 20,924.27
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 337,488.16	X	1.45%	\$ 4,893.58
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
	\$ 337,488.16	X	15.5%	\$ 52,310.66
	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.			
	\$ 337,488.16	X	0.000000%	\$ -
	Worker's Comp. (%)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ 337,488.16	X	0.800000%	\$ 2,699.91
	TOTAL EMPLOYEE BENEFITS (Object 200)			\$ 104,452.59
300	PURCHASED PROFESSIONAL & TECHNICAL SERVICES			
	For every service budgeted, provide the following:			
	1. Name of vendor or consultant			
	2. Rate of Pay			
	3. Topic covered or service provided			

	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)	
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	TOTAL OTHER PURCHASED SERVICES (Object 500)	\$ -
600	SUPPLIES	
	Provide examples of each type of Materials and Supplies to be purchased.	
	Other Supplies (Specify below.)	

Louisiana Department of Education Year 3 Budget Summary

Name of Eligible Recipient: Sci Academy
 Street Address: 5552 Read Boulevard
 Mailing Address: 0
 City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant
 Project: FY2013
 Submitted by: Allison Zimmer
 Telephone/Fax #: 201-618-1735 504-324-0171
 E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 337,488.16
200	Employee Benefits	\$ 104,452.59
300	Purchased Professional/Tech Svcs.	\$ -
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
GRAND TOTAL		\$ 441,940.74

MAIL TO: Louisiana Department of Education Grants Management - 5th Floor P.O. Box 94064 Baton Rouge, LA 70804-9064 FAX # (225)219-4205
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Louisiana Department of Education Combined Budget Summary

Name of Eligible Recipient: Sci Academy
 Street Address: 5552 Read Boulevard
 Mailing Address: 0
 City, State, Zip: New Orleans, LA 70127

Program: 1003(g) School Improvement Grant
 Project: FY2013
 Submitted by: Allison Zimmer
 Telephone/Fax#: 201-618-1735 504-324-0171
 E-mail Address: azimmer@collegiateacademies.org

Object Code	Expenditure Category	Year 1	Year 2	Year 3	COMBINED FUNDING
100	Salaries	\$328,887.50	\$333,145.25	\$337,488.16	\$999,520.91
200	Employee Benefits	\$101,790.68	\$103,108.45	\$104,452.59	\$309,351.72
300	Purchased Professional/Tech Svcs.	\$0.00	\$0.00	\$0.00	\$0.00
400	Purchased Property Services	\$0.00	\$0.00	\$0.00	\$0.00
500	Other Purchased Services	\$0.00	\$0.00	\$0.00	\$0.00
600	Supplies	\$0.00	\$0.00	\$0.00	\$0.00
700	Property	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$430,678.18	\$436,253.70	\$441,940.74	\$1,308,872.63

GRANTEE INFORMATION

Allison Zimmer 4/28/2014
 Representative of the entity: Date:

STATE DEPARTMENT OF EDUCATION

Approved Division Director/Designee: _____ Date: _____

Approved Ed. Finance Director/Designee: _____ Date: _____

MAIL TO:
 Louisiana Department of Education
 Grants Management - 5th Floor
 P.O. Box 94064
 Baton Rouge, LA 70804-9064
 FAX # (225)342-1256