

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

**LA Department of Education Contact:**

Rashaunda S. Matthews  
Phone: 225-342-3784  
Rashaunda.Matthews@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:** Craig Charter School  
**Street Address:** 1423 St. Philip St  
**Mailing Address:** 1617 Caffin Ave  
**City, State, Zip:** New Orleans, LA 70116

**Submitted by:** Doris R. Hicks  
**Telephone # Fax #:** 504.940.2243 **Fax #** 504.940.2276  
**Email Address** [dorishicks@gmail.com](mailto:dorishicks@gmail.com)

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

**Program Coordinator** Janice Watson  
**Telephone** 504-940-2243  
**Fax** 504-940-2276  
**Email** [jwatson@mlknola.org](mailto:jwatson@mlknola.org)

**Fiscal/Accounting Contact** Shawne B. Favre  
**Telephone** 504.940.2016  
**Fax** 504.940.2022  
**Email** [sfavre@mlknola.org](mailto:sfavre@mlknola.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: Craig Charter School

Street Address: 1423 St. Philip St

Mailing Address: 1617 Caffin Ave

City, State, Zip: New Orleans, LA 70116

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Doris R. Hicks

Telephone/Fax #: 504.940.2243      504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
<b>100</b>	<b>SALARIES</b>	
	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	
	<b>Officials/Administrators/Managers</b>	
	District Chief Operations Officer (50%)	\$ 45,000.00
	District Director of Transformation Support (50%)	\$ 30,000.00
	Comer Resource Officer (50%)	\$ 25,000.00
	1 Technology Counselor	\$ 50,000.00
	<b>Teachers</b>	
	2 English Teacher @ \$50,000/ each	\$ 100,000.00
	2 Math Teacher @ \$50,000/ each	\$ 100,000.00
	<b>Clerical/Secretarial</b>	
	<b>Aides/Paraprofessionals</b>	
	2 Teaching Fellows @ \$25,500/each	\$ 51,000.00
	1 week Prof Dev (5 days @ 5 hrs/day. 35 teachers @ \$35/hr;	\$ 30,625.00
	12 paras/interventionist/subs @ \$20/hr; 4 Pupil Support @ \$40/hr; 2 Data Support @ \$20/hr;	\$ 11,000.00
	Stipends for Before & After School Mtgs- Teachers & Para (same rates as retreat for 40 hrs/ year)	\$ 58,600.00
	<b>TOTAL SALARIES (Object 100)</b>	<b>\$ 501,225.00</b>
<b>200</b>	<b>EMPLOYEE BENEFITS</b>	

	Health Insurance			
	Life Insurance			
	Dental Insurance			
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.			
	\$ 501,225.00	X	6.2%	\$ 31,075.95
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 501,225.00	X	1.45%	\$ 7,267.76
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
		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	0.000000%	\$ -
	Worker's Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ -	X	0.000000%	\$ -
	403B Retirement Plan ( 6 %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ 501,225.00	X	6.000000%	\$ 30,073.50
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>			<b>\$ 68,417.21</b>
<b>300</b>	<b>PURCHASED PROFESSIONAL &amp; TECHNICAL SERVICES</b>			
	For every service budgeted, provide the following:			
	1. Name of vendor or consultant			
	2. Rate of Pay			
	3. Topic covered or service provided			



	Travel - In-State (List name of conference attending)	
	Travel - Out-of-State (List name of conference attending)	
	School Wide Retreat- Lodging	\$ 30,000.00
	Phone (list monthly rate)	
	Postage	\$ 250.00
	Printing	\$ 1,000.00
	Other (Specify below.)	
	Advertisements	\$ 2,000.00
	Comer Contract with Yale University (50%)	5250
	Web Based Software	\$ 30,000.00
	<b>TOTAL OTHER PURCHASED SERVICES (Object 500)</b>	<b>\$ 68,500.00</b>
<b>600</b>	<b>SUPPLIES</b>	
	Provide <b>examples</b> of each type of the Materials and Supplies to be purchased.	
	20 desktops at \$750 each	\$15,000
	25 laptops @ \$300 each	\$7,500
	30 iPads @ \$500 each	\$15,000
	Parental involvement supplies for meetings	\$ 2,000.00
	Paper, books, pens, toner, envelopes, office supplies, technology supplies	\$ 15,000.00
	<b>Other Supplies (Specify below.)</b>	



## Louisiana Department of Education Year One Budget Summary

Name of Eligible

Recipient: Craig Charter School

Program: 1003(g) School Improvement Grant

Street Address: 1423 St. Philip St

Project: FY2013

Mailing Address: 1617 Caffin Ave

Submitted by: Doris R. Hicks

City, State, Zip: New Orleans, LA 70116

Telephone/Fax #: 504.940.2243 504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
100	Salaries	\$ 501,225.00
200	Employee Benefits	\$ 68,417.21
300	Purchased Professional/Tech Svcs.	\$ 8,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 68,500.00
600	Supplies	\$ 54,500.00
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 700,642.21</b>

**MAIL TO:**

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

## Louisiana Department of Education Year 2 Budget Detail

Name of Eligible

Recipient: Craig Charter School

Street Address: 1423 St. Philip St

Mailing Address: 1617 Caffin Ave

City, State, Zip: New Orleans, LA 70116

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Doris R. Hicks

Telephone/Fax #: 504.940.2243      504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
<b>100</b>	<b>SALARIES</b>	
	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	
	<b>Officials/Administrators/Managers</b>	
	District Chief Operations Officer (50%)	\$ 45,000.00
	District Director of Transformation Support (50%)	\$ 30,000.00
	Comer Resource Officer (50%)	\$ 25,000.00
	1 Technology Counselor	\$ 50,000.00
	<b>Teachers</b>	
	2 English Teacher @ \$50,000/ each	\$ 100,000.00
	2 Math Teacher @ \$50,000/ each	\$ 100,000.00
	<b>Clerical/Secretarial</b>	
	<b>Aides/Paraprofessionals</b>	
	2 Teaching Fellows @ \$25,500/each	\$ 51,000.00
	1 week Prof Dev (5 days @ 5 hrs/day. 35 teachers @ \$35/hr;	\$ 30,625.00
	12 paras/interventionist/subs @ \$20/hr; 4 Pupil Support @ \$40/hr; 2 Data Support @ \$20/hr;	\$ 11,000.00
	Stipends for Before & After School Mtgs- Teachers & Para (same rates as retreat for 35 hrs/ year)	\$ 51,275.00
	<b>TOTAL SALARIES (Object 100)</b>	<b>\$ 493,900.00</b>
<b>200</b>	<b>EMPLOYEE BENEFITS</b>	

	Health Insurance			
	Life Insurance			
	Dental Insurance			
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.			
	\$ 493,900.00	X	6.2%	\$ 30,621.80
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 493,900.00	X	1.45%	\$ 7,161.55
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
		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	0.000000%	\$ -
	Worker's Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ -	X	0.000000%	\$ -
	403B Retirement Plan ( 6 %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ 493,900.00	X	6.000000%	\$ 29,634.00
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>			<b>\$ 67,417.35</b>
<b>300</b>	<b>PURCHASED PROFESSIONAL &amp; TECHNICAL SERVICES</b>			
	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)	
	School Wide Retreat- Lodging	\$ 30,000.00
	Phone (list monthly rate)	
	Postage	\$ 250.00
	Printing	\$ 1,000.00
	Other (Specify below.)	
	Advertisements	\$ 2,000.00
	Comer Contract with Yale University (50%)	\$ 5,250.00
	Web Based Software	\$ 30,000.00
	<b>TOTAL OTHER PURCHASED SERVICES (Object 500)</b>	<b>\$ 68,500.00</b>
<b>600</b>	<b>SUPPLIES</b>	
	Provide examples of each type of Materials and Supplies to be purchased.	
	Parental involvement supplies for meetings	\$ 2,000.00
	Paper, books, pens, toner, envelopes, office supplies, technology supplies	\$ 12,000.00
	<b>Other Supplies (Specify below.)</b>	



## Louisiana Department of Education Year 2 Budget Summary

Name of Eligible

Recipient: Craig Charter School

Program: 1003(g) School Improvement Grant

Street Address: 1423 St. Philip St

Project: FY2013

Mailing Address: 1617 Caffin Ave

Submitted by: Doris R. Hicks

City, State, Zip: New Orleans, LA 70116

Telephone/Fax #: 504.940.2243 504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
100	Salaries	\$ 493,900.00
200	Employee Benefits	\$ 67,417.35
300	Purchased Professional/Tech Svcs.	\$ 8,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 68,500.00
600	Supplies	\$ 14,000.00
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 651,817.35</b>

**MAIL TO:**

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

## Louisiana Department of Education Year 3 Budget Detail

Name of Eligible

Recipient: Craig Charter School

Street Address: 1423 St. Philip St

Mailing Address: 1617 Caffin Ave

City, State, Zip: New Orleans, LA 70116

Program: 1003(g) School Improvement Grant

Project: FY2013

Submitted by: Doris R. Hicks

Telephone/Fax #: 504.940.2243      504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
<b>100</b>	<b>SALARIES</b>	
	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	
	<b>Officials/Administrators/Managers</b>	
	District Chief Operations Officer (50%)	\$ 45,000.00
	District Director of Transformation Support (50%)	\$ 30,000.00
	Comer Resource Officer (50%)	\$ 25,000.00
	1 Technology Counselor	\$ 50,000.00
	<b>Teachers</b>	
	2 English Teacher @ \$50,000/ each	\$ 100,000.00
	2 Math Teacher @ \$50,000/ each	\$ 100,000.00
	<b>Clerical/Secretarial</b>	
	<b>Aides/Paraprofessionals</b>	
	2 Teaching Fellows @ \$25,500/each	\$ 51,000.00
	1 week Prof Dev (5 days @ 5 hrs/day. 35 teachers @ \$35/hr;	\$ 30,625.00
	12 paras/interventionist/subs @ \$20/hr; 4 Pupil Support @ \$40/hr; 2 Data Support @ \$20/hr;	\$ 11,000.00
	Stipends for Before & After School Mtgs- Teachers & Para (same rates as retreat for 30 hrs/ year)	\$ 43,950.00

	<b>TOTAL SALARIES (Object 100)</b>		<b>\$ 486,575.00</b>
<b>200</b>	<b>EMPLOYEE BENEFITS</b>		
	Health Insurance		
	Life Insurance		
	Dental Insurance		
	FICA (6.2%) - Provide Total Salary Amount to determine benefit cost.		
	\$ 486,575.00	X	6.2%
			\$ 30,167.65
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.		
	\$ 486,575.00	X	1.45%
			\$ 7,055.34
	Teacher Retirement (15.5% in FY08/09)- Provide Total Salary Amount to determine benefit cost.		
		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	0.000000%
			\$ -
	Worker's Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ -	X	0.000000%
			\$ -
	403B Retirement Plan ( 6 %)-Provide Total Salary Amount and Rate to determine benefit cost.		
	\$ 486,575.00	X	6.000000%
			\$ 29,194.50
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>		<b>\$ 66,417.49</b>
<b>300</b>	<b>PURCHASED PROFESSIONAL &amp; TECHNICAL SERVICES</b>		
	For every service budgeted, provide the following:		



	2. 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)	
	School Wide Retreat- Lodging	\$ 30,000.00
	Phone (list monthly rate)	
	Postage	\$ 250.00
	Printing	\$ 1,000.00
	Other (Specify below.)	
	Advertisements	\$ 2,000.00
	Comer Contract with Yale University (50%)	\$ 5,250.00
	Web Based Software	\$ 35,000.00
	<b>TOTAL OTHER PURCHASED SERVICES (Object 500)</b>	<b>\$ 73,500.00</b>
<b>600</b>	<b>SUPPLIES</b>	
	Provide examples of each type of Materials and Supplies to be purchased.	
	Parental involvement supplies for meetings	\$ 2,000.00
	Paper, books, pens, toner, envelopes, office supplies, technology supplies	\$ 11,000.00
	<b>Other Supplies (Specify below.)</b>	



## Louisiana Department of Education Year 3 Budget Summary

Name of Eligible

Recipient: Craig Charter School

Program: 1003(g) School Improvement Grant

Street Address: 1423 St. Philip St

Project: FY2013

Mailing Address: 1617 Caffin Ave

Submitted by: Doris R. Hicks

City, State, Zip: New Orleans, LA 70116

Telephone/Fax #: 504.940.2243 504.940.2276

E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Amount
100	Salaries	\$ 486,575.00
200	Employee Benefits	\$ 66,417.49
300	Purchased Professional/Tech Svcs.	\$ 8,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ 73,500.00
600	Supplies	\$ 13,000.00
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 647,492.49</b>

**MAIL TO:**

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

## Louisiana Department of Education Combined Budget Summary

Name of Eligible Recipient: Craig Charter School  
 Street Address: 1423 St. Philip St  
 Mailing Address: 1617 Caffin Ave  
 City, State, Zip: New Orleans, LA 70116

Program: 1003(g) School Improvement Grant  
 Project: FY2013  
 Submitted by: Doris R. Hicks  
 Telephone/Fax#: 504.940.2243      504.940.2276  
 E-mail Address: dorishicks@gmail.com

Object Code	Expenditure Category	Year 1	Year 2	Year 3	COMBINED FUNDING
100	Salaries	\$501,225.00	\$493,900.00	\$486,575.00	\$1,481,700.00
200	Employee Benefits	\$68,417.21	\$67,417.35	\$66,417.49	\$202,252.05
300	Purchased Professional/Tech Svcs.	\$8,000.00	\$8,000.00	\$8,000.00	\$24,000.00
400	Purchased Property Services	\$0.00	\$0.00	\$0.00	\$0.00
500	Other Purchased Services	\$68,500.00	\$68,500.00	\$73,500.00	\$210,500.00
600	Supplies	\$54,500.00	\$14,000.00	\$13,000.00	\$81,500.00
700	Property	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>		<b>\$700,642.21</b>	<b>\$651,817.35</b>	<b>\$647,492.49</b>	<b>\$1,999,952.05</b>

### GRANTEE INFORMATION

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