

**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: | <u>Bakerfield Elementary in City of Baker School System</u> |
| Street Address: | <u>2550 South St.</u> |
| Mailing Address: | <u></u> |
| City, State, Zip: | <u>Baker, LA 70714</u> |
| Submitted by: | <u>Dr. Herman Brister</u> |
| Telephone # Fax #: | <u>(225) 774-5795</u> Fax # <u>(225) 774-5797</u> |
| Email Address | <u>hbrister@bakerschools.org</u> |

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

| | |
|---------------------|---|
| Program Coordinator | <u>Dr. Angela Domingue</u> |
| Telephone | <u>(225) 774-5795</u> |
| Fax | <u>(225) 774-5797</u> |
| Email | <u>adomingue@bakerschools.org</u> |

| | |
|---------------------------|---|
| Fiscal/Accounting Contact | <u>Mrs. Sidney Stewart</u> |
| Telephone | <u>(225) 774-5795</u> |
| Fax | <u>(225) 774-5797</u> |
| 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: hbrister@bakerschools.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 | |
| | | |
| | | |
| | 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 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% | \$ - |
| | | | | |
| | | | | |
| | TOTAL EMPLOYEE BENEFITS (Object 200) | | | \$ - |
| 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 | | | |
| | | | | |
| | Using Minds Well Collaborative | | | |
| | Unit cost of workshops, participants, and follow-up | | | \$30,000 |

| | | |
|------------|--|---------------------|
| | Professional Development for Teachers | |
| | or | |
| | Institute for Learning | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL PURCHASED PROF/TECH SERV. (Object 300) | \$ 30,000.00 |
| 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., accessibility 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 | |
| | 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) | |
| | | |

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 TOTAL | | \$ 45,000.00 |

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: Bakerfield Elementary in City of Baker School Syster
 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) 774-5795 (225) 774-5797
 E-mail Address: hbrister@bakerschools.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 | |
| | | |
| | | |
| | 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 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% | \$ - |
| | | | | |
| | | | | |
| | TOTAL EMPLOYEE BENEFITS (Object 200) | | | \$ - |
| 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 | | | |
| | | | | |
| | Using Minds Well Collaborative | | | |
| | Unit Cost for workshops, participants, and follow-up | | | \$30,000 |

Teacher professional development

TOTAL PURCHASED PROF/TECH SERV. (Object 300) \$ 30,000.00

400 PURCHASED PROPERTY SERVICES

For every servcie 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., accessibility 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
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)

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 TOTAL | | \$ 36,500.00 |

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: Bakerfield Elementary in City of Baker School Syster
 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) 774-5795 (225) 774-5797
 E-mail Address: hbrister@bakerschools.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 | |
| | | |
| | | |
| | 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 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% | \$ - |
| | | | | |
| | | | | |
| | TOTAL EMPLOYEE BENEFITS (Object 200) | | | \$ - |
| | | | | |
| 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 | | | |
| | | | | |
| | Using Minds Well Collaborative | | | |
| | Unit Cost for workshops, participants, and follow-up | | | \$30,000 |

| | | |
|------------|--|---------------------|
| | Professional development for Teachers | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL PURCHASED PROF/TECH SERV. (Object 300) | \$ 30,000.00 |
| 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., accessibility 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 | |
| | 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) | |
| | Using Minds Well Recommended Site Visit and Conference | \$4,000 |
| | Teachers, Teacher Leader, Principal | |
| | | |
| | Phone (list monthly rate) | |
| | Postage | |
| | Printing | |
| | | |
| | Other (Specify below.) | |
| | | |
| | TOTAL OTHER PURCHASED SERVICES (Object 500) | \$ 4,000.00 |
| 600 | SUPPLIES | |
| | Provide examples of each type of Materials and Supplies to be purchased. | |
| | | |
| | Instructional Resources to implement Using Minds Well | \$2,500 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Other Supplies (Specify below.) | |
| | | |
| | | |
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| | | |
| | | |
| | TOTAL SUPPLIES (Object 600) | \$ 2,500.00 |
| 700 | PROPERTY | |
| | | |
| | | |

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 TOTAL | | \$ 36,500.00 |

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 Four Budget Detail

Name of Eligible Recipient: Bakerfield Elementary in City of Baker School Syster
 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) 774-5795 (225) 774-5797
 E-mail Address: hbrister@bakerschools.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 | |
| | | |
| | | |
| | Teachers | |
| | | |
| | | |
| | | |
| | | |
| | Clerical/Secretarial | |
| | | |
| | | |
| | Aides/Paraprofessionals | |
| | | |
| | | |
| | TOTAL SALARIES (Object 100) | \$ - |
| 200 | EMPLOYEE BENEFITS | |
| | | |

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|--|---|-------------|
| | TOTAL PURCHASED PROF/TECH SERV. (Object 300) | \$ - |
|--|---|-------------|

| | | |
|------------|------------------------------------|--|
| 400 | PURCHASED PROPERTY SERVICES | |
|------------|------------------------------------|--|

| | | |
|---|--|--|
| For every servcie 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 | |
|------------|---------------------------------|--|

| | | |
|---|--|--|
| 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) | | |
| 1. Position of employee | | |
| 2. Mileage rates as applicable for local travel | | |

| | |
|---|--|
| Travel - In-State (List name of conference attending) | |
|---|--|

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 TOTAL | | \$ - |

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 Five Budget Detail

Name of Eligible Recipient: Bakerfield Elementary in City of Baker School Syster
 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) 774-5795 (225) 774-5797
 E-mail Address: hbrister@bakerschools.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 | |
| | | |
| | | |
| | 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 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% | \$ - |
| | | | | |
| | | | | |
| | TOTAL EMPLOYEE BENEFITS (Object 200) | | | \$ - |
| | | | | |
| 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 | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|------------|---|------|
| | | |
| | | |
| | 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.) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL SUPPLIES (Object 600) | \$ - |
| 700 | PROPERTY | |
| | | |
| | | |

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 | \$ - |
| GRAND TOTAL | | \$ - |

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: Bakerfield Elementary in City of Baker School Syst
 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) 774-5795 (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

Representative of the entity: _____ Date: _____

STATE DEPARTMENT OF EDUCATION

Approved Division Director/Designee: _____ Date: _____

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

MAIL TO:
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 Grants Management - 5th Floor
 P.O. Box 94064
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 FAX # (225)342-1256