

**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](mailto: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.)**

<b>Name of Eligible Recipient:</b>	<u>FirstLine Schools, Inc.</u>	
<b>Street Address:</b>	<u>300 North Broad Street, Suite 207</u>	
<b>Mailing Address:</b>	<u>PO Box 791729</u>	
<b>City, State, Zip:</b>	<u>New Orleans, LA 70179-1729</u>	
<b>Submitted by:</b>	<u>Heather Guidry</u>	
<b>Telephone # Fax #:</b>	<u>(504)655-6216</u>	<b>Fax #</b> <u>(504) 287-0019</u>
<b>Email Address</b>	<u><a href="mailto:hguidry@firstlineschools.org">hguidry@firstlineschools.org</a></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>Heather Guidry</u>
Telephone	<u>(504)655-6216</u>
Fax	<u>(504) 287-0019</u>
Email	<u><a href="mailto:hguidry@firstlineschools.org">hguidry@firstlineschools.org</a></u>

Fiscal/Accounting Contact	<u>Heather Guidry</u>
Telephone	<u>(504)655-6216</u>
Fax	<u>(504) 287-0019</u>
Email	<u><a href="mailto:hguidry@firstlineschools.org">hguidry@firstlineschools.org</a></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: FirstLine Schools, Inc.  
 Street Address: 300 North Broad Street, Suite 207  
 Mailing Address: PO Box 791729  
 City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant  
 Project: FY2014  
 Submitted by: Heather Guidry  
 Telephone/Fax #: (504)655-1(504) 287-0019  
 E-mail Address: hguidry@firstlineschools.org

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>	
	NOLA Tech Program Director (\$70,000 of total annual salary of \$80,000. FirstLine to match remainder)	\$ 70,000.00
	Director of Student and Family Support Services (\$78,000 of total annual salary of \$93,000. FirstLine to match remainder)	\$ 78,000.00
	Workforce Readiness Coordinator (\$60,000 of total annual salary of \$72,000. FirstLine to match remainder)	\$ 60,000.00
	<b>Teachers</b>	
	<b>Clerical/Secretarial</b>	
	<b>Aides/Paraprofessionals</b>	

	<b>TOTAL SALARIES (Object 100)</b>			<b>\$ 208,000.00</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.			
	<b>\$ 208,000.00</b>	X	<b>6.2%</b>	<b>\$ 12,896.00</b>
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	<b>\$ 208,000.00</b>	X	<b>1.45%</b>	<b>\$ 3,016.00</b>
	Teacher Retirement (6% TIAA-CREF Employer Contribution)- Provide Total Salary Amount to determine benefit cost.			
	<b>\$ 208,000.00</b>	X	<b>6.0%</b>	<b>\$ 12,480.00</b>
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
	<b>\$ -</b>	X	<b>17.8%</b>	<b>\$ -</b>
	Unemployment Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	<b>\$ -</b>	X	<b>0.000000%</b>	<b>\$ -</b>
	Worker's Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	<b>\$ -</b>	X	<b>0.000000%</b>	<b>\$ -</b>
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>			<b>\$ 28,392.00</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	
	Dual Enrollment fees paid to Delgado, SUNO, and Nunez. (\$105/ course x 2 courses/ student x 70 students)	\$ 13,000.00
	<b>TOTAL PURCHASED PROF/TECH SERV. (Object 300)</b>	<b>\$ 13,000.00</b>
<b>400</b>	<b>PURCHASED PROPERTY SERVICES</b>	
	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.)	
	<b>TAL PURCHASED PROPERTY SERVICES (Object 400)</b>	<b>\$ -</b>
<b>500</b>	<b>OTHER PURCHASED SERVICES</b>	
	For all services budgeted, provide the following:	
	1. List sites	



	<b>Other Supplies (Specify below.)</b>	
	<b>TOTAL SUPPLIES (Object 600)</b>	<b>\$ -</b>
<b>700</b>	<b>PROPERTY</b>	
	<b>TOTAL PROPERTY (Object 700)</b>	<b>\$ -</b>
	<b>TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)</b>	<b>\$ 249,392.00</b>

## Louisiana Department of Education Year One Budget Summary

Name of Eligible

Recipient: FirstLine Schools, Inc.

Street Address: 300 North Broad Street, Suite 207

Mailing Address: PO Box 791729

City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Heather Guidry

Telephone/Fax #: (504)655-6216 (504) 287-0019

E-mail Address: hguidry@firstlineschools.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 208,000.00
200	Employee Benefits	\$ 28,392.00
300	Purchased Professional/Tech Svcs.	\$ 13,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 249,392.00</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: FirstLine Schools, Inc.  
 Street Address: 300 North Broad Street, Suite 207  
 Mailing Address: PO Box 791729  
 City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant  
 Project: FY2014  
 Submitted by: Heather Guidry  
 Telephone/Fax #: (504)655-6216 (504) 287-0019  
 E-mail Address: hguidry@firstlineschools.org

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	
	Officials/Administrators/Managers	
	NOLA Tech Program Director (\$70,000 of total annual salary of \$80,000. FirstLine to match remainder)	\$ 70,000.00
	Director of Student and Family Support Services (\$78,000 of total annual salary of \$93,000. FirstLine to match remainder)	\$ 78,000.00
	Workforce Readiness Coordinator (\$60,000 of total annual salary of \$72,000. FirstLine to match remainder)	\$ 60,000.00
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	<b>TOTAL SALARIES (Object 100)</b>	<b>\$ 208,000.00</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.			
	\$ <b>208,000.00</b>	X	<b>6.2%</b>	\$ <b>12,896.00</b>
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ <b>208,000.00</b>	X	<b>1.45%</b>	\$ <b>3,016.00</b>
	Teacher Retirement (6% TIAA-CREF Employer Contribution)- Provide Total Salary Amount to determine benefit cost.			
	\$ <b>208,000.00</b>	X	<b>6.0%</b>	\$ <b>12,480.00</b>
	School Employees (17.8% in FY08/09)- Provide Total Salary Amount to determine benefit cost.			
	\$ -	X	<b>17.8%</b>	\$ -
	Unemployment Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ -	X	<b>0.000000%</b>	\$ -
	Worker's Comp. ( %)-Provide Total Salary Amount and Rate to determine benefit cost.			
	\$ -	X	<b>0.000000%</b>	\$ -
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>			\$ <b>28,392.00</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			
	Dual Enrollment fees paid to Delgado, SUNO, and Nunez.			\$ 13,000.00



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.

60

Other Supplies (Specify below.)

**TOTAL SUPPLIES (Object 600) \$ -**

<b>700</b>	<b>PROPERTY</b>	
	<b>TOTAL PROPERTY (Object 700)</b>	<b>\$ -</b>
	<b>TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)</b>	<b>\$ 249,392.00</b>

## Louisiana Department of Education Year 2 Budget Summary

Name of Eligible

Recipient: FirstLine Schools, Inc.

Street Address: 300 North Broad Street, Suite 207

Mailing Address: PO Box 791729

City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Heather Guidry

Telephone/Fax #: (504)655-6216 (504) 287-0019

E-mail Address: hguidry@firstlineschools.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 208,000.00
200	Employee Benefits	\$ 28,392.00
300	Purchased Professional/Tech Svcs.	\$ 13,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 249,392.00</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: FirstLine Schools, Inc.  
 Street Address: 300 North Broad Street, Suite 207  
 Mailing Address: PO Box 791729  
 City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant  
 Project: FY2014  
 Submitted by: Heather Guidry  
 Telephone/Fax #: (504)655-6216 (504) 287-0019  
 E-mail Address: hguidry@firstlineschools.org

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>	
	NOLA Tech Program Director (\$70,000 of total annual salary of \$80,000. FirstLine to match remainder)	\$ 70,000.00
	Director of Student and Family Support Services (\$78,000 of total annual salary of \$93,000. FirstLine to match remainder)	\$ 78,000.00
	Workforce Readiness Coordinator (\$60,000 of total annual salary of \$72,000. FirstLine to match remainder)	\$ 60,000.00
	<b>Teachers</b>	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	<b>TOTAL SALARIES (Object 100)</b>	<b>\$ 208,000.00</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.			
	\$ 208,000.00	X	6.2%	\$ 12,896.00
	Medicare (1.45%) -Provide Total Salary Amount to determine benefit cost.			
	\$ 208,000.00	X	1.45%	\$ 3,016.00
	Teacher Retirement (6% TIAA-CREF Employer Contribution)- Provide Total Salary Amount to determine benefit cost.			
	\$ 208,000.00	X	6.0%	\$ 12,480.00
	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%	\$ -
	<b>TOTAL EMPLOYEE BENEFITS (Object 200)</b>			\$ 28,392.00
<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			
	Dual Enrollment fees paid to Delgado, SUNO, and Nunez.			\$ 14,824.00



	(\$105/ course x 2 courses/ student x 80 students)	
	<b>TOTAL PURCHASED PROF/TECH SERV. (Object 300)</b>	<b>\$ 14,824.00</b>
<b>400</b>	<b>PURCHASED PROPERTY SERVICES</b>	
	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.)	
	<b>TOTAL PURCHASED PROPERTY SERVICES (Object 400)</b>	<b>\$ -</b>
<b>500</b>	<b>OTHER PURCHASED SERVICES</b>	
	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	
	<b>Travel - In-State (List name of conference attending)</b>	

	<b>Travel - Out-of-State (List name of conference attending)</b>	
	Phone (list monthly rate)	
	Postage	
	Printing	
	Other (Specify below.)	
	<b>TOTAL OTHER PURCHASED SERVICES (Object 500)</b>	<b>\$ -</b>
<b>600</b>	<b>SUPPLIES</b>	
	Provide examples of each type of Materials and Supplies to be purchased.	
	<b>Other Supplies (Specify below.)</b>	
	<b>TOTAL SUPPLIES (Object 600)</b>	<b>\$ -</b>

<b>700</b>	<b>PROPERTY</b>	
	<b>TOTAL PROPERTY (Object 700)</b>	<b>\$ -</b>
	<b>TOTAL BUDGET DETAIL SHEETS (Objects 100 thru 700)</b>	<b>\$ 251,216.00</b>

## Louisiana Department of Education Year 3 Budget Summary

Name of Eligible

Recipient: FirstLine Schools, Inc.

Street Address: 300 North Broad Street, Suite 207

Mailing Address: PO Box 791729

City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant

Project: FY2014

Submitted by: Heather Guidry

Telephone/Fax #: (504)655-6216 (504) 287-0019

E-mail Address: hguidry@firstlineschools.org

Object Code	Expenditure Category	Amount
100	Salaries	\$ 208,000.00
200	Employee Benefits	\$ 28,392.00
300	Purchased Professional/Tech Svcs.	\$ 14,824.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
<b>GRAND TOTAL</b>		<b>\$ 251,216.00</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: FirstLine Schools, Inc.  
 Street Address: 300 North Broad Street, Suite 207  
 Mailing Address: PO Box 791729  
 City, State, Zip: New Orleans, LA 70179-1729

Program: 1003(g) School Improvement Grant  
 Project: FY2014  
 Submitted by: Heather Guidry  
 Telephone/Fax#: (504)655-6216 (504) 287-0019  
 E-mail Address: hguidry@firstlineschools.org

Object Code	Expenditure Category	Year 1	Year 2	Year 3	COMBINED FUNDING
100	Salaries	\$ 208,000.00	\$ 208,000.00	\$ 208,000.00	\$624,000.00
200	Employee Benefits	\$ 28,392.00	\$ 28,392.00	\$ 28,392.00	\$85,176.00
300	Purchased Professional/Tech Svcs.	\$ 13,000.00	\$ 13,000.00	\$ 14,824.00	\$40,824.00
400	Purchased Property Services	\$ -	\$ -	\$ -	\$0.00
500	Other Purchased Services	\$ -	\$ -	\$ -	\$0.00
600	Supplies	\$ -	\$ -	\$ -	\$0.00
700	Property	\$ -	\$ -	\$ -	\$0.00
<b>TOTAL</b>		<b>\$249,392.00</b>	<b>\$249,392.00</b>	<b>\$251,216.00</b>	<b>\$750,000.00</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