Budget Narrative Form Planning Year Quarter 4

Early Literacy Support Block Grant Educator Excellence and Equity Division California Department of Education

Instructions:

Fill out this form to explain how the grant funds are used for the Local Educational Agency (LEA) and each School Site.

Provide line detail/calculation for how amount totals by line item were determined, (e.g. Project Director Salary \$1,000 x 12 months = \$12,000; Literacy Circulations; \$100 x 50 students = \$5,000).

The Object Codes and Line Detail information MUST match the Planning Year Narrariave Budget in your Literacy Action Plan. Narrariaves that do not match may hold up approved of your submitted quarterly report, which could cause delay of future grant payments.

Add rows as necessary. Group the object codes chronologically.

Enter dollar amounts into the cells with a placeholder of zero (\$0.00).

Refer to the California School Accounting Manual (CSAM) https://www.cde.ca.gov/fg/ac/sa/ for information on Object Codes.

Only the first \$25,000 of each subcontract can be used towards the indirect calculation per Procedure 330 in the CSAM.

Lite Userwin.

Enter Indirect Percentage Rate in the space provided for Object Code 7000 with a placeholder of 0.00%. The Indirect Costs must not exceed LEA's approved rate (https://www.cde.ca.gov/fg/ac/ic/). The Indirect amounts will automaticly calculate. If you choose to use less indirect, you may type the actual amount of Indirect Cost into the cell.

Do Not Delete any grey or blue shaded rows or columns. These cells have formulas set for calculating the Totals for each Object Code category.

Please Note: The Totals will autopopulate onto the YTD Form.

Section 1 - 1													ses of conducting	a root cause anal	ysis, carrying out a
The Control Manual Co	Object Code	Line Detail/Colordation		nent, and develo	ping a three-year l	Literacy Actio	n Plan. Please n	eport the Local I	Educational Age	ency and each Sch	nool Site Sepa	rately.	Cabaal Site #40	Cabaal Cita #44	Total of Funeralitus
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Total Object Code \$800 \$ \$0.00	5800 Professional/Consulting														
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Early Literacy Support Block (ELSB) Grant 12-1-2020 to 6-30-2024 Year-to-Date Expenditures and Progress Report ELSB Grant Program - Planning Year (12/01/2020 - 06/30/2021) Expenditures

California Department of Education Educator Excellence and Equity Division ELSB Grant Program 1430 N Street, Suite 4309, Sacramento, CA 95814

Superintedent Designee (Printed Name and Signature)

Other Signature, if required (Printed Name and Signature)

Date

Please Note: The LEA information and the Budget and Expenditure Amounts will autopopulate from the LEA Info and Narrative Form. Please select the correct check box for #4, #17, and #18.

	191		•												
										4. Reporting Time Frame (Select One)					
1.	Grant Award No.:	20-25515-67611-00			Total Grant Award: \$993,8			848.00							
					4000,010.00			O 1st Repo	rt						
2.	Local Educational Agency:	Barstow Unified School District							O 2nd Repo	net					
		Jamie F	ichae		Dhana	(700) 055 000	-		O Zila Repo						
э.	Project Director:	Janne F	isilei		Phone: (760) 255-6025				O 3rd Repo		(12/01/20 - Due 04/30/21 03/31/21)				
	FAX Number:	(760) 25	66-7953		E-mail: jamie fisher@busdk12.com				4th Repo		(04/01/21 - Due 07/30/21				
						-			06/30/21)			Due 0//30/21			
		Standardized Account Code Structure Resource Code:													
					Revenue Ob	ect Code:	8590	J							
	EXPENSES FOR EACH COMPLETED PERIOD WILL AUTOPOPULATE BASED ON ENTRIES ON NARRATIVE FORM														
	Object Code		Planning Year Budget		1st PERIOD		2nd PERIOD		3rd PERIOD		RIOD	CUMULATIVE TOTAL			
	1000-1999 Certificated	-		Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	Total of All Periods			
5.	Salaries/Stipends		45,000.00	THE PAR				100.00	44,900.00	950.00	43,950.00	1,050.00			
6.	2000-2999 Classified Salaries		0.00	THE REAL PROPERTY.				0.00	0.00	0.00	0.00	0.00			
7.	3000-3999 Employee Benefits		5,000.00	100 100				4.72	4,995.28	45.10	4,950.18	49.82			
8.	4000-4999 Books and Supplies		0.00	DATE:				0.00	0.00	0.00	0.00	0.00			
	5000-5999 Services and Other		0.00						5.55						
9.	Operating Expenditures		0.00					0.00	0.00	0.00	0.00	0.00			
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10.	Travel		0.00					0.00	0.00	0.00	0.00	0.00			
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47	Budget Pevision Peguseted (1	no/ eula)	☐ Yes	☑ No			19	Activities are b	eing conducted as	planned.					
Check the have the annies															
	A Budget Revision is required for changes over 10 percent on any line item (either an under expenditure or over expenditure).									not being conducted as planned.					
If yes is checked, a Budget Revision Request and Justification forms must be attached for review and approval. Check the box that applies.															
									,,,						
	This is to certify that the Year to Dat									of my knowledge	, the data contai	ined in this report are true			
	and accurate Any program results a	resupport	ed by documented deliver	ables (i.e., profes	sional developm	ent/products) on	file at the Local	Educational Age	ncy.						
19. 7 20 20.															
-	Project Director (Printed Name a	SVC		Data	0.00	01		ODE Finant M	mitarla Annu-	·al		Data			
	Priojed Director (Printed/Name a	ırıa əlgna	LUNE) //	Date				CDE Fiscal Mo	mitor's Approv	'aı		Date			

CDE Fiscal Monitor's Approval

CDE Project Monitor's Approval

Date

CDE Administrator's Approval

Date