# Specialized Secondary Programs Cohort 6Budget Narrative (Form E)

(This form may exceed two pages.)

Local Educational Agency (LEA) Name: **[Enter LEA Name here]**

School Name: **[Enter School Name here]**

## *Table 1: Budget Narrative Form E*

| **Budget Category** | **Narrative Explanation** | **Specialized Secondary Programs (SSP) Budget** | **LEA Match****(cash or in-kind)** | **Private/Public Match****(cash or in-kind)** | **Budget Item Totals** |
| --- | --- | --- | --- | --- | --- |
| 1000 | **Certificated Salaries –** (Administrative or counselor salaries not allowed. Do not identify as a % FTE or as a number of class periods.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 2000 | **Classified Salaries –** (Not allowed.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 3000 | **Employee Benefits –** (Additional costs required based on increased certificated compensation.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 4000 | **Books and Supplies –** (Limited to $3,500.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 5000 | **Services and Other Operating Expenses –** (Curriculum development shall not be contracted out.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 5200 | **Travel and Conferences –** (Student field trips are not allowed.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 6000 | **Capital Outlay –** (Not allowed.)***[Enter Narrative Explanation here]*** |  |  |  |  |
| 7000 | **Indirect Costs*****[Enter Narrative Explanation here]*** |  |  |  |  |
| NA | **Total** |  |  |  |  |

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