California Depart of Education

Request for Applications: Inclusive Early Education Expansion Program (IEEEP)

January 2024

# Inclusive Early Education Expansion Program Budget Narrative

Lead Agency: [Enter Lead Agency Name]

| **Agency** | **Name** | **Email** | **Phone Number** |
| --- | --- | --- | --- |
| Program Lead |  |  |  |
| Fiscal Lead |  |  |  |

**Grant Award:** [Enter Grant Award Total]

**Match Amount:** [Enter Match Amount = 33 percent of Grant Award\*]

* \*If a school district meets the requirements of a financial hardship, the school district must self-certify that the financial hardship requirements are met, and a match will not be required.

**Instructions:** *In the narrative section, please provide justification for each expenditure category, and include information about roles, time allocation, and salary and benefits of the lead agency staff, equipment and supplies, travel, incentives, indirect costs, and a clear description of services to be contracted. Each cost item is to be listed separately within the appropriate object code. Use this template as a guide to add additional cost items per object code, as needed. Please identify each cost item to include the name and/or title, cost amount, and description of detail required.*

## Year 1: July 1, 2023 – June 30, 2024 (Grant Funds)

### Part 1: Grant Oversight and Leadership

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information Related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

### Subtotal Part 1:

**Subtotal Part 1:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 2: Professional Development

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

#### Other Professional Development

| **Title** | **Purpose and Description** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Other Professional Development:**

[Enter any additional information relating to Other Professional Development.]

### Subtotal Part 2:

**Subtotal Part 2:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 3: Adaptive Equipment

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information relating to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 4300 Adaptive Instructional Materials

*Note: IEEEP funds can be used to purchase materials with a unit cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Instructional Materials:**

[Enter any additional information relating to Adaptive Instructional Materials.]

#### 4400 Adaptive Equipment (noncapitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (noncapitalized):**

[Enter any additional information relating to Adaptive Equipment (noncapitalized).]

#### 6400 Adaptive Equipment (capitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (capitalized):**

[Enter any additional information relating to Adaptive Equipment (capitalized).]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

### Subtotal Part 3:

**Subtotal Part 3:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 4: Facilities

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 8500 Facilities Renovation\*

\*Excluding sub-agreement, salaries, and benefits.

| **Type** | **Purpose and Description** | **Location** | **Total** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Grand Total** |  |  |  |

**Additional Information related to Facilities Renovation:**

[Enter any additional information relating to Facilities Renovation.]

### Subtotal Part 4:

**Subtotal Part 4:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### 7000 Indirect Costs:

Identify and apply the indirect cost rate (attach documentation of approved/recognized indirect cost rate[s], if available). Identify what categories indirect cost rate is being applied to (e.g., indirect personnel or other).

[Enter indirect cost rate, documentation, and applications here.]

**Fiscal Year (FY) 1 Indirect Costs Total:** [Enter Total Indirect Costs for FY 1]

### Total Grant Award Funds for FY 1:

Identify and apply the Total Grant Funds, including Indirect Costs for FY 1: 2023–24.

[Enter identification and application of Total Grant Funds for FY 1 here.]

**FY 1 Grant Grand Total:** [Enter Total Grant Funds for FY 1]

### Total Match Funds for FY 1:

Identify and apply the Total Match Funds for FY 1: 2023–24.

[Enter identification and application of Total Match Funds for FY 1 here.]

**FY 1 Match Grand Total:** [Enter Total Match Funds for FY 1]

## Year 2: July 1, 2024 – June 30, 2025 (Grant Funds)

### Part 1: Grant Oversight and Leadership

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information Related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

### Subtotal Part 1:

**Subtotal Part 1:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 2: Professional Development

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

#### Other Professional Development

| **Title** | **Purpose and Description** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Other Professional Development:**

[Enter any additional information relating to Other Professional Development.]

### Subtotal Part 2:

**Subtotal Part 2:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 3: Adaptive Equipment

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information relating to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 4300 Adaptive Instructional Materials

*Note: IEEEP funds can be used to purchase materials with a unit cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Instructional Materials:**

[Enter any additional information relating to Adaptive Instructional Materials.]

#### 4400 Adaptive Equipment (noncapitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (noncapitalized):**

[Enter any additional information relating to Adaptive Equipment (noncapitalized).]

#### 6400 Adaptive Equipment (capitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (capitalized):**

[Enter any additional information relating to Adaptive Equipment (capitalized).]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

### Subtotal Part 3:

**Subtotal Part 3:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 4: Facilities

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 8500 Facilities Renovation\*

\*Excluding sub-agreement, salaries, and benefits.

| **Type** | **Purpose and Description** | **Location** | **Total** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Grand Total** |  |  |  |

**Additional Information related to Facilities Renovation:**

[Enter any additional information relating to Facilities Renovation.]

### Subtotal Part 4:

**Subtotal Part 4:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### 7000 Indirect Costs:

Identify and apply the indirect cost rate (attach documentation of approved/recognized indirect cost rate[s], if available). Identify what categories indirect cost rate is being applied to (e.g., indirect personnel or other).

[Enter indirect cost rate, documentation, and applications here.]

**Fiscal Year (FY) 1 Indirect Costs Total:** [Enter Total Indirect Costs for FY 2]

### Total Grant Award Funds for FY 2:

Identify and apply the Total Grant Funds, including Indirect Costs for FY 2: 2024–25.

[Enter identification and application of Total Grant Funds for FY 2 here.]

**FY 2 Grant Grand Total:** [Enter Total Grant Funds for FY 2]

### Total Match Funds for FY 2:

Identify and apply the Total Match Funds for FY 2: 2024–25.

[Enter identification and application of Total Match Funds for FY 2 here.]

**FY 2 Match Grand Total:** [Enter Total Match Funds for FY 2]

## Year 3: July 1, 2025 – June 30, 2026 (Grant Funds)

### Part 1: Grant Oversight and Leadership

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information Related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

### Subtotal Part 1:

**Subtotal Part 1:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 2: Professional Development

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

#### Other Professional Development

| **Title** | **Purpose and Description** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Other Professional Development:**

[Enter any additional information relating to Other Professional Development.]

### Subtotal Part 2:

**Subtotal Part 2:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 3: Adaptive Equipment

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information relating to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 4300 Adaptive Instructional Materials

*Note: IEEEP funds can be used to purchase materials with a unit cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Instructional Materials:**

[Enter any additional information relating to Adaptive Instructional Materials.]

#### 4400 Adaptive Equipment (noncapitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (noncapitalized):**

[Enter any additional information relating to Adaptive Equipment (noncapitalized).]

#### 6400 Adaptive Equipment (capitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (capitalized):**

[Enter any additional information relating to Adaptive Equipment (capitalized).]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

### Subtotal Part 3:

**Subtotal Part 3:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 4: Facilities

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 8500 Facilities Renovation\*

\*Excluding sub-agreement, salaries, and benefits.

| **Type** | **Purpose and Description** | **Location** | **Total** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Grand Total** |  |  |  |

**Additional Information related to Facilities Renovation:**

[Enter any additional information relating to Facilities Renovation.]

### Subtotal Part 4:

**Subtotal Part 4:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### 7000 Indirect Costs:

Identify and apply the indirect cost rate (attach documentation of approved/recognized indirect cost rate[s], if available). Identify what categories indirect cost rate is being applied to (e.g., indirect personnel or other).

[Enter indirect cost rate, documentation, and applications here.]

**Fiscal Year (FY) 3 Indirect Costs Total:** [Enter Total Indirect Costs for FY 3]

### Total Grant Award Funds for FY 3:

Identify and apply the Total Grant Funds, including Indirect Costs for FY 1: 2025–26.

[Enter identification and application of Total Grant Funds for FY 2 here.]

**FY 1 Grant Grand Total:** [Enter Total Grant Funds for FY 3]

### Total Match Funds for FY 3:

Identify and apply the Total Match Funds for FY 3: 2025–26.

[Enter identification and application of Total Match Funds for FY 2 here.]

**FY 3 Match Grand Total:** [Enter Total Match Funds for FY 3]

## Year 4: July 1, 2026 – June 30, 2027 (Grant Funds)

### Part 1: Grant Oversight and Leadership

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information Related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

### Subtotal Part 1:

**Subtotal Part 1:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 2: Professional Development

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 5200 Travel

*\*Delineate between contractor staff and subcontractor staff travel.*

| **Title** | **Purpose and Description\*** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Travel:**

[Enter any additional information relating to Travel.]

#### Other Professional Development

| **Title** | **Purpose and Description** | **Agency** | **# of Trips** | **Cost per Trip** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |

**Additional Information related to Other Professional Development:**

[Enter any additional information relating to Other Professional Development.]

### Subtotal Part 2:

**Subtotal Part 2:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 3: Adaptive Equipment

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information relating to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 4300 Adaptive Instructional Materials

*Note: IEEEP funds can be used to purchase materials with a unit cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Instructional Materials:**

[Enter any additional information relating to Adaptive Instructional Materials.]

#### 4400 Adaptive Equipment (noncapitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (noncapitalized):**

[Enter any additional information relating to Adaptive Equipment (noncapitalized).]

#### 6400 Adaptive Equipment (capitalized)

*Note: IEEEP funds can be used to purchase materials with a Unit Cost up to $5,000.00 (with the exception of adaptive instructional materials). Unit Cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.*

| **Item** | **Purpose and/or Description** | **Owner/Entity** | **Cost of Item** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Adaptive Equipment (capitalized):**

[Enter any additional information relating to Adaptive Equipment (capitalized).]

#### 5000 Services and Other Operating Expenditures

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Services and Other Operating Expenditures:**

[Enter any additional information relating to Services and Other Operating Expenditures.

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

### Subtotal Part 3:

**Subtotal Part 3:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### Part 4: Facilities

#### 1000 Certificated Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Certificated Personnel:**

[Enter any additional information relating to Certificated Personnel.]

#### 2000 Classified Personnel

| **Position** | **Description** | **%FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Classified Personnel:**

[Enter any additional information relating to Classified Personnel.]

#### 3000 Employee Benefits

| **Position/Name** | **Description** | **Budgeted Salary Amount** | **Benefit %** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Employee Benefits:**

[Enter any additional information relating to Employee Benefits.]

#### 4000 Books and Supplies

| **Item** | **Purpose and/or Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Books and Supplies:**

[Enter any additional information relating to Books and Supplies.]

#### 5100 Sub-agreement for Services\*

*A separate line must be included for each sub-agreement for services and the name of the subgrantee.*

* \*Indirect charges for each sub-agreement allowed on the first $25,000.00

| **Item** | **Description** | **Unit Cost** | **# of Units** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grand Total** |  |  |  |  |

**Additional Information related to Sub-Agreement for Services:**

[Enter any additional information relating to Sub-Agreement for Services.]

#### 8500 Facilities Renovation\*

\*Excluding sub-agreement, salaries, and benefits.

| **Type** | **Purpose and Description** | **Location** | **Total** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Grand Total** |  |  |  |

**Additional Information related to Facilities Renovation:**

[Enter any additional information relating to Facilities Renovation.]

### Subtotal Part 4:

**Subtotal Part 4:** [Enter Sum of Direct Costs for Applicable Reporting Period]

### 7000 Indirect Costs:

Identify and apply the indirect cost rate (attach documentation of approved/recognized indirect cost rate[s], if available). Identify what categories indirect cost rate is being applied to (e.g., indirect personnel or other).

[Enter indirect cost rate, documentation, and applications here.]

**Fiscal Year (FY) 1 Indirect Costs Total:** [Enter Total Indirect Costs for FY 4]

### Total Grant Award Funds for FY 4:

Identify and apply the Total Grant Funds, including Indirect Costs for FY 4: 2026–27.

[Enter identification and application of Total Grant Funds for FY 3 here.]

**FY 1 Grant Grand Total:** [Enter Total Grant Funds for FY 4]

### Total Match Funds for FY 4:

Identify and apply the Total Match Funds for FY 4: 2026–27.

[Enter identification and application of Total Match Funds for FY 3 here.]

**FY 4 Match Grand Total:** [Enter Total Match Funds for FY 4]

## Grand Total Indirect Costs for entire Grant Period:

Identify and apply the indirect cost rate (attach documentation of approved/recognized indirect cost rate[s], if available). Identify what categories indirect cost rate is being applied to (e.g., indirect personnel or other).

[Enter indirect cost rate, documentation, and applications here.]

**Indirect Costs Grand Total:** [Enter Indirect Costs for entire Grant]

## Grand Total Grant Award Funds for entire Grant Period:

Identify and apply the Total Grant Funds, including Indirect Costs for entire Grant Period: July 1,2023 – June 30, 2027.

[Enter identification and application of Total Grant Funds here.]

 **Grant Grand Total:** [Enter Total Grant Funds for entire Grant]

## Grand Total Match Funds for entire Grant Period:

Identify and apply the Total Match Funds for entire Grant Period: July 1, 2023 – June 30, 2027.

[Enter identification and application of Total Match Funds here.]

**Match Grand Total:** [Enter Total Match Funds for entire Grant]