

DR. JAMES MARINI INTERIM SUPERINTENDENT OF SCHOOLS

THE PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS 02445

PHONE 617-730-2425 FAX 617-730-2108

> MARY ELLEN N. NORMEN DEPUTY SUPERINTENDENT FOR ADMINISTRATION AND FINANCE

Request for Grant Acceptance

October 8, 2020

Motion: School Committee Accepts the grant award as determined by the awarding authority for the grant listed below:

Source	<u>Grant</u>	Award	Assumption	FY21 Projected Balance/(Deficit)*	<u>Account</u> Number
Federal & State – COMPETITIVE administered by the Center for Strategic Initiatives	Summer and Vacation Learning Program Grant	\$24,000.00	New	\$0	TBD

*Any deficit or balance will be the responsibility of the Superintendent to adjust. Grant managers should not assume that the operating budget will have funding available to cover any over expenditures of grant awards.

Budget Entry

Response to this field is only required when amending the grant

Please explain the reason for amending your grant. When making a budget change, please identify the line number and the amount changed.

Response:

Budget Information

ALLOCATION OF FUNDS

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1. Administrator Salaries:	Comments	# of Staff	FTE	MTRS	Amount	Select a Primary Function
Sub-Total		k		<u>'</u>		

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

2. Instructional/Professional Staff Salaries:	Comments	# of Staff	FTE	MTRS ¹	Amount	Select a Primary Function
Certified Specialist Teachers (providing individualized instruction)		2	2.00		\$2,227	Summer Vacation Learning (114/333/238)
Medical/Therapeutic Services		4	4.00		\$2,135	Summer Vacation Learning (114/333/238)
						
Sub-Total		L		-	\$4,362	· ·

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

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3. Support Staff Salaries:	Comments	# of Staff	FTE	MTRS ¹	Amount	Select a Primary Function
Non-Clerical Paraprofessionals/Instructional Assistants		20	18.6		\$16,145	Summer Vacation Learning (114/333/238)
Sub-Total				L	\$16,145	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

4. Stipends:	Comments	# of Staff	Rate	Rate Type	MTRS ¹	Amount	Select a Primary Function
Sub-Total							ина и посте

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

5. Fringe Benefits:	Comments	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)		\$393
5-b Other		
Health Insurance		
Other Retirement Systems		
Federal Insurance Contributions Act (FICA)		
Other (Explain)		
Sub-Total		\$393

6. Contractual Services: Indicate the services to be provided and the rate to be paid per hour or per day.	Comments	Rate	Rate Type	Amount	Select a Primary Function

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Applicant: Brookline Project: FY21 114 Summer - Vacation Learning Grant

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.	Comments	Amount	Select a Primary Function
Instructional Technology		\$2,500	Summer Vacation Learning (114/333/238)
Textbooks and Related Software/Media/Materials		\$600	Summer Vacation Learning (114/333/238)
Sub-Total		\$3,100	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

8. Travel: Mileage, conference registration, hotel, and meals.	Comments	Amount	Select a Primary Function
Sub-Total		19	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

9. Other Costs: Please indicate the amount requested in each category.	Comm	ents	Amount	Select a Primary Function
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Sub-Total			States -	

11. Equipment: List only items costing \$5,000 or more per unit.	Comments	Amount	Select a Primary Function
Instructional Equipment			······································
Non-Instructional Equipment			
Sub-Total			

Total Activity Funds Requested: \$24,000

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Project Expenditures - Detailed Information

Note:

Lines 1 to 9 and 11 on this form are automatically populated based on details entered on Activity forms. To change these totals, edit the Budget Entry form. The Indirect Cost information, if applicable, should be entered directly in Line 10 on this form.

STAFFING CATEGORIES DETAIL EXPENDITURES
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1. Administrator Salaries:	# of Staff	FTE	MTRS ¹	Amount
Administrator Salaries (MTRS)				
Administrator Salaries (non-MTRS)				
Sub-Total				

2. Instructional/Professional Staff Salaries:	# of Staff	FTE	MTRS ¹	Amount
Instructional/Professional Staff Salaries (MTRS)	6	6.00	×	\$4,362
Instructional/Professional Staff Salaries (non-MTRS)	0	0.00		\$0
Sub-Total				\$4,362

3. Support Staff Salaries:	# of Staff	FTE	MTRS ¹	Amount
Support Staff Salaries (MTRS)	0	0.00		\$0
Support Staff Salaries (non-MTRS)	20	18,60		\$16,145
Sub-Total				\$16,145

4. Stipends:	# of Staff MTRS ¹		Amount	
Stipends (MTRS)				
Stipends (non-MTRS)	· · · · ·			
Sub-Total	· · · · · · · · · · · · · · · · · · ·			

5. Fringe Benefits:	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)	\$393
5-b Other (total)	\$0 , 50, 50, 50, 50, 50, 50, 50, 50, 50, 50
Sub-Total	\$393

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6. Contractual Services: Services provided and the amount to be paid.	Amount
Contractual Services Total	

7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.		Amount	
Supplies and Materials Total	A PL	\$3,100	

8. Travel: Mileage, conference registration, hotel, and meals.	Amount
Travel Total	

9. Other Costs:	Amount	
Other Costs Total		

10. Indirect Costs:	Rate (%) Cannot exceed approved rate	Amount
Indirect Costs:		

11. Equipment: List only items costing \$5,000 or more per unit.	Amount	
Equipment Total		

Total Allocation Amount: \$24,000

Total Funds Requested: \$24,000

MTRS Applicable Amount: \$393

Balance Remaining: \$0

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