



**THE PUBLIC SCHOOLS OF BROOKLINE**  
BROOKLINE, MASSACHUSETTS 02445

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FOR ADMINISTRATION AND FINANCE

**Request for Grant Acceptance**

February 11, 2021

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

<u>Source</u>	<u>Grant</u>	<u>Award</u>	<u>Assumption</u>	<u>FY21 Projected Balance/(Deficit)*</u>	<u>Account Number</u>
Federal Targeted Administered by the Special Education Planning and Policy Unit (SEPP)	Early Childhood Targeted Special Education Program Improvement and Safety Grant	\$3,767.00	Funded through Part B, Section 619 of the IDEA Grant funds	\$0	3221SEE2
Federal Targeted Administered by the Special Education Planning and Policy Unit (SEPP)	IDEA Special Education Program Improvement Grant	\$43,079.00	IDEA Grant, Part B	\$0	3221SE65

\*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

#### <br/>ALLOCATION OF FUNDS <br/><br/>

1. Administrator Salaries:	Comments	# of Staff	FTE	MTRS	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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 <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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

3. Support Staff Salaries:	Comments	# of Staff	FTE	MTRS <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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

4. Stipends:	Comments	# of Staff	Rate	Rate Type	MTRS <sup>1</sup>	Amount	Select a Primary Function
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
Sub-Total							

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)		
5-b Other		
Health Insurance		
Other Retirement Systems		
Federal Insurance Contributions Act (FICA)		
Other (Explain)		
Sub-Total		

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



Sub-Total					

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
General Classroom Supplies		\$3,767	Early Childhood Targeted Special Ed (298)
Sub-Total		\$3,767	

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			

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.	Comments	Amount	Select a Primary Function

Sub-Total

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: \$3,767**



## 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<br/><br/>

1. Administrator Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Administrator Salaries (MTRS)			<input type="checkbox"/>	
Administrator Salaries (non-MTRS)				
Sub-Total				

2. Instructional/Professional Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Instructional/Professional Staff Salaries (MTRS)			<input type="checkbox"/>	
Instructional/Professional Staff Salaries (non-MTRS)				
Sub-Total				

3. Support Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Support Staff Salaries (MTRS)			<input type="checkbox"/>	
Support Staff Salaries (non-MTRS)				
Sub-Total				

4. Stipends:	# of Staff	MTRS <sup>1</sup>	Amount
Stipends (MTRS)		<input type="checkbox"/>	
Stipends (non-MTRS)			
Sub-Total			

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



<b>6. Contractual Services:</b> Services provided and the amount to be paid.	<b>Amount</b>
<b>Contractual Services Total</b>	

<b>7. Supplies and Materials:</b> Items costing less than \$5,000 per unit or having a useful life of less than one year.	<b>Amount</b>
<b>Supplies and Materials Total</b>	\$3,767

<b>8. Travel:</b> Mileage, conference registration, hotel, and meals.	<b>Amount</b>
<b>Travel Total</b>	

<b>9. Other Costs:</b>	<b>Amount</b>
<b>Other Costs Total</b>	

<b>10. Indirect Costs:</b>	<b>Rate (%)</b> Cannot exceed approved rate	<b>Amount</b>
<b>Indirect Costs:</b>		

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

**Total Allocation Amount:** \$3,767  
**Total Funds Requested:** \$3,767  
**MTRS Applicable Amount:**  
**Balance Remaining:** \$0

## 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

#### <br/>ALLOCATION OF FUNDS <br/><br/>

1. Administrator Salaries:	Comments	# of Staff	FTE	MTRS	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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 <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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



3. Support Staff Salaries:	Comments	# of Staff	FTE	MTRS <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

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

4. Stipends:	Comments	# of Staff	Rate	Rate Type	MTRS <sup>1</sup>	Amount	Select a Primary Function
Teacher/Instructional Staff Professional Days	Professional Development for Educators to strengthen remote instruction	40	250	Flat	<input type="checkbox"/>	\$9,609	IDEA Special Education Program Improvement Grant (274)
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
Sub-Total						\$9,609	

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)		\$0
5-b Other		
Health Insurance		
Other Retirement Systems		
Federal Insurance Contributions Act (FICA)		
Other (Explain)		
Sub-Total		\$0

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 274 0046 Brookline

0046

274-484467-2021-0046

Instructional Services	Online Subscriptions for Distant Learning Tools for Students	33470	Flat	\$33,470	IDEA Special Education Program Improvement Grant (274)
Sub-Total				\$33,470	

**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
Sub-Total			

**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			

**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.	Comments	Amount	Select a Primary Function



Sub-Total			

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: \$43,079**



## 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<br/><br/>

1. Administrator Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Administrator Salaries (MTRS)			<input type="checkbox"/>	
Administrator Salaries (non-MTRS)				
Sub-Total				

2. Instructional/Professional Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Instructional/Professional Staff Salaries (MTRS)			<input type="checkbox"/>	
Instructional/Professional Staff Salaries (non-MTRS)				
Sub-Total				

3. Support Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Support Staff Salaries (MTRS)			<input type="checkbox"/>	
Support Staff Salaries (non-MTRS)				
Sub-Total				

4. Stipends:	# of Staff	MTRS <sup>1</sup>	Amount
Stipends (MTRS)	0	<input type="checkbox"/>	\$0
Stipends (non-MTRS)	40		\$9,609
Sub-Total			\$9,609

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



<b>6. Contractual Services:</b> Services provided and the amount to be paid.	<b>Amount</b>
<b>Contractual Services Total</b>	\$33,470

<b>7. Supplies and Materials:</b> Items costing less than \$5,000 per unit or having a useful life of less than one year.	<b>Amount</b>
<b>Supplies and Materials Total</b>	

<b>8. Travel:</b> Mileage, conference registration, hotel, and meals.	<b>Amount</b>
<b>Travel Total</b>	

<b>9. Other Costs:</b>	<b>Amount</b>
<b>Other Costs Total</b>	

<b>10. Indirect Costs:</b>	<b>Rate (%)</b> Cannot exceed approved rate	<b>Amount</b>
<b>Indirect Costs:</b>		

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

**Total Allocation Amount:** \$43,079  
**Total Funds Requested:** \$43,079  
**MTRS Applicable Amount:** \$0  
**Balance Remaining:** \$0