

THE SCHOOL BOARD OF CLAY COUNTY

A) NAME OF ELIGIBLE RECIPIENT

B) Project Number (DOE USE ONLY)

**Florida Department of Education
BUDGET NARRATIVE FORM**

TAPS Number 08C402

(1) FUNCTION	(2) OBJECT	(3) ACCOUNT TITLE AND NARRATIVE	(4) FTE POSITION	(5) AMOUNT
5100	150	Classroom aides (10@7.5hrs/day for a total of 88 work days out of a 188 day contract (14080.50) - before December 31, 2008)	4.68	65771.20
5100	210	Classroom Aide Retirement (9.8%)		6445.58
5100	220	Classroom Aide Social Security (7.65%)		5031.50
5100	240	Classroom Aide Workman's Compensation (1%)		657.71
5100	230	Classroom Aide Insurance (2600.00 until December 31, 2008)		26000.00
6300	160	Grants Management Position Salary (300 hours @12.49/hr)	.27	3747.00
6300	210	Grants Management Retirement (9.8%)		367.21
6300	220	Grants Management Social Security (7.65%)		286.65
6300	240	Grants Management Position Workman's Compensation (1%)		37.47
5100	691	Rosetta Stone Software (\$195.00 * 40)		7800.00
7200	790	2% administrative Cost factor		2645.89
6400	310	Rosetta Stone Professional Development		1500.00
5100	691	Rosetta Stone Installation		2000.00
5100	643	Computers for Rosetta Stone in Classrooms		17907.79
5100	510	Classroom Materials such as headphones for Rosetta Stone program, supplemental reading books, math and science materials for immigrant students		18000.00
5100	644	Supplemental printers for Rosetta Stone		951.00
6400	150	Training stipends for Teachers' Aides (23 hours total for each Aide position (10) @ \$10.00/hour)		2300.00
5100	390	Consultant for Teachers' Aides Training (23 hours @ \$50.00/hr)		1150.00
5100	330	In-County Mileage Stipend for Travel		1000.00
C) TOTAL				\$163599.00



THE SCHOOL BOARD OF CLAY COUNTY

A) NAME OF ELIGIBLE RECIPIENT

B) Project Number (DOE USE ONLY)

Instructions Budget Narrative Form

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA).

A. Enter Name of Eligible Recipient.

**B. (DOE USE ONLY)
COLUMN 1**

FUNCTION: SCHOOL DISTRICTS ONLY:
Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COLUMN 2

OBJECT: SCHOOL DISTRICTS:
Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COMMUNITY COLLEGES:
Use the first three digits of the object codes listed in the Accounting Manual for Florida's Public Community Colleges.

UNIVERSITIES AND STATE AGENCIES:
Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.

OTHER AGENCIES:
Use the object codes as required in the agency's expenditure chart of accounts.

COLUMN 3 - ALL APPLICANTS:

ACCOUNT TITLE: Use the account title that applies to the object code listed in accordance with the agency's accounting system.

NARRATIVE: Provide a detailed narrative for each object code listed. For example:

- **SALARIES** - describe the type(s) of positions requested. Use a separate line to describe each type of position.
- **OTHER PERSONAL SERVICES** – describe the type of service(s) and an estimated number of hours for each type of position. OPS is defined as compensation paid to persons, including substitute teachers not under contract, who are employed to provide temporary services to the program.
- **PROFESSIONAL/TECHNICAL SERVICES** - describe services rendered by personnel, other than agency personnel employees, who provide specialized skills and knowledge.
- **CONTRACTUAL SERVICES AND/OR INTER-AGENCY AGREEMENTS** - provide the agency name and description of the service(s) to be rendered.
- **TRAVEL** - provide a description of each type of travel to be supported with project funds, such as conference(s), in district or out of district, and out of state. Do not list individual names. List individual position(s) when travel funds are being requested to perform necessary activities.
- **CAPITAL OUTLAY** - provide the type of items/equipment to be purchased with project funds.
- **INDIRECT COST** - provide the percentage rate being used. Use the current approved rate. (Reference the DOE Green Book for additional guidance regarding indirect cost.)

COLUMN 4 – MUST BE COMPLETED FOR ALL SALARIES AND OTHER PERSONAL SERVICES.

FTE - Indicate the Full Time Equivalent (FTE based on the standard workweek for the type of position) number of positions to be funded. Determine FTE by dividing the standard number of weekly hours (e.g., 35 hours) for the type of position (e.g., teacher aide) into the actual work hours to be funded by the project.



THE SCHOOL BOARD OF CLAY COUNTY

A) NAME OF ELIGIBLE RECIPIENT

B) Project Number (DOE USE ONLY)

COLUMN 5

AMOUNT - Provide the budget amount requested for each object code.

C. TOTAL - Provide the total for Column (5) on the last page. Must be the same amount as requested on the DOE-100A or B.

