|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **FUNDING** **SOURCE****BUDGET****CATEGORIES**  | **Early Childhood Endowment Grant Request** | **IDEA** **Part C****Infant-Toddler** | **Special Education Act Flex Funding (State)** | **Early Head Start/****Head Start** | **Title 1** **Part A** | **Title 1****Part C****(Migrant)** | **Local District Funds** | **DHHS** **Child Care Assistance** | **Parent Fees****(Sliding Fee Scale)** | **ESU** | **Other Community Partner: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **SHARE**(Indicate % of TOTAL BUDGET) |  |  |  |  |  |  |  |  |  |  |  |
| Personnel/Administration (100) |  |  |  |  |  |  |  |  |  |  |  |
| Fringe Benefits (200) |  |  |  |  |  |  |  |  |  |  |  |
| Facility/Operating Costs (300) |  |  | **XXXXXX** |  |  |  |  |  |  |  |  |
| Child Transportation (300) |  |  | **XXXXXX** |  |  |  |  |  |  |  |  |
| Contractual Services (300) |  |  |  |  |  |  |  |  |  |  |  |
| Materials/Supplies (400) |  |  |  |  |  |  |  |  |  |  |  |
| Child Food (400) |  | **XXXXXX** | **XXXXXX** |  |  |  |  |  |  |  |  |
| Equipment (500) |  |  |  |  |  |  |  |  |  |  |  |
| Minor Facility Modifications (500) |  | **XXXXXX** | **XXXXXX** |  | **XXXXXX** |  |  |  |  |  |  |
| Family Involvement (600) |  |  |  |  |  |  |  |  |  |  |  |
| Evaluation (600) |  |  | **XXXXXX** |  |  |  |  |  |  |  |  |
| Staff Development (600) |  |  |  |  |  |  |  |  |  |  |  |
| Staff Travel (600) |  |  |  |  |  |  |  |  |  |  |  |
| Other (Specify) (600) |  |  | **XXXXXX** |  |  |  |  |  |  |  |  |
| Indirect Costs  |  |  |  |  |  | **XXXXXX** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Sixpence Continuation Budget **Wording highlighted in red reflect current changes. Text boxes may be expanded to include all necessary information. All budgets submitted, must be dated, as well as include name of district.** Submit a detailed operating budget for the upcoming year. This table lists various funding sources that applicants may consider as a local match. All state funds should be specified on a line item basis, as applicable. Cells with XXXXXX indicate categories which cannot be supported by a particular funding source.  |

Personnel:

|  |  |
| --- | --- |
|  | Sixpence Continuation Budget Narrative**PLEASE NOTE: Text boxes may be expanded to include all necessary information.** *All anticipated costs necessary to operate the program must be explained in the budget narrative. The budget must relate directly to the activities and staff identified in the Endowment grant application and should provide a rationale for the projected costs (e.g., how employee benefits are derived). The budget should clearly indicate the portions to be supported through Endowment grant funds as well as the matching funding or services provided by the applicant or partner agencies.* |

|  |
| --- |
| Endowment Grant Funds: If providing no direct service, Administrator/Supervisor WILL BE INCLUDED IN ADMINISTRTIONCoordinator/Home Visitor or Teacher: \_\_\_\_\_%FTEHome Visitor/Teacher: \_\_\_\_\_%FTEExamples: Data Manager, Principal, Sped Director, Counseling staff, etc. who provide support for the program  |
| Matching Funds:  |

**Fringe Benefits:**

|  |
| --- |
| Endowment Grant Funds: If providing no direct service, Administrator/Supervisor WILL BE INCLUDED IN ADMINISTRTIONCoordinator/Home Visitor or Teacher: \_\_\_\_\_%FTEHome Visitor/Teacher: \_\_\_\_\_%FTE  |
| Matching Funds:  |

**Facility/Operating Costs:**

|  |
| --- |
| Endowment Grant Funds:   |
|   |

**Child Transportation:**

|  |
| --- |
| Endowment Grant Funds:   |
| Matching Funds  |

**Contractual Services:**

|  |  |
| --- | --- |
|  | Sixpence Continuation Budget Narrative |

|  |
| --- |
| Endowment Grant Funds:   |
| Matching Funds:   |

**Materials/Supplies:**

|  |
| --- |
| Endowment Grant Funds:  |
| Matching Funds:                                                                                                                                           |

**Child Food:**

|  |
| --- |
| Endowment Grant Funds  |
| Matching Funds  |

**Equipment:**

|  |
| --- |
| Endowment Grant Funds:   |
| Matching Funds:   |

**Minor Facility Modifications:**

|  |  |
| --- | --- |
|  | Sixpence Continuation Budget Narrative |

|  |
| --- |
| Endowment Grant Funds  |
| Matching Funds  |

**Family Involvement:**

|  |
| --- |
| Endowment Grant Funds:   |
| Matching Funds:  |

**Evaluation:**

|  |
| --- |
| Endowment Grant Funds:   |
| Matching Funds:   |

**Staff Development:**

|  |
| --- |
| Endowment Grant Funds:                                                                                                                         |
| Matching Funds:   |

**Staff Travel:**

|  |  |
| --- | --- |
|  | Sixpence Continuation Budget Narrative |

|  |
| --- |
| Endowment Grant Funds:                                                                                                                       |
| Matching Funds:   |

**Other:**

|  |
| --- |
| Endowment Grant Funds  |
| Matching Funds  |

**Indirect Costs:**

|  |
| --- |
| Endowment Grant Funds  |
| Matching Funds:   |