

SFY2012 Minnesota State Head Start Funding Application

Part B: Program Design, State Budget Plan, Projected Monthly Expenditures and Budget Certification

Section 1: PROGRAM FUNDING AND ENROLLMENT SUMMARY		Agency Name:		Duluth Public Schools/Duluth Head Start		
		Funding Amount		Funded Enrollment		Per Child Rate
				Age 0-2	Age 3-4	
FEDERAL FUNDING including Base and T&TA Accounts <i>(Do not include one-time funding.)</i>						
Federal award start date <i>(specify the month):</i>		August				
Regular Head Start Base and T&TA		\$ 1,896,178		255		
Regular Head Start Expansion and T&TA (6-month funding award)		\$ -		0		
Federal Regular Head Start Total		\$ 1,896,178		255	\$ 7,436	State Ave.
Early Head Start Base and T&TA		\$ -	0			
Early Head Start Expansion and T&TA (6-month funding award)			0			
Federal Early Head Start Total		\$ -	0		\$ 12,044	State Ave.
STATE HEAD START FUNDING						Min FE
Regular Head Start		\$ 193,932		26	\$ 7,459	26
Early Head Start		\$ 264,968	22		\$ 12,044	22
Innovative Initiative #1: <i>(Specify initiative name)</i>	Childcare Collaboration				\$ -	
Innovative Initiative #2: <i>(Specify initiative name)</i>	Families in Transition				\$ -	
STATE HEAD START TOTALS		\$ 458,900	22	26	48	State FE
ADDITIONAL NON-FEDERAL HEAD START FUNDING to enroll and serve more eligible children in compliance with HS/EHS Performance Standards. <i>(Specify each source, funding amount and additional funded enrollment)</i>						
TOTAL FROM ALL SOURCES		\$ 2,355,078	22	281	303	Total FE
<i>State funds used as non-federal share for federal HS/EHS award</i>		\$0.00				

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Section 2: PROGRAM DESIGN LOCATIONS				Agency Name:	Duluth Public Schools/Duluth Head Start							
<p>INSTRUCTIONS: List each program option and schedule at a location on a separate row. Include all funded enrollment regardless of funding source. Group schedules at the same location in succession. To add more locations and schedules, select a cell (but not in the first row) and insert a row. The program schedule number and option must correspond with the Program Design Schedules. Funded enrollment totals must match totals in other sections. [Minnesota Statutes 119A.535(2)-(3)]</p>												
Funding: State(S), Federal(F) or Mixed(M)	LOCATION NAME	COUNTY	SERVICE AREA	Program Schedule Number	PROGRAM OPTION	START DATE	END DATE	Number of Classes / Groups	EHS	REG HS	PARTNER NAME	
	Add the city name if not in the name of the location.	List where the class facility is	Identify the name (not number) of the school district or portion of the district which this listing.		(CB, HB, Combo, FCC, CCC)	for class or HV (m/d)	for class or HV (m/d)		(0-2) Funded Enrollment	(3-4) Funded Enrollment	Identify the name of the partnering organization and program if identified in item B or C of Narrative Section 5.	
	F	Stowe Elementary School/Duluth	St. Louis	Duluth	1	CB	9/19	6/5	2	0	32	
	F	Laura MacArthur Elementary School/Duluth	St. Louis	Duluth	1	CB	9/19	6/5	4	0	64	
	F	Piedmont Elementary School/Duluth	St. Louis	Duluth	1	CB	9/19	6/5	4	0	64	Early Childhood Special Educator
	F	Nettleton Elementary School/Duluth	St. Louis	Duluth	1	CB	9/19	6/5	4	0	63	Early Childhood Special Educator
	F	Barnes Early Childhood Center/Duluth	St. Louis	Duluth	1	CB	9/19	6/5	2	0	32	Early Childhood Special Educator
		Spirit Valley YWCA Childcare Center/Duluth	St. Louis	Duluth	2	CCC	7/1	6/29	3	12	18	
		Barnes Early Childhood Center /Families in Transition/Duluth	St. Louis	Duluth	3	HB	7/1	6/29	2	10	8	
TOTALS :								21	22	281		

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Section 3: PROGRAM DESIGN SCHEDULES	Agency Name:	Duluth Public Schools/Duluth Head Start
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INSTRUCTIONS: Use one column to identify each program option and schedule operated in program locations. Include all funded enrollment regardless of source. An identical program schedule used at different locations with the same age group and funding should be combined in one column. Use separate columns for differences in any items such as funding, age group, hours per day, etc. To add more schedules/columns, select a cell in the last column before the totals and insert columns as needed. Number all schedules in sequence. Identify only those services which HS/EHS funds (in full or part). The schedules must correspond with Program Design Locations. The total funded enrollment and total classes, groups, etc. must equal those identified in Program Design Locations. [Minnesota Statutes 119A. 53; 119A.535(2)-(3)]

Program Schedule Number	1	2	3	4	5	6	7	8			TOTALS	
Funding: Mixed (M), Federal (F) or State (S)	F	S	S									
Innovative Initiative Number (if applicable)	N/A	1	2									
Age Group: Reg.HS, EHS or 0-5	3-4	0-4	0-4									
Program Option: CB, HB, Combo, FCC, CCC, etc.	CB	CCC	HB									
Funded Enrollment	255	30	18									303
Number of classes, HB groups or family child care homes	16	3	2									21
Double session - a.m. and p.m. (Yes/No) CB option only	YES	NO	NO									
Number of class hours per day including FCC or HB socializations	3.5	3.5	3.5									
Number of class days per week not applicable to HB option	4	5	N/A									
Number of class days per year including HB socializations	128	UP TO 237	UP TO 237									
Number of home visits per year	2	2	54-108									

Clarifications (if needed):

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Section 4: STATE BUDGET PLAN				Agency:	Duluth Public Schools/Duluth Head Start		
<p>INSTRUCTIONS: Enter budget items for state Head Start funds only. Use a separate column for each proposed state-funded program model listed in the Program Funding and Enrollment Summary. Provide the justification or basis for each proposed use of funds including calculations for major costs such as personnel. Round all costs to whole numbers. To add more line items in a cost category, select a cell under a cost category (but not in the first line) and insert rows as needed. Do not right click to insert, use insert in the ribbon/tool bar. Then drop down the percent formula in the percent column.</p>							
	Total Prog Cost	Regular Head Start	Early Head Start	Innovative Variation #1	Innovative Variation #2	State Portion	
<p>Salary and Fringe: Indicate the number of staff paid with state funds by position, the hours to be worked, the estimated hourly/yearly rates, and what portion of their time is paid with state funds. Identify the taxes and benefits for staff paid with state funds and the rates that apply for each.</p>							
<i>Salary Example:</i>							
1 Head Start Director: \$55,120 x 18%	55,120	3,274	6,648			18.0%	
2 Teachers x 36 hrs wk x 42 wks x \$15.25 avg. x 22%	46,116	10,146				22.0%	
1 EHS Teacher x 36 hrs wk @ 52 wks x 15.70	29,390		29,390			100.0%	
<i>Fringe Example:</i>							
Social Security/Medicare: \$49,458 x 7.65%	3,784	1,027	2,757			100.0%	
Health Insurance: 1.6 FTE x \$10,500 = \$16,800	16,800	5,544	11,256			100.0%	
1 DIRECTOR: \$42.99 * 336 HRS	14,443			10,832	3,611	100.0%	
1 HEALTH COORDINATOR: \$41.38* 524.4 HRS	21,700			16,275	5,425	100.0%	
1 EDUCATION COORDINATOR: 43.28 * 304 HRS	13,156			9,867	3,289	100.0%	
1 MENTAL HEALTH & DISABILITIES COORDINATOR: \$31.38 * 304 HRS	9,541			7,156	2,385	100.0%	
1 ERSEAT COORDINATOR: 42.16* 304 HRS	12816			9,612	3,204	100.0%	
SUMMER 2011 FIT SUB 150 @ 20.46	3069			2,302	767	100.0%	
SUMMER 2012 SCREENING/STIPENDS 380 HRS @ 20.46	7775			5,831	1,944	100.0%	
1 EXECUTIVE AA CLERICAL: 18.46 * 355 HRS	6,554			4,915	1,638	100.0%	
1 HRLY HEALTH ASSISTANT: 20.46*304 HRS	5,698			4,274	1,425	100.0%	
1.625 CHILDCARE TEACHERS: AVG \$35.99 * 2470	85,807			64,356	21,452	100.0%	
1.625 FAMILY IN TRANSITION: AVG \$35.99 * 2280 HRS	92,859			69,644	23,215	100.0%	
SUBSTITUTES FOR FIT CHILDCARE	2,200			1,650	550	100.0%	
FICA, WORKERS COMP, UNEMPLOYMENT, SEVERANCE	36,683			27,512	9,171	100.0%	
HEALTH INSURANCE, RETIREMENT, LIFE INSURANCE, DENTAL, LTD	85,039			63,779	21,260	100.0%	
SALARY AND FRINGE TOTALS		0	0	298,005	99,335	397,340	
<p>Contracted Services: Indicate the purpose (such as contracted child transportation, health services, meal/nutrition services, family child care agreements, training agreements, etc.), the projected rate, any travel expenses and, if known, the service provider.</p>							
<i>Example: ABC Dental, Dental Exams and follow-up: \$7500 x 18%</i>							
	7,500	1,350				18.0%	
						100.0%	
MENTAL HEALTH CONSULTANT 20% of 16 hrs x\$57 x38 weeks	6,931			5,198	1,733	100.0%	
CHILDCARE COLLABORATIVE	6,000			4,500	1,500	100.0%	

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PAYER OF LAST RESORT/CPR TRAINING/FIRST AID	3,000			2,250	750	100.0%
						0.0%
						0.0%
CONTRACTED SERVICES TOTALS	0	0	11,948	3,983	15,931	
Staff Development: Identify projected costs associated with program staff receiving in-state training through courses, conferences or workshops.						
CHILD CARE TRAINING AND WORKSHOPS-monthly training for 11 people. Training calendar has not been developed as of 6/6/11	5,587			4,190	1,397	100.0%
						0.0%
						0.0%
		0	0	4,190	1,397	5,587
Travel / Transportation: Identify projected costs for child transportation operated by the program, staff travel reimbursement, vehicle gas and maintenance, etc. Any out-of-state travel requires specific prior approval and must identify the description of activity, projected number of staff, anticipated travel dates if known, and projected costs.						
<i>Example: Staff travel on home based visits 10,000 miles @ .505 x 18%</i>	5,050	182	727			18.0%
MILEAGE: 3298 MILES * .51 HOME VISITS, ETC	1,682			1,262	421	100.0%
5 STAFF TRAVELING TO WASHINGTON DC FOR A NATIONAL HDST CONFERENCE. OCT 2011	8,000			6,000	2,000	100.0%
						0.0%
TRAVEL / TRANSPORTATION TOTALS	0	0	7,262	2,421	9,682	
Equipment: Identify items with an acquisition cost of \$5,000 or more and a useful life of at least one year. (Must have prior approval from MDE)						
						0.0%
						0.0%
EQUIPMENT TOTALS	0	0	0	0	0	0
Office Expenses: Identify operating costs such as rent, utilities, phone, internet, postage, copying, office supplies, etc. Provide monthly rates whenever possible.						
<i>Example: Rent and Utilities: 3 sites @ avg. \$897.50/mo. x 10 months x 18%</i>	26,925	3,635	1,212			18.0%
TELEPHONE	1,500			1,125	375	100.0%
POSTAGE	100			75	25	100.0%
INSURANCE	225			169	56	100.0%
COPY MACHINE EXPENSE	250			188	63	100.0%
PRINT SHOP/COPIES	600			450	150	100.0%
GENERAL OFFICE SUPPLIES	500			375	125	100.0%
OFFICE EXPENSES TOTALS	0	0	2,381	794	3,175	
Program Expenses: Identify service delivery costs such as curriculum materials and supplies, parent activities, etc.						
				0	0	0.0%

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CHILDCARE TEACHERS CLASSROOM SUPPLIES, PARENT MEETINGS FOOD AND SUPPLIES	3,000			2,250	750	100.0%
FAMILY IN TRANSITION FOOD AND SUPPLIES	3,000			2,250	750	100.0%
				0	0	0.0%
PROGRAM EXPENSES TOTALS		0	0	4,500	1,500	6,000
Other Expenses: Identify miscellaneous costs not associated with the above categories.						
CONTRACT TRANSPORTATION	4,000			3,000	1,000	100.0%
MEMBERSHIP DUES	2,500			1,875	625	100.0%
Indirect Cost: Approved rate (3.2%), if school district or tribal agency:	14,685			11,014	3,671	100.0%
PROGRAM EXPENSES TOTALS		0	0	15,889	5,296	21,185
STATE BUDGET TOTALS		0	0	344,175	114,725	\$ 458,900

\$0

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Section 5: PROJECTED MONTHLY EXPENDITURES		Agency:	Duluth Public Schools/Duluth Head Start
<p>INSTRUCTIONS: Indicate the state Head Start share of projected monthly expenditures. Consider prior state and federal financial reports, number of payrolls in a month and significant budget changes.</p>			
		<p>Financial Reporting Schedule: Indicate your intended financial reporting cycle:</p> <p>Monthly (by the 15th of each month): <input type="checkbox"/></p> <p>Quarterly (by 15th of Oct., Jan., April, July) <input checked="" type="checkbox"/></p> <p>All final reports must be submitted within 45 days of the end of the fiscal year.</p>	
July			
August			
September	\$ 38,000		
October			
November			
December	\$ 117,000		
January			
February			
March	\$ 100,500		
April			
May			
June	\$ 201,400		
TOTAL	\$ 456,900		

Section 6: CERTIFICATION OF STATE BUDGET PLAN AND PROJECTED EXPENDITURES	
<p>This is to certify that I have prepared and/or reviewed the budget plan and projected expenditures being submitted. All costs included in the proposal are allowable and allocable to federal and state funding awards on the basis of a beneficial or causal relationship in accordance with applicable requirements including OMB circulars. Similar types of costs have been applied consistently and, if an indirect cost has been applied, the same costs have not also been claimed as direct costs.</p> <p>I declare that the above statement is true and correct.</p>	
Signature of individual authorized to sign financial reports	Date
Position Title: _____	