

approved 5/3/23

Title I, Part A Schoolwide Budget - Fund 49XXX

2023-2024

For assistance, please contact the Title I Grant office at (904)390-2123.

SCHOOL:	MycroSchool	School Number:	3053	PROJECTED PRELIMINARY ALLOCATION	BUDGETED AMT.
TOTAL BUDGET				\$36,450.00	\$36,450.00

Salaried Activities - Positions are valid until June 30, 2024

For salaried areas, only complete the areas shaded in light yellow, the rest will automatically calculate.

New positions to be added to the Title I, Part A Allocation - Complete the areas highlighted in light yellow

Full Time Classroom Teacher (Elementary K-5; Math, Middle; Science, High, etc.) * For number of positions must also include # of teachers, and FTE % Amount that will be covered through Title I**

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Substitutes for Full-Time Teaching Positions - Complete the areas highlighted in light yellow

FA/CI	Positions and Job Codes	Number of Positions	Allocation Amount	AMOUNT
5100/313	Full Time Substitute for full time classroom teacher (Sick Leave & Personal Leave)	0	\$0.00	\$0.00
6400/313	Full Time Substitute for full time classroom teacher (Projected TDE)	0	\$0.00	\$0.00
				\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Full Time Interventionist Salaries (Reading Interventionist, Math Interventionist, Science Interventionist, etc)

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/120	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Part Time Teacher or Interventionist During the Day, 3 to 5 Hours Not To Exceed 25 Hours Weekly, 180 Days Per Student Calendar

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
5100/128	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
5100/128	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Full Time Paraprofessional

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
5100/150	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

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SCHOOL: MycroSchool School Number: 3053

Part Time Paraprofessional - 3 to 5 Hours Daily, Not to Exceed 25 Hours Weekly; Should Not Exceed 180 Days Per Student Calendar

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
5100/158	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
\$0.00						

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Guidance Counselor/Dean of Discipline Salaries (Must be Supplemental)

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
6100/130	<i>Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
6100/130	<i>Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
6100/138	<i>Part-Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
\$0.00						

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Media Specialist Position

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salary Amount	Benefit Amount	AMOUNT
6200/130	<i>Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable</i>	0	0%	\$0.00	\$0.00	\$0.00
6200/313	Substitute for media specialist (Sick Leave & Personal Leave)	0	0	\$0.00		\$0.00
6400/313	Substitute for media specialist (Projected TDE)	0	0	\$0.00		\$0.00
\$0.00						

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

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SCHOOL: MycroSchool School Number: 3053

Instructional Staff Salaries (Math Coach, Science Coach, Reading Coach, etc.)

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	AMOUNT
6400/130	Full Time Graduation Coach, Lyvonja Green	1	55%	\$36,450.00	\$0.00	\$36,450.00
6400/130	Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.00
6400/138	Part -Time Coach Position-Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.00
						\$36,450.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale: The students at Duval MYcroSchool come to us in extreme danger of not graduating. By having a dedicated grad coach, we are able to give each student more individualized attention.

Multiple Assignments - Total Multiple Assignments Teacher Salaries, Before and After School, and Saturday

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	AMOUNT
5900/120	Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Part Time Tutors During School Days - 3 to 5 Hours Daily, Not to Exceed 25 Hours Weekly; Should Not Exceed 180 Days Per Student Calendar

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	AMOUNT
5900/128	Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Part Time Parent Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours Weekly; Should Not Exceed 180 Days Per Student Calendar; Hourly Rate

FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	AMOUNT
6100/168	Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Total Amount Allocated for Salaried Items: \$36,450.00

Non-Salaried Activities - 80% of Spending must be complete by October 31, 2023 and the complete Spending Deadline is - March 31, 2024

****Please complete the below area for All Non-Salaried Purchases****

Contracted Services - Principal will need to have contracts submitted prior to services being rendered otherwise Title I cannot be used as the funding source. Additional Approval Step Required.

FA/CI	OFFICIAL NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/310					\$0.00
5100/310					\$0.00
5100/310					\$0.00
5100/310					\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

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SCHOOL:	<i>MycroSchool</i>	School Number:	3053
			\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:
Rationale:

Equipment > \$750: CD Players, DVD Players, Listening Center Equipment.

FA/Ci	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/641	<i>include price per unit with description</i>				\$0.00
5100/641	<i>include price per unit with description</i>				\$0.00
5100/641	<i>include price per unit with description</i>				\$0.00
5100/641	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:
Rationale:

Equipment < \$750: CD Players, DVD Players, Listening Center Equipment.

FA/Ci	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/642	<i>include price per unit with description</i>				\$0.00
5100/642	<i>include price per unit with description</i>				\$0.00
5100/642	<i>include price per unit with description</i>				\$0.00
5100/642	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:
Rationale:

Computer Hardware > \$750 - Tablets, Laptops, Desktops, & Printers.

FA/Ci	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/643	<i>include price per unit with description</i>				\$0.00
5100/643	<i>include price per unit with description</i>				\$0.00
5100/643	<i>include price per unit with description</i>				\$0.00
5100/643	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:
Rationale:

Computer Hardware < \$750 - Tablets, Laptops, Desktops & Printers.

FA/Ci	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/644	<i>include price per unit with description</i>				\$0.00
5100/644	<i>include price per unit with description</i>				\$0.00
5100/644	<i>include price per unit with description</i>				\$0.00
5100/644	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:
Rationale:

Technology related equipment >750: Document Cameras, Projectors, Laptop Carts & Interactive Media Carts.

FA/Ci	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/648	<i>include price per unit with description</i>				\$0.00
5100/648	<i>include price per unit with description</i>				\$0.00
5100/648	<i>include price per unit with description</i>				\$0.00
5100/648	<i>include price per unit with description</i>				\$0.00

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\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Technology related equipment <750: Document Cameras, Projectors & Interactive Media Carts.

FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5100/649	<i>include price per unit with description</i>				\$0.00
5100/649	<i>include price per unit with description</i>				\$0.00
5100/649	<i>include price per unit with description</i>				\$0.00
5100/649	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Other Instructional Materials and Supplies (Tutoring) List all Supplemental General Supplies in the description cell all together - Must be Supplemental.

FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5900/510	<i>include price per workbook with description</i>				\$0.00
5900/510	<i>include price per workbook with description</i>				\$0.00
5900/510	<i>include price per workbook with description</i>				\$0.00
5900/510	<i>include price per workbook with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Technology related Other Instructional Materials and Supplies (Tutoring) - Projector bulbs, projector filters, printer ink, & computer headsets . Must be supplemental.

FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	GRADES TARGETED	QUANTITY	AMOUNT
5900/519					\$0.00
5900/519					\$0.00
5900/519					\$0.00
5900/519					\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Professional Development Stipends at a set hourly rate for all staff members (please connect with HR for the proper rate of pay in accordance to the MOU)

FA/CI	NAME OF PROFESSIONAL LEARNING EVENT (list each one)	PURPOSE AND DURATION OF PD IN DAYS	Hrly Rate of Pay	GRADES IMPACTED	# STAFF	AMOUNT
6400/120						\$0.00
6400/200						\$0.00
						\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Professional and Technical Services - a contract is required prior to services being rendered, otherwise another funding source is required.

FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	PURPOSE AND DURATION OF PD IN	GRADES IMPACTED	QUANTITY	AMOUNT
6400/310					\$0.00
6400/310					\$0.00
6400/310					\$0.00
					\$0.00

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SCHOOL: MycroSchool School Number: 3053

Rationale:

Travel/Registration for Professional Development (Instructional & Administrative Staff) - Out of State Travel requires FDOE approval and completed packets must be submitted at least 2 months in advance.

FA/CI	DESCRIPTION AND LOCATION OF PD	PURPOSE AND POSITIONS OF STAFF ATTENDING	DURATION OF PD	# STAFF	AMOUNT
6400/330					\$0.00
6400/330					\$0.00
6400/330					\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

Professional Development Supplies: General PD supplies and professional and technical books used for PD.

FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	PURPOSE	STAFF TARGETED	QUANTITY	AMOUNT
6400/510	<i>include price per unit with description</i>				\$0.00
6400/510	<i>include price per unit with description</i>				\$0.00
6400/510	<i>include price per unit with description</i>				\$0.00
					\$0.00

Please provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your continued and ongoing comprehensive needs analysis:

Rationale:

	Total	\$36,450.00
AMOUNT OUT OF BALANCE (MUST BE \$0)		\$0.00