

Official Program Title: 8(g) – New Schools Incubation

CFDA#: (If Federal Funds) N/A

Awarding Agency: State of Louisiana

Project Number: 27-15-BE -- NB

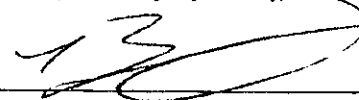
Funding Amount Applied for: \$650,000

Funding Period: 7/1/2014 – 6/30/2015

Agency Information:		
Recipient Organization: <u>New Schools for Baton Rouge</u>		
Project Director: <u>Alexandra Rouse</u>		
Fiscal Contact Person: <u>Chris Meyer</u>		
Mailing Address:		
Street Address: <u>100 Lafayette St, 2nd floor</u>		
City: <u>Baton Rouge</u>	State: <u>LA</u>	Zip Code: <u>70801</u>
Program Contact Information:		
Name/Position: <u>Alexandra Rouse</u>		
Telephone Number: <u>225-284-9984</u>		
	(Area Code)	(Number) (Extension)
Fax Number:		
	(Area Code)	(Number)
Email Address: <u>alex@newschoolsbr.org</u>		

I hereby assure and certify that this agency will comply with the regulations, policies, guidelines and requirements, as they relate to the application, acceptance and use of funds for the federally assisted or state assisted project.

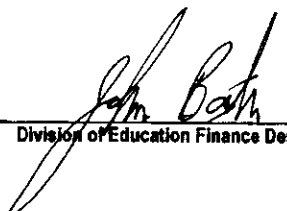
APPROVED (For State Agency Use Only):



 Program Division Director/Designee Date 9/19/14



 Approved Representative of the Recipient Date 09/04/14



 Division of Education Finance Designee Date 9/19/14

Fiscal Assurances

- The enclosed application is being submitted for grant funding for the FY 2014-2015 8(g) – New Schools Incubation Program.
- It is hereby agreed that the Louisiana Department of Education, Office of the Legislative Auditor, and/or the Office of the Governor, the Division of Administration and any other agencies representing the state or federal government shall have the option of auditing all accounts or records of the grantee, which relate to this award. All copies of required audits must be forwarded to the Louisiana Department of Education Internal Audit Section.
- If the appropriation for this award is reduced by the Louisiana Legislature, the veto or Executive Order of the Governor, or by any means provided in the appropriations act which prevents the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of this award, the award shall either be reduced or terminated.
- I understand that all funds will be expended by the end of the project period identified in the Grant Award Notification and Department guidelines. All expenditures will be in compliance with the approved application and budget.
- The information contained in this proposal is true and correct to the best of my knowledge and belief.

AS A GRANT RECIPIENT, I AGREE TO THE ENCLOSED ASSURANCE STATEMENTS.



Alexandra Rouse

Signature of Person authorized to receive grant

09/04/14

Date

New Schools for Baton Rouge

Recipient

**Louisiana Department of Education
Believe and Succeed Grant
Budget Summary**

School Name of Eligible Recipient: _____

Non-Profit: New Schools for Baton Rouge

Object Code	Expenditure Category	Amount
100	Salaries	\$ -
200	Employee Benefits	\$ -
300	Purchased Professional/Tech Svcs.	\$ 650,000.00
400	Purchased Property Services	\$ -
500	Other Purchased Services	\$ -
600	Supplies	\$ -
700	Property	\$ -
GRAND TOTAL		\$ 650,000.00

GRANTEE INFORMATION

Alexandra Rouse 9/5/14
Representative of the entity: Date:

STATE DEPARTMENT OF EDUCATION

Approved Division Director/Designee:

Date:

Approved Ec. Finance Director/Designee:

Date:

EMAIL TO: (one of the following)

State Grants
DOESStateBudgetsRevisions@la.gov
Federal Grants
DOEFederalBudgetsRevisions@la.gov

**Louisiana Department of Education
Louisiana Believe and Succeed Grant Budget Detail**

Name of Eligible Recipient: New Schools for Baton Rouge
 Street Address: 100 Lafayette St, 2nd floor
 Mailing Address:
 City, State, Zip: Baton Rouge, LA 70801

Program: Louisiana Believe and Succeed 8g
 Project: 27-15-BE - ~~NE~~
 Submitted by: Alexandra Rouse
 Telephone/Fax #: 225.284.9984
 E-mail Address: x.rose@new-schools.org

Object Code	Expenditure Category	Amount
100	SALARIES	
	Under each salary heading, provide the following:	
	1. Denote # of full-time employees in each group and % full-time	
	2. For part-time employees, provide applicable rates	
	3. Attach a job description for all new positions	
	Officials/Administrators/Managers	
	Teachers	
	Clerical/Secretarial	
	Aides/Paraprofessionals	
	TOTAL SALARIES (Object 100)	\$ -
200	EMPLOYEE BENEFITS	
	Health Insurance	
	Life Insurance	
	Dental Insurance	

Other Purchased Property Services (Specify below.)

TOTAL PURCHASED PROPERTY SERVICES (Object 400) \$

500 OTHER PURCHASED SERVICES

For all services budgeted, provide the following:

- 1. List sites
- 2. List applicable rates

For all travel costs budgeted, provide the following: (registration fees included also)

- 1. Position of employee
- 2. Mileage rates as applicable for local travel

Travel - In-State (List name of conference attending)

Travel - Out-of-State (List name of conference attending)

Phone (list monthly rate)

Postage

Printing

Other (Specify below.)

TOTAL OTHER PURCHASED SERVICES (Object 500) \$

600 SUPPLIES

Provide examples of each type of Materials and Supplies to be purchased.

60

Other Supplies (Specify below.)

