

Grant Expenditure and Narrative Reports (Revised 4/2021)

Early Literacy Support Block Grant

Educator Excellence and Equity Division

California Department of Education

Instructions:

Each grant recipient is required to complete and submit the Year-to-Date (YTD) Expenditure and Progress Report Form and Budget Narrative Report Forms showing expenditures during the Planning Year (December 1, 2020, through June 30, 2021).

Please complete the Instructions & LEA Info Form, YTD Form and the Narrative Form for the appropriate Quarter (Q3 or Q4). In April 2021, the grant period was extended a year, making FY 2020/21 a Planning Year. The Planning Year (December 1, 2020, through June 30, 2021) Quarter 3 and Quarter 4 reports only accounts for the grant funds (\$40,000 per LEA plus \$10,000 per participating eligible school) used for the purposes of conducting a root cause analysis, carrying out a needs assessment, and developing a three-year Literacy Action Plan. The ELSB Grant funds can be rolled over for the life of the grant (December 2020 - June 2024) as long as there is an approved Budget Revision Request.

Digital Signature: When the Expenditure Forms are completed and ready for signatures, save/export the YTD Form as a PDF to digitally sign the form for submission along with the Excel Version of the Budget Documents: YTD Form and Narrative Form(s).

Please include the LEA name and corresponding quarter in your file name. (e.g., Sample Elementary PlanningYearQ3 ELSB Expenditure Report)

Email report to ELSBgrant@cde.ca.gov

Requested Information (will autopopulate onto the YTD Form)	Your Response
Local Educational Agency (LEA) Name:	Escuela Popular Accelerated Family Learning
Project Coordinator:	Daisy Barocio
Project Coordinator Telephone Number:	(408) 426-6592
Project Coordinator Fax Number:	(408) 275-1575
Project Coordinator Email Address:	daisy@escuelapopular.org
Fiscal Agent Contact (If different from the Project Coordinator):	
Fiscal Agent Telephone Number:	(xxx) xxx-xxxx
Fiscal Agent Email Address:	(xxx) xxx-xxxx
Grant Award Number (listed on your Grant Award Notification):	20-25515-CO502-00
Grant Award Amount (listed on your Grant Award Notification):	\$613,140.00

Enter Planning Year Budget Amounts (\$40,000 per LEA plus \$10,000 per participating eligible school) -- Enter funds used for the purposes of conducting a root cause analysis, carrying out a needs assessment for each eligible school and preparing the LEA three-year Literacy Action Plan (Amounts will autopopulate onto the YTD Form).

Object Code	Planning Year Budget
1000-1999 Certificated Salaries/Stipends	32,731.00
2000-2999 Classified Salaries	0.00
3000-3999 Employee Benefits	9,819.30
4000-4999 Books and Supplies	3,084.40
5000-5999 Services and Other Operating Expenditures	0.00
5200 Participant Travel/Project Staff Travel	0.00
5800 Professional/Consulting Services & Op. Exp.	0.00
SUBTOTAL	45,634.70
7300-7399 Indirect Costs	2,281.74
5100 Subagreement for Services	0.00
6000-6599 Capital Outlay	0.00
TOTAL	47,916.44

Early Literacy Support Block (ELSB) Grant 12-1-2020 to 6-30-2024 Year-to-Date Expenditures and Progress Report
ELSB Grant Program - Planning Year (12/01/2020 - 06/30/2021) Expenditures

California Department of Education
 Educator Excellence and Equity Division
 ELSB Grant Program
 1430 N Street, Suite 4309, Sacramento, CA 95814

Please Note: The LEA information and the Budget and Expenditure Amounts will autopopulate from the LEA Info and Narrative Form. Please select the correct check box for #4, #17, and #18.

1. **Grant Award No.:** 20-25515-CO502-00 **Total Grant Award:** \$613,140.00

2. **Local Educational Agency:** Escuela Popular Accelerated Family Learning

3. **Project Director:** Daisy Barocio **Phone:** (408) 426-6592

FAX Number: (408) 275-1575 **E-mail:** daisy@escuelapopular.org

4. Reporting Time Frame (Select One)

- 1st Report
- 2nd Report
- 3rd Report (12/01/20 - 03/31/21) Due 04/30/21
- 4th Report (04/01/21 - 06/30/21) Due 07/30/21

Standardized Account Code Structure	Resource Code:	7810
	Revenue Object Code:	8590

EXPENSES FOR EACH COMPLETED PERIOD WILL AUTOPOPULATE BASED ON ENTRIES ON NARRATIVE FORM

Object Code	Planning Year Budget	1st PERIOD		2nd PERIOD		3rd PERIOD		4th PERIOD		CUMULATIVE TOTAL Total of All Periods
		Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	
5. 1000-1999 Certificated Salaries/Stipends	32,731.00					18,365.50	14,365.50	14,365.50	0.00	32,731.00
6. 2000-2999 Classified Salaries	0.00					0.00	0.00	0.00	0.00	0.00
7. 3000-3999 Employee Benefits	9,819.30					5,509.65	4,309.65	4,309.65	0.00	9,819.30
8. 4000-4999 Books and Supplies	3,084.40					0.00	3,084.40	3,084.40	0.00	3,084.40
9. 5000-5999 Services and Other Operating Expenditures	0.00					0.00	0.00	0.00	0.00	0.00
10. 5200 Participant Travel/Project Staff Travel	0.00					0.00	0.00	0.00	0.00	0.00
11. 5800 Professional/Consulting Services & Op. Exp.	0.00					0.00	0.00	0.00	0.00	0.00
12. SUBTOTAL	45,634.70					23,875.15	21,759.55	21,759.55	0.00	45,634.70
13. 7300-7399 Indirect Costs 5.00%	2,281.74					1,193.76	1,087.98	1,087.98	0.00	2,281.74
14. 5100 Subagreement for Services	0.00					0.00	0.00	0.00	0.00	0.00
15. 6000-6599 Capital Outlay	0.00					0.00	0.00	0.00	0.00	0.00
16. TOTAL	47,916.44					25,068.91	22,847.53	22,847.53	0.00	47,916.44

17. **Budget Revision Requested (10% rule)** Yes No
 Check the box that applies.
 A Budget Revision is required for changes over 10 percent on any line item (either an under expenditure or over expenditure).
 If yes is checked, a Budget Revision Request and Justification forms must be attached for review and approval.

18. Activities are being conducted as planned.
 Activities are not being conducted as planned.
 Check the box that applies.

This is to certify that the Year-to-Date Expenditures and Progress Report has been prepared in accordance with the applicable Federal and State regulations. To the best of my knowledge, the data contained in this report are true and accurate. Any program results are supported by documented deliverables (i.e., professional development/products) on file at the Local Educational Agency.

19.

Project Director (Printed Name and Signature)	Date
Superintendent Designee (Printed Name and Signature)	Date
Other Signature, if required (Printed Name and Signature)	Date

20.

CDE Fiscal Monitor's Approval	Date
CDE Project Monitor's Approval	Date
CDE Administrator's Approval	Date

