Early Literacy Support Block (ELSB) Grant Expenditure Form Fiscal Year 2022-23

Educator Excellence and Equity Division California Department of Education

Instructions

Please complete the steps below in order to submit the ELSB Grant Expenditure Form. Each participating Local Educational Agency (LEA) is required to submit an Expenditure Form on a quarterly basis, showing Year-to-Date (YTD) expenses accumulated throughout the fiscal year. Each LEA must ensure this ELSB Grant Expenditure Form aligns with the LEA's latest approved Four-Year Budget Form.

Step 1: Select the "LEA Information" tab and enter the information requested in column B.

Step 2: Select the "Narrative Form" tab that corresponds to the current reporting period and complete the table. In the "Description" column (column C), provide a brief description for each line item. In the "School-site or LEA Name" column (column D), write the school-site or LEA Name that corresponds to each line item. In the "Expenditures" column (column E), enter dollar amounts to show expenditures. The "Description" and "Expenditures" should align with your latest Approved Budget. A Budget Revision must be submitted if current planned expenditures exceed 10 percent on any line item. You may need to add additional rows as necessary. The Budget Totals row will automatically calculate.

Step 3: Remain on the same "Narrative Form" tab to calculate Indirect Costs (Object Code 7000) based on the California School Accounting Manual (CSAM): https://www.cde.ca.gov/fg/ac/sa/. The Indirect Costs must not exceed the LEA's approved rate (https://www.cde.ca.gov/fg/ac/ic/). Enter the LEA approved the Indirect Percentage Rate in the space provided for Object Code 7000 with a placeholder of 0.00% in column C. Calculate the Indirect Cost in column E by multiplying the sum of Object Codes 1000-5000 by the Percentage Rate. If you choose to use less indirect, you may type the actual amount of Indirect Costs into the cell in column E. Only the first \$25,000 of each subcontract can be used towards the indirect calculation per Procedure 330 in the CSAM. Object Code 5100 Subagreements for Services and Object Code 6000 Capital Outlay are excluded from the indirect costs calculation.

Step 4: Select the "YTD Form" tab. In the "Implementation Year 1 Budget" column (column C), enter the approved budget amounts for Implementation Year 1. Then, fill out the column that corresponds to the "Narrative Form" tab discussed in Step 2 and 3. You may link the cells to pull the expenditure data from the quarterly tab, if you would like to. The "Cumulative Expenditures" column (column H), "Unspent Balance" column (column I), and the Totals row will auto-populate.

Document Submission

Step 5: Ensure all required tabs of the ELSB Grant Expenditure Form are complete: "LEA Information," "YTD Form", and the Quarterly Narrative Form(s).

Step 6: Ensure the ELSB Grant Year-to-Date Expenditure Signature Form (PDF document) is complete. Select the correct grant reporting period/quarter, select "Yes" or "No" for a Budget Revision Request, and obtain signatures for the Project Coodinator and Fiscal Agent.

Step 7: A Budget Revision Request Form must be submitted for the following reasons: if current planned expenditures exceed 10 percent on any line item, to request carryover of unspent funds, to add a new line item expense, or to change the indirect rate (must be at or below the approved rate). Please submit a Budget Revision Request Form, if applicable.

Step 8: Submit this Grant Expenditure Form as an Excel file (containing all tabs) along with a signed Signature Form (PDF document) to ELSBGrant@cde.ca.gov.

Local Educational Agency (LEA) Information

| LEA Information | Please Type LEA Information Below |
|---------------------------------------|-------------------------------------|
| LEA Name: | Twin Rivers Unified School District |
| Project Coordinator: | Kj Rhoads |
| Project Coordinator Telephone Number: | 916-566-1600 x 34434 |
| Project Coordinator Email Address: | KelleyJean.Rhoads@twinriversusd.org |
| Fiscal Agent Contact: | Heather Brown |
| Fiscal Agent Telephone Number: | 916-566-1600 x 31111 |
| Fiscal Agent Email Address: | heather.brown@twinriversusd.org |

Year-to-Date (YTD) Form Fiscal Year 2022-23

| Object Code | Object Code Description | Approved Implementation Year 2 Budget | Quarter 1 Expenditure s | Quarter 2 Expenditures | Quarter 3 Expenditures | Quarter 4 Expenditur es | Cumulative Expenditures | Unspent Balance |
|-------------|---|---------------------------------------|-------------------------------|---------------------------|---------------------------|-------------------------------|-------------------------|--------------------|
| 1000 | Certificated Salaries | \$82,544.00 | \$13,712.31 | \$0.00 | \$0.00 | \$0.00 | \$13,712.31 | \$68,831.69 |
| 2000 | Classified Salaries | \$42,390.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$42,390.40 |
| 3000 | Employee Benefits | \$31,653.48 | \$4,822.52 | \$0.00 | \$0.00 | \$0.00 | \$4,822.52 | \$26,830.96 |
| 4000 | Books and Supplies | \$35,175.68 | \$51.56 | \$0.00 | \$0.00 | \$0.00 | \$51.56 | \$35,124.12 |
| 5000 | Services and Other Operating Expenditures (excluding Subagreements for Services 5100) | \$23,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$23,000.00 |
| 5100 | Subagreements for Services (not subject to indirect costs) | \$30,150.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$30,150.00 |
| 5200 | Participant Travel/ Project Staff Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5800 | Professional/Consulting Services & Operating Expenses | \$53,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$53,000.00 |
| 6000 | Capital Outlay (not subject to indirect costs) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 7000 | Indirect Costs | \$26,294.38 | \$1,825.18 | \$0.00 | \$0.00 | \$0.00 | \$1,825.18 | \$24,469.20 |
| Totals | Totals calculate automatically | \$324,207.94 | \$20,411.57 | \$0.00 | \$0.00 | \$0.00 | \$20,411.57 | \$303,796.37 |

Quarter 1 Budget Narrative Form Implementation Year 2 Quarter 1 (July 1 - September 30) Early Literacy Support Block Grant

| Object Code | Object Code Description | Description | School Site or LEA Name | Expenditures |
|-------------|--|--|-------------------------|--------------|
| 1000 | Certificated Salaries | Salary to extend Student Support Teacher from .5 to 1.0 FTE; extra duty for CORE meeting and family nights | Northwood Elementary | \$13,712.31 |
| 2000 | Classified Salaries | | | \$0.00 |
| 3000 | Employee Benefits | Benefits for Student Support Teacher and extra duty | Northwood Elementary | \$4,822.52 |
| 4000 | Books and Supplies | \$51.56 spent on early literacy texts and informational texts for TK-3. | Northwood Elementary | \$51.56 |
| 5000 | Services and Other Operating Expenditures (excluding Subagreements for Services 5100) | | | \$0.00 |
| 5100 | Subagreements for Services (not subject to indirect costs) | | | \$0.00 |
| 5200 | Participant Travel/ Project Staff Travel | | | \$0.00 |
| 5800 | Professional/Consulting Services & Operating Expenses | | | \$0.00 |
| 6000 | Capital Outlay (not subject to indirect costs) | | | \$0.00 |
| 7000 | Indirect Costs | 9.82% | | \$1,825.18 |
| Totals | Totals calculate automaticall | у | | \$20,411.57 |

Quarter 2 Budget Narrative Form Implementation Year 2 Quarter 2 (October 1 - December 31)

| Object Code | Object Code Description | Description | School Site or LEA Name | Expenditures |
|-------------|---|-------------|----------------------------|--------------|
| 1000 | Certificated Salaries | | | \$0.00 |
| 2000 | Classified Salaries | | | \$0.00 |
| 3000 | Employee Benefits | | | \$0.00 |
| 4000 | Books and Supplies | | | \$0.00 |
| 5000 | Services and Other Operating Expenditures (excluding Subagreements for Services 5100) | | | \$0.00 |
| 5100 | Subagreements for Services (not subject to indirect costs) | | | \$0.00 |
| 5200 | Participant Travel/ Project Staff Travel | | | \$0.00 |
| 5800 | Professional/Consulting Services & Operating Expenses | | | \$0.00 |
| 6000 | Capital Outlay (not subject to indirect costs) | | | \$0.00 |
| 7000 | Indirect Costs | 0.00% | | \$0.00 |
| Totals | Totals calculate automatically | | | \$0.00 |

Quarter 3 Budget Narrative Form Implementation Year 2 Quarter 3 (January 1 - March 31)

| Object Code | Object Code Description | Description | School Site or LEA Name | Expenditures |
|-------------|---|-------------|-------------------------|--------------|
| 1000 | Certificated Salaries | | | \$0.00 |
| 2000 | Classified Salaries | | | \$0.00 |
| 3000 | Employee Benefits | | | \$0.00 |
| 4000 | Books and Supplies | | | \$0.00 |
| 5000 | Services and Other Operating Expenditures (excluding Subagreements for Services 5100) | | | \$0.00 |
| 5100 | Subagreements for Services (not subject to indirect costs) | | | \$0.00 |
| 5200 | Participant Travel/ Project Staff Travel | | | \$0.00 |
| 5800 | Professional/Consulting Services & Operating Expenses | | | \$0.00 |
| 6000 | Capital Outlay (not subject to indirect costs) | | | \$0.00 |
| 7000 | Indirect Costs | 0.00% | | \$0.00 |
| Totals | Totals calculate automatically | | | \$0.00 |

Quarter 4 Budget Narrative Form Implementation Year 2 Quarter 4 (April 1 - June 30)

| Object Code | Object Code Description | Description | School Site or LEA Name | Expenditures |
|-------------|---|-------------|----------------------------|--------------|
| 1000 | Certificated Salaries | | | \$0.00 |
| 2000 | Classified Salaries | | | \$0.00 |
| 3000 | Employee Benefits | | | \$0.00 |
| 4000 | Books and Supplies | | | \$0.00 |
| 5000 | Services and Other Operating Expenditures (excluding Subagreements for Services 5100) | | | \$0.00 |
| 5100 | Subagreements for Services (not subject to indirect costs) | | | \$0.00 |
| 5200 | Participant Travel/ Project Staff Travel | | | \$0.00 |
| 5800 | Professional/Consulting Services & Operating Expenses | | | \$0.00 |
| 6000 | Capital Outlay (not subject to indirect costs) | | | \$0.00 |
| 7000 | Indirect Costs | 0.00% | | \$0.00 |
| Totals | Totals calculate automatically | | | \$0.00 |