	Title I, Part A Schoo	lwide Bu	ldget -	Fund	49176	
		2024-2025	J			
	, please contact the Title I Grant office at (904)390-2123.					
CHOOL	<u>gg</u>	School Number:	XXXX	DROJECTED DREI	IMINARY ALLOCATION	BUDGETED AMT.
OTAL BUDG	GET			PROJECTED PREL	\$109,600.00	\$109,600.0
alaried A	Activities - Positions are valid until June 30, 2025					
or salaried area	eas, only complete the areas shaded in light yellow, the rest will automatically calculate.					
	to be added to the Title I, Part A Allocation - Complete the areas highlighted in light yellow	umber of positions must also	include # of teachers	and FTE % Amount	that will be severed th	rough Title I
	assroom Teacher (Elementary K-5; Math, Middle; Science, High, etc.) *** For n		FTE (% position is being			
FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	funded through Title I)	Salay Amount	Benefit Amount	AMOUN
-	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.1
	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00 \$0.00	\$0.1
	ise include the Job Title, Employee Name, Employee Number, and Job Code if applicable ise include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00 \$0.00	\$0.00	\$0. \$0.
	ise include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.
		-			10.00	\$0.
FA/CI	for Full-Time Teaching Positions - Complete the areas highlighted in light yello Positions and Job Codes	Number of Teaching Positions Funded through T1 that sub coverage would be needed to set aside		Allocation Amount		AMOU
5100/313 Full	Time Substitute for full time classroom teacher (Sick Leave & Personal Leave)	0		\$0.00		\$0.
5400/313 Full	Time Substitute for full time classroom teacher (Projected TDE)	0		\$0.00		\$0.1 \$0 .1
	e an explanation as to how the above aforementioned budget item(s) address a need(s) that ha	s been determined through your c	ontinued and ongoing comp	rehensive needs analys	s:	ŞU.
ationale:						
ull Time Int	terventionist Salaries (Reading Interventionist, Math Interventionist, Science I	nterventionist, 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	AMOUI
	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.
	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.
5100/120 Plea	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0. \$0 .
lease provide ationale:	e an explanation as to how the above aforementioned budget item(s) address a need(s) that ha	is been determined through your c	ontinued and ongoing comp	rehensive needs analysi	s:	,u,
art Time Te	eacher or Interventionist During the Day, 3 to 5 Hours Not To Exceed 25 Hours	Weekly, 180 Days Per Stude	nt 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	AMOU
	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.
5100/128 Plea	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.
ull Time Pa	araprofessional					\$0.
FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	AMOU
5100/150 Plea	ase include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.0

		2024-2025				
		2024-2023				
For assistance, please contact the Title I Grant office at (904)390-2123.						
SCHOOL	gg	School Number:	хххх			
Please prov	ide an explanation as to how the above aforementioned budget item(s) address a need(s) that has	been determined through your	continued and ongoing comp	ehensive needs analysi	s:	
Rationale:						
Part Time	Paraprofessional - 3 to 5 Hours Daily, Not to Exceed 25 Hours Weekly; Should No	t Exceed 180 Days Per Stur	ent Calendar			
	Talaprotessional - 5 to 5 hours bany, Not to Exceed 25 hours weekly, should ne	t Execcu 100 Days I el Stat	FTE (% position is being			
FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions	funded through Title I)	Salay Amount	Benefit Amount	AMOUN
5100/158 <mark>P</mark>	Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	0	0%	\$0.00	\$0.00	\$0.0
						\$0.
ationale:	ide an explanation as to how the above aforementioned budget item(s) address a need(s) that has	s been determined through your	continued and ongoing compi	ehensive needs analysi	S:	
Rationale:	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes	s been determined through your	FTE (% position is being	ehensive needs analysi Salay Amount	s: Benefit Amount	AMOUN
Rationale: Guidance FA/CI	Counselor/Dean of Discipline Salaries (Must be Supplemental)					
Guidance FA/CI 6100/130	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0	FTE (% position is being funded through Title I) 0%	Salay Amount \$0.00	Benefit Amount \$0.00	\$0.0
Guidance FA/CI 6100/130 6100/130 6100/130 F	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if	Number of Positions 0 0	FTE (% position is being funded through Title I)	Salay Amount	Benefit Amount	\$0.0
Suidance FA/CI 6100/130 6100/130 6100/138	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if pplicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if	Number of Positions 0	FTE (% position is being funded through Title I) 0%	Salay Amount \$0.00	Benefit Amount \$0.00	\$0.0 \$0.0
Guidance FA/CI 6100/130 6100/130 6100/138 P 6100/138	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Part -Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0 0 0	FTE (% position is being funded through Title I) 0% 0% 0%	Salay Amount \$0.00 \$0.00 \$0.00	Benefit Amount \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
Rationale: FA/CI 6100/130 6100/130 6100/138 P Please provi	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if piplicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if piplicable Part -Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee	Number of Positions 0 0 0	FTE (% position is being funded through Title I) 0% 0% 0%	Salay Amount \$0.00 \$0.00 \$0.00	Benefit Amount \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
Guidance FA/CI 6100/130 6100/130 6100/138 P 6100/138	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Part -Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0 0 0	FTE (% position is being funded through Title I) 0% 0% 0%	Salay Amount \$0.00 \$0.00 \$0.00	Benefit Amount \$0.00 \$0.00 \$0.00	\$0.0
Rationale: FA/CI FA/CI 6100/130 F a 6100/130 F a 6100/138 P N N Please provi Rationale:	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spplicable Part -Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0 0 0	FTE (% position is being funded through Title I) 0% 0% 0%	Salay Amount \$0.00 \$0.00 \$0.00	Benefit Amount \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
Rationale: FA/CI FA/CI 6100/130 F a 6100/130 F a 6100/138 P N N Please provi Rationale:	Counselor/Dean of Discipline Salaries (Must be Supplemental) Positions, Employees Name, Employee #, and Job Codes Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spolicable Full-Time Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if spolicable Part-Time Guidance Counselor/Dean of Discipline -Please include the Job Title, Employee Name, Employee Number, and Job Code if symber, and Job Code if applicable Sumber, Sumplementation as to how the above aforementioned budget item(s) address a need(s) that has	Number of Positions 0 0 0	FTE (% position is being funded through Title I) 0% 0% 0%	Salay Amount \$0.00 \$0.00 \$0.00	Benefit Amount \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
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Hotol gg School Number: xxxx structional Staff Salaries (Math Coach, Science Coach, Reading Coach, etc.). FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). Mumber of Passions FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). Mumber of Passions FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). Mumber of Passions FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). Mumber of Passions FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). FIT of passion is bing Salaries (Math Coach, Science Coach, Reading Coach, etc.). Salaries (Math Coach, Science Coach, Read, e			2024-2025				
structional Staff Salarise (Math Coach, Science Coach, Reading Coach, etc.) $\frac{1147C}{147C}$ Number of Positions $\frac{1147C}{147C}$ $\frac{1147C}{147$	For assistance, ple	ease contact the Title I Grant office at (904)390-2123.					
FA/CI Number of Pattions Performance Barting Amount BARTING S00133 Aff The Patter One Share Patter One	CHOOL	gg	School Number:	хххх			
Virbul Number of Positions Number of Positions Starty Amount model Amount Amount Virbul Number of Positions 0 05 512.000 502.00	nstructional St	taff Salaries (Math Coach, Science Coach, Reading Coach, etc.)					
and specified. Max. Splice Example, Splice Exa	FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions		Salay Amount	Benefit Amount	AMOUN
3002130 Alia Time Analose -Rese include the Job Title_Employee Number, cand Job Code I 0 75% T1/25%GF 541,000.00 50.00 54.000 3002130 Alia Time Analose -Rese include the Job Title_Employee Number, cand Job Code I 0 0% 50.00			0	0%	\$57,000.00	\$11,600.00	\$68,600.0
applicable Stappools asseg 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: asseg 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: avoid 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: avoid 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: avoid 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: avoid 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: avoid 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: avoid 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: avoid 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: avoid 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:<	6400/130 Full-Tim	ne Position -Please include the Job Title, Employee Name, Employee Number, and Job Code if	0	75% T1/25%GF	\$41,000.00	\$0.00	\$41,000.0
State State State <td></td> <td></td> <td>0</td> <td>0%</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.0</td>			0	0%	\$0.00	\$0.00	\$0.0
Internalia: Internalization of the store and a store and	applicat	uie					\$109,600.0
With the Assignments Teacher Salaries, Before and After School, and Saturday FACL Positions, Employee Name, Employee Name, Employee Name, and Job Code (J opplicable 0 Salay Amount Benefit Amount AMOUNT Solary Amount Solary Amount Benefit Amount AMOUNT Solary Amount Benefit Amount AMOUNT Solary Amount Solary Amount Benefit Amount AMOUNT Solary Amount Benefit Amount AMOUNT Solary Amount Solary Amount Benefit Amount AMOUNT Solary Amount Benefit Amount AMOUNT Solary Amount Benefit Amount Amount AMOUNT Solary Amount Benefit Amount AMOUNT Solary Amount Benefit Amount Amou	lease provide an ationale:	explanation as to how the above aforementioned budget item(s) address a need(s) that has	been determined through your	continued and ongoing comp	rehensive needs analysi	s:	
FAC Positions, Employee Ramo, Employee Ramo, Employee Ramber, and Job Codes Number of Positions Salay Amount Benefit Amount AMOU S0002 Rease include the lob Trite, Employee Rame, Employee Ramber, and Job Code (I applicable 0 50.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Interpretation Interpr	Aultiple Assign	nments - Total Multiple Assignments Teacher Salaries, Before and After Scho	ol, and Saturday				
Solution	FA/CI	Positions, Employees Name, Employee #, and Job Codes	Number of Positions		Salay Amount	Benefit Amount	AMOUN
ease 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: art Time Tutors During School Days - 3 to 5 Hours Daily, Not to Exceed 25 Hours Weekly; Should Not Exceed 180 Days Per Student Calendar Salay Amount Benefit Amount AMOUI 800/128 Positions, Employee Name, Employee Number, and Job Code if applicable 0 50.00 50.00 50.00 800/128 Please include the Jab Title, Employee Name, Employee Number, and Job Code if applicable 0 50.00 50.00 50.00 sease 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: sease 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: sease 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: sease 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: sease 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: sease provide an explanation as to how the above aforementioned budget item(s) address a need(s) that has been determined through your co	900/120 Please in	nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable	0		\$0.00	\$0.00	\$0.0
And 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/Cl Positions, Employee Name, Employee 1, and Job Code: Number of Positions Salay Amount Benefit Amount AMOUI 300/128 Please include the Job Title, Employee Name, Employee 1, and Job Code (f opplicable 0 \$0.00							\$0.0
So. acase 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: titionale: FR/CI Positions, Employees Name, Employee #, and Job Codes Number of Positions FTE (% Position is being funded through Title I) Solay Amount Benefit Amount AMOUI 100/168 Please include the Job Title, Employee Name, Employee #, and Job Code (f opplicable 0 0 0% 50.00 \$	art Time Tuto	rs During School Days - 3 to 5 Hours Daily, Not to Exceed 25 Hours Weekly; S	hould Not Exceed 180 Days	s Per Student Calendar			
ease 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: tritionale: FA/CI Positions, Employees Name, Employee #, and Job Codes Number of Positions FA/CI Positions, Employee Name, Employee #, and Job Codes 0 0% S0.00 \$0.00	Part Time Tuto FA/CI			s Per Student Calendar	Salay Amount	Benefit Amount	AMOUN
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art 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/Cl Positions, Employee Name, Employee #, and Job Codes Number of Positions FTE (% position is being funded through Title I) Salay Amount Benefit Amount AMOUL 100/168 Please include the Job Title, Employee Name, Employee Number, and Job Code If applicable 0 0% \$0.00	FA/CI 5900/128 <i>Please ii</i>	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions		\$0.00	\$0.00	\$0.0
FA/CI Positions, Employees Name, Employee #, and Job Codes Number of Positions FTE (% position is being funded through Title I) Salay Amount Benefit Amount AMOU 100/168 Please include the Job Title, Employee Name, Employee Number, and Job Code if applicable 0 0% \$0.00	FA/CI 5900/128 Please in lease provide an	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions		\$0.00	\$0.00	\$0.0
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\$0. ease 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: titionale: titional	FA/CI 900/128 Please in lease provide an ationale:	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has	Number of Positions 0 been determined through your	continued and ongoing comp	\$0.00	\$0.00 is:	
ease 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: thionale: thionale: botal Amount Allocated for Salaried Items: contal Amount Allocated for Salaried Items: contal Amount Allocated for Salaried Items: contal Amount Allocated for Salaried Items: contacted Services - 80% of Spending must be complete by October 31, 2024 and the complete Spending Deadline is - March 31, 2025 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 AMOUI 100/310 CONSTRUCTION OF PURCHASE CONSTRUCTION OF PURCHASE CONST	FA/CI 900/128 Pleose in lease provide an ationale: art Time Pare FA/CI	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes	Number of Positions 0 been determined through your Veekly; Should Not Exceed	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being	\$0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount	\$0.00	\$0.(\$0.
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Ion-Salaried Activities - 80% of Spending must be complete by October 31, 2024 and the complete Spending Deadline is - March 31, 2025 Please complete the below area for All Non-Salaried Purchases** ontracted 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 AMOUI 100/310 0 0 \$0. \$0. 100/310 0 \$0. \$0. \$0.	FA/CI 5900/128 Please in lease provide an ationale: Part Time Pare FA/CI 5100/168 Please in	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has ent Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0%	\$0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount \$0.00	\$0.00 is: Benefit Amount \$0.00	\$0. \$0. AMOUI \$0.
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 AMOUNTITY 100/310 C GRADES TARGETED QUANTITY AMOUNTITY 100/310 C GRADES TARGETED QUANTITY AMOUNTITY 100/310 C C SOL	FA/CI 5900/128 Please ir lease provide an ationale: art Time Pare FA/CI 5100/168 Please ir lease provide an	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has ent Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0%	\$0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount \$0.00	\$0.00 is: Benefit Amount \$0.00	\$0.1 \$0.1 AMOUI \$0.1
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 AMOUNTITY 100/310	FA/CI 5900/128 Please in Please provide an tationale: Part Time Pare FA/CI 5100/168 Please in tationale:	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0%	\$0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount \$0.00	\$0.00 is: Benefit Amount \$0.00	\$0.0 \$0.0 AMOUN \$0.0 \$0.0
100/310 Image: Constraint of the second se	FA/CI 5900/128 Please in Please provide an tationale: Part Time Pare FA/CI 5100/168 Please in tationale: Fotal Amount Non-Salarie	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has t Allocated for Salaried Items: ed Activities - 80% of Spending must be complete by October	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0 been determined through your	continued and ongoing composition of the second sec	\$0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount \$0.00 rehensive needs analysi	\$0.00 is: Benefit Amount \$0.00 is:	\$0.0
100/310	FA/CI Please provide an ationale: art Time Pare FA/CI Si100/168 Please in Additionale: FA/CI Sinon/168 Please in Sinon/168 Please in Please provide an ationale: Sinon/168 Please in Sinon/168 Please in Sino	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has t Allocated for Salaried Items: ed Activities - 80% of Spending must be complete by October te the below area for All Non-Salaried Purchases**	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0 been determined through your • 31, 2024 and the cor	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0% continued and ongoing comp mplete Spending De	S0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount S0.00 rehensive needs analysi rehensive needs analysi	\$0.00 s: Benefit Amount \$0.00 s: s: ch 31, 2025	\$0.0 \$0.0 AMOUN \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
100/310 \$0.	FA/CI Please in Please provide an ationale: Otal Amoun Please complet ontracted Ser FA/CI	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has t Allocated for Salaried Items: ed Activities - 80% of Spending must be complete by October te the below area for All Non-Salaried Purchases** vices - Principal will need to have contracts submitted prior to services being	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0 been determined through your 31, 2024 and the cor g rendered otherwise Title	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0% continued and ongoing comp mplete Spending De	S0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount S0.00 rehensive needs analysi readline is - Marc unding source. Add	\$0.00 s: Benefit Amount \$0.00 s: ch 31, 2025 litional Approval Step Req	\$0.0 \$0.0 AMOUN \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.
100/310 S0.	FA/CI Please ir Please provide an ationale: FA/CI Please ir FA/CI Please provide an ationale: FA/CI Please complet ontracted Sern FA/CI FA/CI FA/CI Please complet fullon/Sal Please complet fa/CI FA/	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has t Allocated for Salaried Items: ed Activities - 80% of Spending must be complete by October te the below area for All Non-Salaried Purchases** vices - Principal will need to have contracts submitted prior to services being	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0 been determined through your 31, 2024 and the cor g rendered otherwise Title	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0% continued and ongoing comp mplete Spending De	S0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount S0.00 rehensive needs analysi readline is - Marc unding source. Add	\$0.00 s: Benefit Amount \$0.00 s: ch 31, 2025 litional Approval Step Req	\$0. \$0. AMOUI \$0. \$0. \$109,600.0 \$109,600.0 uired. AMOUI \$0.
	FA/CI 900/128 Please in lease provide an ationale: art Time Pare FA/CI 100/168 Please in lease provide an ationale: fotal Amoun	Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has int Liaison or Volunteer Liaison - 3 to 5 Hours Daily; Not to Exceed 25 Hours V Positions, Employees Name, Employee #, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Codes nclude the Job Title, Employee Name, Employee Number, and Job Code if applicable explanation as to how the above aforementioned budget item(s) address a need(s) that has t Allocated for Salaried Items: ed Activities - 80% of Spending must be complete by October te the below area for All Non-Salaried Purchases** vices - Principal will need to have contracts submitted prior to services being	Number of Positions 0 been determined through your Veekly; Should Not Exceed Number of Positions 0 been determined through your 31, 2024 and the cor g rendered otherwise Title	continued and ongoing comp 180 Days Per Student Ca FTE (% position is being funded through Title I) 0% continued and ongoing comp mplete Spending De	S0.00 rehensive needs analysi lendar; Hourly Rate Salay Amount S0.00 rehensive needs analysi readline is - Marc unding source. Add	\$0.00 s: Benefit Amount \$0.00 s: ch 31, 2025 litional Approval Step Req	\$0. \$0. AMOUI \$0. \$0. \$109,600.0

\$0.00

	Title I, Part A Schoolwide Budget - Fund 49176					
For assista	ce, please contact the Title I Grant office at (904)390-2123.					
SCHOOL	gg ide an explanation as to how the above aforementioned budget item(s) address a need(s) tha	School Number:	XXXX	probonsivo poods analy	sic:	
Rationale	de an explanation as to now the above alorementioned budget item(s) address a need(s) that	at has been determined through your	continued and ongoing com	prenensive needs analy	515.	
FA/CI	d Services (Field Trip Student Admissions) - FDOE has new Field Trip guideline FIELD TRIP LOCATION AND DESCRIPTION	JUSTIFICATION OF PURCHASE	ete details are needed v	GRADES TARGETED	ditional approval st QUANTITY	AMOUNT
5100/334	HED THE LOCATION AND DESCRIPTION	JUSTIFICATION OF FORCHASE			QUANTITI	\$0.00
5100/334			-			\$0.00
5100/334						\$0.00
5100/334						\$0.00
-						\$0.00
Rationale:	ide an explanation as to how the above aforementioned budget item(s) address a need(s) that	at has been determined through your	continued and ongoing com	prenensive needs analy	SIS:	
Contract	d Services (Student Bus Transportation) or Charter Bus Transportation (360) o		al approval steps requir	ed.		
FA/CI	FIELD TRIP LOCATION AND DESCRIPTION	JUSTIFICATION OF PURCHASE		GRADES TARGETED	QUANTITY	AMOUNT
7800/390						\$0.00
7800/390						\$0.00
7800/390 7800/390			-			\$0.00 \$0.00
7800/390						\$0.00
Please pro	ide an explanation as to how the above aforementioned budget item(s) address a need(s) tha	at has been determined through your	continued and ongoing com	prehensive needs analy	sis:	çelee
Rationale						
Web Rad	d Software Licenses - Basic Instruction Rentals - License term must begin on o	r after 07/01/24 and ends on (6/20/25			
FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE	10/30/23.	GRADES TARGETED	QUANTITY	AMOUNT
5100/369						\$0.00
5100/369						\$0.00
5100/369						\$0.00
5100/369						\$0.00
Disease					-1	\$0.00
Rationale:	ide an explanation as to how the above aforementioned budget item(s) address a need(s) that	at has been determined through your	continued and ongoing com	prenensive needs analy	SIS:	
Rationale						
Classroo	Materials and Supplies - General Supplies- List All Supplemental Supplies in	the description cell all togethe	r - Must he Sunnlement	al		
FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE		GRADES TARGETED	QUANTITY	AMOUNT
5100/510						\$0.00
5100/510						\$0.00
5100/510						\$0.00
5100/510						\$0.00
Disease (Tra	ide an explanation as to how the above aforementioned budget item(s) address a need(s) tha	the been determined three to see	continued and engoing and	nyahansiya naadalu	-i	\$0.00
Rationale:	de an explanation as to now the above aforementioned budget item(s) address a need(s) tha	it has been determined through your	continued and ongoing com	prenensive needs analy	515:	
Technol	gy related Classroom Materials and Supplies: Projector bulbs, projector filters		sets. Must be supplem	ental.		
FA/CI	VENDOR NAME AND DESCRIPTION OF PRODUCT	JUSTIFICATION OF PURCHASE		GRADES TARGETED	QUANTITY	AMOUNT
5100/519						\$0.00
5100/519 5100/519						\$0.00

Title I, Part A Schoolwide Budget - Fund 49176 2024-2025							
SCHOOL: 5100/519	gg		School Number:	XXXX			\$0.00
							\$0.00
Please provide an explanation as to how the above Rationale:					prehensive needs analys	sis:	
Equipment / Computer Hardward - Tablet	s, Laptops, Desktops, Printers,	Listening Center Ec	JUSTIFICATION OF PURCHASE	ra & Etc.	GRADES TARGETED	QUANTITY	AMOUNT
5100/640 include price per unit with description						Qonin	\$0.00
5100/640 include price per unit with description							\$0.00
5100/640 include price per unit with description 5100/640 include price per unit with description							\$0.00
							\$0.00
Please provide an explanation as to how the above	e aforementioned budget item(s) add	dress a need(s) that has	been determined through your	continued and ongoing comp	prehensive needs analys	sis:	
Rationale:		tel Conorel Sumplie	a in the description call all	another Must be Cur	ulomentel.		
Other Instructional Materials and Supplies	A AND DESCRIPTION OF PRODUCT	tal General Supplie	JUSTIFICATION OF PURCHASE	together - Must be Sup	GRADES TARGETED	QUANTITY	AMOUNT
5900/510 include price per workbook with description	NEARD DESCRIPTION OF PRODUCT		JUSHINEAHON OF FORCHASE			QUANTIT	\$0.00
5900/510 include price per workbook with description							\$0.00
5900/510 include price per workbook with description 5900/510 include price per workbook with description							\$0.00
							\$0.00
Please provide an explanation as to how the above Rationale:							
Technology related Other Instructional M FA/CI VENDOR NAM	ME AND DESCRIPTION OF PRODUCT	;) - Projector buibs,	JUSTIFICATION OF PURCHASE	, & computer neadsets	GRADES TARGETED	QUANTITY	AMOUNT
5900/519							\$0.00
5900/519							\$0.00
5900/519 5900/519							\$0.00
2200/212				-			\$0.00
Please provide an explanation as to how the above	e aforementioned budget item(s) add	dress a need(s) that has	been determined through your	continued and ongoing comp	prehensive needs analys	sis:	çuluu
Rationale:							
Professional Development Stipends at a s			ct with HR for the proper ra PURPOSE AND DURATION OF PD IN	ate of pay in accordance			
FA/CI NAME OF PROFESS	SIONAL LEARNING EVENT (list each one)		DAYS	Hrly Rate of Pay	GRADES IMPACTED	# STAFF	AMOUNT
6400/120							\$0.00
6400/200					l		\$0.00
Please provide an explanation as to how the above Rationale:					prehensive needs analys	sis:	
Professional and Technical Services - a co	ntract is required prior to servion of product		I, otherwise another fundir PURPOSE AND DURATION OF PD IN	g source is required.	GRADES IMPACTED	QUANTITY	
FA/CI VENDOR NAN 6400/310	VIE AND DESCRIPTION OF PRODUCT		PORPOSE AND DURATION OF PD IN		GRADESTMIPACTED	QUANTITY	AMOUNT \$0.00
6400/310							\$0.00
6400/310							\$0.00

	Title I, Part A Schoolwide Budget - Fund 49176						
For assista	nce, please contact the Title I Grant office at (904)390-2123.						
SCHOOL	gg	School Number:	XXXX				
Diagon pro	vide an explanation as to how the above aforementioned budget item(s) address a need(s) that	thes been determined through your	continued and engoing com		-i	\$0.00	
Rationale		t has been determined through you	continued and ongoing com	iprenensive needs analy	515:		
Kationale							
Travel/R	egistration for Professional Development (Instructional & Administrative Staff)	- Out of State Travel requires	FDOE approval and cor	npleted packets mus	st be submitted at lea	st 2 months in	
FA/CI	DESCRIPTION AND LOCATION OF PD	PURPOSE AND POSITIONS OF STAF		DURATION OF PD	# STAFF	AMOUNT	
6400/330		ATTENDING		-		\$0.00	
6400/330						\$0.00	
6400/330			-			\$0.00	
						\$0.00	
Please pro	vide an explanation as to how the above aforementioned budget item(s) address a need(s) that	t has been determined through you	continued and ongoing con	prehensive needs analy	sis:		
Rationale							
	onal Development Supplies: General PD supplies and professional and technica						
FA/CI 6400/510	VENDOR NAME AND DESCRIPTION OF PRODUCT include price per unit with description	PURPOSE		STAFF TARGETED	QUANTITY	AMOUNT \$0.00	
6400/510	include price per unit with description		-			\$0.00	
6400/510	include price per unit with description		-	-		\$0.00	
0400/010	nedde prec per unr wer deserption			-		\$0.00	
Please pro	vide an explanation as to how the above aforementioned budget item(s) address a need(s) that	t has been determined through you	continued and ongoing con	prehensive needs analy	sis:	çoloo	
Rationale Other It	ems (Not listed):						
5100	include price per unit with description					\$0.00	
5200	include price per unit with description					\$0.00	
5900	include price per unit with description					\$0.00	
6100 6400	include price per unit with description include price per unit with description		-	-		\$0.00 \$0.00	
0400						\$0.00	
Please pro	vide an explanation as to how the above aforementioned budget item(s) address a need(s) that	t has been determined through you	continued and ongoing com	prehensive needs analy	sis:		
Rationale							
					Total Non-Salaried	\$0.00	
					TOTAL BUDGET	\$109,600.00	
				AMOUNT OUT OF	BALANCE (MUST BE \$0)	\$0.00	