



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 12.1h

Meeting Date: April 4, 2024

Subject: Approve SETA Head Start Budget Modification for 2023-2024

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: _____)
- Conference/Action
- Action
- Public Hearing

Division: Early Learning and Care

Recommendation: Request to move Head Start funds from T&TA to Travel.

Background/Rationale: Request budget modification to move \$30,061 of the T&TA funding for training and staff development to Travel, which includes out of state conferences, training, and staff development opportunities.

Financial Considerations: Request to move \$30,061 from T&TA to Travel.

LCAP Goal(s):

Goal 1: College Career Readiness

Goal 2: Foundational Educational Experience with Equitable Opportunities for ALL students

Goal 3: Integrated Supports

Goal 4: Culture and Climate – Dismantling Systems

Goal 6: Implementation of MTSS/Data-Based Decision Making

Goal 8: Basic Services and Districtwide Operations/Supports

Documents Attached:

1. Request for Program Approach Change and/or Budget Modification

Estimated Time of Presentation: N/A

Submitted by: Yvonne Wright, Chief Academic Officer

E'leva Hughes Gibson, Assistant Superintendent

Approved by: Lisa Allen, Interim Superintendent



REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegate/Partner: Sacramento City Unified School District

Funding Source: Head Start Early Head Start Both

Agreement Number: 23C5551S0

Date: 2/21/2024

I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:

Please check the type of request(s):

Program Options

Budget Modification (changing the dollar amount between cost categories)

For Program Year: 2023-2024

Does this involve the purchase of a fixed asset? Yes No

(ACF approval required for all fixed asset purchases)

Will the project be over \$250,000? Yes No

(1303 Facilities Renovation/Repair Application will be required)

Budget Carryover

From Program Year: _____ to Program Year _____

(Requires ACF approval)

Change in service days / Calendar Change

Change in Centers / Temporary Closure

Class-size Waiver Request (to enroll up to 24 children in a class(es))

(Requires ACF approval)

One-time Health and Safety Program Improvement Funding Request (pending available funds)

Other: _____

II. Please identify what is in the original agreement and describe the change being requested.

We are requesting this budget modification to move \$30,061 of our T&TA funding from training and staff development to travel, which includes out of state conferences, trainings, and staff development opportunities.

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION
(Continued)

III. The requested changes are justified based on the following:

SCUSD is committed to providing high quality education and instruction to all students in the district. Additional staff training and conference opportunities allows our department to continue to build upon our own knowledge and expertise, ensuring that we are able to support our children and families.

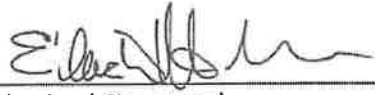
IV. For a Budget Modification – Please complete this section if: 1) there are revisions in the budget as a result of the program approach change or 2) the request is specific to a Budget Modification.

NOTE: A Budget Narrative is required to be submitted with the updated Budget Worksheet

Program Year <u>2023-2024</u>		Grant #: 09CH011763	
Cost Category/Item Description	Current Budget	Budget Modification	Updated Budget
Personnel			
Fringe Benefits			
Travel	0	\$30,061	\$30,061
Equipment			
Supplies			
Contractual			
Construction			
Other	\$30,061	0	\$0
TOTAL	\$30,061	\$30,061	\$30,061
Non-Federal Share (for Carryover Requests Only)			
Non-Federal Share	Current Budget	Budget Modification	Updated Budget
Please describe how agency will obtain the Non-Federal Share:			

N. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the Resolution Authorizing Execution of Service Provider Subgrant/Delegate Agency Agreement/Service Contract from the Sacramento Employment and Training Agency included in this agreement contract.

DATE: 2/22/2024


(Authorized Signature)

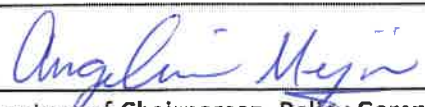
Elera Gibson
(Typed Name)

Assistant Superintendent
(Title)

APPROVED BY POLICY COMMITTEE (See instruction if required):

DATE OF MEETING: 03-21-2024

DATE: 03/21/2024


(Signature of Chairperson, Policy Committee)

Angelina Mejia
(Typed Name)

APPROVED BY GOVERNING BODY (See instructions if required):

DATE OF MEETING: _____

DATE: _____

(Signature of Chairperson, Board of Trustee or Board of Directors)

(Typed Name)

APPROVED BY GRANTEE:

DATE: _____

(Karen Griffith, Head Start Deputy Director)

For Internal Use Only

Tracking:

Date Received: _____

(Melanie Nicolas,
CFS Program Officer/Administration)

Date Approved: _____

Date Approved: _____

(Victor Han, Fiscal Manager)

Comments: