

**Los Angeles County Office of Education  
Budget Adjustment & Request for Advance Approvals  
Head Start & State Preschool Delegate Agencies and School Districts**

Name of Delegate Agency <b>Bassett Unified School District</b>		Fiscal Year <b>2016</b>	Date of Request <b>04/25/2017</b>	Effective Date <b>07/01/2016</b>
Funding Source (HS Basic, HS T&TA, EHS Basic, etc.) <b>EHS Basic</b>	Nature of Funding <b>Permanent</b>	ASR Number <b>17</b>	BAR Number (Grantee Use) <b>36-349</b>	

**Justification of Budget Adjustment and/or Request for Advance Approvals:**

1. Describe the purpose of the proposed change(s), including:

- a) What is the impact of the proposed change on program operations currently in place?
- b) How will the change(s) impact the organizational structure in terms of the agency's ability to deliver services?

The purpose of this RAA/BAR a Non Federal Share (NFS) Waiver for Bassett USD's Early Head Start Basic Grant. The District is requesting a partial NFS waiver in the amount of \$92,000. This waiver is associated with additional one-time supplemental funding that was awarded this year totaling \$602,976 and the lack of community resources that prevent the District's Early Head Start program from providing a portion of the required match. The District has sought to maximize NFS contributions and this waiver does not have any impact to program operations, organization structure or service delivery.

2. Do the budget changes that support the request meet fiscal accountability as they relate to (a) allowable, (b) necessary, (c) reasonable, and (d) allocable?

Yes. The District will continue it's efforts to obtain in-kind match and this waiver request will help the District to address the NFS windfall if needed.

3. What alternative(s) were considered before proposing the changes?

No alternatives were considered, due to the projected NFS at year end.

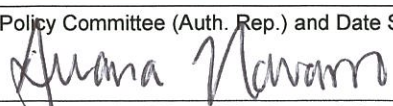
4. How will the alternative chosen improve the delivery of services to children and families?

Children and families will benefit from this NFS waiver, because the District would otherwise be at risk of in unreimbursed expenditures due to NFS shortfall, which may jeopardize the ongoing operations of the Early Head Start program.

5. Describe how the proposed changes conform to Federal and/or State regulations.

The NFS waiver request is being made according to the guidance provided under "ACF-PI\_HS-12-02." LACOE will submit the District's NFS waiver request to OHS for approval.

## APPROVALS

Parent Policy Committee (Auth. Rep.) and Date Signed  4/26/17	Grantee Program Office and Date Signed
Signature of Authorized Board Member and Date Signed	Controller's Office and Date Signed
	Controller's Office – Financial Operations Consultant and Date Signed

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Bassett Unified School District	2016	04/25/2017	07/01/2016
Funding Source (HS Basic, HS T&TA, EHS Basic, etc.)	Nature of Funding	ASR Number	BAR Number (Grantee Use)
EHS Basic	Permanent	17	36-349
Director or Authorized Representative (Type Name and Title)	<b>Budget Summary, Program Operation</b>		
Alina Lucero	Approved Funding	BAR, Pending	This Request + (-) Adjusted Budget
Contact Person for Questions (Type Name and Phone Number)			
Barcelo_Lucy	602,976	0	0 602,976

**GABI Line Item Budget for Head Start and Early Head Start**

Line Item	Program Operation			
	Current Budget	BAR Pending Approval	This Request Adjustments +(-)	Proposed Adjusted Budget

**a. PERSONNEL**

**Child Health and Developmental Services Personnel**

1	Program Managers & content Area Experts			
2	Teachers/Infant Toddler Teachers	363,552		363,552
3	Family Child Care Personnel			
4	Home Visitors			
5	Teacher Aides & Other Education Personnel			
6	Health/Mental Health Services Personnel			
7	Disabilities Services Personnel			
8	Nutrition Services Personnel			
9	Other Child Services Personnel			

**Family and Community Partnerships Personnel**

10	Program Managers & content Area Experts			
11	Other Family & community Partnerships Personnel	27,476		27,476

**Program Design and Management Personnel**

12	Executive Director/Other Supervisor of HS Director			
13	Head Start/Early Head Start Director			
14	Managers			
15	Staff Development			
16	Clerical Personnel	7,845		7,845
17	Fiscal Personnel	10,551		10,551
18	Other Administrative Personnel			
19	Maintenance Personnel			
20	Transportation Personnel			
21	Other Personnel			
	Other Write-in Line Items			
<b>TOTAL PERSONNEL (6a)</b>		409,424	0	0 409,424

**b. FRINGE BENEFITS**

1	Social Security (FICA), State Disability, UI	29,479		29,479
2	Health/Dental/Life Insurance	53,225		53,225
3	Retirement	61,413		61,413
4	Other Fringe			
	Other Write-in Line Items			
<b>TOTAL FRINGE BENEFITS (6b)</b>		144,117	0	0 144,117



### GABI Line Item Budget for Head Start and Early Head Start

Line Item	Program Operation			
	Current Budget	BAR Pending Approval	This Request Adjustments +(-)	Proposed Adjusted Budget

#### c. TRAVEL

1 Staff Out-Of-Town Travel				
Other Write-in Line Items				
<b>TOTAL TRAVEL (6c)</b>	0	0	0	0

#### d. EQUIPMENT

1 Office Equipment				
2 Classroom/Outdoor/Home-based/FCC	2,500			2,500
3 Vehicle Purchase				
4 Other Equipment				
Other Write-in Line Items				
<b>TOTAL EQUIPMENT (6d)</b>	2,500	0	0	2,500

#### e. SUPPLIES

1 Office Supplies	1,000			1,000
2 Child and Family Services Supplies	27,330			27,330
3 Food Services Supplies	2,000			2,000
4 Other Supplies	1,000			1,000
Other Write-in Line Items				
<b>TOTAL SUPPLIES (6e)</b>	31,330	0	0	31,330

#### f. CONTRACTUAL

1 Administrative Services (e.g., Legal, Accounting)				
2 Health/Disabilities Services				
3 Food Service				
4 Child Transportation Services				
5 Training & Technical Assistance				
6 Family Child Care				
7 Delegate Agency Costs				
8 Other Contracts				
Other Write-in Line Items				
<b>TOTAL CONTRACTUAL (6f)</b>	0	0	0	0

#### g. CONSTRUCTION

1 New Construction				
2 Major Renovation				
3 Acquisition of Buildings/Modular Units				
Other Write-in Line Items				
<b>TOTAL CONSTRUCTION (6g)</b>	0	0	0	0

### GABI Line Item Budget for Head Start and Early Head Start

Line Item	Program Operation			
	Current Budget	BAR Pending Approval	This Request Adjustments +(-)	Proposed Adjusted Budget

<b>h. OTHER</b>				
1 Depreciation/Use Allowance				
2 Rent				
3 Mortgage				
4 Utilities, Telephone	500			500
5 Building & Child Liability Insurance				
6 Building Maintenance/Repair and Other Occupancy	1,400			1,400
7 Incidental Alterations/Renovations	1,500			1,500
8 Local Travel				
9 Nutrition Services	1,000			1,000
10 Child Services Consultants	9,305			9,305
11 Volunteers				
12 Substitutes (if not paid benefits)				
13 Parent Services				
14 Accounting & Legal Services				
15 Publications/Advertising/Printing				
16 Training or Staff Development	700			700
17 Other	700			700
Other Write-in Line Items	500			500
<b>TOTAL OTHER (6h)</b>	<b>15,605</b>	<b>0</b>	<b>0</b>	<b>15,605</b>

<b>i. TOTAL DIRECT CHARGES</b>	<b>602,976</b>	<b>0</b>	<b>0</b>	<b>602,976</b>
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<b>j. INDIRECT COSTS</b>				<b>0</b>
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<b>k. TOTALS - ALL BUDGET CATEGORIES</b>	<b>602,976</b>	<b>0</b>	<b>0</b>	<b>602,976</b>
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<b>Non Federal Share</b>	<b>150,774</b>			<b>150,774</b>
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**JUSTIFICATION** - (Use the provided Microsoft Word Template for the rationale and justification for the requested advance approval and/or budget adjustment.)