New Jersey Department of Education

**Whole School Reform Mid-Year Third Cohort Grant**

**Incentive Grant**

Fiscal Year 2001

# Final Report

# Title Page

Project Code: WSR _ _ _ - _ _ _ -01

| | |
|---|---|
| 1. LEA: LEA Code _ _ _ _ _ | 1a. School: School Code _ _ _ _ _ |
| 2. Chief School Administrator: | 2a. Telephone Number:<br>Fax Number: |
| 3. Principal: | 3a. Telephone Number:<br>Fax Number: |
| 4. Address: | 4a. County Name: |
| | 4b. County Code: |
| 5. Funding Source: State Funds | 5a. Expended Amount: |
| 6. Project Duration: January 30, 2001 – August 31, 2001 | |

7. Final Report Approvals:

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Typed Name of Chief School Administrator | Signature of Chief School Administrator | Date |
| _____ | _____ | _____ |
| Typed Name of School Principal | Signature of School Principal | Date |
| _____ | _____ | _____ |
| Typed Name of Business Administrator | Signature of Business Administrator | Date |

| **FOR SEA USE ONLY** | | | | |
|---|---|---|---|---|
| **OPRI** | ❑**Approved** | ❑**Denied** | **Signature:** | **Date:** |
| **OGMD** | ❑**Approved** | ❑**Denied** | **Signature:** | **Date:** |

# DIRECTIONS FOR COMPLETING
## Final Report

| | |
|---|---|
| Items 1-4b: | Complete all identifying information. |
| Item 5a: | Enter the amount of funds expended. |
| Item 7: | Provide the required signatures of the Chief School Administrator, School Principal and Business Administrator |

Any unexpended balances nust be returned to the NJDOE. (Enclose a check for the indicated amount payable to Treasure, State of New Jersey, and submit a copy of the first page of the report to the Office of Budget and Accounting, Revenue and Grant Services, PO Box 500, Trenton NJ 08625.)

FINAL REPORTS DUE TO THE PROGRAM IMPROVEMENT REGIONAL CENTER (PIRC) ON **November 30, 2001, 2001**

New Jersey State Department of Education

**Whole School Reform Mid-Year Third Cohort**

**Incentive Grant**

Fiscal Year 2001

# Budget Statement-Final Report-Expenditures

**LEA:_____SCHOOL:_____ COUNTY :_____**

**PROJECT CODE: WSR _ _ _ _-_ _ _-01**

| EXPENDITURE CATEGORY | FUNCTION & OBJECT CODES | EXPENSES |
|---|---|---|
| **INSTRUCTION** | | |
| Salaries of Teachers | 100-101 | |
| Other Salaries for Instruction | 100-106 | |
| Purchased Prof. & Tech. Services | 100-300 | |
| Other Pur. Serv. (400-500 series) | 100-500 | |
| Tuition | 100-560 | |
| General Supplies | 100-610 | |
| Textbooks | 100-640 | |
| Other Objects | 100-800 | |
| **SUBTOTAL INSTRUCTION** | | |
| **SUPPORT SERVICES** | | |
| Sal. of Supervisors of Instruction | 200-102 | |
| Sal. of Program Directors | 200-103 | |
| Sal. of Other Professional Staff | 200-104 | |
| Sal. of Secretarial & Clerical Assist. | 200-105 | |
| Other Salaries | 200-110 | |
| Personal Serv. - Employee Benefits | 200-200 | |
| Purchased Prof. - Ed. Services | 200-320 | |
| Other Purchased Prof. Services | 200-330 | |
| Purchased Technical Services | 200-340 | |
| Rentals | 200-440 | |
| Contracted Services - Transport. Other Than Betw. Home & School | 200-516 | |
| Travel | 200-580 | |
| Other Pur. Serv. (400-500 series) | 200-590 | |
| Supplies and Materials | 200-600 | |
| Indirect Costs | 200-860 | |
| Other Objects | 200-890 | |
| **SUBTOTAL - SUPPORT SERVICES** | | |
| **FACILITIES ACQ & CONSTR SERV** | | |
| Buildings (Use charge) | 400-720 | |
| Instructional Equipment | 400-731 | |
| Non-instructional Equipment | 400-732 | |
| **SUBTOTAL - FAC ACQ & CONSTR** | | |
| **Schoolwide Programs-Abbotts** | **520-930** | |
| **TOTAL** | | |

# DIRECTIONS FOR COMPLETING
## Budget Statement-Final Report-Expenditures

- Complete the LEA Name, School Name, County and project code.

- Indicate the amount expended in each of the expenditure categories for the activities supported by this funding. The expended amounts in each category on the Project Budget Statement must match the subtotals for the expenditure categories by funding source itemized on the Activity Plan & Budget Detail Form.

New Jersey Department of Education
**Mid-Year Whole School Reform**
**Incentive Grant Application**
Fiscal Year 2001

# Activity Plan & Budget Detail-Final Report-Expenditures

LEA_____ School Name: _____Project Code: **WSR _ _ _ _- _ _ _ -01**

Implementation Model _____

| Whole School Reform Model Components | Implementation Activities and Timelines | Description of resources and itemized expenditures | Accountability Plan to document implementation of activities |
|---|---|---|---|
| | | | |

Use additional pages as needed

# DIRECTIONS FOR COMPLETING
# ACTIVITY PLAN & BUDGET DETAIL

1. Check the appropriate funding source.
2. Complete the LEA Name, School Name and Project Code.
3. Identify the Model that was implemented.
4. Identify the component(s) of the implementation model that were funded through this project.
5. List the activities that were implemented.
6. List the item(s) funded in each category.
   Enter the amount expended for each implementation activity.
7. Identify what documentation was utilized to verify the implementation of the proposed activities.

**State - Allowable Uses of Funds**

- Professional Development
- Materials and Supplies
- *Tutors (50% of Salaries and Benefits for one year only)
- Curriculum development and /or alignment of curriculum with core curriculum content standards
- Implementation of core curriculum content standards
- *Facilitator/coordinator (50% of Salaries and Benefits for one year only)
- Other expenses for direct instructional purposes with appropriate justification and support from school (i.e., social services, improving attendance, improving drop-out rate)

Note: *These are the only categories accepted for salaries and benefits.