



**Indiana  
Department of Education**  
**Glenda Ritz, NBCT**  
Indiana Superintendent of Public Instruction

February 1, 2015

Dr. Lewis Ferebee, Superintendent  
Indianapolis Public Schools  
120 E Walnut Street  
Indianapolis, IN 46204

Raymond Brandes Elementary School, Amendment #1  
2014-2015 School Year

Your 2014-2015 1003(g) School Improvement Grant (SIG) amendment for Raymond Brandes has been approved. These funds are authorized for use as of January 28, 2015. The **updated** amount listed below verifies the school improvement funds approved with the 2% reduction of funds.

Your corporation is responsible for conducting the 1003g SIG program in the manner and for the purpose described in the application and in accordance with federal law. Please include the documentation as an appendix into your original 1003g SIG application as evidence of the approved amendment. If you have questions concerning the approval, please contact Rachael Havey at [rhavey@doe.in.gov](mailto:rhavey@doe.in.gov)

|  |              |
|--|--------------|
| FY 2015 School Improvement Grant Availability: | \$888,546.34 |
|--|--------------|

Sincerely,

A handwritten signature in black ink, appearing to read "Rachael Havey", with a long, sweeping flourish extending to the right.

Rachael Havey  
Title I Specialist  
Indiana Department of Education  
115 W. Washington St.  
South Tower, Suite 600  
Indianapolis, IN 46204

Indicate any increases in a line item subtotal with GREEN text subtotal.

Indicate and decreases in a line item with RED text in the subtotal.

School Improvement Grant (1003g)  
Section II -- BUDGET  
Revised Budget Year 2  
School Year 2014-2015

Note: The total amount of funding per year must total no less than \$50,000 and no greater than \$2,000,000 per year.  
The original approved allocation amount cannot be increased through an amendment.

Corporation Name: 5385  
Corporation Number: Indianapolis Public Schools  
School Name: RAYMOND F. BRANDES

| ACCOUNT NO.   | FTE          | Cert.  | Noncert. | EXPENDITURE DESCRIPTION  | SUBTOTAL                  | LINE ITEM TOTAL |
|---|--------------|--|----------|--|---------------------------|-----------------|
| <b>1. PERSONNEL</b> (include positions and names)   |              |  |          |  |                           |                 |
| INSTRUCTIONAL INTERVENTIONIST/ DATA COACH   | 2.00         | X  |          |  | \$ 90,000.00              |                 |
| STAFF INCENTIVE   |              | X  | X        |  | \$ 60,000.00              |                 |
| LEADERSHIP INCENTIVE  |              | X  |          |  | \$ 10,000.00              |                 |
| EXTENDED DAY  |              | X  | X        | 5 HOURS PER WEEK FOR 30 WEEKS                                  | \$ 30,000.00              |                 |
| INTERCESSION  |              | X  |          | 10 DAYS, 5 HOURS PER DAY                                       | \$ 15,000.00              |                 |
| SUMMER SCHOOL   |              | X  |          | 15 DAYS, 4 HOURS PER DAY                                       | \$ 30,000.00              |                 |
| PD STIPENDS   |              | X  | X        |  | \$ 28,227.20              |                 |
| CLASS SIZE REDUCTION - TEACHER  | 1.00         | X  |          |  | \$ 40,000.00              |                 |
| COUNSELOR/BEHAVIOR SUPPORT  | 1.00         | X  |          |  |                           |                 |
| SUB TEACHERS  |              | X  | X        |  | \$ 15,000.00              |                 |
|   | 4.00         | <b>TOTAL SALARIES</b>                        |          |  |                           | \$ 318,227.20   |
| <b>2. Benefits:</b> Benefits should be based on actual known costs or an established formula. Fixed charges/benefits below are for the personnel listed under PERSONNEL above and only for the percentage of time devoted to this project.  |              |  |          |  |                           |                 |
|   |              | <b>TOTAL FIXED CHARGES / FRINGE BENEFITS</b> |          |  |                           | \$ 64,468.16    |
| <b>3. TRAVEL:</b> (differentiate in-state and out-of-state)   |              |  |          |  |                           |                 |
|   | out-of-state |  |          |  |                           |                 |
|   | out-of-state |  |          |  |                           |                 |
|   | out-of-state |  |          | TRAVEL COST OF OUT-OF STATE PROFESSIONAL DEVELOPMENT FOR STAFF | \$ 15,000.00              |                 |
|   | in-state     |  |          | REGISTRATIONS FEES FOR IN-STATE CONFERENCES                    | \$ 3,300.00               |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          | <b>TOTAL TRAVEL</b>  |                           | \$ 18,300.00    |
| <b>4. CONTRACTED SERVICES:</b> (List the type of contracted services to be provided, including the vendor's name, if applicable.)   |              |  |          |  |                           |                 |
| LEAD PARTNER  |              |  |          | SCHOLASTIC ACHIEVEMENT PARTNERS                                | \$ 346,663.00             |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          | <b>TOTAL CONTRACTED SERVICES</b>                               |                           | \$ 346,663.00   |
| <b>5. SUPPLIES:</b> Enter the total amount of materials and supplies. Provide a list of supplies on a separate sheet. (Include the total amount to be used to purchase testing, programmatic and/or office supplies.)   |              |  |          |  |                           |                 |
|   |              |  |          | <b>TOTAL SUPPLIES</b>  |                           | \$ 35,000.00    |
| <b>6. EQUIPMENT AND TECHNOLOGY:</b> Enter the total amount of equipment and technology purchases. Provide a list of equipment and technology on a separate sheet. Equipment is defined as "tangible, non-expendable/non-consumable personal property having a useful lifespan of more than one year". |              |  |          |  |                           |                 |
|   |              |  |          | <b>TOTAL EQUIPMENT AND TECHNOLOGY</b>                          |                           | \$ 90,000.00    |
| <b>7. OTHER SERVICES:</b> (Include a specific description of services.)   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          |  |                           |                 |
|   |              |  |          | <b>TOTAL OTHER SERVICES</b>                                    |                           | \$ 0.00         |
|   |              |  |          | <b>INDIRECT COST (2.07%)</b>                                   |                           | \$ 15,887.98    |
| <b>TOTAL ANTICIPATED EXPENDITURES (SUM OF SECTIONS 1-7 OF THIS FORM).</b>   |              |  |          |  |                           | \$ 888,546.34   |
|   |              |  |          |  | ORIGINAL BUDGET AMOUNT    | \$ 888,546.34   |
|   |              |  |          |  | CARRYOVER AMOUNT          | \$ -            |
|   |              |  |          |  | REVISED BUDGET AMOUNT     | \$ 888,546.34   |
|   |              |  |          |  | AMOUNT AVAILABLE TO SPEND | \$ 0.00         |



**1003g SIG Amendment**

Information: Upon receipt of your request, staff will process and either approve or disapprove your request in writing. Generally, amendment requests will be processed and mailed within fifteen (15) business days of receipt of the request. IDOE will not approve any budget or programmatic revisions that are inconsistent with the purpose or terms and conditions of the 1003g federal grant.

| School Name                  |  | RAYMOND F. BRANDES                    |                        |   |
|------------------------------|--|---------------------------------------|------------------------|---|
| Personnel Revision Amendment |  | CAROLAN JOHNSON, BUDGET/HR/ROOFTOP    |                        |   |
| Phone Number and email       |  | 517-226-4927 & ROBINSBV@IPS.k12.IN.US |                        |   |
| Account                      | Goal/Federal Requirement/Key Finding   | Original Application                  | Revision               | Justification   |
| INSTRUCTION                  | THE GOAL OF RAYMOND F. BRANDES IS THAT 80% OF OUR STUDENTS WILL PASS ELA AND MATH. | Personnel \$336,000                   | Personnel \$318,227.20 | 1. 2% hold via the IDOE removed from the budget.<br>2. Removed the counselor/behavior position.<br>3. Increased professional development stipends to cover summer PD. |
| CONTRACTED SERVICES          | SAME AS ABOVE  |                                       |                        |   |
| EQUIPMENT AND TECHNOLOGY     | SAME AS ABOVE  |                                       |                        |   |
|                              |  |                                       |                        |   |
|                              |  |                                       |                        |   |