**Los Angeles Unified School District**

**INTER-OFFICE CORRESPONDENCE**

TO: Principals

RE: PURCHASE OF SUPPORT SERVICES PERSONNEL – STUDENT AND FAMILY RESOURCES NAVIGATOR (cc 2357)

Budget Planning is now taking place for Fiscal Year 2018-19. Your school has the option of purchasing a **STUDENT AND FAMILY RESOURCES NAVIGATOR at C BASIS** as Support Services Personnel**.** Categorically funded positions must provide support to identified at-risk students and English Learners based on data described in the Single Plan for Student Achievement. In addition, all positions funded with categorical resources are subject to federal and state time-reporting requirements. Schools must maintain a monthly Personnel Activity Report, if any part of the assignment is funded with compensatory education funds.

**Estimated cost for a STUDENT AND FAMILY RESOURCES NAVIGATOR:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item**  **No.** | **Position** | **Basis** | **5 Days**  **(1.0 FTE)** | **4 Days**  **(0.8 FTE)** | **3 Days**  **(0.6 FTE)** | **2 Days**  **(0.4 FTE)** | **1 Day**  **(0.2 FTE)** | **1/2 Day**  **(0.1 FTE)** |
| 27644 | Itinerant Student & Family Resources Navigator (Step 5) 24102357 | C | $78,281 | $62,625 | $46,969 | $31,312 | $15,656 | \*\*$7,828 |
| 27688 | Student & Family Resources Navigator  X – Time (weekly) \* |  | $1,453 |  |  |  |  |  |

\* X-Time prior to the beginning of the school year may not be funded with compensatory education funds.

\*\* One half day SP can only be purchased, when rounding up half day allocations from Healthy Start, such as increasing 1.5 Healthy Start-funded days to 2.0 days; 2.5 days to 3.0 days; etc.

\* Use Budget Item Number when processing budget adjustments.

**FUNDING OPTIONS AND REQUIREMENTS:**

Your school may purchase additional Student and Family Resource Navigator time from school-based budget programs. Purchases **other than C Basis** must be full time (5days a week).

***Budget Planning Programs*** – The most common school-based budget programs for Budget Planning are listed in Table 1 below. Purchases from these programs must be included on your School Budget Signature Form.

**Special Note**: Minimum purchase is ½ day per categorical program.\*\*

Table 1 – Budget Planning Programs (\*\*minimum purchase is ½ day per categorical program)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Code** | **Program Name** |  | **Program Code** | **Program Name** |
| 13027 | General Fund School Program |  | 10183 | Targeted Student Population |
| 13723 | Charter School Categorical Block Grant |  | 10397 | TSP - PP |
| 13724 | Charter School Allocation-In lieu of EIA |  | 10400 | TSP - Investment |
| 10359 | TSP - Settlement |  |  |  |

***Budget Maintenance Programs*** *–* In addition, you may purchase support services from the following Budget Maintenance programs. A Budget Adjustment Request Form **must** be submitted to your Fiscal Specialist during Budget Session.

Table 2 - Budget Maintenance Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Code** | **Program Name** |  | **Program Code** | **Program Name** |
| 13986 | School Determined Need |  | 14242 | SDEP Proceeds Film/Photo Rentals |
| 13938 | Donation Account |  |  |  |

Please inform us of your school’s intent to purchase Student and Family Resource Navigator time by completing this form. Additional Student and Family Resource Navigator time requested will not be assigned to your school until funding has been posted during budget development. ***Purchases must be made during Budget Development. Purchases after BD may be on a wait list.***

For questions regarding any of the information provided above, please contact William Celestine at (213) 241-0459 or via email [*wcelesti@lausd.net*](mailto:wcelesti@lausd.net)

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Local District School Name Location Code

is purchasing a **STUDENT AND FAMILY RESOURCES NAVIGATOR**  as follows:

Requested Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  New Position:  Request a change in PSA Counselor

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Program** |  |  |  |
| **Number of Days** |  |  |  |
| **Cost** |  |  |  |
| **Percent if multi-funded** |  |  |  |
| **TOTAL DAYS:** |  |  |  |

My signature below approves and acknowledges that the School Site Council (SSC) and applicable advisory committees agreed to purchasing/funding the above position(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Print Principal’s Name |  | Principal’s Signature |  | Date (MM/DD/YY) |

Please mail this form no later than **03/31/2018** to:

* *William Celestine at* [*wcelesti@lausd.net*](mailto:wcelesti@lausd.net) *or FAX: (213) 241 – 6888 (email preferred).*