

Applicant Information

Note: All fields prefaced with an asterisk (*) are mandatory and must be completed.

Allocation Amount: \$352,744

General

Program name: ESSER

Fund Code: 113

Fiscal Year: 2021

Will this project be using funds assigned by more than one agency? No

Will any allocation funds be assigned to another agency? No

If Yes is selected:

You must attach a completed Schedule A in Word or PDF format to this application, with signatures and the amount of funds assigned by each participating agency, when completing the "Attachments List" step of the application.

Applicant Grant Information

Applicant: Billerica

LEA/District Code: 0031

Address 1: 365 Boston Rd

Address 2:

City: Billerica

State: Massachusetts
ZIP Code: 01821
Phone Number: (978) 528-7900

Superintendent / Executive Director

Name: Timothy Piowar
Title: Superintendent
Phone Number: (978) 528-7908
Extension:
Alternate:
(i.e. Summer Phone #)
Fax Number:
Email Address: tpiowar@billericak12.com

Applicant Contacts

At least one primary contact person must be added before the grant can be submitted. Click on the document icon to the left below to add contact persons associated with this application.

Contacts added should be people who can answer programmatic questions and if applicable the person who is entering this application on their behalf.

First Name	Last Name	Title	Phone Number	Ext	Email Address	Alternate Phone #
Jill	Geiser	Assistant Superin...	(978) 528-7920	---	jgeiser@billerica..	---
Robin	Hulsoor	Director of Finan...	(978) 528-7918	---	rhulsoor@billeric..	---

Applicant Contacts

Note: All fields prefaced with an asterisk (*) are mandatory and must be completed.

First Name: Jill
Last Name: Geiser
Title: Assistant Superintendent
Phone Number: (978) 528-7920
Extension:
Email Address: jgeiser@billericak12.com
Alternate Phone #
(i.e. Summer Phone #)

Applicant Contacts

Note: All fields prefaced with an asterisk (*) are mandatory and must be completed.

First Name: Robin
Last Name: Hulsoor
Title: Director of Finance and Operations
Phone Number: (978) 528-7918
Extension:
Email Address: rhulsoor@billericak12.com
Alternate Phone #
(i.e. Summer Phone #)

Budget Entry

Response to this field is only required when amending the grant

Please explain the reason for amending your grant. When making a budget change, please identify the line number and the amount changed.

Response:

Budget Information

ALLOCATION OF FUNDS

1. Administrator Salaries:	Comments	# of Staff	FTE	MTRS	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total						

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

2. Instructional/Professional Staff Salaries:	Comments	# of Staff	FTE	MTRS ¹	Amount	Select a Primary Function
School Physicians and School Nurses	Additional nursing staff for reopening of schools in the fall to provide nursing services and supports to students and staff.	5	1.00	<input type="checkbox"/>	\$50,000	Improving district preparedness and response to COVID-19
Certified Specialist Teachers (providing individualized instruction)	Interventionists to provide academic interventions and supports for students who are performing below grade level.	2	1.00	<input type="checkbox"/>	\$55,000	Activities under ESSA, IDEA, Perkins or AEFLA
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Sub-Total					\$105,000	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

3. Support Staff Salaries:	Comments	# of Staff	FTE	MTRS ¹	Amount	Select a Primary Function
Parent Liaisons	Community Outreach Specialist to improve communication between schools/district and the community with the goal of strengthening relationships between schools/district and families.	1	0.5	<input type="checkbox"/>	\$30,000	Activities under ESSA, IDEA, Perkins or AEFLA
Other	Support staff to assist with supervision and instruction of students so that we can implement social distancing while students are in school.	5	2.0	<input type="checkbox"/>	\$165,000	Improving district preparedness and response to COVID-19
				<input type="checkbox"/>		
Sub-Total					\$195,000	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

4. Stipends:	Comments	# of Staff	Rate	Rate Type	MTRS ¹	Amount	Select a Primary Function
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
Sub-Total							

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

5. Fringe Benefits:	Comments	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)		\$0
5-b Other		
Health Insurance		
Other Retirement Systems		
Federal Insurance Contributions Act (FICA)		
Other (Explain)		

Sub-Total

\$0

6. Contractual Services: Indicate the services to be provided and the rate to be paid per hour or per day.	Comments	Rate	Rate Type	Amount	Select a Primary Function
Sub-Total					

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.	Comments	Amount	Select a Primary Function
Sub-Total		\$0	

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

8. Travel: Mileage, conference registration, hotel, and meals.	Comments	Amount	Select a Primary Function
Sub-Total			

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

9. Other Costs: Please indicate the amount requested in each category.	Comments	Amount	Select a Primary Function
Tuition to Non-Public Schools	Summer tuition for students who are placed out of district for services.	\$52,744	Activities under ESSA, IDEA, Perkins or AEFLA
Sub-Total		\$52,744	

11. Equipment: List only items costing \$5,000 or more per unit.	Comments	Amount	Select a Primary Function
Instructional Equipment			
Non-Instructional Equipment			
Sub-Total			

Total Activity Funds Requested: \$352,744

Project Expenditures - Detailed Information

Note:

Lines 1 to 9 and 11 on this form are automatically populated based on details entered on Activity forms. To change these totals, edit the Budget Entry form. The Indirect Cost information, if applicable, should be entered directly in Line 10 on this form.

STAFFING CATEGORIES DETAIL EXPENDITURES

1. Administrator Salaries:	# of Staff	FTE	MTRS ¹	Amount
Administrator Salaries (MTRS)			<input type="checkbox"/>	
Administrator Salaries (non-MTRS)				
Sub-Total				

2. Instructional/Professional Staff Salaries:	# of Staff	FTE	MTRS ¹	Amount
Instructional/Professional Staff Salaries (MTRS)	0	0.00	<input type="checkbox"/>	\$0
Instructional/Professional Staff Salaries (non-MTRS)	7	2.00		\$105,000
Sub-Total				\$105,000

3. Support Staff Salaries:	# of Staff	FTE	MTRS ¹	Amount
Support Staff Salaries (MTRS)	0	0.00	<input type="checkbox"/>	\$0
Support Staff Salaries (non-MTRS)	6	2.50		\$195,000
Sub-Total				\$195,000

4. Stipends:	# of Staff	MTRS ¹	Amount
Stipends (MTRS)		<input type="checkbox"/>	
Stipends (non-MTRS)			
Sub-Total			

5. Fringe Benefits:	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)	\$0
5-b Other (total)	\$0
Sub-Total	\$0

6. Contractual Services: Services provided and the amount to be paid.	Amount
Contractual Services Total	

7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.	Amount
Supplies and Materials Total	\$0

8. Travel: Mileage, conference registration, hotel, and meals.	Amount
Travel Total	

9. Other Costs:	Amount
Other Costs Total	\$52,744

10. Indirect Costs:	Rate (%) Cannot exceed approved rate	Amount
Indirect Costs:		

11. Equipment: List only items costing \$5,000 or more per unit.	Amount
Equipment Total	

Total Allocation Amount: \$352,744
Total Funds Requested: \$352,744
MTRS Applicable Amount: \$0
Balance Remaining: \$0

Attachments List

**2 Documents are required to upload for submission:
 Part I/Cover Page: Sign & Scan Part I
 TO AVOID APPROVAL DELAYS PLEASE MAKE SURE TO SELECT FY21
 FROM THE DROPDOWN ON THE PART I / COVER PAGE OF THE
 WORKBOOK; PLEASE ENSURE THAT AMOUNT ON YOUR COVER SHEET
 MATCHES THE TOTAL AMOUNT REQUESTED ON THE EDGRANTS
 BUDGET SUBMISSION;**

**Document 1: REQUIRED - ESSER WORKBOOK
 Document 2: Equitable Services Calculator (if applicable)**

Signed Schedule A (If Applicable)

Have you uploaded all the required documents? Yes

Document Type	Required?	Document Description	Date Attached
Document 1	No	Revised FY21File	08/05/2020
Document 2	No		
Document 3	No		
Document 4	No		
Part I / Cover Page	Yes	Billerica ESSER_1...	08/04/2020
Schedule A – Consolidated Assignment Schedule	No		

Attachment Details

Attachment Instructions:

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
3. Navigate to the appropriate file on your computer and select it.
4. Make sure the file includes your organization code (e.g., Forms1and2_0001.xls).
5. Click 'Open' to upload the file to G3.

Document Description: Revised FY21File

Attachment Details

Attachment Instructions:

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
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5. Click 'Open' to upload the file to G3.

Document Description: Billerica ESSER_113 Signature Page

Attachment Details

Attachment Instructions:

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
3. Navigate to the appropriate file on your computer and select it.
4. Make sure the file includes your organization code (e.g., Forms1and2_0001.xls).
5. Click 'Open' to upload the file to G3.

Document Description:

Information and Affirmation

Note: All fields prefaced with an asterisk (*) are mandatory and must be completed.

General Note Regarding Conflict Of Interest

Public employees -- including Department of Elementary and Secondary Education employees, consultants, or volunteer members of a Department or Board of Elementary and Secondary Education advisory council or committee -- may not participate in the review, recommendation or approval of a grant or contract proposal if they know that they personally, their immediate family or a business or organization (including a school district) with which they are closely associated has a financial interest in the grant or contract.

They are specifically prohibited from acting on matters affecting:

- (1) themselves;
- (2) their immediate family (their spouse, parents, children, brothers and sisters); (3) their partner;
- (4) a business organization in which they serve as an officer, director, trustee, partner or employee; or
- (5) any person or organization with whom they are negotiating for or have any arrangement concerning future employment. In addition, public employees must avoid conduct that creates a reasonable impression that they will act with bias.

Failure to comply with these requirements of conflict of interest law, G.L. c. 268A, may result in revocation of a grant or contract award by the Department of Elementary and Secondary Education and may preclude the recipient from future eligibility.

In case of any questions about the applicability of the conflict of interest law to a particular situation, please contact the Department's Legal Office or the State Ethics Commission (617-371-9500)

According to the guidelines stated above do you believe that you would be in conflict of interest by accepting a grant? No

General Note Regarding State Finance Regulations

In accordance with state finance regulations, grant recipients can only expend funds from the date their grant was entered as approved into the Department's Grant Management system. This means that if a grant recipient wishes to expend grant funds as of a certain start date, the grant must have completed a programmatic review, and been submitted as approved to Grants Management prior to that start date. grant recipients may not use local funds to cover initial costs for a grant prior to receiving official approval from the Department, with the intent to reimburse themselves after receiving the award notice. Audit exceptions may be taken for any grant funds used for periods not covered by the award letter, leading to grant recipients needing to pay back the misused grant funds.

I certify that I have read and understand the State Finance Regulations

Certification of Information

I certify that the information contained in this application is correct and complete; that the applicant agency has authorized me, as its representative, to file this application; and that I understand that for any funds received through this application the agency agrees to comply with all applicable state and federal grant requirements covering both the programmatic and fiscal administration of grant funds.

I certify that the information is correct.

Name of the Authorized Signatory: Jill Geiser

Title: Assistant Superintendent

Submission Summary

Page	Last Updated
Applicant Information	06/17/2020
Applicant Contacts	08/04/2020
Budget Entry	No Input Required
Project Expenditures	No Input Required
Attachments List	08/05/2020
Information and Affirmation	08/04/2020

CT Interface Setup

Today's Date 08/05/2020
Service To: 06/30/2021
SVC_END_DT_1: 06/30/2021
SVC_END_DT_2: 06/30/2022
SVC_END_DT_3: 12/31/2022
CT_ACTG_DOC_ACTG_LN_NO_1: 1
CT_ACTG_DOC_ACTG_LN_NO_2: 2
CT_ACTG_DOC_ACTG_LN_NO_3: 3
Budget FY: 2021
Budget Year: 2022
Budget Year: 2022
Fiscal Year: 2021
CT_ACTG_FY_DC_2: 2022
CT_ACTG_FY_DC_3: 2023
Event Type: PR05
Event Type: PR05
Event Type: PR05
State Fiscal Year: 2021

Massachusetts Department of Elementary and Secondary Education
STANDARD CONTRACT OF REWARD AND APPLICATION FOR PROGRAM GRANTS

UPLOAD A SCANNED, SIGNED COPY OF THIS PAGE WITH THE DATE OF SUBMISSION TO EDGRANTS WITH THE BUDGET FOR ESSER FUND CODE 113

District staff with the role of "control user" in EdGrants have been provided user log-in names and passwords and have been trained to submit a grant application via EdGrants. Provide all required application materials to your district control user with access to EdGrants in order to submit budget and attachments.
FY20 Applications are due by June 15, 2020, FY21 Applications are due by July 1, 2020

District Name:

Billerica

Code:

0031

Address:

365 Boston Rd
 Billerica, MA 01821

DESE Federal Grant Liaison

Phone number:

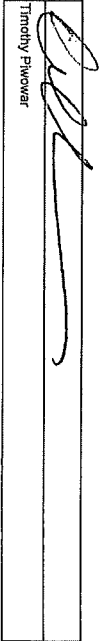
Russ Fleming
 781-338-6259

Email:

russellw.fleming@mass.gov

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION, THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS, INCLUDING USING THE GRANT FUNDS FOR ACTIVITIES ALLOWABLE UNDER SECTION 18009(d) OF THE CARES ACT. IN ADDITION THE APPLICANT AGENCY ACKNOWLEDGES AND AFFIRMS THAT ITS FY20 FEDERAL GRANT ASSURANCES (AS WELL AS ANY FUTURE ASSURANCES PROVIDED DURING THE GRANT PERIOD) APPLY TO THIS GRANT.

AUTHORIZED SIGNATURE:



PRINTED NAME:

Timothy Pivover

TITLE:

Superintendent

SUBMISSION DATE:

8/4/2020

FY2020/FY2021 Allocation	FEDERAL GRANT	PROJECT DURATION		TOTAL ALLOCATION
		Starting FY	FROM	
ESSER Fund Fund Code 113		FY2021	IF FY2020 UPON APPROVAL	6/30/2020
			IF FY2021, THE LATER OF: UPON APPROVAL OR JULY 1, 2020	6/30/2021
				\$352,744

UPLOAD A SCANNED, SIGNED COPY OF THIS PAGE WITH THE DATE OF SUBMISSION TO EDGRANTS WITH THE BUDGET FOR THIS GRANT
 BY June 15, 2020 for FY20 or July 1, 2020 for FY21