**Please complete this chart in addition to your narrative response to Narrative Question # 2**

Instructions for completing FY20 Staff Salary Chart:

1. Fill out the title of the staff position in each line. Please list all categories/titles of each staff member in your program that you will be providing salary support/increase **with the FY20 Head Start Supplemental Grant funds.**
2. Fill out the total number of staff in each title.
3. Fill out the total %FTE – example for 5 FCC staff with .20 increase each, the total = 1.0 FTE
4. Answer Y or N if this is a salary support.
5. Answer Y or N if you are including fringe support.
6. Provide total $ amount of salary support and/or fringe.

See example chart below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Position** | **Total # of Staff** | **% FTE** | **Salary Support (Y/N)** | **Fringe Support (Y/N)** | **Total $ amount**  **Salary support & fringe** |
| Teacher | 10 | .50 | Y | Y | $10,000 |
| Mental Health Coordinator | 1 | .25 | Y | N | $1,500 |
| Family Child Care Providers | 5 | 1.0 | Y | Y | $5,000 |
|  |  |  |  |  |  |

**LEAD AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Staff Position** | **Total # of Staff** | **% FTE** | **Salary Support (Y/N)** | **Fringe Support (Y/N)** | **Total $ amount**  **Salary support & fringe** |
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