

**Required Forms Packet**

**Alabama State Department of Education Form 1**

Office of Student Learning

Federal Programs Section

**21st Century Community Learning Centers**

Intent to Apply for Title IV, Part B, Funds

***A Letter of Intent should be submitted for each grant application submitted.***

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ local education agencies (LEA) or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faith-based organizations (FBO), community-based organizations (CBO), institutions of higher education (IHE), non-profit agencies, city or county governments, or for-profit corporations **intends to apply** for Title IV, Part B, funds for Fiscal Year 2021.

Fiscal Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s) Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of Poverty for school(s) served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Current year Poverty can be found in the eGAP online system under Building Eligibility. If serving multiple schools, list the school with the highest percentage of poverty)*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Officer’s Signature (CBO, FBO) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature (LEA) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School’s Administrator Signature Date

(The signature is from the school that will be served)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief School Financial Officer/ Date

Fiscal Representative Signature

(The signature is from the school that will be served).

* Filing of this notice is not mandatory; however, it will assist the Alabama State Department of Education in anticipating the volume of proposals in order to better expedite the review process and finalize contract awards.
* Filing this notice in no way binds the organization to submit a proposal for this RFP.
* Applicants who do not file this notice are still eligible to submit a proposal.

PLEASE SUBMIT THIS NOTICE BY MAIL OR EMAIL AS SOON AS POSSIBLE AFTER RECEIPT OF THE RFP, BUT NOT LATER THAN, APRIL 13, 2020, TO:

Please mail or email to:

Mrs. Yolonda Averett, Education Specialist

Alabama State Department of Education

Federal Programs Section

Gordon Persons Building, Room 5348

Post Office Box 302101

Montgomery, AL 36130-2101

21stcclcgrant@ALSDE.edu

**Form 2**



***Alabama State Department of Education***

### *Office of Student Learning/ Federal Programs Section*

**21st Century Community Learning Centers**

*Elementary and Secondary Education Act*

**Title IV, Part B**

FY 2021 Application Cover Page

Typed Name of Fiscal Agent of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools to Be Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Priority Points Claimed:**

* **This application is a Joint/Co–Applicant proposal: \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**
* **This application will serve high school students ONLY:\_\_\_\_\_\_Yes\_\_\_\_\_\_No**
* **This application offers a Summer Program: \_\_\_\_\_\_\_\_Yes \_\_\_\_\_No [ Min. 5 weeks / 20 hrs. per week]**
* **County without current 21st CCLC Program:\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No**
* **Comprehensive Support and Improvement School:\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No**
* **Additional Targeted Support and Improvement School****\_\_\_\_\_\_Yes\_\_\_\_\_\_No**
* **Targeted Support and Improvement School\_\_\_\_\_\_Yes\_\_\_\_\_\_No**

For LEA Applicants Only: *Name of Cost Center*

*(For grants serving more than one school, select the primary school served as the cost*

*center)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost Center Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Designated Project Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Project Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number and Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

*I certify that I am authorized by the governing board of the above-named school system or other eligible entity to submit this application or amendment; that all assurances, certifications, and disclosures submitted with the application will be observed; that the program will be implemented as described; and that the governing board is responsible for complying with all state and federal requirements, including any audit exceptions.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ALSDE USE ONLY:**

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eric G. Mackey

*State Superintendent of Education*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent or Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Superintendent/Authorized Official

**Assurances and Certifications** **Form 3**

***An initial by the Superintendent or authorized person in the space to the left indicates the applicant*** ***agrees to comply with the statement.***

* The applicant agrees to keep such records and provide such information to the Alabama State Department of Education (ALSDE) as reasonable and as may be required for fiscal audit and program evaluation.
* All non-LEA applicants receiving more than $750,000 per year agree to have an annual audit, per guidance from 2CFR part *200.501.*
* The Community Learning Center will be operated in a safe and easily accessible facility.
* All reports will be completed and submitted in a timely manner in accordance with directives from the ALSDE.
* The applicant will establish an active Community Learning Center Advisory Council that will meet at least bi-annually.
* The applicant, if funded, will utilize fiscal accounting, disbursement, and auditing procedures consistent with local policies and ALSDE requirements. LEA Chief Financial School Officers will provide appropriate expenditure reports at least monthly to the 21st CCLC program manager for the purpose of managing 21st CCLC funds.
* The proposed program was developed and will be carried out in active collaboration with other federal funding sources to increase the level of state, local, and other non-federal funds – that would, in the absence of 21st CCLC funds be made available for programs and activities authorized under this program; therefore, avoiding the supplanting of other federal or non-federal funds.
* Employees paid by 21st CCLC funds will not be used for any purpose other than to carry out the specific programs set forth in the proposal based on the full or proportionate salary and time worked.
* The community will be given notice of the intent to submit an application for 21st CCLC funds and that the application and any waiver requests will be available for public review after submission of the application.
* The applicant has authority under Alabama state law to perform the function of the community learning center under the *No Child Left Behind Act of 2001* (*NCLB*); to submit the application; and to receive, hold, and disburse federal funds made available under the application.
* Funds will be expended according to the purpose and intent for which they were designated by ESEA directives and the LEA/CBO/FBO application for funds.
* This application will serve as the basis for local operation and administration of program(s) under ESEA.
* The applicant communicates and enforces rules and regulations of student and employee conduct, related illicit drug use (including anabolic steroids), and unlawful possession and distribution of these drugs. The applicant further clearly communicates sanctions for both students and employees and provides information about available resources for those in need of such information.
* Procedures are developed for storing and administering approved and/or required medications and/or first aid to students.
* Applicant will comply with the applicable Office of Management and Budget 2CFR part *200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants.”*
* Applicant will comply with Education Department General Administrative Regulations (EDGAR), 34 CFR Part 80 and Section 427 of the General Education and Provisions Act relating to overcoming barriers in the six areas of gender, race, national origin, color, disability or age.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent or Project Authorized Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chief School Financial Officer/Fiscal Accountant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CBO/FBO/Agency CEO Date

**Form 4**



Alabama 21st Century Community Learning Centers

Partnership Agreement

By signing this document, you are certifying that you are a contributing community partner to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 21st Century Community Learning Center; and you are committed to its ongoing success, as the project seeks to serve students and families in your area. *Note: The listing below does not infer the same level of commitment as that of a Joint/ Co–Applicant.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name of Participating Agencies** | **Committed Goods/Services**  **Frequency of Services** | **Print Name and Phone Number** | **Authorized Signature** |
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**Form 5**

***The following form is required for Joint /Co-Applicant proposals.*** *It may also be utilized after the application process as an example of a generic template for a Contract/Memorandum of Understanding – Agreement – MOU/MOA, if an applicant is awarded funding. Please note that other sections may need to be added depending on the nature of the agreement and the parties involved. Duties and responsibilities of each party as they* *relate to the applicable 21st CCLC Program must be detailed and defined. Please state what is to be done or what is expected in plain, simple language. Be specific about any financial or other resource obligations of each party and include dates of when the actions are to be taken or completed. A third party with no other knowledge of the project should be able to easily read and understand stipulations of the document.*

Contract/Memorandum of Understanding (Agreement)

*between*

*(Insert Name of Party A)*

*and*

*(Insert Name of Party B)*

1. Purpose and Scope

The purpose of this Contract/MOU (A) is to clearly identify the roles and responsibilities of each party as they relate to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 21st CCLC Program. In particular, this agreement is intended to accomplish the following examples:

* *Enhance*
* *Increase*
* *Establish*

1. Background

*Brief description of agencies involved in the Contract/MOU (A) with documentation of any current/historical ties to the 21st CCLC Program.*

1. Duration or Term of Contract/MOU (A)

*This Contract/MOU shall commence on \_\_\_\_\_\_\_\_\_\_\_\_ and shall continue for a period of \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for the followingexamples:

*(Party A)*

* *Develop*
* *Deliver*
* *Share*
* *Support*
* *Provide*
* *Promote*
* *Refer*
* *Review*
* *Comply*
* *Train*
* *Maintain records*
* *Sponsor*
* *Evaluate*

E. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for the following examples:

*(Party B)*

* *Develop*
* *Deliver*
* *Share*
* *Support*
* *Provide*
* *Promote*
* *Refer*
* *Review*
* *Comply*
* *Train*
* *Maintain records*
* *Sponsor*
* *Evaluate*

F. Meetings and Reporting

*To accomplish the purposes and objectives set forth in the Contract / MOU (A), partners will meet ………*

*Reports and accountability will be provided through the following means:*

G. Modification and/or Termination

*It is mutually understood and agreed by and between the parties that the following procedures must be implemented for the modification and/or termination of this signed agreement:*

*The terms for the termination of the agreement by either party are detailed as follows:*

H. Financial / Budgetary Considerations

*All fiscal and budgetary matters will be conducted according to the following stipulations. Compensation will not be awarded prior to the fulfillment of the promised goods / services. Only one entity can serve as the fiscal agent in a joint co-applicant collaboration.*

This Contract / MOU (A) is an **“At-will”** agreement and may be modified with the mutual consent of the authorized individuals of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Once signed by authorized officials of both groups, this Contract/MOU (A) will begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Party A) (Party B)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Title) (Title)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Date) (Date)*

**Superintendent and Principal Support Certification Form** **Form 6**

The Alabama State Department of Education (ALSDE) expects each 21st CCLC program to collaborate and cooperate with regular school academic programs and help students meet state and local College and Career-Ready Academic Standards. Accordingly, 21st CCLC grantees must develop a comprehensive and strategic plan of action to involve sustainable partnerships with all stakeholders within the community. In keeping with this expectation, Superintendent and **each** principal of the school(s) whose students are served through the efforts of the program must demonstrate commitment and buy-in to the ongoing success of the proposed project.

**LEA Leadership** (Superintendent, Assistant Superintendents, LEA Board, etc.) agrees to the following roles and responsibilities:

1. Maintain knowledge of state (ALSDE) and local LEA’s 21st CCLC site(s) goals, objectives and practices; help to foster partnership development, and advocate the program in the school district and community.
2. Assist in ensuring and implementing consistent communication among partners and stakeholders.
3. Provide site staff and partners with access to appropriate LEA buildings, facilities, and student-level data.
4. Consider 21st CCLC project implementation and capacity-building efforts as a multi-year commitment.
5. Participate in meetings as deemed appropriate, necessary, and/or as requested by the ALSDE.
6. Remain apprised of 21st CCLC federal and state statues; ensure compliance with the original stipulations and intent of the approved RFA; and adhere to all guidelines, regulations, and assurances as set forth in the Grant Application.

**Location Leadership** (Principal, Assistant Principal(s), etc.) agrees to the following roles and responsibilities:

1. Maintain knowledge of state (ALSDE) and local LEA’s 21st CCLC site(s) goals, objectives and practices; help to foster partnership development, and advocate the program in the school district and community.
2. Champion the 21st CCLC program with faculty and staff.
3. Provide leadership while ensuring and implementing a shared vision and 21st CCLC program alignment to the regular school-day objectives.
4. Meet weekly/bi-weekly with the Program Manager or Site Coordinator(s) to communicate accomplishments and/or identify any areas of opportunity.
5. Maintain regular communication with 21st CCLC stakeholders and community partners by telephone, email, newsletters, websites, or by whatever means necessary or needed.
6. Visit 21st CCLC classrooms to support implementation efforts.
7. Consider 21st CCLC project implementation and capacity-building efforts as a multi-year commitment.
8. Provide site staff and partners with access to appropriate LEA buildings, facilities and student-level data.
9. Assist with research and evaluation activities including the collection and management of data (including grant impact) as directed by the ALSDE team.
10. Include the work of the 21st CCLC program within the school and local LEA plan of the CIP.
11. Participate in meetings as deemed appropriate, necessary, and/or as requested by the ALSDE.
12. Remain apprised of 21st CCLC federal and state statutes; ensure compliance with the original stipulations and intent of the approved RFA; and adhere to all guidelines, regulations, and assurances as set forth in the Grant Application.

###### Name of Eligible LEA/School(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signature, I certify that I have reviewed all applicable documentation; I understood and agree to support the implementation of the proposed 21st CCLC program and will adhere to the aforementioned assurances.

Name of **Superintendent**  Original Signature Date

Name of **Principal(s)** Original Signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Alabama Department of Education** | | | | | | | | **Budget Summary**  ***Elementary and Secondary Education Act (P. L. 107 – 110)*** | | | | | | | | | | | | | | | | | | | **FY 2021 – Form 7** | | | | |  |  | | | |
| **Federal Programs** | | | | | | | | **Title IV, Part B, 21st Century Community Learning Centers (CFDA 84.287)** | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |
| **21st CCLC – Form 7** | | | | | | | |  |  | | | | |  | | | | | | | |  | |  | | |  | | | | |  |  | | | |
| **Applicant Agency** | | | | | | | **System Code** | | | **Beginning Date**  **10/1/2020** | | | | | | | | **Ending Date**  **9/30/2023** | | | |  | |  | | | **Original Budget** | | | | | | | |
|  | |  | | |
|  | |  | | |
| Name of Contact Person | | | | | | | **Telephone No./ Fax No./ E-mail Address** | | | | | | | | | | | | | | |  | |  | | | **Amendment No**. \_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | |  | | | |  | |  | | | | | | |  | | | | | |  | |  | | | **Effective Date** \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **BUDGET SUMMARY** | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | |  | |
| **21st CCLC Funds Requested** | | | | | | | **Funding Request** | | | | | | | | | | | | **Program**  **Total** | | |  | |  | | |  | | | |  | | | |
| **FY Year- 2021** | | **FY 2012 Carryover** | | | | | | | | | |  | |  | | | **For ALSDE Use Only** | | | | | | | |
| **Amount - $** | | | | | | | $ | | $ | | | | | | | | | | $ | | |  | |  | | |
| **Certification:**  I am authorized in the minutes of the governing board of the Applicant Agency to submit this application, amendment, or expenditure report for the *Every Student Succeeds Act*, Title IV, Part B (P.L. 107-110). To the best of my knowledge, the information contained herein is correct, the program will be implemented as described in the approved application, and the program will abide by all assurances therein. The Applicant Agency is responsible for complying with all applicable state and federal requirements including the resolution of any audit exception(s).  ***(Note: This form is to be used and submitted with the initial RFA. CBO’s/FBO’s will then use the form after having been awarded funding, when submitting a Revision/Addendum to their Original RFA.)*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | Education Program Manager-Federal Prog. | | | | | | | |
| Asst. State Superintendent of Student Learning | | | | | | | |
| Deputy State Superintendent | | | | | | | |
| Chief of Staff | | | | | | | |
| REASON FOR AMENDMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Eric G. Mackey  State Superintendent of Education | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Custodian of Funds/Chief School Financial Officer** | | | | | | | | |  | | | | | **\_\_\_\_\_\_\_\_\_\_**  **Date Signed** | | | | | | | | |  | | | | | |  |
|  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | |
| **Signature of Superintendent/President/CEO** | | | | | | | | |  | | | | | **Date Signed** | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | |  | | | | | | | | |  | | | |
|  | | **Alabama Department of Education**  **Federal Programs** | | | | | |  | | |  | | | | | |  | | | |  | | | | | **FY 2021 – Form 8** | | | | | | | | | |
|  | | **21st CCLC – Form 8** | | | | | |  | | |  | | | | | |  | | | |  | | | | | **Applicant Agency** | | | | | | | | | |
|  | | ***Elementary and Secondary Education Act* (P.L. 107-110)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Title IV, Part B, 21st Century Community Learning Centers (CFDA 84.287)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Budget/Expenditure Detail for Fiscal Year 10/1/2020 – 9/30/2023**  *(Composite Totals derived from Budget Line Item Detail)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Account Codes (LEA’s only)** | | | | **Budget Categories** | | | | | | | **Proposed**  **Budget** | | | | | | | **Approved**  **Budget** | | | | | **Changes (+ or -)** | | | **Amended**  **Budget** | | | | | |
|  | | **Function** | | **Program** | **Object** |
|  | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
|  | |  | |  |  | Salaries (as Itemized on Staff Summary) | | | | | |  | $ | |  | | | | | $ | | | | | For the purposes of the Original Grant Application (RFA) submission, these columns are not applicable. | | | | | | | | |
|  | |  | |  |  | Employee Benefits (itemize, give rates) | | | | | | |  | |  | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ FICA | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Retirement | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Insurance | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Unemployment Compensation | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
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|  | |  | |  |  | Travel | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Training/Professional Development | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Other (Staff) | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
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|  | |  | |  |  | Transportation | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | ■ Bus/Gas/Driver Salary/Etc. | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
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|  | |  | |  |  | Materials & Supplies | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  |  | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | Non-Capitalized Equipment | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  |  | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | Other (Itemize by Object of Expenditure) | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  |  | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | Indirect Cost (approved restricted rate) | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  |  | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |
|  | |  | |  |  | **TOTAL BUDGET/EXPENDITURES:** | | | | | | | $ | | | | | | | $ | | | | |  | | |  | | | | | |

*\*\* Note: This form is to be used and submitted by* ***ALL*** *applicants with the initial RFA. CBOs/FBOs will then use the form after having been awarded funding, when submitting a Revision/Addendum to their Original RFA. LEA’s will submit Revisions/Addendums via the ALSDE eGAP system.*

|  |  |  |  |  |  |  |  |  |  |  |
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| **Alabama State Department of Education**  **Federal Programs** |  | |  | |  | |  | | **FY 2021– Form 9** | |
| **21st CCLC – Form 9** |  | |  | |  | |  | |  | |
|  |  | |  | |  | |  | | **Applicant Agency** | |
| ***Elementary and Secondary Education Act* (P.L. 107-110)** | | | | | | | | | | |
| **Title IV, Part B, 21st Century Community Learning Centers (CFDA 84.287)** | | | | | | | | | | |
| **STAFF SUMMARY (10/01/2020-09/30/23)**  *Each position receiving compensation (Salary/Pay) from 21st CCLC funds must be allocated below. The totals from this document must align with the Salary information in the Budget Line – Item Chart. For LEAs, these totals must also coincide with that which is entered into the state’s eGAP system.* | | | | | | | | | | |
| Type of Position | **LEA** – Acct. Object Code  **CBO/FBO** – Organizational Code | Number of Days  Employed | | Number of Months Employed | | Base  Salary | | Benefits | | Salary+ Benefits Total |
| ***Choose Applicable Option(s)*** | | | |
| Administrative Positions: |  |  | |  | |  | |  | |  |
| -Program Director |  |  | |  | |  | |  | |  |
| -Site Coordinator |  |  | |  | |  | |  | |  |
| List Additional Administrative Positions: |  |  | |  | |  | |  | |  |
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| Non-Administrative positions: |  |  | |  | |  | |  | |  |
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| Totals |  |  | |  | | Salaries + Benefits = | | | |  |

 **Form 10**

Alabama 21st Century Community Learning Centers

**Academic Year** Budget Line – Item Chart

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Requested Funding | | | | | | | | | | | | | | | **$** | | | |
| **Employee Salaries** | | | | | | | | | | | | | | | | | | |
| **Object Code** | | | **Number of Employees** | | | **Title/Position** | | **Salary Per Hour** | | | **Hours Per Day** | **Rate/Day** | | | **Annual Salary** | | | **Totals** |
| Organizational Code  for CBOs/FBOs | | | | | |  | |  | | |  |  | | |  | | |  |
|  | |  | | |  |  | | |  | | |  |
|  | | |  | | | Program Dir. | |  | | |  |  | | |  | | |  |
|  | | |  | | | Site Coordinator | |  | | |  |  | | |  | | |  |
|  | | |  | | |  | |  | | |  |  | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **Employee Benefits** | | | | | | | | | | | | | | | | | | |
| **Object Code** | | **Number of Employees** | | | **Title/Position** | | **Retirement** | | | **FICA** | | | **State** | | | **Federal** | **Totals** | |
| **Percentages** | | | | | | | \_\_\_\_% | | | \_\_\_\_% | | |  | | |  |  | |
|  | |  | | | Program Dir. | |  | | |  | | |  | | |  |  | |
|  | |  | | | Site Coordinator | |  | | |  | | |  | | |  |  | |
|  | |  | | |  | |  | | |  | | |  | | |  |  | |
| **Salaries Totals** | | | | | | | | | | *(Salaries + Benefits = Salaries Total)* | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Professional Development** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Number of Employees** | | | **Title/Position** | | | | **Event** | **Number of Days** | | | | |  | | **Subtotal** | **Totals** | |
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| **Materials, Supplies, and Non-Capitalized Equipment** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Item(s)** | | | **Number Purchased** | | | | **Unit Cost** |  | | | | |  | | **Subtotal** | **Totals** | |
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| **Transportation** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Item(s)** | | | **Allocation** | | | |  |  | | | | |  | |  | **Totals** | |
|  | Driver Salary(ies) | | |  | | | | Since these salaries must be included in the RFA 25% *Transportation Allowance*, please do **not** duplicate or double allocate when calculating **totals**, if Driver salaries are represented elsewhere on your chart. | | | | | | | | |  | |
|  | Buses | | |  | | | |  |  | | | | |  | |  |  | |
|  | Gas | | |  | | | |  |  | | | | |  | |  |  | |
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| **Purchased Services / Contracted Services** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Individual or Entity** | | | | | | | **Number of Days** | **Cost Per Day/Week** | | | | |  | | **Subtotal** | **Totals** | |
|  | Music Instruction *(example)* | | | | | | | *The above cells should be custom-tailored to the needs of the program* | | | | | | | |  |  | |
|  | YMCA *(example)* | | | | | | |  |  | |
|  | Culinary Lessons *(example)* | | | | | | |  |  | | | | |  | |  |  | |
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| **Indirect Costs** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Item(s)** | | | **Allocation** | | | |  |  | | | | |  | | **Subtotal** | **Totals** | |
|  |  | | |  | | | | *LEAs, please adhere to the State mandated equation (calculation) regarding Indirect Costs. Indirect Costs are to be included in the applicant’s 20% Administrative allowance.* | | | | | | | |  |  | |
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|  |  | | | **Project Sub-Totals from each Category** | | | | | | | | | | | |  |  | |
|  |  | | |  | | | | **Employee Salaries** | | | | | | | |  |  | |
|  |  | | |  | | | | **Employee Benefits** | | | | | | | |  |  | |
|  |  | | |  | | | | **Professional Development** | | | | | | | |  |  | |
|  |  | | |  | | | | **Material, Supplies, Non-Capitalized Equipmen**t | | | | | | | |  |  | |
|  |  | | |  | | | | **Transportation** | | | | | | | |  |  | |
|  |  | | |  | | | | **Purchased Services** | | | | | | | |  |  | |
|  |  | | |  | | | | **Indirect Coats** | | | | | | | |  |  | |
| **Project Total** | | | | | | | | | | | | | | | | |  | |



**Form 11**

Alabama 21st Century Community Learning Centers

**Summer Program** Budget Line – Item Chart

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Requested Funding | | | | | | | | | | | | | | | **$** | | | |
| **Employee Salaries** | | | | | | | | | | | | | | | | | | |
| **Object Code** | | | **Number of Employees** | | | **Title/Position** | | **Salary Per Hour** | | | **Hours Per Day** | **Rate/Day** | | | **Annual Salary** | | | **Totals** |
| Organizational Code  for CBOs/FBOs | | | | | | Program Dir. | |  | | |  |  | | |  | | |  |
| Site Coord. | |  | | |  |  | | |  | | |  |
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| **Employee Benefits** | | | | | | | | | | | | | | | | | | |
| **Object Code** | | **Number of Employees** | | | **Title/Position** | | **Retirement** | | | **FICA** | | | **State** | | | **Federal** | **Totals** | |
| **Percentages** | | | | | | | \_\_\_\_% | | | \_\_\_\_% | | |  | | |  |  | |
|  | |  | | | **Program Dir.** | |  | | |  | | |  | | |  |  | |
|  | |  | | | **Site Coor.** | |  | | |  | | |  | | |  |  | |
|  | |  | | |  | |  | | |  | | |  | | |  |  | |
| **Salaries Totals** | | | | | | | | | | *(Salaries + Benefits = Salaries Total)* | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Professional Development** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Number of Employees** | | | **Title/Position** | | | | **Event** | **Number of Days** | | | | |  | | **Subtotal** | **Totals** | |
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| **Materials, Supplies, and Non-Capitalized Equipment** | | | | | | | | | | | | | | | | | | |
| **Object Code** | **Item(s)** | | | **Number Purchased** | | | | **Unit Cost** |  | | | | |  | | **Subtotal** | **Totals** | |
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| **Transportation** | | | | | | | |
| **Object Code** | **Item(s)** | **Allocation** |  |  |  |  | **Totals** |
|  | Driver Salary(ies) |  | Since these salaries must be included in the RFA 25% *Transportation Allowance*, please do **not** duplicate or double allocate when calculating **totals**, if Driver salaries are represented elsewhere on your chart. | | | |  |
|  | Buses |  |  |  |  |  |  |
|  | Gas |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Purchased Services / Contracted Services** | | | | | | | |
| **Object Code** | **Individual or Entity** | | **Number of Days** | **Cost Per Day/Week** |  | **Subtotal** | **Totals** |
|  | Music Instruction *(example)* | | *The above cells should be custom-tailored to the needs of the program* | | |  |  |
|  | YMCA *(example)* | |  |  |
|  | Culinary Lessons *(example)* | |  |  |  |  |  |
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| **Indirect Costs** | | | | | | | |
| **Object Code** | **Item(s)** | **Allocation** |  |  |  | **Subtotal** | **Totals** |
|  |  |  | *LEAs, please adhere to the State mandated equation (calculation) regarding Indirect Costs. Indirect Costs are to be included in the applicant’s 20% Administrative allowance.* | | |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  | **Project Sub-Totals from each Category** | | | |  |  |
|  |  |  | **Employee Salaries** | | |  |  |
|  |  |  | **Employee Benefits** | | |  |  |
|  |  |  | **Professional Development** | | |  |  |
|  |  |  | **Materials, Supplies, and Non-Capitalized Equipment** | | |  |  |
|  |  |  | **Transportation** | | |  |  |
|  |  |  | **Purchased Services** | | |  |  |
|  |  |  | **Indirect Costs** | | |  |  |
| **Project Total** | | | | | | |  |

**Administrative Costs Worksheet**

**Non-LEA/LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrative Costs include Administrative Personnel plus Indirect Costs. The Administrative Cost CAP is 20% of the total grant award. Use this worksheet to calculate Administrative Costs and transfer the amounts to the Budget page in eGAP. For multiple grants, calculate each award on separate worksheets.

**Administrative Costs**are defined as expenses directly related to the **salaries and benefits** of the following individuals and/or **those responsible for the effective management and leadership** of the CCLC program:

* Program Director/Program Coordinator/Program Manager
* Site Director/Site Coordinator/Site Manager
* Secretary
* Financial Officer or Bookkeeper
* EZ Reports Manager
* Administrative salaries should be allocated under *General Administrative* in eGAP and separated from other salary funding.

**Indirect Costs** are defined as those costs of a general nature which are not readily identifiable with the activities of the grant; but are, nevertheless, incurred for the joint benefit of those activities and other activities of the organization.

**Calculating Administrative Costs Example**

Total Grant Award x .20 = Total Administrative CAP

150,000 x .20=$30,000

The total for administrative personnel and indirect cost combined cannot exceed $30,000.

Calculate your Administrative Costs below. Use the Administrative personnel totals and Indirect Costs Totals from the worksheet tables,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x .20 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Award Total 20% Administrative and Indirect Costs CAP

Administrative Personnel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + Indirect/cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ =

Total Administrative Costs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within 20% Administrative and Indirect Costs Combined CAP \_\_\_\_\_\_YES \_\_\_\_\_NO

Administrative Personnel

|  |  |  |
| --- | --- | --- |
| Job Title | Salary | Benefits |
| Program Director |  |  |
| Site Director |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Administrative Salaries from table above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place this amount on the Budget Page in eGAP under General Administrative (6000-6999) Salaries (010-199).

Total Administrative Benefits from table above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place this amount on the Budget Page in eGAP under General Administrative (6000-6999) Benefits (200-299)

Indirect Costs

|  |  |
| --- | --- |
| Item | Cost |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

Total Indirect Cost from table above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place this amount on the Budget Page in eGAP under General Administrative (6000-6999) Indirect Costs (091).