Oregon Department of Education

**ANNUAL BUDGET**

**Program Spending Plan**

**& Renewal PACKET**

**2017-2018**

**Grantee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**21st Century Community Learning Centers**

Elementary and Secondary Education Act (ESEA)

Title IV, Part B

Complete Year #5 Base Budget at 50% of Full Award Amount

**Submission Due: June 30, 2017**

**Pick one of these means to submit the completed packet:**

**By mail with the original signatures to:**

Ann Kaltenbach

Oregon Department of Ed

Office of Teaching and Learning

255 Capitol St. NE

Salem, OR 97310-0203

**By email with signatures:**

Ann Kaltenbach

[ann.kaltenbach@state.or.us](mailto:ann.kaltenbach@state.or.us)

**By Fax with signatures:**

**Attention**: Ann Kaltenbach

Fax: 503-378-5156

If you have any questions or need assistance, please contact: Pete Ready, 503-947-5785, [pete.ready@state.or.us](mailto:pete.ready@state.or.us)

**Checklist**

Application Cover Page: **Attachment A**

Applicant and Partner Commitment Form: **Attachment B**

Budget Guidance: **Attachment C**

Project Spending Form: **Attachment D**

1 for total program

1 for each site served

Program Revision Form: **Attachment E**

Identify if revisions are due to:

50% funding level

Budget Narrative: **Attachment F**

50% funding level

Organizational Chart(s): **Attachment G**

Application Cover Page

**Attachment A**

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| --- | --- |
| **Sub-Grantee Institution:** | **Applicant Fiscal Agent: (if different than institute)** |
| **Address:**  **City:**  **Zip:** | **Address:**  **City:**  **Zip:** |
| **Project Director’s Name:** | **Fiscal Contact Person(s) and title:** |
| **E-mail:** | **E-mail:** |
| **Phone:** | **Phone:** |
| **Fax:** | **Fax:** |

**Annual Base Amount Requested - 50% of Full Award: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Authorizing Signature Date**

## Applicant and Partner Commitment Form

**Attachment B**

Submit this page ***ONLY*** for new partners, new commitments, and/or a change in partnership terms from in-kind to contract or vice versa. Duplicate as needed.

|  |  |
| --- | --- |
| Grantee Signature: | Print Name: |
| Organization/Institute: | |
| Address:  City:  Zip: | |
| E-Mail: | |
| Phone: | Fax: |
| All**NEW** 21st CCLC partners need to be listed here. All **CHANGES** in partner commitments need to be listed here. Indicate if the partner commitment is on a **CONTRACT** or is an**In-Kind** service. If contracted, ensure the 16-17 Budget (D) and Narrative (F) reflect contract costs & terms. | |
| Partner Signature: | Print Name: |
| Organization/Institute: | |
| Address:  City:  Zip: | |
| E-Mail: | |
| Phone: | Fax: |
| Description of Commitment: | |
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*(If more space is needed to list partners, please include another copy of this chart.)*

## Budget Guidance

## Attachment C

While completing:

* **Attachment D –** Project Spending Form
* **Attachment E –** Project Revision Formand
* **Attachment F –** Budget Narrative

Follow these guidelines:

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| 1. The grantee must submit a Project Spending Form **(Attachment D)** for the overall grant and for ***each site.***   The Project Spending Form must reflect all expenses for 2017-18.  The projected budget spending expenses must be realistic, accurate, and reflect project activities, objectives, and outcomes.  Each site’s spending form must be comprehensive and reasonable with clear evidence of supplementing and not supplanting. |
| 1. The grantee must submit a Project Revision Form **(Attachment E)** for revised or new design/elements **ONLY**. Identify if revisions are due to 50% budget funding level.   Only new or revised objectives, activities, personnel, etc. will apply to this form. Please add a description of **ALL** revisions! |
| 1. The personnel, professional, technical services, and/or travel for the project are to be appropriate and adequately explained.   21st CCLC grant funds cannot be used to purchase facilities or support new construction.  The projected budget must include travel expenses for **at least two persons to attend at least two state trainings**: 1. 21st CCLC Nuts & Bolts or Grant Management sessions; 2. another statewide staff training conference by ODE and the technical assistance providers.  If changing priority plans toward EL, STEM, and/or CTE, funding needs to be **identified in both Budget Detail and Budget Narratives.** |
| 1. **Local Administrative Costs Require:** 2. Indirect cost percentage cannot exceed currently approved ODE rate for the partner school district. 3. ODE has been given the authority by the U.S. Department of Education to negotiate and approve indirect cost rates for school districts. 4. Budgets may include expenditures for: 5. Planning 6. Professional development 7. Administration – Positions such as accountant, clerical staff, or other positions not directly serving students are considered administrative. Travel, equipment, and supplies for administrators are also considered administrative costs unless used for the purpose of providing professional development directly related to program and/or students, and direct assistance to adult education and family literacy as outlined in the proposal. |

Submit the Spending Form

using the Excel attachment:

Project Spending Form

**Attachment D**

Duplicate & Submit one Project Spending Form **(Attachment D)** for each of the following: (1) Total program 50% budget (2) One for each site served

All funded applicants agreed to this statement on the original 21st Century Community Learning Center Grant application:

Project Revision Form

**Attachment E**

**Elementary**  **Middle**  **High**

Submit this page only for **new or revised** design and/or implementation(s). Identify if this new or revised application is due to 50% funding level

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| **Grant Purposes** | **Program Objectives** | **2017-18 Activities & Timeframes** | **Assessment** |
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Budget Narrative

**Attachment F**

**Identify each rationale separately:**

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| * Rationale for Base Budget 50% funding level. Year #5 Budget reductions to 50%. |
| * Include a rationale for needed any program amendments. Use this space to briefly summarize the need, rationale, plan, and benchmark (one year) to define whether the goal for the year will have been reached. * Complete and save the relevant **Amendment** packet form(s) found here: [http://www.oregon.gov/ode/schools-and-districts/grants/ESEA/21stCCLC/Pages/Monitoring.aspx](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/21stCCLC/Pages/Monitoring.aspx) . Submit and attach the needed & saved amendment forms with these documents. |
|  |

Identify new Items, amendments, additions, and revisions to the costs identified in the approved proposal and write a clear, brief rationale for new budget amounts for the overall budget and for each individual site(s) as needed.

Organizational Chart **Attachment G**

1. Provide one organizational chart for **each** funded site/center. Include (Full Time Equivalent, FTE e.g., 40 hrs./wk. = 1.0 FTE) Duplicate as needed.
2. Include work hours per week, plus the number of weeks for each 21st CCLC funded position.
3. Include the **year’s start date and final date**.
4. **NOTE:** No Year #5 activities will be reimbursed by this grant if occurring after June 30, 2018.

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| **Site/Center Name:** | | |
| **Funded Position Title:**  **Funded Position Name:** | **Work Hours per Week:** | **Number of Weeks:** |
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| **Site/Center Name:** | | |
| **Funded Position Title:**  **Funded Position Name:** | **Work Hours per Week:** | **Number of Weeks:** |
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| **Site/Center Name:** | | |
| **Funded Position Title:**  **Funded Position Name:** | **Work Hours per Week:** | **Number of Weeks:** |
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