



North Carolina Department of Health and Human Services
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

September 8, 2004

**To: County Directors of Social Services
Community Non Profit or Governmental Agency
Community Child Protection Team Chairperson
Family Resource Centers**

**Subject: Grant Opportunity SFY 2004-2005
After-School Programs and Services for Youth At Risk**

The North Carolina Division of Social Services announces its TANF After-School Programs and Services for At Risk Youth discretionary grants program for state fiscal year 2004-2005. Funding for grants under this announcement is authorized by the North Carolina General Assembly through the Temporary Assistance for Needy Families (TANF) Block Grant as administered by the North Carolina Department of Health and Human Services. The grants will be awarded to community-based programs that demonstrate the ability to develop linkages with local departments of social services, area mental health programs, schools, and other human service programs.

Also available through this grant process are additional TANF funds which are designated to fund specifically those projects whose target population is children in the **middle school** age range. The expectations for applicants for these focused funds are essentially the same as the other funding already described. The difference between the grants is that the primary grant funds can serve children of any school age, while the second will serve only middle school age children in communities where similar programs do not exist. Eligible agencies can apply for either or both of these funding allocations.

Any non-profit or government agency that has an interest in changing the outcome for children at risk of school drop out, and/or teen pregnancy is invited to apply. Applicants must collaborate with their local County Department of Social Services to insure that children in the foster care system have opportunities to benefit from this program. This grant provides North Carolina with an opportunity to enhance educational services to families and address the well being of children.




Instructions for submitting the proposal are attached. All proposals must be received by **October 8, 2004**. Applications will not be accepted by fax. **The selection of approved projects will be finalized by October 22, 2004, 2003. Notifications of grant awards will be mailed by October 27, 2004.**

Applications should be mailed to Reneé S. Hannah, Program Manager, Family Support and Child Welfare Services Section, 2410 Mail Service Center, North Carolina Division of Social Services, 325 N. Salisbury Street, Raleigh, NC 27699-2410.

Ms. Hannah may be reached by email at Renee.Hannah@ncmail.net , or by telephone at (919) 733-2279

Sincerely,

A handwritten signature in black ink that reads "Jo Ann Lamm". The signature is written in a cursive style with a small circle at the end of the last name.

Jo Ann Lamm, Program Administrator
Family Support and Child Welfare Services

cc: Pheon E. Beal
Sherry Bradsher
CPRs
Family Support & Child Welfare Services Team Leaders
Local Business Liaisons
Work First Representatives



**NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

**AFTER- SCHOOL PROGRAMS AND SERVICES FOR YOUTH AT RISK
SFY 2004-2005**

Discretionary Funds Program: Announcement of availability of funds and *Request for Applications*

Action: Announcement of the availability of funds and request for applications under the TANF funding appropriation for After-School Programs and Services for At Risk Youth

Summary: The Division of Social Services (DSS) announces its TANF After-School Programs and Services for At Risk Youth discretionary fund program for state fiscal year 2004-2005. Funding for grants under this announcement is authorized by the North Carolina General Assembly through the Temporary Assistance for Needy Families (TANF) Block Grant as administered by the North Carolina Department of Health and Human Services. Applicants should note that the award of grants under this program announcement is subject to the availability of funds. This announcement contains all forms and instructions for submitting an application.

Closing Date: The closing date for submission of applications is **October 8, 2004 at 5:00 p.m.** Applications received after 5:00 p.m. will be classified as late and not considered for funding. Applicants are cautioned to request a legibly dated United States Postal Services postmark or to obtain a legibly dated receipt from a commercial carrier or United States Postal Service. Detailed application submission instructions, including the address where applications must be received is contained below and on page 9 of this announcement. No faxes will be accepted.

Mailing Address: Applications should be mailed to Reneé S. Hannah, Program Manager, Family Support and Child Welfare Services Section, 2410 Mail Service Center, North Carolina Division of Social Services, 325 N. Salisbury Street, Raleigh, NC 27699-2410.

Number of Copies Required: One signed original application and four copies are required at the time of initial submission.

Acknowledgement of Receipt: An acknowledgement will be mailed to all applicants with an identification number that will be noted on the acknowledgement. This number must be referenced in all subsequent communications with the Division concerning the application. If an acknowledgement is not received within three weeks after the application deadline, applicants must notify the Division of Social Services' Community Based Programs office by telephone at (919) 733-2279.

**North Carolina Division of Social Services
Request for Applications (RFA)
TANF After School Programs and Services for At Risk Youth**

Proposal Deadline: October 8, 2004 at 5:00 p.m.

The Division is pleased to announce the availability of the fourth TANF After School Programs and Services for At Risk Youth Grant. Federal TANF funds may be used to prevent and reduce the incidence of teen pregnancy and school dropout. The grants will be awarded to programs that demonstrate the ability to develop linkages with local departments of social services, area mental health programs, schools, and other human service programs.

Also available through this grant process are additional TANF funds which are designated to fund specifically those projects whose target population is children in the **middle school** age range. The expectations for applicants for these focused funds are essentially the same as the other funding already described. The difference between the grants is that the primary grant funds can serve children of any school age, while the second will serve only middle school age children in communities where similar programs do not exist. Eligible agencies can apply for either or both of these funding allocations. If applying for both, one application can be submitted, however, separate line item budget sheets, program descriptions, and performance measures for each will be required.

1. Background

The Temporary Assistance for Needy Families (TANF) Block Grant has provided funds to states to support working families and to address the needs of clients with barriers to self-sufficiency. The flexibility available under TANF presents opportunities for funding a greater variety of activities, services, and benefits and for fostering new collaborative partnerships.

Previous grants have stimulated a number of very effective programs and activities at the local level. They have assisted community organizations in focusing on and emphasizing prevention services. Based on the positive response to prior year grant requests the North Carolina General Assembly has allocated TANF funds to the Department of Health and Human Services, Division of Social Services to make these grants available in SFY 2004-2005.

2. Anticipated Number of Projects to be Funded

The number of projects that will be funded will depend upon the number of requests received and the funding requested. For more information regarding the children and youth with great potential projects, visit the website at <http://ssw.unc.edu/workfirst/atrisk/>.

3. Activity Plan Implementation Requirement

Communities with the highest incidence of need as evidenced by the submission of a current needs assessment and supporting data will be given greater priority. **Proposals must include as critical components of the plan a set of measurable and achievable objectives and indicators which will be used to measure individual progress as well as the overall effectiveness of the program. The proposal must also include descriptions of the area's population, the population to be served and the relevant geographical area.**

Each application will be reviewed to determine the quality of the program design and plan of operation, including the extent to which the program is comprehensive. The program design should be easily understood, with clear descriptions of the proposed project. The program plan should be family centered. Awardees are expected to implement and satisfy all requirements of the detailed activity plan. The awardee shall perform those requirements assigned to the awardee and shall manage all other requirements of the activity plan to insure that all requirements of the plan as approved by the Division are performed or accomplished.

4. Duration of the Program

Proposed contract period will be November 1, 2004 through June 30, 2005.

5. Who May Submit Proposals

Any nonprofit, tax-exempt organization (including faith-based) or local government agency may apply.

6. Population Served

Funds for these grants come from the state's Temporary Assistance for Needy Families (TANF) Block Grant. Under federal TANF regulations, teenage pregnancy prevention services--such as counseling--may be provided to children regardless of their family's income. In order for programs to experience the full benefit of program expectations, proposals must include components of pregnancy prevention and school dropout prevention.

Target populations for proposals can include programs for children in school grades from K-12. Proposals can address this entire age range or a more specific range for any children of school age. While school drop-out and pregnancy do not occur in the younger child, prevention is appropriate for any age population. A portion of the funds available is set apart to fund programs and services for at-risk children attending middle school. These funds are to serve children in areas where similar services or resources do not exist. Applicants are welcome to submit proposals for either of these sets of funds or for both. Applications for both funding sources may be submitted in the same applications; however, separate line item budget sheets, program descriptions, and performance measures must be submitted for each funding source. Additionally, performance measures that differentiate the outcomes for the distinct target

populations will be required. Applicants should clearly state which funds they are requesting. Pregnancy prevention programs as well as school drop out programs should target both male and female children.

Project proposals must demonstrate how children and youth in the foster care system will be included in the project. To achieve this expectation, applicants must collaborate with county departments of social services to determine how the children in foster care could benefit from this program. Additionally, outreach and services should also include students who are Hispanic/Latino.

Programs that only provide services designed to reduce the likelihood of school dropout **and do not** provide teenage pregnancy prevention services will need to determine the income of the families of children. For these programs, TANF regulations require that grant funds can only be used to provide services to children whose family income is at or below 200% of the federal poverty level. To receive guidance on this component of the proposal you may consult with the local department of social services.

Under TANF regulations, teenage pregnancy prevention service as well as school dropout prevention services may be provided only to children that meet certain citizenship requirements. Generally, these regulations require the child to be a United States Citizen. Additional information on citizenship requirements can be found in the NC Division of Social Services Work First program manual that is available on-line at:
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/WF111.htm>

7. Selection Criteria

Each of the following selection factors will be weighed equally in evaluating applications.

Factor 1: Soundness of Approach:

This factor examines the overall quality and feasibility of the proposed program. It also addresses the need for proposals to be comprehensive in their approach. In addition, the proposal must address the grantee's ability to implement the program quickly, should an award be made. In addressing the application requirements, applicants should insure that their applications:

- Clearly identify the goals, objectives and outcomes of the program and activities to be undertaken to insure goals are met.
- Identify the services to be provided and the linkages between those services and program outcomes.
- Indicate measurable criteria that will demonstrate program success
- Demonstrate that the program has the ability to begin operation by November 1, 2004

Applications will be reviewed to determine the quality of the plan of operation for the project, including the extent to which the program will serve the target population. The applicant at a minimum should consider the following:

- Provision of instructional practices and activities that are utilized at no cost to the child/family.
- Provision of regular and systematic evaluation in qualitative and quantitative terms addressing the success of the program in achieving its goals and objectives. This section should describe how the attainment or degree of attainment of each objective is to be measured.

The application will be evaluated on the description of the management information system(s) that the applicant will utilize to report participant outcomes in order to monitor program performance. Applicants must indicate how the program will utilize data to improve/enhance program performance.

Each application will be reviewed to determine the extent to which the applicant proposes to accomplish and document the participant progress. Each applicant must provide a program outcome statement that incorporates measurable objectives and/or benchmarks, which relate directly to the stated need and include the expected overall results of the program.

Factor 2: Creativity:

This factor reflects the creativity of the proposal. Proposals will be considered based on their ability to demonstrate new and innovative approaches, strategies and activities to assist youth in developing appropriate skills in introspection, discovering unknown talents, developing self esteem, and improving their academic performance. A collaborative partnership with school systems will be a favorable consideration.

Factor 3: Capacity and Organizational Experience of the Applicants and its Partners:

This factor examines the administrative capacity of the applicant to implement the proposed project. Applicants should consider the extent to which they can demonstrate prior experience relevant to the proposed program and success in meeting the goals in similar projects. Applicants must demonstrate their ability to reach the targeted population of children and youth.

Factor 4: Ability to Evaluate:

Applicants must describe a data collection method or system that will be used to evaluate the progress of the program in meeting its goals, objectives and overall outcomes for children. The application must include:

- Criteria for selecting participants
- Design for progress measurements for each participant
- Specific, measurable outcomes for each program

At a minimum, each program should collect information on the children served, including name, age, address and family income level. Information also should be collected on the services provided to each individual (e.g. hours spent in programs). In addition, information should be

collected on outcomes of the program at the individual level (e.g. still enrolled in school). This information must be available/accessible for review at all times and available upon request.

Factor 5: Sustainability of Program:

Applicants should address the potential for continuing the project beyond the initial grant period, as the funding available from this source are from TANF Block Grant funds, which may not be available on a recurring basis.

Factor 6: Local Coordination and Collaboration:

Each proposal must show evidence of collaboration with other agencies, organizations, and entities. Applicants must include a letter of support from the Director of the local department of social services, the area mental health program administrator, and local school system superintendent. Other human service programs endorsements will be welcome. Applicants must describe how the entire community will be informed about the program and how participants will be selected.

Factor 7: Current Level of Risk and Geographic Representation:

Particular consideration will be given to the teenage pregnancy rates and to school drop-out rates in the county or counties to be served. Additional consideration will be given to whether similar resources exist in the geographic area represented by the potential grantees. Proposals are not limited to one county or particular area and can cross county lines.

Factor 8: Parent Component:

Proposals must clearly state how family connections will be strengthened by the project. Parent involvement will increase the sustainability of the project. The application will be strengthened by the inclusion of input by parents or caretakers of potential program participants in the development and implementation of the program design.

Factor 9: Proposal Format:

A transmittal letter on organization letterhead must accompany the application. An authorized official of the organization must sign the application. The application should be limited to a cover page (format for the cover page is included with this packet), one page for the project abstract, up to 5 single-spaced pages that provide a detailed project description including the design of the participant selection tool and the design of the student evaluation form and non-profit applicant's verification of the organization's 501(c)(3) status. In addition, each proposal must include a one-page line-item budget. A sample budget is included with the packet.

The proposal should have left-hand and right hand margins of no less than one inch, should use fonts no smaller than 12-point, and should be on paper that will photocopy. Applicants should submit the original plus four (4) copies. The proposals should be stapled and not bound. The first paragraph of the body of the proposal should state the specific amount being requested and

the purpose of the request. A statement should be included which describes which funds are being requested and if the request is for both, the dollar amount being solicited to serve each target population. The age range of the target population(s) should be clearly defined.

Factor 10: Previous Year Recipients:

Programs that were previously funded must include a two-page critique of the 2003-2004 project year with the application. The critique should include the title of the project, objectives, targeted population, and outcomes. The outcomes should include the number of children that received services, how well each child succeeded in meeting the desired outcomes and the plan for sustaining the outcomes, not including participation in the program for which funds are being requested.

Factor 11: Content of Proposals:

All proposals should include the following elements:

Cover Page (Included with the packet)

- a. Title of Project:** Applicants should name the project and include this title on the cover page.
- b. Federal Identification Number**
- c. Name and Contact Information for the Primary Applicant Organization:** Include the name of the primary applicant organization, and the name, address, telephone number, fax number, and email address of the individual who will act as the primary point of contact for this application.
- d. Names of Partnership Organizations:** Include the name(s) of any agencies and organizations that will act as partners in funding or carrying out any aspect of the application. Additional background can be provided in the body of the application.
- e. Project Budget and Resources:** List the total amount of funds requested by this application and the total amount of in-kind resources committed to the project. \$2,183,642 has been allocated for after school services for at risk youth. An additional \$500,000 has been designated to specifically fund projects whose target population is children in the middle school age range. If applying for both, separate line item budget sheets for each will be required. A sample budget is included with this packet.
- f. Project Abstract:** In approximately 300 words or less, provide a clear and concise description of the project summarizing the major points from the body of the application.

Body of Application (5 Page Limit)

- a. Needs Assessment** – Grant programs must reflect the needs of the community. You may find some of your county's statistical information on the web at <http://quickfacts.census.gov/qfd/states/37000.html> - under the United States Census report or at <http://www.ncpublicschools.org/fbs/stats/StatProfile02.pdf> -the North Carolina Public School Statistical Profile.
- b. Target Population:** Describe the target population for this program, how potential participants will be identified, how the participants will be recruited, and how many individuals the program will serve.

c. Program Description: Provide a full description of the project to be funded that addresses the need for the project and specific goals and objectives of the project. Please note whether or not similar programs currently exist within the geographic area. If you are applying for funding from both sources, separate line item budget sheets, program descriptions, and performance measures must be submitted for each program.

The Program Description should include Outcome Measures that are specific to the program, clearly defined, and easily measured. An example would be "To reduce the school drop-out rate by 10 % in Carolina County". Outcome Measures should identify the specific target population (age group, grade, race, and/or gender of children) and the geographical area targeted (county-wide, community, or specific school). Program plans should state the base-line data for the target population, and what specific intervention strategy will be used to impact that base-line data.

d. Problem Addressed: Description of the problem. (Statistics, research, reports, community concern, etc.) Describe how this program will address the problems of teen pregnancy and school dropout.

e. Program Design: Describe a typical week for children participating in the program including days and hours of program operation.

f. Collaboration and Partnerships: Describe the collaborations with local agencies and organizations. Identify any organizations that will act as partners in funding, managing, or providing services for this program and the specific roles that each will play in executing the program of work. Clarify which organizations and individuals will act as the primary administrators and coordinators of the program. Include the name(s) and contact persons for these entities, organizations, and agencies that will act as partners, along with their address, telephone number, fax number, and email address.

g. Capacity and Organizational Experience: Describe the administrative structure for the project. Also, describe other related projects or similar programs that the organization has undertaken. In addition, describe the qualifications for the project director and staff.

h. Data Collection Plan: Organizations that are awarded grants will be required to collect information on program participants and report it to the assigned program consultant. The application should describe the information that will be collected per target population (if applying for both funding sources) and the method or system that will be used for organizing and storing it.

Budget

Provide a line-item budget outlining the proposed use of funds and a budget narrative. Applicants will be required to submit a budget on form DSS-6844S. The budget narrative should provide supporting information on salary levels, staff commitments, travel, supplies, and other items. **Please insure that you maintain balance as it relates to salaries for staff vs. direct services for youth and children. While there is no cap on the money available for staffing, it should be noted that the primary emphasis of the grant is on the provision of direct services to children and youth. Direct services to children and youth includes but is not limited to educational travel, guest speakers on relevant topics, tutoring, snacks, equipment, etc. Direct services to participants will help to insure measurable outcomes.**

The DSS-6844S can be downloaded from the at-risk website. (A sample budget is included in this packet.)

Programs which received funding in previous years to purchase equipment (e.g. computers, televisions, video cassette recorders, etc.) will not be approved to purchase duplicate equipment under this grant unless the need is clearly articulated.

Letters of Commitment and Support

Applicants must include a letter of support from the director of the county department of social services, the area mental health agency, and the local school system. Applicants are encouraged to include letters of support from other human service programs. The letters of support should be included in an appendix to the application.

8. Submitting Applications

Applicants should send the original plus four (4) copies of the complete application to:

**Reneé S. Hannah, Program Manager
N.C. Division of Social Services
Family Support and Child Welfare Services Section
325 North Salisbury Street, 2410 Mail Service Center
Raleigh, NC 27699-2410**

Applications received after **5:00 p.m. on October 8, 2004** will be classified as late and not considered for funding. Electronic and fax submissions of applications will not be accepted. Incomplete applications will not be considered for awards. Questions concerning this announcement should be directed to Reneé S. Hannah at (919) 733-2279.



**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
AFTER SCHOOL PROGRAMS AND SERVICES FOR AT RISK CHILDREN**

COVER PAGE

NAME OF APPLYING AGENCY OR ORGANIZATION:

ADDRESS:

COUNTY: _____ FEDERAL ID # _____

GRANT CONTACT PERSON: _____ TITLE: _____

TELEPHONE # ___ / ___ / ___ FAX #: ___ / ___ / ___

EMAIL ADDRESS _____

TOTAL FUNDS REQUESTED: \$ _____

AUTHORIZATIONS:

We, the undersigned, have read and understand the requirements contained in the grant and hereby make application for the funds. All expenditures shall be in compliance with grant requirements.

Authorized Official

Date

Department of Social Services Director

Date

Board of County Commissioners Member

Date

Signature of Authorized Official of Community Partners (any group, agency or organization that will be used as a resource for the purposes of this grant)

Name:

Agency:

Please complete this page as presented. This will be page one of the application packet. Submit the original and (4) copies of the grant application packet using this format: I. Face Sheet; II. Grant Body; III. Statement of Need; IV. Program Description; V. Community Support Letters; VI. Plan of Action; and VII. Program Budget.

For your convenience, an electronic version of these budget documents is available at:

<http://ssw.unc.edu/workfirst/atrisk/>

Click on “Budget”



**STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CONTRACT BUDGET**

SUMMARY Provider	Contract ID#	Effective Period	
		From	To

Part I - Revenues

Program Costs	Amount	% of Funds	Source of Funds
1. Maximum Federal Funds	\$0	100% %	
	\$0	0% %	
	\$0	0% %	
2. Maximum State Funds	\$0	0% %	
3. Provider Match Funds - Cash	\$0	0% %	
4. Provider Match Funds - In-Kind	\$0	0% %	
5. State Match Funds - Cash	\$0	0% %	
6. TOTAL PROGRAM COST	\$0		

*Total of #1 and #2 Should equal Part II, Column 2 Total.

*Line 6 Should equal Part II, Column 3 Total.

*Total of #3, #4 and #5 should equal Part II, Column 1 Total.

Part II - Estimated Expenditures

Object of Expenditures	Column 1	Column 2	Column 3
	Provider / Other* (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs
A. Salaries	\$0	\$0	\$0
B. Fringes	\$0	\$0	\$0
C. Staff Development	\$0	\$0	\$0
D. Travel	\$0	\$0	\$0
E. Equipment Purchases - Tangible Property	\$0	\$0	\$0
F. Transportation - Recipient	\$0	\$0	\$0
G. Medical Supplies and Expense	\$0	\$0	\$0
H. Cost of Space - Non-Residential	\$0	\$0	\$0
I. Room and Board - Residential Treatment	\$0	\$0	\$0
J. Service Payments	\$0	\$0	\$0
K. Other	\$0	\$0	\$0
L. Indirect Costs	\$0	\$0	\$0
M. Totals	\$0	\$0	\$0

Part III - APPROVAL SIGNATURE

Signed: _____ Date: _____
 Provider / Authorized Official

Part V - Distribution of Estimated Revenue for Total Cost Reimbursement Method

A.	Estimated Eligible and Matchable Costs	(a) Number	(b) Ratio
1	Estimated Eligible Clients		%
2	Estimated Ineligible Clients		%
3	Total Clients		%

B. Eligible Costs

(1) Matchable Costs [Part IV, Line M, Col. (3)]	(2) Less Program Income	(3) Net Matchable Costs [B. (1) Less (2)]	(4) Estimated % of Eligibles [A. 1. (B)]	(5) Costs Eligible for Financial Participation [B.(3) x (4)]
\$0	\$0	\$0	\$0	\$0

Part VI - Computation of Unit Cost or Individual Fixed Rate

A.	1	Total Matchable Costs	\$	
	2	Less: Earned Income for Unit Cost Method	\$	
	3	Net Matchable Costs		\$
B.	1	Total Service Unit Capacity, or		
	2	Total Anticipated Utilization Capacity		
C.	Method of Computation or Source of Data			
D.	Estimated Unit Cost or Individual Fixed Rate:		\$	per

**STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CONTRACT BUDGET**

SUMMARY Provider	After School Adventure	Contract ID#	Effective Period	
			From 11/01/04	To 06/30/05

Part I - Revenues

Program Costs	Amount	% of Funds	Source of Funds
1. Maximum Federal Funds	\$53,043	100% %	TANF
	\$0	0% %	
	\$0	0% %	
2. Maximum State Funds	\$0	0% %	
3. Provider Match Funds - Cash	\$0	0% %	
4. Provider Match Funds - In-Kind	\$0	0% %	
5. State Match Funds - Cash	\$0	0% %	
6. TOTAL PROGRAM COST	\$53,043		

*Total of #1 and #2 Should equal Part II, Column 2 Total.

*Line 6 Should equal Part II, Column 3 Total.

*Total of #3, #4 and #5 should equal Part II, Column 1 Total.

Part II - Estimated Expenditures

Object of Expenditures	Column 1	Column 2	Column 3
	Provider / Other* (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs
A. Salaries	\$0	\$38,119	\$38,119
B. Fringes	\$0	\$5,820	\$5,820
C. Staff Development	\$0	\$0	\$0
D. Travel	\$0	\$864	\$864
E. Equipment Purchases - Tangible Property	\$0	\$0	\$0
F. Transportation - Recipient	\$0	\$600	\$600
G. Medical Supplies and Expense	\$0	\$0	\$0
H. Cost of Space - Non-Residential	\$0	\$2,790	\$2,790
I. Room and Board - Residential Treatment	\$0	\$0	\$0
J. Service Payments	\$0	\$0	\$0
K. Other	\$0	\$4,850	\$4,850
L. Indirect Costs	\$0	\$0	\$0
M. Totals	\$0	\$53,043	\$53,043

Part III - APPROVAL SIGNATURE

Signed: _____
Provider / Authorized Official

Date: _____

C. Staff Development for Provider Staff Only

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total - Staff Development (C.)	0	0	0

D. Travel - Provider Staff Only

(1) No. of Persons	(2) Position or Title	(3) No. of Miles	(4) Rate per Mile	Daily Subsistence		(7) Match	(8) Federal State	(9) Total Cost
				(5) Rate	(6) Days			
1	project director	1200	0.36	81	2 days	0	594	594
1	site coordinator	300	0.36	81	2 days	0	270	270
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
Do not list agency Staff						0	0	0
Total - Travel (D.)						0	864	864

E. Equipment Purchases - Tangible Property

(1) No. of Units	(2) Item <i>**Do not list items with unit cost less than \$500**</i>	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
Total Equipment - Tangible Property (E.)			0	0	0

F. Transportation - Recipient

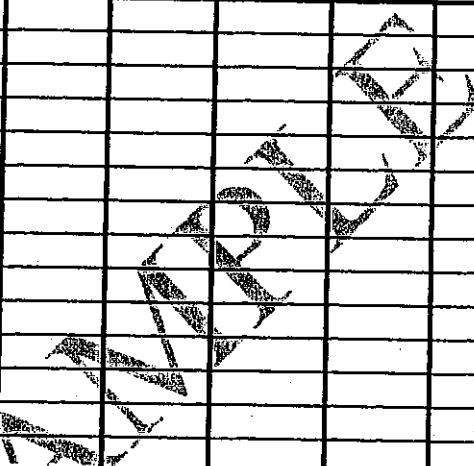
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
	Explain cost in detail. Put formulas here or explain in detail in budget narrative.	0	0	0
1	Example only: Boy's Club bus chartered for field trip to Nature Center	0	200	200
2	2nd example: Boy's Club bus chartered for field trip to planetarium	0	200	200
3	3rd example: Boy's Club bus chartered for field trip to Science Museum	0	200	200
		0	0	0
		0	0	0
		0	0	0

1a. Provider Recipient Transportation Staff Salaries

# of Persons	Position or Title	Pay Grade	% of Time	# Mos. Employed	Annual Salary		
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0

1b. Provider Recipient Transportation Staff Fringe Benefits

Type	Method of Computation			
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total Transportation - Recipient (F.)		0	600	600



G. Medical Supplies and Expenses			
(1) Item	(2) Match	(3) Federal State	(4) Total Cost
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total - Medical Supplies and Expense (G.)	0	0	0

H. Cost of Space - Non-Residential				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
housekeeping - cleaning	200 per month for 9 mo. (space is donated)	0	1,800	1,800
utilities	\$110 per month for 9 months	0	990	990
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
<i>Attach a copy of current lease if costs are included for rent. If utilities are included, show method of calculation. (All cost should be prorated per % of staff included in application)</i>				
Total Cost of Space - Non-Residential (H.)		0	2,790	2,790

I. Room and Board Costs - Residential Treatment				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total Room and Board Costs - Residential Treatment (I.)		0	0	0

J. Service Payment

(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
Total - Service Payments (J.)			0	0	0

K. Other Expense

(Each Item listed is an Individual Object to be listed on the DSS-1571S Reimbursement Form, Part III)

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
Item 1. Refreshments for breaks during program days	0	1,000	1,000
Item 2. Arts & crafts, and academic materials	0	2,300	2,300
Item 3. Refreshments for Parent's Night meetings (10 meetings X \$50 per meeting)	0	500	500
Item 4. Training materials for parent participation during Parent's Night meetings	0	1,050	1,050
Item 5. (list each individually and specifically)	0	0	0
Item 6. (anything that can not be spelled out specifically should be further explained in budget narrative)	0	0	0
Item 7 - (be very specific- explain your formula for the figures you arrived at)	0	0	0
Item 8	0	0	0
Item 9	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total - Other Expense (K.)		0	4,850

L. Indirect Cost*

Please attach a copy of your approved Indirect Cost Rate Plan

(1) Rate	(2) Rate Applied to: (list applicable line items included in your indirect cost rate plan)	(3) Amount Rate Applied to:	(4) Match (Unrecovered)	(5) Federal State	(6) Total Cost
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
Total Indirect Cost (L.)			0	0	0

Part V - Distribution of Estimated Revenue for Total Cost Reimbursement Method

		(a) Number	(b) Ratio
A.	Estimated Eligible and Matchable Costs		
1	Estimated Eligible Clients	You will not need this page!!!	%
2	Estimated Ineligible Clients	_____	%
3	Total Clients	_____	%

B. Eligible Costs

(1) Matchable Costs [Part IV, Line M, Col. (3)]	(2) Less Program Income	(3) Net Matchable Costs [B. (1) Less (2)]	(4) Estimated % of Eligibles [A. 1 / (B)]	(5) Costs Eligible for Financial Participation [B.(3) x (4)]
\$0	\$0	\$0	\$0	\$0

Part VI - Computation of Unit Cost or Individual Fixed Rate

A.	1	Total Matchable Costs	\$	_____	
	2	Less: Earned Income for Unit Cost Method	\$	_____	
	3	Net Matchable Costs			\$ _____
B.	1	Total Service Unit Capacity, or			
	2	Total Anticipated Utilization Capacity			_____
C.		Method of Computation or Source of Data			
D.		Estimated Unit Cost or Individual Fixed Rate:	\$	_____	per _____

