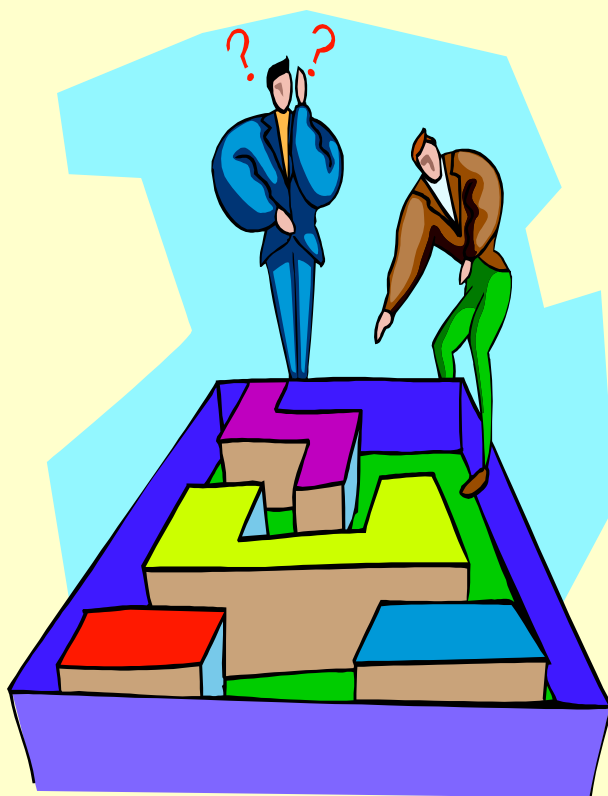
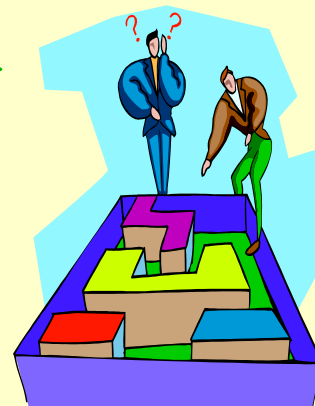


Head Start Grant Application Process



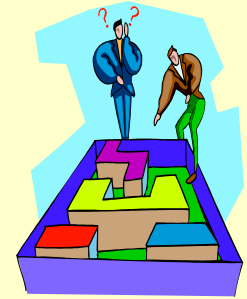
**Getting Through the
Maze**

Grant Application Process



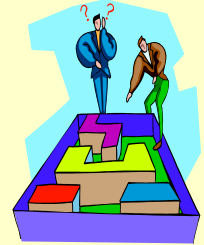
Packet Contents

- 🐞 Funding Cycle
- 🐞 Budgetary Planning Tools
- 🐞 Budget Tips
- 🐞 Non-Competing Continuation
- 🐞 GABI
- 🐞 Payment Management System (PMS)
- 🐞 Budget Revision
- 🐞 Carry Forward/Supplemental
- 🐞 Audit Requirements
- 🐞 Websites
- 🐞 Questions



<u>ACTIVITY</u>	<u>RESPONSIBILTY</u>	<u>DAYS PRIOR TO FUNDING PERIOD</u>
Letter of Preliminary Guidance	Specialist	180-240
Proposal to State Single Point of Contact	Grantee	90
Proposal due in Regional Office	Grantee	90
Application Review	Specialist	45
Funds Obligated	Grants Officer	30

Budgetary Planning Tools

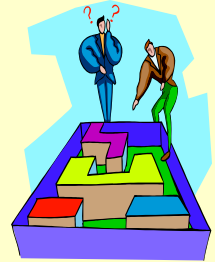


Administrative Requirement Sources

- 🐞 A-110 Uniform Administrative Requirements for Grant and Agreements With Institutions of Higher Education, Hospitals and Other Non-Profit Organizations

- 🐞 45 CFR Part 74 Requirements for Awards & Subawards to Institutions of Higher Education, Hospital, Other Nonprofit Organizations, and Commercial Organizations; and Certain Grants and Agreement with State, Local Governments and Indian Tribal Governments

Budgetary Planning Tools



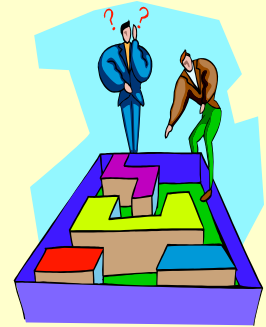
Administrative Requirement Sources:

- 🐞 45 CFR Part 92 Uniform Administrative Requirements and for Grants and Cooperative Agreements to State and Local Governments

🐞 Cost Principles:

- 🐞 A-21 Cost Principles for Educational Institutions
- 🐞 A-87 Cost Principles for State and Local Governments
- 🐞 A-122 Cost Principles for Non-Profit Organizations

Budgetary Planning Tools



Programmatic Sources:

- Community Assessment
- Self Assessment
- Staff Input



BUDGET TIPS

Costs must be?:

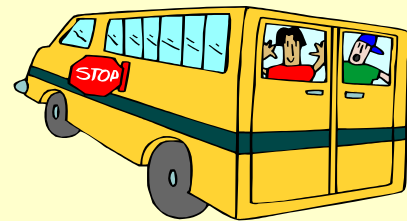
Definitions





Equipment









Renovation



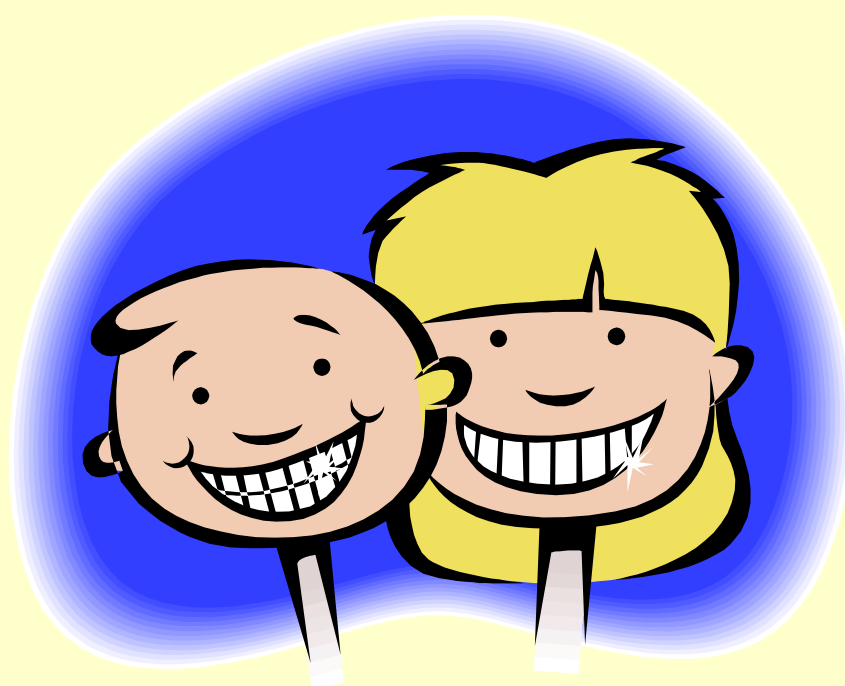
T-7

NON-COMPETING CONTINUATION

NON-COMPETING CONTINUATION (REFUNDING)

APPLICATION REQUIREMENTS

- ☐ SF 424 (Application for Federal Assistance)
- ☐ SF 424A (1-2) (Budget Information Non-Construction Programs)
- ☐ Grant Application Budget Instrument (GABI)
- ☐ SF 424 B (Assurances Non-Construction Programs)
- ☐ Non-federal Share (In-kind) Justification (Breakdown)
- ☐ Equipment Justification/Breakdown (*If being requested*)
- ☐ Renovation Justification/Breakdown (*If being requested*)
- ☐ Listing of any New Contracts From the Previous Year
- ☐ Program Narrative Statement
- ☐ Certification Regarding Lobbying
- ☐ Policy Council Approval (Must be Signed by the Policy Council Chairperson)
- ☐ Copy of Current Approved Indirect Cost Rate (If applicable)
- ☐ Copy of Delegation for Authorizing Official (Executive Director or designated individual)



**Grants Application Budget
Instrument**

(GABI)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 3/01/2001
 Applicant Identifier 06CH0008
T-10

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE: State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Dipsy Doodle Community Action Program	Organizational Unit: Dipsy Doodle Community Action Program
Address (give city, county, state, and zip code) 2710 Wall Street Lollipop, OK 12345 Okmulgee	Name and telephone number of the person to be contacted on matters involving this Budget Man 123-456-7890 Penny Dollar

6. EMPLOYER IDENTIFICATION NUMBER (EIN) <div style="text-align: center; border: 1px solid black; padding: 2px;"> 7 6 — 0 5 3 9 5 1 4 </div>	7. TYPE OF APPLICANT (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) NON-PROFIT
---	---

8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY Region VI Admin for Children & Families
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 2px;"> 9 3 . 6 0 </div> TITLE: Full Year Head Start	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Comprehensive Pre-School Child Dev Prog
12. AREAS AFFECTED BY PROJECT Okmulgee	

13. PROPOSED PROJECT: Start Date: 6/01/2001 Ending Date: 5/31/2002	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project 01
---	--

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a Federal</td> <td style="width: 15%;">\$</td> <td style="width: 15%;">937,909.00</td> </tr> <tr> <td>b Applicant</td> <td>\$</td> <td>234,478.00</td> </tr> <tr> <td>c State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g Total</td> <td>\$</td> <td>1,172,387.00</td> </tr> </table>	a Federal	\$	937,909.00	b Applicant	\$	234,478.00	c State	\$	0.00	d Local	\$	0.00	e Other	\$	0.00	f Program Income	\$	0.00	g Total	\$	1,172,387.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/01/2001</u> b No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a Federal	\$	937,909.00																				
b Applicant	\$	234,478.00																				
c State	\$	0.00																				
d Local	\$	0.00																				
e Other	\$	0.00																				
f Program Income	\$	0.00																				
g Total	\$	1,172,387.00																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative THE STAR WIZARD	b Title Executive Director	c Telephone number 123-456-7890
b Signature of Authorized Representative 		E Date Signed 3/01/2001

BUDGET INFORMATION -Non-Construction Programs

OMB Approval N. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Program Operation	93.600			\$923,951	\$234,478	\$1,158,429
2. T&TA	93.600			\$13,958		\$13,958
3.						
4.						
5. Totals				\$937,909	\$234,478	\$1,172,387
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Program Operation	(2) T&TA	(3)	(4)		
a. Personnel	\$587,640				\$587,640	
b. Fringe Benefits	\$140,843				\$140,843	
c. Travel	\$4,899				\$4,899	
d. Equipment						
e. Supplies	\$12,992				\$12,992	
f. Contractual	\$62,121	\$13,958			\$76,079	
g. Construction						
h. Other	\$115,456				\$115,456	
i. Total Direct Charges (sum of 6a - 6h)	\$923,951	\$13,958			\$937,909	
j. Indirect Costs						
k. TOTALS (sum of 6a - 6j)	\$923,951	\$13,958			\$937,909	
7. Program Income						

Authorized for Local Reproduction

Standard form 424A (Rev.7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. NFS	\$234,478			\$234,478
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				\$234,478

SECTION D - FORCASTED CASH NEEDS

	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
13. Federal	\$937,909	\$234,477	\$234,477	\$234,477	\$234,477
14. Non-Federal	\$234,478	\$58,620	\$58,620	\$58,620	\$58,620
15. TOTAL (sum of lines 13 - 14)	\$1,172,387	\$293,097	\$293,097	\$293,097	\$293,097

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)				

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

GABI - Grant Detail Report
12/06/2001

Grant / Delegate: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002
Grant Type Basic HS Grant Application

GABI - Grant Detail Report

12/06/2001

Grant/Del: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002

Basic HS Grant Application
State: OK
Budget Period: 6/01/2001 to 5/31/2002

Key Features

- 1. Number of Delegates** 00
- 2. Budget Period:** 6/01/2001 to 5/31/2002
- 3. Funding Level:**
 - Program Operations: \$923,951
 - T&TA \$13,958
 - NFS Cash & In-Kind: \$234,478
 - Total: \$1,172,387
- 4. Other Funds:**
 - (A) USDA Funds: \$156,690
 - (B) Other Funds: \$0
- 5. Total Funded Enroll by Prog Option:**
 - (A) Center-Based Enrollment 277
 - (B) Home-Based Enrollment: 0
 - (C) Combination Enrollment 0
 - (D) Family Child Care Enrollment 0
 - (E) Expectant Mothers in EHS: 0
 - (F) Other Enrollment: 0

GABI - Grant Detail Report

12/06/2001

Grant/Del: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002

Basic HS Grant Application
State: OK
Budget Period: 6/01/2001 to 5/31/2002

Summary of Budget Categories

	PO	T&TA	NFS
a. PERSONNEL	\$587,640	\$0	\$111,319
b. FRINGE BENEFITS	\$140,843	\$0	\$0
c. TRAVEL	\$4,899	\$0	\$0
e. SUPPLIES	\$12,992	\$0	\$3,323
f. CONTRACTUAL	\$62,121	\$13,958	\$0
h. OTHER	\$115,456	\$0	\$119,836
DIRECT COSTS	\$923,951	\$13,958	\$234,478
TOTAL COSTS	\$923,951	\$13,958	\$234,478

GABI - Grant Detail Report

12/06/2001

Grant/Del: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002

Basic HS Grant Application
State: OK
Budget Period: 6/01/2001 to 5/31/2002

Program Schedules

1. Program schedule number	1
2. Program option identification	CB
3. Funded enrollment	277
4a. Number of classes/groups/family child care settings	14
4b. Double session	No
5. Number of hours of classes/groups/FCC settings per child, per day	6
6. Number of days of classes/groups/FCC settings per child, per week	5
7. Number of days of classes/groups/FCC settings per child, per year	189
8. Number of home visits per child, per year	2
9. Number of hours per home visit	2
10. Number of home visits per child, per year	
11. Number of hours per home visit	
12. Number of hours per home-based socialization experience	
13. Number of home-based socialization experiences per child, per year	

GABI - Grant Detail Report
12/06/2001

Grant/Del: 06CH0008 / 0
 Name: Dipsy Doodle Community Action Program
 Fiscal Yr: 2002

Basic HS Grant Application
 State: OK
 Budget Period: 6/01/2001 to 5/31/2002

Budget Line Items

a. PERSONNEL: Child Health and Development Services Personnel

Description	PO		T&TA		NFS		Admin Costs		Staff
	Total	\$/Child	Total	\$/Child	Total	\$/Child	Total	\$/Child	
1. Program Managers & Content Area	\$46,940	\$169	\$0	\$0	\$14,000	\$51	\$0	\$0	6.00
2. Teachers/Infant Toddler Teachers	\$232,960	\$841	\$0	\$0	\$0	\$0	\$0	\$0	14.00
3. Family Child Care Personnel	\$0	\$0	\$0	\$0	\$37,492	\$135	\$0	\$0	7.00
5. Teacher Aides & Other Education	\$170,575	\$616	\$0	\$0	\$7,887	\$28	\$0	\$0	14.00
6. Health/Mental Health Services Pers	\$14,560	\$53	\$0	\$0	\$0	\$0	\$0	\$0	1.00
7. Disabilities Services Personnel	\$26,960	\$97	\$0	\$0	\$0	\$0	\$0	\$0	2.00
8. Nutrition Services Personnel	\$43,680	\$158	\$0	\$0	\$37,440	\$135	\$0	\$0	6.00
9. Other Child Services Personnel	\$4,145	\$15	\$0	\$0	\$0	\$0	\$0	\$0	1.00
Sub Total	\$539,820	\$1949	\$0	\$0	\$96,819	\$350	\$0	\$0	51.00

a. PERSONNEL: Family and Community Partnerships Personnel

Description	PO		T&TA		NFS		Admin Costs		Staff
	Total	\$/Child	Total	\$/Child	Total	\$/Child	Total	\$/Child	
10. Program Managers & Content Are	\$8,320	\$30	\$0	\$0	\$0	\$0	\$0	\$0	1.00
	\$8,320	\$30	\$0	\$0	\$0	\$0	\$0	\$0	1.00

a. PERSONNEL: Program Design and Management Personnel

Description	PO		T&TA		NFS		Admin Costs		Staff
	Total	\$/Child	Total	\$/Child	Total	\$/Child	Total	\$/Child	
12. Managers	\$31,000	\$112	\$0	\$0	\$0	\$0	\$31,000	\$112	1.50
14. Clerical Personnel	\$0	\$0	\$0	\$0	\$8,500	\$31	\$8,500	\$31	1.00
15. Fiscal Personnel	\$8,500	\$31	\$0	\$0	\$6,000	\$22	\$14,500	\$52	1.00
Sub Total	\$39,500	\$143	\$0	\$0	\$14,500	\$52	\$54,000	\$195	3.50

PERSONNEL Total	\$587,640	\$2,121	\$0	\$0	\$111,319	\$402	\$54,000	\$195	55.50
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T-17

GABI - Grant Detail Report
12/06/2001

Grant/Del: 06CH0008 / 0
 Name: Dipsy Doodle Community Action Program
 Fiscal Yr: 2002

Basic HS Grant Application
 State: OK
 Budget Period: 6/01/2001 to 5/31/2002

Costs By Function

a. PERSONNEL: Child Health and Development Services Personnel

Description	Admin	Education	Health	Nutrition	FC Partner	Disability	Transport	Occup	Other	Total
1. Program Managers & Content Area	\$0	\$15,235	\$15,235	\$15,235	\$0	\$15,235	\$0	\$0	\$0	\$60,940
2. Teachers/Infant Toddler Teachers	\$0	\$232,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$232,960
3. Family Child Care Personnel	\$0	\$28,119	\$0	\$9,373	\$0	\$0	\$0	\$0	\$0	\$37,492
5. Teacher Aides & Other Education	\$0	\$178,462	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$178,462
6. Health/Mental Health Services Pers	\$0	\$0	\$14,560	\$0	\$0	\$0	\$0	\$0	\$0	\$14,560
7. Disabilities Services Personnel	\$0	\$0	\$0	\$0	\$0	\$26,960	\$0	\$0	\$0	\$26,960
8. Nutrition Services Personnel	\$0	\$0	\$0	\$81,120	\$0	\$0	\$0	\$0	\$0	\$81,120
9. Other Child Services Personnel	\$0	\$1,036	\$1,036	\$1,036	\$0	\$1,036	\$0	\$0	\$0	\$4,145
Sub Total	\$0	\$455,812	\$30,831	\$106,764	\$0	\$350	\$0	\$0	\$0	\$636,639

a. PERSONNEL: Family and Community Partnerships Personnel

Description	Admin	Education	Health	Nutrition	FC Partner	Disability	Transport	Occup	Other	Total
10. Program Managers & Content Are	\$0	\$30	\$0	\$0	\$8,320	\$0	\$0	\$0	\$0	\$8,320
	\$0	\$30	\$0	\$0	\$8,320	\$0	\$0	\$0	\$0	\$8,320

a. PERSONNEL: Program Design and Management Personnel

Description	Admin	Education	Health	Nutrition	FC Partner	Disability	Transport	Occup	Other	Total
12. Managers	\$31,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,000
14. Clerical Personnel	\$8,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,500
15. Fiscal Personnel	\$14,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,500
Sub Total	\$54,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,000

PERSONNEL Total	\$54,000	\$455,812	\$30,831	\$106,764	\$8,320	\$43,231	\$0	\$0	\$0	\$698,959
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GABI - Grant Detail Report
12/06/2001

Grant/Del: 06CH0008 / 0
 Name: Dipsy Doodle Community Action Program
 Fiscal Yr: 2002

Basic HS Grant Application
 State: OK
 Budget Period: 6/01/2001 to 5/31/2002

Summary Items

1. Administrative Costs. The maximum allowable expenditure for administrative costs is 15% of the total budget.

Total Admin Costs:	\$62,622
Total Budget:	\$1,172,387
Admin. As a % of Total Budget:	5.34%

The following budget line items show administrative costs:

a. PERSONNEL	Admin Costs	Number of Staff	Admin Costs (% Ttl Budget)
Program Design and Management Personnel			
Managers	\$31,000	1.50	2.64%
Clerical Personnel	\$8,500	1.00	0.73%
Fiscal Personnel	\$14,500	1.00	1.24%
c. TRAVEL			
Staff Out-Of-Town Travel	\$2,450	0.00	0.21%
c. OTHER			
Rent	\$5,773	0.00	0.49%
Incidental Alterations/Renovations	\$400	0.00	0.03%
Grand Totals	\$62,622	3.50	5.34%

GABI - Grant Detail Report
12/06/2001

Grant/Del: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002

Basic HS Grant Application
State: OK
Budget Period: 6/01/2001 to 5/31/2002

Summary Items

2. Non-Federal Share. For most grantees, a minimum of 20% of the total budget must be non-federal share.

Total Non-Federal Share:	\$234,478
Total Budget:	\$1,172,387
Non-Federal Share as a % of Total Budget:	20.00%

3. Average Class Size.

Average class size for CB Program Schedules that involve double sessions should be between 13 and 20. Average class size for the CB and CO Program Schedules (including double sessions) should be between 15 and 20.

Center-Based Double Sessions:	0
Center-Based AND Combination Non-double Sessions	20
All Center-Based AND Combination:	\$3.72

4. Cost Per Child and Per Hour of Service.

The following table shows information on costs and hours of service for this agency.

Overall Cost/Per Child:	\$4,232
Total Hours of Service/Per Child:	1138.00
Overall Cost/Per Child/Per Hour:	\$3.72

GABI - Grant Detail Report
12/06/2001

Grant/Del: 06CH0008 / 0
Name: Dipsy Doodle Community Action Program
Fiscal Yr: 2002

Basic HS Grant Application
State: OK
Budget Period: 6/01/2001 to 5/31/2002

Summary Items

5. Personnel and Fringe.

In general, the costs of personnel salaries plus fringe benefits account for between 50 and 80 percent of the budget.

Personnel and Fringe Costs:	\$839,802
Total Budget:	\$1,172,387
Personnel and Fringe as % of Total Budget:	71.63%

6. Fringe Rate.

If the fringe cost for an agency is less than 10% or more than 30% of personnel, there may be an issue.

Fringe Cost:	\$140,843
Personnel Cost:	\$698,959
Fringe Cost as % of Personnel Cost:	20.15%

7. Fringe Benefits.

The following shows if this agency pays for health/dental/life and/or retirement benefits.

Health/Dental/Life:	Yes
Retirement:	Yes

8. Child Travel.

Most agencies have child travel costs or less than \$2/per child/per day. If the costs for this agency are higher than that, perhaps staff should check into alternative modes of transportation

Child Travel Costs:	(\$2,450)
Child Travel Cost/Per Child/Per Day:	(\$0.05)

9. Out-of-Town Staff Travel.

Most agencies have out-of town staff travel costs between \$50 and \$55/per child. If the costs for this agency are higher, check that they are justified.

Out-of-Town Staff Travel Costs:	\$4,899
Out-of-Town Staff Travel Cost/Per Child:	\$17.69