FY2014 Universal Pre-Kindergarten Grant (Fund Code 511): Grant Renewal Meeting

Date	Location	Time
May 15, 2013	EEC Central Office, Boston	9:00 AM – 11:30 AM
May 15, 2013	EEC Metro Boston Office, Quincy	1:30 PM – 4:00 PM
May 16, 2013	EEC Western Regional Office, Springfield	9:00 AM – 11:30 AM
May 16, 2013	EEC Central Regional Office, Worcester	1:30 PM – 4:00 PM

MASSACHUSETTS
Department of
Early Education and Care

Today's Agenda

- **Welcome**
- **Overview of the FY2014 UPK Grant Application:**
  - Questions and Answers
  - Purpose
  - Grant Priorities and Requirements
  - Eligibility/Funding
  - Grant Posting/Grant Timeline/Submission Deadline
  - Grant Application Components
- **Nuts and Bolts of the Application Submission Process:**
  - Section A: Online Application
  - Section B : Application Forms and Documents
    - Budgetary Guidance & Allowable Use of Funds
    - Programmatic Guidance /Narrative Questions
    - Grant Specific Documents
- **Re-cap of Submission Process**

Questions and Answers (FAQ)

- **To ensure consistency in responses,** please email questions by **May 17, 2013** at 4:00 PM to EECSubmission@MassMail.State.MA.US
  - **Subject line: *FY2014*** *UPK – Fund Code 511*

- The FAQ document will be posted on or around **May 24, 2013.**
  - The FAQ document then becomes an official part of the Grant Application.

FY2014 UPK Grant: Application Sections

- Procurement Information
- Purpose
- Priorities
- Eligibility
- Funding
- Required Services
- Fund Use
- Reporting
- Project Duration
- Required Forms
- Additional Information
- Timeline

FY2014 UPK Grant: Purpose

- Promote the early learning guidelines to support school readiness and positive outcomes for children participating in UPK classrooms and homes.
- Support and enhance the quality of services for children in UPK classrooms and family child care homes, especially for high needs children and/or children living in underperforming school districts.
- Maximize parent choice by ensuring participation from all program types within a mixed public and private service delivery system.

FY2014 UPK Grant: Purpose (cont…)

- Use child evidence-based formative assessment systems/tools to ensure that programs are effectively measuring children's progress across all developmental domains and using this information to inform practice through individualized teaching.
- Inform the longer-term implementation of a program of universally accessible, high-quality early childhood education.

FY2014 UPK Grant: Priorities

- Increase staff compensation.
- Lower staff/child ratios and/or decrease class/group size.
- Enhance the program's ability to interpret and use formative assessment data to individualize teaching and improve program quality.
- Purchase hardware, software, or training to fully implement the electronic component of the curriculum and/or formative assessment tool currently in use.
- Enhance developmentally appropriate practice and instructional support.

FY2014 UPK Grant: Priorities (cont…)

- Provide new staff professional development opportunities and/or support staff attainment of credentials or degrees.
- Incorporate additional comprehensive services into the program to meet the diverse learning needs of children and their social-emotional, behavioral, and/or physical health needs.
- Support ongoing accreditation or reaccreditation activities.
- Support ongoing QRIS activities that maintain and/or improve program quality levels in QRIS.

FY2014 UPK Grant: Priorities (cont…)

- Enhance current or provide new family engagement opportunities.
- Enhance current or provide new transitional supports to children moving to/from other programs or to kindergarten.
- Provide or facilitate access to full-day, full-year services for working families.
- Identify and provide support for “high needs children.”

FY2014 UPK Grant: Eligibility Criteria

1	All programs must be EEC Licensed or License-Exempt.
2	All programs must also have an income-eligible contract, and/or voucher agreement in place and be willing to accept EEC-subsidized or low-income children.
3	All programs must provide access to full-day, full-year services for working families.
4	All programs must provide a developmentally appropriate program.
5	All programs must have current accreditation or a non-expired Child Development Associate (CDA) credential or higher for family child care educators (AA, BA, or Master's degree).
6	All UPK classrooms and/or family child care programs must be serving preschool-aged children (age 2 years 9 months to kindergarten eligible in the community in which they live).
7	All programs must satisfactorily complete and submit all prior year data assessment reports.
8	All programs must be self-assessed at a level 3 or above in the Massachusetts QRIS Program Manager.
9	All programs must demonstrate that they serve "high needs children."
10	All programs must collect and enter formative assessment data for each child in the classroom.
11	All programs must provide a competitive compensation package for lead teachers.
12	Program match is required of all programs.
13	All programs must demonstrate pre-kindergarten to third grade alignment with the school district in which they are located.

FY2014 UPK Grant: Eligibility Requirements

- Criterion 1: "All programs must be EEC Licensed or License-Exempt."
  - **No Changes.**
- Criterion 2: "All programs must also have an income-eligible contract, and/or voucher agreement in place and be willing to accept EEC-subsidized or low-income children."
  - **No Changes.**
- Criterion 3: "All programs must provide access to full-day, full-year services for working families."
  - **No Changes.**
- Criterion 4: "All programs must provide a developmentally appropriate program."
  - **No Changes.**

FY2014 UPK Grant: Eligibility Requirements (cont…)

- Criterion 5: "All programs must have current accreditation or a non-expired Child Development Associate (CDA) credential or higher for family child care educators (AA, BA, or Master's degree)."
  - **No Changes.**
- Criterion 6: "All UPK classrooms and/or family child care programs must be serving preschool-aged children (age 2 years 9 months to kindergarten eligible in the community in which they live)."
- Criterion 7: "All programs must satisfactorily complete and submit all prior year data assessment reports."
  - **No Changes.**

FY2014 UPK Grant: Eligibility Requirements (cont…)

- Criterion 8: "All programs must be self-assessed at a level 3 or above in the Massachusetts QRIS Program Manager."

  - **CHANGE :** Grandfathered UPK programs that were not self-assessed level 3 in QRIS in FY2013 need to open an online application in EEC's QPM by **June 15, 2013** in order to receive the first two grant payments. The grandfathered programs need to be self-assessed at level 3 in the QPM by **October 1, 2013**. Failure to do so will prevent these programs from receiving any additional grant payments for FY2014 and will be considered ineligible to apply for FY2015 UPK funding.

FY2014 UPK Grant: Eligibility Requirements (cont…)

- Criterion 9: "All programs must demonstrate that they serve 'high needs children.'"
  - **CHANGE:** modified the high needs children definition from "multiple risk factors" to the following: "'High needs children' is defined as children who have two or more risk factors linked to poor school and life outcomes:
    i. Children and parents with special needs;
    ii. Children whose home language is not English;
    iii. Families and children involved with multiple state agencies;
    iv. English language learners;
    v. Recent immigrants;
    vi. Children with parents who are deployed and are not living on a military base;
    vii. Low-income households;
    viii. Parents with less than a high school education;
    ix. Children who are homeless or move more than once a year."

FY2014 UPK Grant: Eligibility Requirements (cont…)

- Criterion 10: "All programs must collect and enter formative assessment data for each child in the classroom"
- Criterion 11: "All programs must provide a competitive compensation package for lead teachers."
  - **No Changes.**
- Criterion 12: "Program match is required of all programs."
  - **No Changes.**
- Criterion 13: "All programs must demonstrate pre-kindergarten to third grade alignment with the school district in which they are located."
  - **No Changes.**

FY2014 UPK Grant: Required Services

- Grantees must use the UPK Grant funds to support the UPK goals listed in the Priorities Section of this RFR.
- Grantees must agree to allow EEC to conduct an environmental rating assessment of the program by use of the Early Childhood Environment Rating Scale (ECERS) for center-based or public school programs or the Family Child Care Environment Rating Scale (FCCERS) for family child care programs.
- Grantees must continue to provide staff information (i.e., staff compensation and education levels) to EEC through participation in EEC's Professional Qualifications Registry (PQR).
- UPK grantees will be required to continue to incorporate the approved tagline for the *Brain Building in Progress* communications initiative on appropriate marketing and communications materials and resources that are funded in whole or part through this grant.

FY2014 UPK Grant: Funding

- Approximately $6 million available for this renewal grant.
- Funding will continue to be limited **up to** a maximum of five (5) "high needs children" per classroom.
- The funding formula allocates $3,009 per "high needs child" in the classroom.

FY2014 UPK Grant: Funding (cont…)

Number of High Needs Children in Classroom	1 High Needs Child	2 High Needs Children	3 High Needs Children	4 High Needs Children	5 High Needs Children
FY2014 Grant Amount	$3,009	$6,018	$9,027	$12,036	$15,045

FY2014 UPK Grant: Reporting

- **<u>Reporting High Needs Children</u>**:
  - The UPK programs will again be required to complete the *High Needs Children Summary Form* in the Online Application as part of their grant proposals due on **June 7, 2013**.
  - When completing the *High Needs Children Summary Form*, programs will use a **site-specific, unique identification number** for the identified high needs children in the classroom rather than using the students' names when reporting the high needs children to EEC.

FY2014 UPK Grant: Reporting (cont…)

- **<u>Continuous Reporting for High Needs Children</u>:**
  - The UPK programs will be required to complete the *High Needs Children Summary Form* in the Online Application twice per year as part of the reporting requirements.
  - Fall Reporting Deadline: **December 31, 2013** (for data collected between July 1 and December 31, 2013).
  - Spring Reporting Deadline: **June 30, 2014** (for data collected between January 1 and June 30, 2014).

FY2014 UPK Grant: Reporting (cont…)

- **<u>Formative Assessment Data Reporting</u>:**
  - EEC will monitor the formative assessment data collected by programs twice per year via reviews of aggregate classroom reports to ensure that programs are regularly assessing children and entering the data.
  - Assessment data reporting deadlines for FY2014 are as follows:
    - Fall Reporting Deadline: **December 31, 2013** (for data collected between July 1 and December 31, 2013).
    - Spring Reporting Deadline: **June 30, 2014** (for data collected between January 1 and June 30, 2014).

Are YOU eligible to apply?

- Applicants must be FY2013 UPK Grantees that have satisfied all requirements of the FY2013 UPK Grant and be in good standing with EEC. Failure to satisfy all of the requirements of the FY2013 UPK Grant will make a grantee ineligible to receive FY2014 funding (i.e., satisfaction of the reporting requirements).

Posting of Grant Related Information

- **Grant Posting Available:**
  - On Comm-PASS at www.comm-pass.com
  - On EEC's website at http://www.mass.gov/eec under *Funding Opportunities- -Open Competitive Grants*

- **Grantees are responsible for checking EEC's website and Comm-PASS for any updates to the Grant Application Information.**

Grant Application Timeline

Grant Application Release/Posting:	May 13, 2013
Submission of Intent to Bid (email):	May 15, 2013
Renewal Conferences:	May 15 & May 16
Submission of Written Inquiries:	May 17, 2013
Response to Written Inquiries:	May 24, 2013*
Submission Deadline:	**June 7, 2013, 4 PM**
EEC must receive **ALL** grant application documents	June 7, 2013, 4 PM
Bidder's Notified of Awards:	June 26, 2013*
Grant Start Date:	July 1, 2013*

***These dates are estimated dates and may be subject to change.**

Grant Submission Deadlines

The EEC Central Office must have by

June 7, 2013 at 4:00 PM

Mail submission:

- One (1) original hard copy
- Two (2) hard copies

Electronic submission:

- ALL grant application documents *(except Administrative documents and Section A documents)*

Grant Application: Follow the Checklist

- Checklist for Grant Application
- Signed cover page (authorized signatory)
- Online Application
  - Program Contacts
  - Program Information
  - Enrollment Information
  - Assessment Information
  - High Needs Children Summary Form
  - Languages Spoken
  - Communities Served
- FY2014 Budget Workbook
- FY2014 Narrative Questions
- FY2014 Projected Deliverables
- Copy of Indirect Cost Approval Letter (if claiming Indirect Cost)
- MA Standard Administrative Forms

Grant Appendices (For reference only)

- **Appendix A:** Budget Workbook Instructions
- **Appendix B:** Online Application Instructions
- **Appendix C:** Grant Payment Terms, Grant Expenditures, Termination, Recoupment of Funds and Relevant Law
- **Appendix D:** List of Towns and Cities in each EEC Region

Funding and Distribution of Grants

- This grant application represents an opportunity for renewal of UPK grants provided to Lead Agencies in FY2013.
- EEC anticipates that up to **$6 million dollars** may be available for the funding associated with this grant application.
- Funding associated with this grant application is ultimately subject to FY2014 final state budget appropriations, budget language and EEC Board approval.
- In the event that a reduction in funding occurs, EEC reserves the right to reduce grant awards and/or modify required services or priorities associated with these grants.

Funding (continued)

- Should additional funds become available, EEC reserves the right to make additional awards based on the responses received, the needs of the Commonwealth, identified community needs, if applicable, and/or best value to the Commonwealth. EEC also reserves the right, in the event additional funding becomes available, to add additional required services and/or extend the existing services.

- ***The approval of renewal application and request for funds is also contingent upon completion of all required FY2013 and FY2014 data reports.***

- The award amount will have a term from July 1, 2013 to June 30, 2014.

Nuts & Bolts of Submission: Section A:

- This is the **ONLINE** portion of the application.
- To access and submit this portion:
  - *Link:* http://www.eec.state.ma.us/GrantUPK/
  - *After filling out all parts, print out this section for mail submission*
- Information to have ready to complete Section A:
  - Program Contacts
  - Program Information
  - Enrollment Information
  - Assessment Information
  - High Needs Children Summary Form
  - Languages Spoken
  - Communities Served
- Section A information must be submitted in 2 ways:
  - 1. Online *(through the link above)* ***and***
  - 2. Mail

Section A: Online Application:

Universal Pre-Kindergarten Grant

Request for Response Information

Through this renewal Universal Pre-Kindergarten(UPK) Grant Application, EEC may award grants to existing UPK programs who will suppor and enhance the quality of services for children in UPK classrooms, especially for "high needs children", as well as promote school readines and positive outcomes for children participating in UPK classrooms and homes.

All bidders submitting proposals must complete the following:

- Online registration, which includes region selection, town selection and languages spoken.
- All other requested forms as outlined in the Grant Application and updated on the EEC Website and COMM-PASS must be submitted by mail and electronically **on or before June 7, 2013 by 4:00 PM** to :

Department of Early Education and Care
FY 2014 UPK, Agency Name, Program Name
Attention: Michele Smith, Grants Administration
51 Sleeper Street, 4th Floor
Boston, MA 02210

- Complete Online Application

Bidders need not complete the entire online registration at one time. The application will automatically be saved. They may complete a portion of the on-line registration and finish entering their information at a later date/time until the close of this Grant Application at **4:00 PM on June 7, 2013**. Bidders will also be able to print information entered into this system for their own records.

Please click the blue link to Complete Online Application.

Section A: Online Application:

User Name and Password Set Up & Login:

Login

*Please enter your Username/Password to help us identify you. There should be **one** applicant per organization.*

Username:

Password:

Submit

If you do not have Username/Password or have not registered yet, please register by clicking here.

Upon determining your password, please make sure this is noted/tracked for future use. Also note who is the designee with the password in your organization.

- **Create an agency username and password first, by clicking the link. "Please register by clicking here."**
- **Fill in your username and password and click the 'submit'.**

Section A: Online Application:

User Name and Password Set Up and Agency Information:

Universal Pre-Kindergarten Grant

Applicant Information

Please provide the following organizational and contact information for the organization that would be operating the system.

Agency Information

Note: *The fields marked with * are required.*

Enter a Username and Password combination below that will enable you to retrieve the Grant Application information related to your bid.

Username * a

Password * •

Confirm Password * •

Agency Name * Action For Boston Community Development, Inc. (East Boston, Bennington Street)

Address Line 1 * a

Address Line 2

City * Boston

State * MA

Zip * 02210

Phone * 111-111-1111 (Ex: 617-111-2222)

Fax

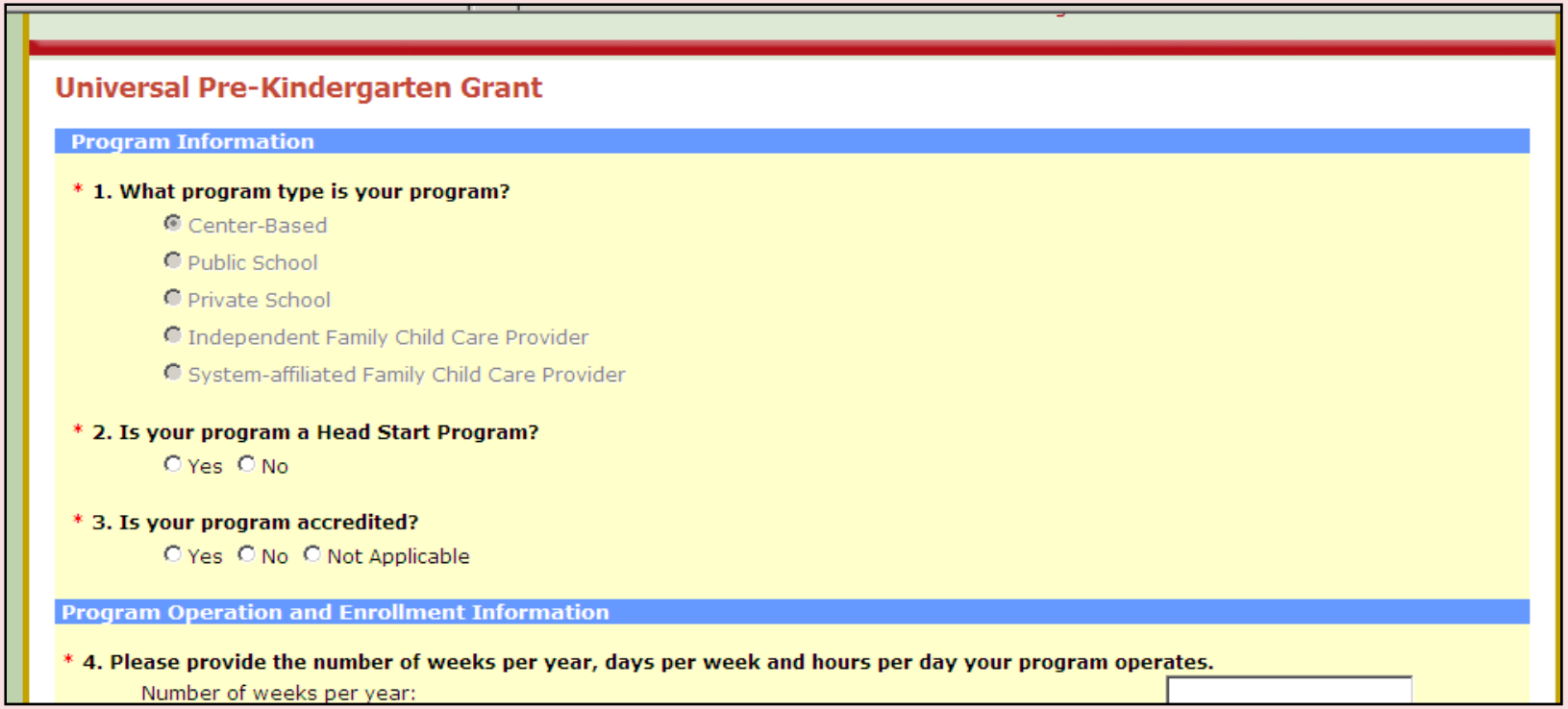
Agency Email * abcd@abcd.com

DO NOT FORGET your username and password

- **This is the first page of the Section A: Online Application.**
- **When opening the Online Application for the first time, the Username and Password will need to be filled out.**
- **Select your Agency Name from the drop down menu.**
- **Fill in ALL 'Application Information' which includes Program Contacts.**
- **At the bottom of the page, click 'Next Page" when ready.**

Section A: Online Application:

Program Information:



Universal Pre-Kindergarten Grant

Program Information

* 1. What program type is your program?

- Center-Based
- Public School
- Private School
- Independent Family Child Care Provider
- System-affiliated Family Child Care Provider

* 2. Is your program a Head Start Program?

Yes No

* 3. Is your program accredited?

Yes No Not Applicable

Program Operation and Enrollment Information

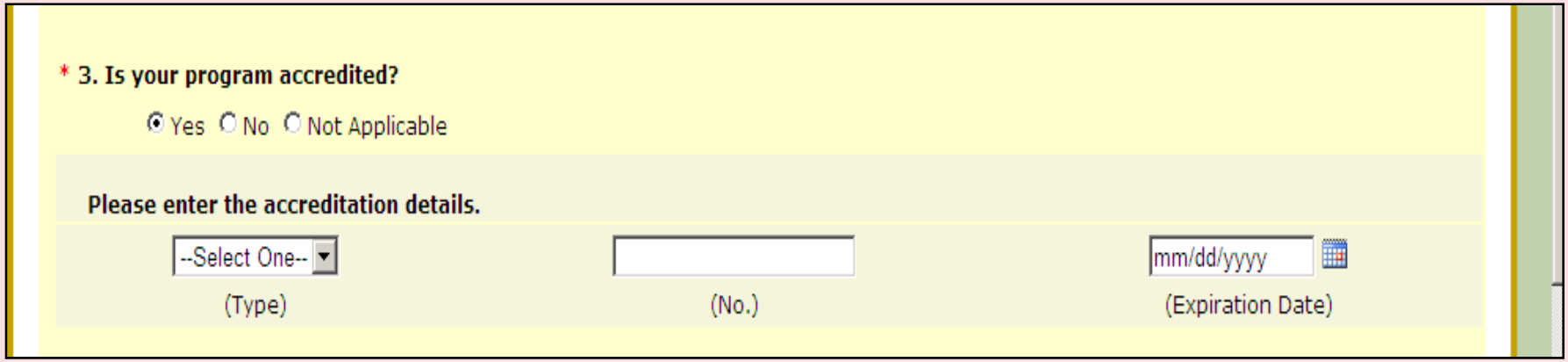
* 4. Please provide the number of weeks per year, days per week and hours per day your program operates.

Number of weeks per year:

- **This screen will appear if Center-Based, Public School, Private School, or Independent Family Child Care Provider are selected.**
- **This is the first page of the Program Information.**
- **Question 1 will automatically populate based on your Agency Name.**
- **Fill in answers to ALL questions.**

Section A: Online Application:

Program Information: (cont…)



- Once 'Yes' is selected in response to Question 3: Is your Program accredited? the following information will appear.
  - Select type of accreditation.
  - Enter accreditation number.
  - Enter Expiration Date.
- At the bottom of the page, click 'Next Page" when ready.

Section A: Online Application:

Program Information (System-affiliated FCC Provider):

Program Information

* **1. What program type is your program?**

- ○ Center-Based
- ○ Public School
- ○ Private School
- ○ Independent Family Child Care Provider
- ◉ System-affiliated Family Child Care Provider

Please verify that the providers listed below are still linked to your agency by checking the box next to each program. Please complete the accreditation information for each program as well.

	Program	Is Head Start Program	Is Accredited	Accreditation Type	Accreditation Number	Accreditation Expiration Date
☐	618760: Rivera, Carmen	○ Yes ○ No	○ Yes ○ No ○ Not Applicable	--Select One--		mm/dd/yyyy
☐	626597: Montoya, Darmery	○ Yes ○ No	○ Yes ○ No ○ Not Applicable	--Select One--		mm/dd/yyyy
☐	691345: Khat, Chamroeunrath	○ Yes ○ No	○ Yes ○ No ○ Not Applicable	--Select One--		mm/dd/yyyy
☐	693459: Bonilla, Ingris	○ Yes ○ No	○ Yes ○ No ○ Not Applicable	--Select One--		mm/dd/yyyy
☐	695438: Valencia, Blanca	○ Yes ○ No	○ Yes ○ No ○ Not Applicable	--Select One--		mm/dd/yyyy

- **This screen will appear if System-affiliated Family Child Care Provider is selected.**
- **Question 1 will automatically populate based on your Agency Name.**
- **Please verify that the providers listed below are still linked to your agency by checking the box next to each program. Please complete the accreditation information for each program as well.**
- **Fill in answers to ALL questions.**
- **At the bottom of the page, click ‘Next Page” when ready.**

Section A: Online Application:

Enrollment:

Universal Pre-Kindergarten Grant

Enrollment

For each question, please provide information as of December 1, 2012 and the projected enrollment of June 1, 2013. At a later time, additional information will be collected regarding enrollment from October 15, 2013.

*** 7. How many preschool children (ages 2.9 to Kindergarten eligible) are enrolled in the UPK classrooms/family child care home.**

Number enrolled as of December 1, 2012: [ ]

Projected enrollment on June 1, 2013: [ ]

*** 8. How many of those children enrolled in UPK classrooms or UPK family child care home receive Financial Assistance (please count each child once, by primary funding source).**

Financial Assistance is defined as the following:

a. *Children accessing care through EEC contracts or vouchers;*
b. *Children funded with Head Start dollars;*
c. *Privately subsidized children from families meeting EEC income eligibility criteria (i.e.,total household income at or below 85% of the state median income) with supporting documentation from program; and*
d. *For public schools, the number of preschool children qualifying for free/reduced lunch.*

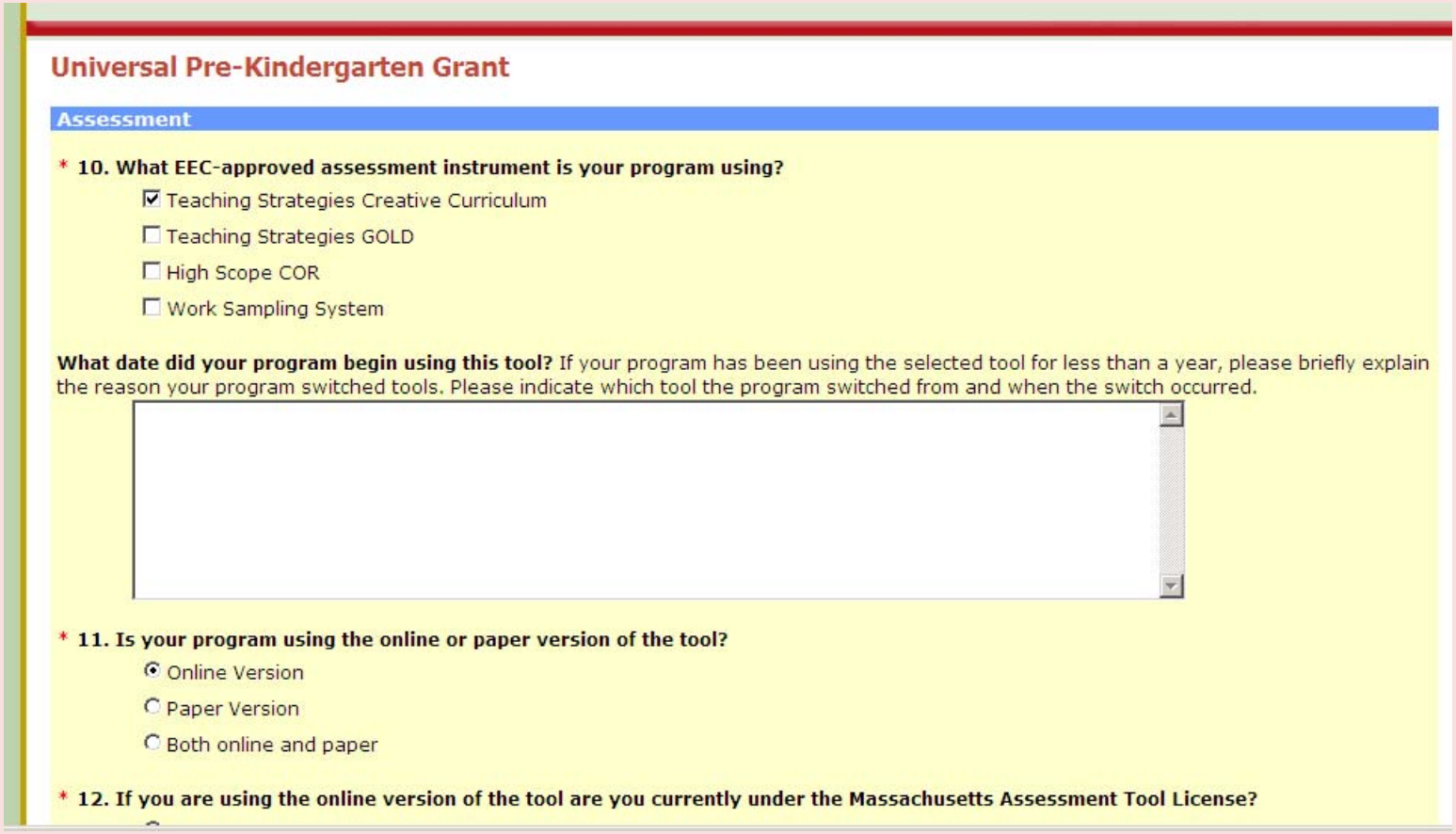
Number of children receiving Financial Assistance as of December 1, 2012: [ ]

Projected number of children receiving Financial Assitance as of June 1, 2013: [ ]

- **Fill in answers to ALL questions.**
- **At the bottom of the page, click 'Next Page" when ready.**

Section A: Online Application:

Assessment:



Universal Pre-Kindergarten Grant

Assessment

* **10. What EEC-approved assessment instrument is your program using?**

- [x] Teaching Strategies Creative Curriculum
- [ ] Teaching Strategies GOLD
- [ ] High Scope COR
- [ ] Work Sampling System

What date did your program begin using this tool? If your program has been using the selected tool for less than a year, please briefly explain the reason your program switched tools. Please indicate which tool the program switched from and when the switch occurred.

* **11. Is your program using the online or paper version of the tool?**

- (•) Online Version
- ( ) Paper Version
- ( ) Both online and paper

* **12. If you are using the online version of the tool are you currently under the Massachusetts Assessment Tool License?**

- **Fill in answers to ALL questions.**
- **At the bottom of the page, click 'Next Page" when ready.**

Section A: Online Application:

High Needs Children Summary Form:

Universal Pre-Kindergarten Grant

UPK High Needs Children Summary Form

Instructions: Please complete the information below. When completing the chart, the program must write in the Child's ID number* and the total number of risk factors. The program must check off the specific risk factors that apply to the identified high needs child. If there is a risk factor that is not on the chart, the program is encouraged to write it in the final column.

Add New Classroom

* Classroom Name:

* Total Number of Children in the Classroom

* Total Number of "High Needs Children" in the Classroom

Child's ID Number					
Total Number of Risk of Factors	--Select--	--Select--	--Select--	--Select--	--Select--
Children and Parents with Special Needs	☐	☐	☐	☐	☐
Children whose Home Language is not English	☐	☐	☐	☐	☐
Families and Children Involved with Multiple State Agencies	☐	☐	☐	☐	☐
English Language Learners	☐	☐	☐	☐	☐
Recent Immigrants	☐	☐	☐	☐	☐

- **Complete information on chart by writing Child's ID number and total number of risk factors.**
- **Programs must check off the specific number of factors that apply to the identified high needs child.**
- **If there is a risk factor that is not on the chart, the program is encouraged to write it in the final column.**
- **At the bottom of the page, click 'Next Page" when ready.**

Section A: Online Application:

High Needs Children Summary Form (cont…):

Universal Pre-Kindergarten Grant

UPK High Needs Children Summary Form

Instructions: Please complete the information below. When completing the chart, the program must write in the Child's ID number* and the total number of risk factors. The program must check off the specific risk factors that apply to the identified high needs child. If there is a risk factor that is not on the chart, the program is encouraged to write it in the final column.

Add New Classroom

Classroom Name	Total No. of Children	High Needs Children		
1	1	1	Edit	Delete

Previous Page Next Page

- **This screen shot will appear once 1 classroom has been completed.**
- **If you need to complete information for another classroom, please click 'Add New Classroom'.**
- **At the bottom of the page, click 'Next Page" when ready.**

Section A: Online Application:

Languages Spoken:

Select Languages Spoken

Please select the languages spoken in the communities served by your grant.

- [ ] Select All
- [x] English
- [x] Spanish
- [x] Portuguese
- [x] Amharic
- [x] Armenian
- [x] Cantonese
- [x] Croatian
- [x] French
- [x] Greek
- [x] Haitian Creole
- [x] Italian
- [x] Khmer (Cambodian)
- [x] Laotian
- [x] Polish
- [x] Russian
- [x] Serbian-Cyrillic
- [x] Slovenian
- [x] Tagalog
- [x] Vietnamese
- [x] American Sign Language (ASL)
- [x] Other

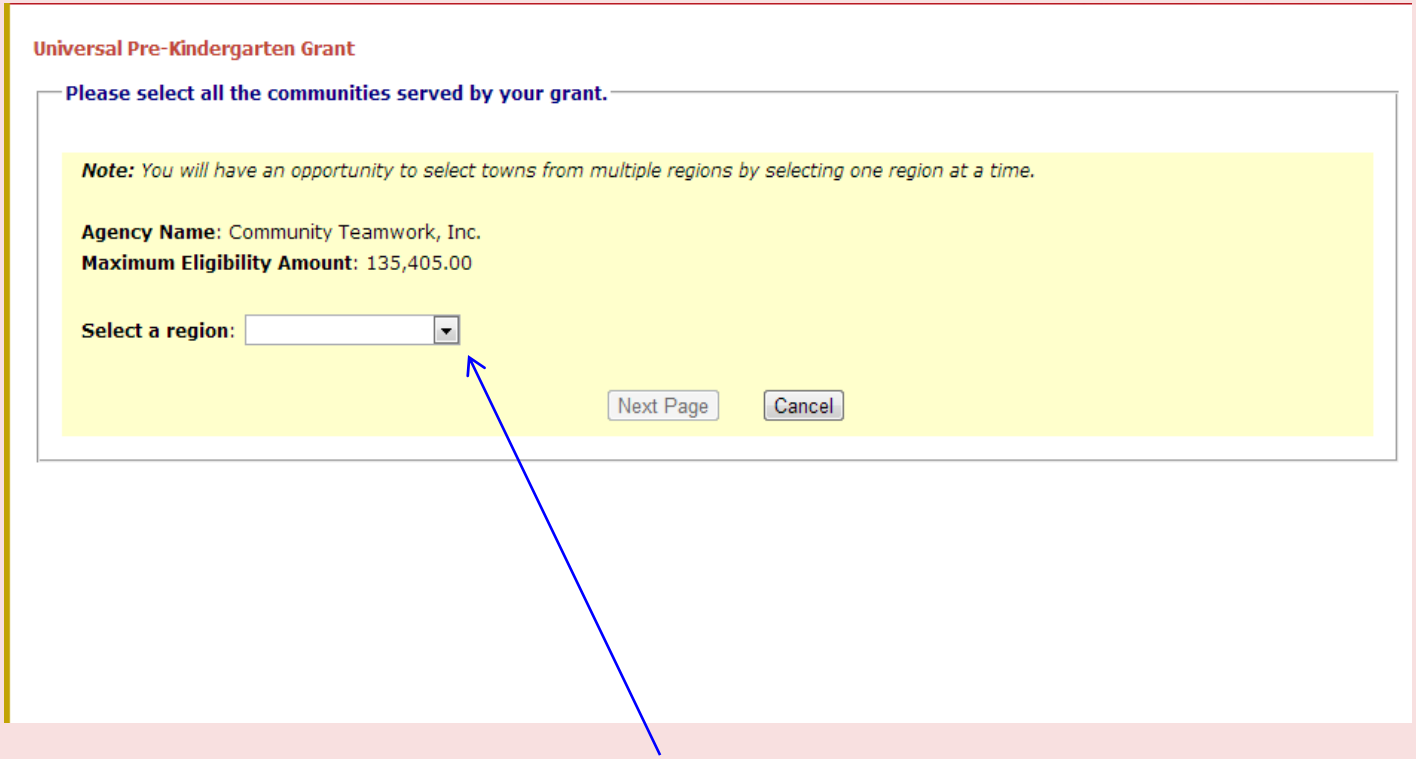
farsi

Save and Go to Next Page

- You will be prompted to: 'Select Languages Spoken'
- If choosing 'Other', list name of language(s) in box
- 'Save and Go to Next Page' when you have completed this section.

Section A: Online Application:

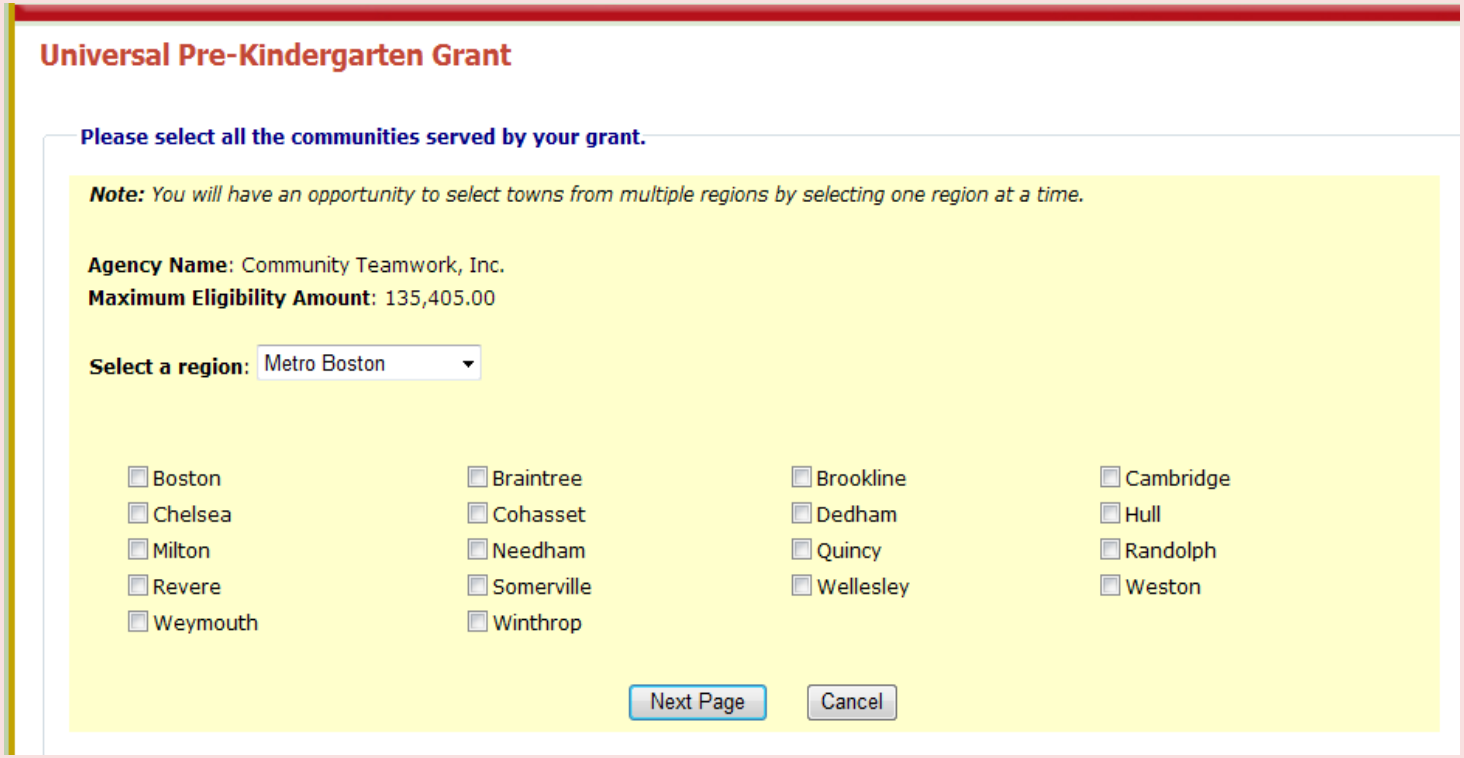
Select Communities Served by Your Grant:



- **The Agency Name will appear on the screen with the Maximum Eligibility Amount.**
- **Click on the drop-down menu to select a region.**
- **Click 'Next Page'**

Section A: Online Application:

Select Communities Served by Your Grant (cont…):

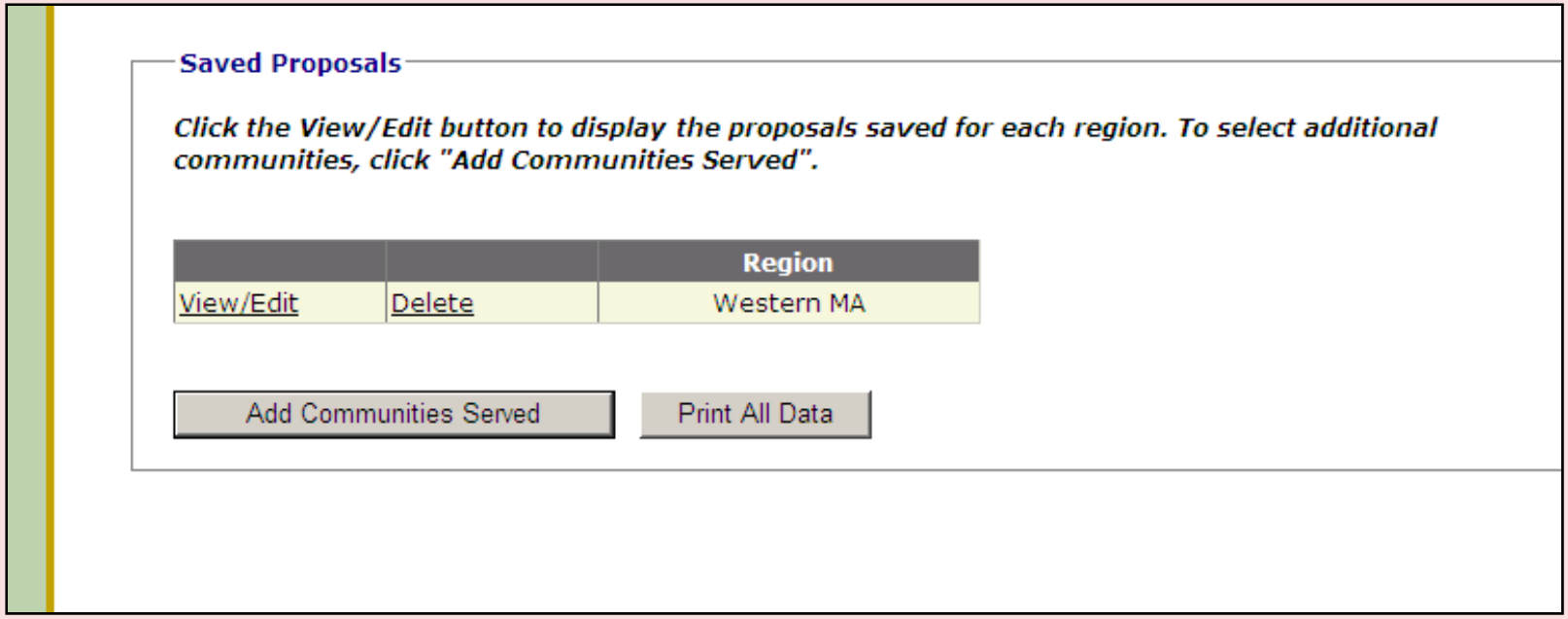


- Please select the communities served by your grant by checking the box(es) next to the applicable towns.

- At the bottom of the page, click ‘Next Page” when ready.

Section A: Online Application:

Saved Proposals:



- Click the View/Edit button to display the proposals saved for each region. To select additional communities, click, "Add Communities Served."

- When you are finished, it is very important to 'Print All Data'

Section A: Online Application:

Printed Online Application:

Agency Name:	BCD Services	**Registration # :**	3000
Contact Ph:	617-988-6600		

Agency Information

Address	51 Sleeper Street, 4th Floor, Boston, MA 02210				
Phone	617-988-6600	**Fax**	617-988-2451	**Email**	a@bcd.com

Grant Coordinator

Name	John Brown				
Address	1 Seaport Blvd, , Boston, MA 02210				
Phone	617-999-9999	**Fax**	617-999-0000	**Email**	johnbrown@bcd.cor

Superintendent/Executive Director

Name	Mary Jones				
Address	2 Tobin Street, , Boston, MA 02210				
Phone	111-111-2222	**Fax**	111-111-2222	**Email**	maryjones@a.com

Summer Contact

- **The first page of the Section A report should look like this when printing.**

- **The first page of the Section A report should look like this when printing**

- **You will need to submit the entire printed version as a hard copy to EEC to formally apply for this grant funding.**

Section B: Application Forms and Documents

Section B documents to submit by mail and email:

- Checklist
- Signed Cover Page
- FY2014 Budget Workbook
- FY2014 Narrative Questions
- FY2014 Projected Deliverables Form
- Copy of Indirect Cost Approval Letter (if you are claiming Indirect Cost)

Section B: (continued)

Commonwealth of Massachusetts Standard Administrative Forms:

- A signed Commonwealth Terms & Conditions form
- W-9 with DUNS #
- Contractor Authorized Signatory Listing
- Authorization for Electronic Funds Payment (EFT) Form
- Supplier Diversity Program Plan Form (If the Grant is competitive and involves distributing more than $150,000 in funds.)
- Federal Funding and Accountability and Transparency Act (FFATA) Reporting Requirements

If not already on file with the EEC, you will need to fill out and mail to the EEC:

You do not need to ***email*** these materials the Administrative Forms,

please only sign and mail these in with your grant application.

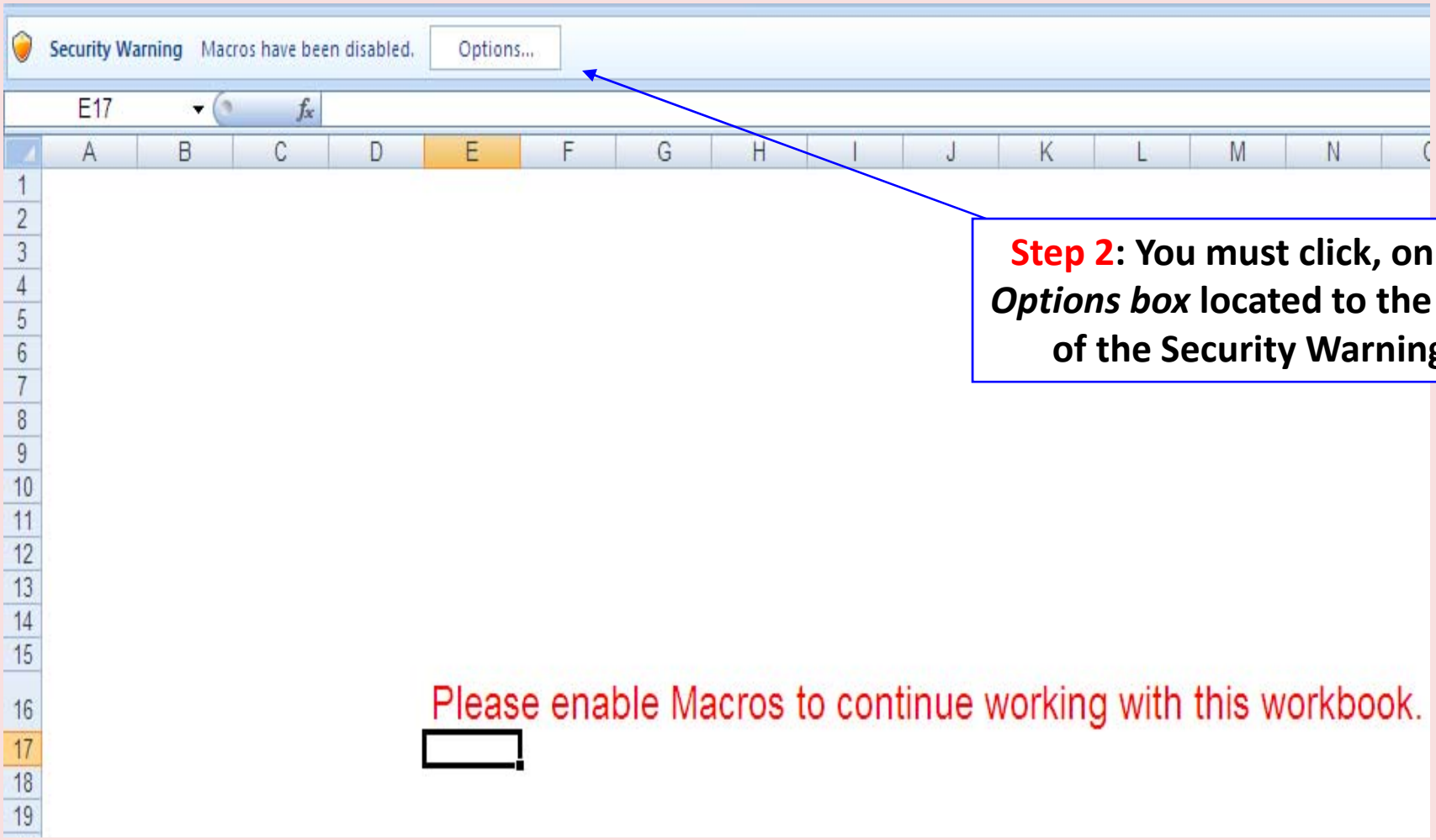
Budget Workbook Components

There are **13 tabs** that make up the entire **Budget Workbook**

- **Instructions (read only)***
- **Fund Use Parameters (read only)***
- **#1 Budget Summary (read only)***
- #2 Personnel
- #3 Consultant
- #4 Office and Programmatic Supplies
- #5 Travel
- #6 Equipment
- #7 Other Costs
- #7A UPK Line Items
- #8 Budget Narrative
- #9 Subcontractors
- #10 Subcontractor Narrative

***The first 3 tabs are for reference only.**
Tab #2-10 are to be filled out by the grantee.

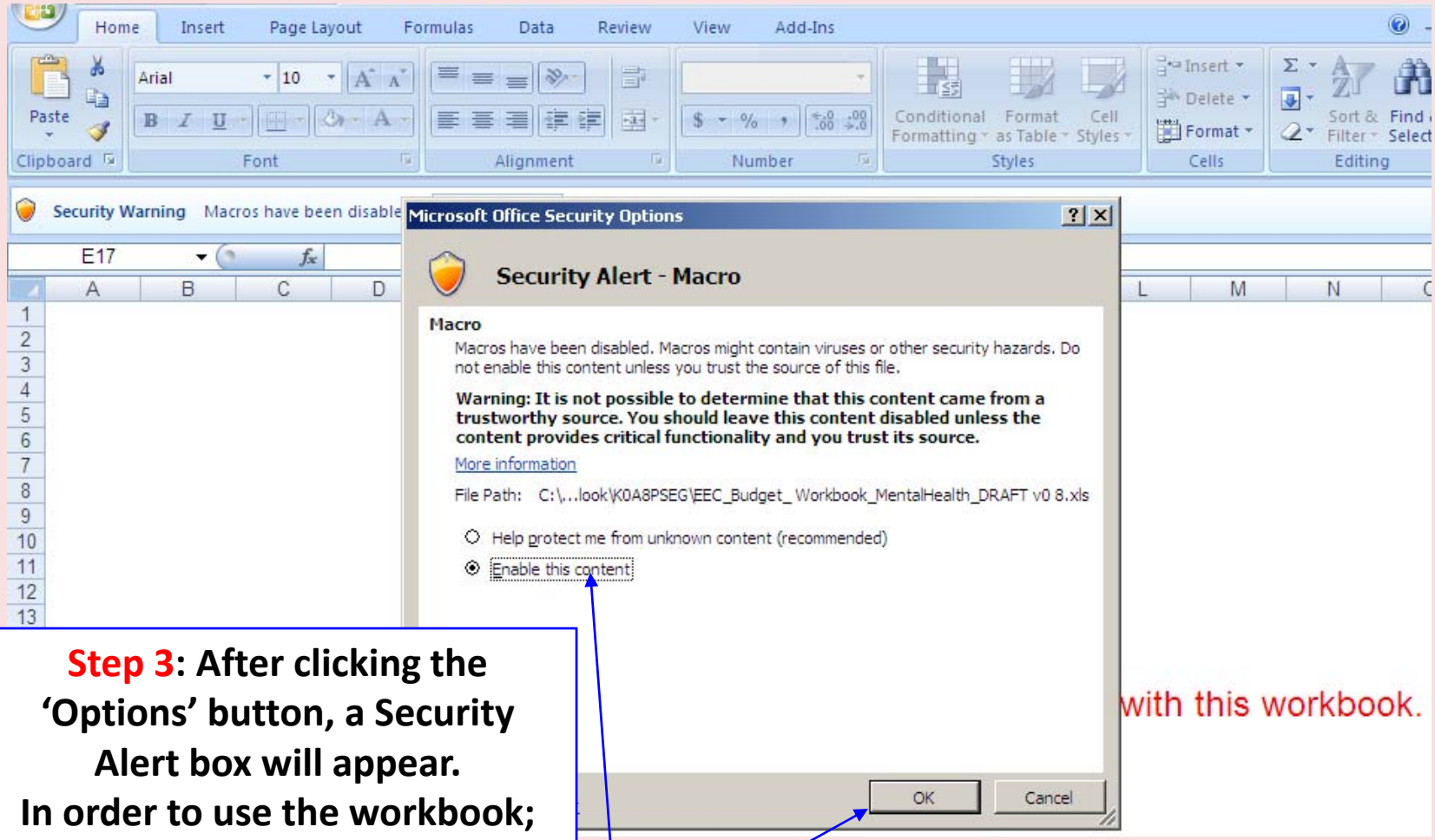
Accessing the Budget Workbook:



Step 2: You must click, on the *Options box* located to the right of the Security Warning.

Step 1: <u>OPENING THE FILE</u>: Click on the link: *UPK_ Budget.xls*.

Accessing the Budget Workbook



Step 3: After clicking the 'Options' button, a Security Alert box will appear. In order to use the workbook; you must click: *'Enable this content'* and click 'OK'.

Saving the Budget Workbook

- **SAVING AND NAMING THE WORKBOOK FILE**:
  - Once the file is open, select 'File' and then select 'Save As' (Indicate where you want to save the file).
  - The file is named: *FY2014_UPK_Budget_Agency_Name.xls*.
  - Edit the current file name by replacing the words *'Agency Name'* with your *Agency Name*.
  - *(Example):* FY2014_UPK_Budget_KLM_Partners.xls

Be sure to keep the exact filename as designated by the Department of Early Education and Care.

Budget Instructions:

For more detailed instructions, see Appendix A.

A B C D E F G H I J K

BUDGET REQUEST - INSTRUCTIONS

Budget Instructions Overview: **A full description of the budget instructions along with screen shots of each corresponding tab is provided on Appendix A**. Make sure macros are enabled before proceeding to complete the budget.

Prior to completing the EEC budget workbook, please review the Department of Early Education's Policies and Procedures for the specified grant on the website www.mass.gov/eec, as well as the COMM-pass, the state procurement website.

Tabs within Budget Workbook: There are 12 tabs that make up the entire budget workbook. The first three tabs are for reference only. These tabs at the bottom of your budget workbook. Read the instructions, the fund use parameters tab, and review the Budget Summary prior to submission, to complete the budget workbook accurately. When completing the workbook, fill in tabs #2-10, as the tabs are titled: 2) Personnel; 3) Consultant; 4) Office & Programmatic Supplies; 5) Travel; 6) Equipment; 7) Other Costs; 8) Budget Narrative; 9) Subcontractors; 10) Subcontractor Narrative

SOURCES OF MATCH: For FY 2014, EEC is not requiring match contribution. In an effort to move toward future match requirement, EEC has deliberately displayed fields allocated for match. Match fields are currently blocked as you will not have to fulfill this requirement for FY 2014.

EXPLANATION FOR COMPLETING BUDGET REQUEST AND NARRATIVE

Tab 1) BUDGET SUMMARY

This tab shows the total of all requested funds. A grantee does not fill out any information in this tab.

Tab 2) PERSONNEL

1. At the top of the page: Select Agency Name from drop down list, type in Program Name and Date. (This information will populate onto the rest of the tabs)
2. Provide: Name of each employee, their job titles, the Full Time Equivalent (FTE), their total annual salary, and the percentage of fringe being paid for each employee.
3. Once the Total Annual Salary has been entered, the Request column and Direct and Admin columns will automatically populate based on the information provided.
4. If choosing "Other", a gray alert box will appear with further instructions for Tab 8) Budget Narrative.

Tab 2) FRINGE (Fringe Benefits are located on the Personnel Tab and the Subcontractor Tab):

1. Once the percentage of Fringe has been entered, the Fringe contribution will automatically populate based on the information provided.
2. The Fringe Contribution is calculated based on the FTE, the Total Annual Salary, and Fringe Percentage.
3. The Fringe Contribution amount is added to the Total Request amount.

INSTRUCTIONS | FUND USE PARAMETERS | 1. BUDGET SUMMARY (Read Only) | 2. PERSONNEL | 3. CONSULTANT | 4. OFFICE&PROGRAMMATIC SUPPLIES

Fund Use Parameters:
Allowable (Direct & Admin) and Unallowable

A	B	C	
	EEC Fund Use Description (Allowable Direct and Administrative Costs and Unallowable Costs)		
	Please refer to description of fund use in the specific Universal Pre-Kindergarten Grant Application and the Budget Directions for additional information.		
Line Item	**Allowable Direct Costs**	**Allowable Administrative Expenses:**	U
Personnel	Personnel that carry the services required for this grant and hold one of the following positions are considered **direct service personnel costs**: Aide/Paraprofessional, Assessment Specialist, Curriculum Specialist, Educator, Home Visitor, Professional Development Specialist, Stipends for direct services and/or Other direct service positions.	Personnel that carry the services required for this grant and hold one of the following positions are reported under **Administrative Personnel Costs:** Project Coordinator, Secretary/Bookkeeper, Supervisor/Director, Stipends for employees to carry out administrative responsibilities, and/or Other Administrative positions.	
FTE for this Grant (Full Time Equivalence)	Staff time must be reported in Full Time Equivalences. (FTE) under **FTE for this Grant**. For example a staff person that works a total of 40 hours per week and carrying out grant specific work for 40 hours per week should be reported as a request for funds for "1.0 FTE" under ***FTE for this Grant*** **.**	Staff time must be reported in Full Time Equivalences. (FTEs). For example a staff person that works a total of 40 hours per week, but carrying out grant specific work for 20 hours per week should be reported as a request for funds for "0.5 FTE" under ***FTE for this Grant.***	
Total Annual Salaries	For the purposes of the budget the **Total Annual Salary** is defined as the entire salary that an employee will receive for one fiscal year. If a staff position will be partially funded with these grant funds and partially funded by other sources then **both** the proposed funded and unfunded portions should be combined and reported under ***Total Annual Salary.***	For the purposes of the budget the **Total Annual Salary** is defined as the entire salary that an employee will receive for one fiscal year. If a staff position will be partially funded with these grant funds and partially funded by other sources then **both** the proposed funded and unfunded portions should be combined and reported under ***Total Annual Salary.***	
Fringe Benefits	The percentage of cost of fringe benefits being paid for each employee proposed to hold one of the *Personnel/Direct Cost* positions. Fringe benefits include Federal Tax, State Tax, FICA, Mass Unemployment, Health Insurance, Worker's Compensation, Medicare, SUTA, Other Retirement Systems, Other Fringe costs, as applicable.	The percentage of cost of fringe benefits being paid for each employee proposed to hold one of the listed above *Personnel/Admin* positions. Fringe benefits include Federal Tax, State Tax, FICA, Mass Unemployment, Health Insurance, Worker's Compensation, Medicare, SUTA, Other Retirement Systems, Other Fringe costs, as applicable.	
Consultant Services	Consultants hired contractually to carry out activities or specific provisions of the grant at a specific rate per hour/day. Details regarding the # of Hours/Days/Weeks/Flat per Year, Rate of Pay, and Hour/Day/Week/Flat should be outlined when requesting these funds.		
Office/ Programmatic Supplies	Cost of Programmatic Supplies that will be used to carry out the required services of the grant including but not limited to purchasing instructional materials such as screening, observation, and assessment tools to implement the child assessment	Cost of Office Supplies needed to carry out the administrative functions of the required services of the grant including non-instructional supplies such as pens, copy paper, etc. for grant specific activities and needs. These supplies are considered	

INSTRUCTIONS | FUND USE PARAMETERS | 1. BUDGET SUMMARY (Read Only) | 2. PERSONNEL | 3. CONSULTANT | 4. OFFICE&PROGRAMMATIC SUPPLIES

Budget Summary Tab

Please note: Your MAXIMUM ELIGIBILTY AMOUNT will appear on this tab.

Agency Name:

Program Name:

Maximum

BUDGET SUMMARY

Expense Item	1A. Total Request	1B. Direct Costs	1C. Admin	
Personnel	$ -	$ -	$ -	$
Consultant	$ -	$ -	$ -	$
Office/Programmatic Supplies	$ -	$ -	$ -	$
Travel	$ -	$ -	$ -	$
Equipment	$ -	$ -	$ -	$
Other Costs	$ -		$ -	$
UPK	$ -	$ -		
Subcontractors	$ -	$ -	$ -	
Total :	$ -	$ -	$ -	$

Direct Costs vs. Admin Costs (do not include Match in this equation)

Total Request (Total, Column 1A)	$ -
Total Direct Costs (Total, Column 1B)	$ -
Total Direct Costs divided by Request	0.00%
Total Admin Costs (Total, Column 1C + Indirect Costs Requested, including Subconctractors)	$ -
Total Admin Costs divided by Request	0.00%

Indirect Cost (This cost is within the 8% Admin Cap)

INSTRUCTIONS | FUND USE PARAMETERS | 1. BUDGET SUMMARY (Read Only) | 2. PERSONNEL | 3. CONSULTANT | 4. OFFICE&PROGRAMMATIC SUPPLIES

Use these arrows to navigate and access all of the tabs.

These are the different tabs for the grant application. Tabs #2-10 must be filled in by you. The first 3 tabs are for your reference only.

Allowable Fund Use

- Personnel & Fringe Benefits
- Consultants
- Office & Programmatic supplies
- Travel expenses
- Equipment
  - Tablets to document and enter observation data for online formative assessment/screening tools (Price cannot exceed $600 per tablet)
- Other Costs
- UPK Line Items
- Subcontractors
- Fiscal Administration and oversight costs

Unallowable Fund Use

- Computers
- Out-of-State Travel
- Purchase of Food
- Lobbying Expenses
- Capital Items – a Capital Item is: (a) an asset or group of assets of nonexpendable personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the capitalization level established and certified by the Grantee in accordance with generally accepted accounting principles for financial statement purposes; or (b) a repair, betterment or improvement or a group of repairs, betterments or improvements of non-movable assets which costs more than $500 in aggregate and which adds to the permanent value of an asset or prolongs its useful life for more than one year (e.g. the installation of in-wall wiring for computer networks, the installation of security/intercom systems, shade coverings, playground structures, sheds, classroom shelving units, carpeting, remodeling, etc.).

Unallowable Fund Use (continued)

- The Administration for Children and Families (ACF) has informed EEC that early education and care programs that receive funds through the FY 2014 UPK Grant may not use those funds toward their federal Head Start match requirements. EEC uses 100% of the UPK state appropriation for Commonwealth federal match requirements, thus precluding other entities from using the same money for federal match and/or maintenance of effort requirements. (This preclusion also includes recipients of funding from any other EEC appropriation other than the Head Start grant program, Line Item 3000-5000
- Lead agencies with multiple UPK sites and family child care systems must communicate and consult with individual sites and family child care educators about the plan for UPK funds during the application process and throughout the grant period. UPK funds may not currently be used to benefit other sites within the same lead agency with the exception of certain agency and/or community-wide professional development opportunities when there is minimal or no additional cost to doing so.
- **No more than 10% of a site's total grant** may be spent on educational materials, supplies, or equipment (including technology purchases).
- Funding must directly benefit and target the children in the UPK classrooms/family child care homes. With justification that is approved by EEC, programs may also use funds to benefit other classrooms and areas of the program within the same site in accordance with UPK goals and priorities.
- Funded activities should support the diverse learning needs of all children, including high needs children, children with special needs, challenging behaviors and dual language learners.
- Family child care systems receiving funds for designated UPK family child care grantees must pass through at least 50% of their total UPK grant directly to participating educators. "Pass through" means that educators will receive the funds directly through stipends or direct payments and decide how to spend these funds, with support from system staff, to improve the quality of their programs. Individual family child care educator budgets must detail how funds will be spent on quality improvement activities.

TAB #2: Personnel

Select the **Agency Name** from the drop down menu, Type in **Program Name** and **Date.**

Agency Name: Amherst Public Schools

Program Name:

PERSONNEL

	Employee Name	Title	FTE for this Grant	Total Annual Salary	Fringe Percentage	Fringe Contribution	Request (Including Fringe Contribution)	Dir
1		Choose from Drop Down Menu				$ -	$ -	$
2		Choose from Drop Down Menu				$ -	$ -	$
3		Choose from Drop Down Menu				$ -	$ -	$
4		Choose from Drop Down Menu				$ -	$ -	$
5		Choose from Drop Down Menu				$ -	$ -	$
6		Choose from Drop Down Menu				$ -	$ -	$
7		Choose from Drop Down Menu				$ -	$ -	$
8		Choose from Drop Down Menu				$ -	$ -	$
9		Choose from Drop Down Menu				$ -	$ -	$
10		Choose from Drop Down Menu				$ -	$ -	$
11		Choose from Drop Down Menu				$ -	$ -	$
12		Choose from Drop Down Menu				$ -	$ -	$
13		Choose from Drop Down Menu				$ -	$ -	$
14		Choose from Drop Down Menu				$ -	$ -	$
15		Choose from Drop Down Menu				$ -	$ -	$
16		Choose from Drop Down Menu				$ -	$ -	$
17		Choose from Drop Down Menu				$ -	$ -	$
18		Choose from Drop Down Menu				$ -	$ -	$
	Total Estimated Personnel Costs:			$ -		$ -	$ -	$

Total Fringe	$ -
Total Request (excluding Fringe)	$ -

INSTRUCTIONS | FUND USE PARAMETERS | 1. BUDGET SUMMARY (Read Only) | 2. PERSONNEL | 3. CONSULTANT | 4. OFFICE&PROGRAMMATIC SUPPL

TAB #2: Personnel

Direct Cost vs. Administrative Cost?

DIRECT Costs for Personnel

- Aide/Paraprofessional
- Assessment Specialist
- Curriculum Specialist
- Educator
- Home Visitor
- Other
- Professional Development Specialist
- Stipends

ADMIN Costs for Personnel

- Other
- Project Coordinator
- Secretary/Bookkeeper
- Stipends
- Supervisor/Director
- Fringe Costs are also ADMIN

TAB #2: Personnel Continued…

In this tab, fill in:

- **name of each proposed employee,**
- **their job title,**
- **the Full Time Equivalence (FTE),**
- **the total annual salary**
- **the percentage of fringe being paid.**

- **Full Time Equivalence (FTE):** Staff time must be reported in Full Time Equivalences (FTE) under this grant. Example

- **Total Annual Salaries:** For the purposes of the budget the Total Annual Salary is defined as the entire salary that an employee will receive for one fiscal year. - note – whether funded by position or not

TAB #2: Fringe Benefits

(Located on the **Personnel** Tab and the **Subcontractor** Tab)

- The Fringe Contribution is calculated based on the FTE, the Total Annual Salary, and Fringe Percentage.
- The Fringe Contribution amount is added to the Total Request amount.
- Provide a breakdown and explanation in the Budget Narrative for Fringe.
  - *If fringe exceeds 35%, provide a breakdown of categories and percentages.*
  - *If fringe is less or equal to 35%, provide breakdown of categories and percentages, if possible.*
  - *EEC will review the breakdown and contact you.*
- If the amount is coming from another source, please provide the name of the source(s) in Budget Narrative.
- **If you exceed the 35% allocation for Fringe, you will see an Alert on the Personnel Tab and you will need to provide a breakdown of fringe in the Budget Narrative.**
- Example of Alert:
  - **FRINGE OVER 35% - PLEASE PROVIDE A 'FRINGE BREAKDOWN' IN THE BUDGET NARRATIVE FOR ALL PERSONNEL.**

TAB #3: Consultant

Agency Name: Amherst Public Schools

Program Name:

CONSULTANT SERVICES

	Name	Title	# of Hours/Days /Weeks/Flat per Year	Hours/Days/Weeks/Flat per Year	Rate of Pay	Hour/Day/ Week/Flat	Request	Direct	Admin	
1		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
2		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
3		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
4		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
5		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
6		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
7		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
8		Choose from Drop Down Menu		Choose from Drop Down Menu			$ -	$ -		
	Total Consultant Costs :						$ -	$ -	$ -	$

Fill in Name of the consultant and choose the title from the list of choices in the drop-down menu.

Fill in the # per Hours/Days/Weeks/Flat per year and **Rate of Pay.**

TAB #4: Office and Programmatic Supplies

OFFICE & PROGRAMMATIC SUPPLIES

	Expense Item (List Supplies here)	Request	Direct	Admin	Match
1					
2			$ -	$ -	
3			$ -	$ -	
4			$ -	$ -	
5			$ -	$ -	
6			$ -	$ -	
7			$ -	$ -	
8			$ -	$ -	
9			$ -	$ -	
10			$ -	$ -	
11			$ -	$ -	
12			$ -	$ -	
	Total Office/Programmatic Supplies Costs:	$ -	$ -	$ -	$ -

ISULTANT | 4. OFFICE&PROGRAMMATIC SUPPLIES | ET NARRATIVE | 9. SUBCONTRACTORS

Please list Expense Items

For each expense item listed, fill in the cost under Direct and/or Admin cost.

A grantee can charge Office and Programmatic Supplies to **Admin if those supplies are related to the administrative function of the grant.*

TAB #5: Travel

List: Name and Position of staff who is traveling AND Estimated Miles per Month and the Number of months

TRAVEL

	Travel Expense		Request (Will appear in Red if Direct + Admin does not equal Request)	Direct	Admin
1	Travel: List Name & Position				
	Estimated Miles per Month				
	x Number of Months				
	=Total Miles				
	Mileage Rate*				
	Total Travel Cost	$ -	$ -		
	*Please indicate agency's reimbursement rate for mileage				
2	Travel: List Name & Position				
	Estimated Miles per Month				
	x Number of Months				
	=Total Miles				
	Mileage Rate*				
	Total Travel Cost	$ -	$ -		
	*Please indicate agency's reimbursement rate for mileage				
3	Travel: List Name & Position				
	Estimated Miles per Month				
	x Number of Months				
	=Total Miles				
	Mileage Rate*				
	Total Travel Cost	$ -	$ -		
	*Please indicate agency's reimbursement rate for mileage				
4	Travel: List Name & Position				
	Estimated Miles per Month				

Fill in the 'Mileage Rate*' (*must be your agency's reimbursement rate, if applicable).

Write the Total Travel Cost in the Direct cost and/or Admin cost column.

TAB # 7: Other Costs

Agency Name: Amherst Public Schools

Program Name:

OTHER COSTS

	Expense Item	Request (Includes the Indirect Cost entered below.)	Direct	Admin (Includes the Indirect Cost entered below.)	Match
1	Equipment Rental	$ -			
2	Memberships/Subscription	$ -			
3	Training	-			
4	Choose from Drop Down Menu	$ -			
5	Choose from Drop Down Menu	$ -			
6	Choose from Drop Down Menu	$ -			
7	Choose from Drop Down Menu	$ -			
8	Choose from Drop Down Menu	$ -			
9	Choose from Drop Down Menu	$ -			
10	Choose from Drop Down Menu	$ -			
11	Choose from Drop Down Menu	$ -			
12	Choose from Drop Down Menu	$ -			
13	Choose from Drop Down Menu	$ -			
14	Choose from Drop Down Menu	$ -			
15	Choose from Drop Down Menu	$ -			
16	Choose from Drop Down Menu	$ -			
17	Choose from Drop Down Menu	$ -			
18	Choose from Drop Down Menu	$ -			
	Total Estimated Other Costs:	$ -	$ -	$ -	$

2. PERSONNEL | 3. CONSULTANT | 4. OFFICE&PROGRAMMATIC SUPPLIES | 5. TRAVEL | 6. EQUIPMENT | 7. OTHER COSTS | 8. BUDGET NARRATIVE | 9. SU

From a drop-down menu: select each Expense Item.

Once the Expense item is selected, either the Direct or Admin column will appear in yellow according to which expenses are direct or admin costs.

TAB # 7: Indirect Costs

Scroll down to specify Indirect Cost amount, that gets rolled into the Total Admin cost. ↓

Indirect Cost (This cost is within the 8% Admin Cap)

Total Request	$ -
Approved Indirect Cost Rate (Please enter your agency's approved rate if applicable, and send an Indirect Cost Approval Letter)	

The indirect cost rate allocation is part of the expenses allocated to administrative funds. You can use an indirect cost rate ONLY IF your agency submits documentati stating the approved rate on letterhead from the approving agency (usually Health and Human Services). Under no circumstances can the use of the indirect cost rate exceed the amount of funds (8% of the total grant) allocated to administrative purposes.

For example, if your program is funded at $100,000, you, with an approved rate of 15% might think you can allocate $15,000, but that would not be accurate. The amou of funds you can allocate to indirect cost is limited to $8,000 because the administration allocation has been capped at 8%.

If you request any money on Indirect Cost, you must provide an approval letter on letterhead stating your Indirect Cost Rate from the agency that provided you with your rate.

- Indirect Cost Rate Letter (Federal) is usually from Health and Human Services.

- Please enter in the Total Request for the Indirect Cost, if applicable.
- Please enter the agency's approved rate, if applicable and include an Indirect Cost Approval letter with the application.

The indirect cost rate allocation is part of the expenses allocated to administrative funds. The indirect cost rate can ONLY be used if the agency submits documentation stating the approved rate on letterhead from the approving agency (usually Health and Human Services). Under no circumstances can the use of the indirect cost rate exceed the amount of funds (8% of the total grant) allocated to administrative purposes.

TAB # 7: Indirect Cost

- Please enter in the Total Request for the Indirect Cost, if applicable.
- Please enter your agency's approved rate, if applicable and include an Indirect Cost Approval letter with your application.
- The indirect cost rate allocation is part of the expenses allocated to administrative funds. You can use an indirect cost rate **ONLY IF** your agency submits documentation stating the approved rate. Under no circumstances can the use of the indirect cost rate exceed the amount of funds (8% of the total grant) allocated to administrative purposes.

TAB # 7: Indirect Cost (continued)

- **If you exceed the EEC 8% ADMIN limit, you will see this Alert on the Budget Summary and you will need to CHANGE the budget so that you are not over the 8% Admin limit.**
- Example of Alert: **YOU HAVE EXCEEDED THE EEC 8% ADMIN LIMIT. YOUR BUDGET IS REJECTED. DO NOT SUBMIT.**
- **Indirect Cost Approval Letter must be submitted with application**
  - Applicants must write their actual approved Indirect Cost Rate in the box
  - In the absence of having an approval letter, applicants must put all "Indirect Costs" into the allowable lines for Admin costs

TAB # 7A: UPK Line Items

Agency Name: Date:

Program Name:

UPK Line items

	UPK Line Item	Request	Direct	Match/In-Kind
1	Choose from Drop Down Menu	$ -		
2	Choose from Drop Down Menu	$ -		
3	Choose from Drop Down Menu	$ -		
4	Choose from Drop Down Menu	$ -		
5	Choose from Drop Down Menu	$ -		
6	Choose from Drop Down Menu	$ -		
7	Choose from Drop Down Menu	$ -		
8	Choose from Drop Down Menu	$ -		
9	Choose from Drop Down Menu	$ -		
10	Choose from Drop Down Menu	$ -		
11	Choose from Drop Down Menu	$ -		
12	Choose from Drop Down Menu	$ -		
13	Choose from Drop Down Menu	$ -		
14	Choose from Drop Down Menu	$ -		
15	Choose from Drop Down Menu	$ -		
16	Choose from Drop Down Menu	$		

- The items under 'UPK Line Items' are DIRECT costs
- From a drop-down menu: select each UPK Line item.
- Once the Expense item is selected, the Direct column will appear in yellow. Provide the cost amount in the yellow box.
- The **Request** column will populate from the Direct cost column.
- If Educational Materials & Technological Support exceeds 10% of your requested amount, an alert will appear in **RED.**
- If Professional Development exceeds 5% of your requested amount, an alert will appear in **RED.**

TAB # 8: Budget Narrative

Program Name:

BUDGET NARRATIVE

IN ORDER TO COPY AND PASTE FROM WITHIN THE WORBOOK, YOU MUST DOUBLE CLICK ON THE SOURCE CELL, COPY THE TEXT AND THEN DOU
DESTINATION CELL, PASTE AND ENTER.

IN ORDER TO PASTE TEXT COPIED FROM AN EXTERNAL SOURCE, DOUBLE CLICK ON THE DESTINATION CELL, PASTE AND ENTEF

1. Budget Summary *No narrative needed*

2. Personnel: Complete the following information regarding personnel. Information provided here should correspond to requested funding on the Personnel tab.

	Employee Name	Title	FTE for this Grant	Enter text at the start of each cell ↓	Describe the staff role being performed, and the propose supported under this funding. Please define the specifi choosing "Other".
1					
2					
3					
4					
5					
6					
7					
8					
9					

In order to copy and paste within the workbook, you **must double click** on the source cell, copy the text and then double click on the destination cell and paste. In order to paste text copied from an external source, double click on the destination cell and paste.

Fill in information about: 2. Personnel, 2a. Fringe, 3. Consultant, 4. Office and Programmatic Supplies, 5. Travel, 6. Equipment, 7. Other Costs, 7A UPK Line Items.

TAB # 9: Subcontractors

Note: Each line is for a separate subcontractor.

Program Name:

SUBCONTRACTORS

Subcontractors (Enter Agency/Provider Names)	Total Per Year (Includes Fringe)	Personnel		Consultant	Office/ Programmatic Supplies		Travel		Equipment		
		Direct	Admin		Direct	Admin	Direct	Admin	Direct	Admin	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
Subcontractor Totals:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$

4. OFFICE&PROGRAMMATIC SUPPLIES | 5. TRAVEL | 6. EQUIPMENT | 7. OTHER COSTS | 8. BUDGET NARRATIVE | 9. SUBCONTRACTORS | 10. SUBC

List each subcontractor: Include Agency and Provider Name.

Please note that each column is divided into **Direct** and **Admin** costs. Please make sure that you use the same guidelines as the Lead Agency for claiming Direct and Admin costs.

TAB # 9: Subcontractors: Fringe and Indirect Cost

** Total Per Year will turn Red if the Fringe for that Subcontractor exceeds 35% of the Total Per Year.*

Subcontractor Fringe & Indirect Costs

	Subcontractors (Enter Agency/Provider Names)	Fringe		Total Request (Indirect Cost)	Approved Indirect Cost Rate (%)
		Direct	Admin		
1		$ -	$ -	$ -	
2		$ -	$ -	$ -	
3		$ -	$ -	$ -	
4		$ -	$ -	$ -	
5		$ -	$ -	$ -	
6		$ -	$ -	$ -	
7		$ -	$ -	$ -	
8		$ -	$ -	$ -	
9		$ -	$ -	$ -	
10		$ -	$ -	$ -	
11		$ -	$ -	$ -	
12		$ -	$ -	$ -	
13		$ -	$ -	$ -	
14		$ -	$ -	$ -	
15		$ -	$ -	$ -	
16		$ -	$ -	$ -	
17		$ -	$ -	$ -	
18		$ -	$ -	$ -	
19		$ -	$ -	$ -	
20		$ -	$ -	$ -	
	Subcontractor Totals:	**$ -**	**$ -**	**$ -**	

Note: Each line is for a separate subcontractor.

Enter the **Total Fringe** amounts for Personnel in the Direct or Admin cost columns depending on whether the staff position is a Direct or Admin expense. Each line must contain the total fringe amount per Subcontractor.

Fill out the **Total Indirect Cost** amount and Indirect Cost Rate, if eligible. Each line must contain the total indirect cost amount per Subcontractor.

TAB # 10: Subcontractor Narrative

SUBCONTRACTOR NARRATIVE

N ORDER TO COPY AND PASTE FROM WITHIN THE WORBOOK, YOU MUST DOUBLE CLICK ON THE SOURCE CELL, COPY THE TEXT AND THEN DOUBLE CLICK ON THE DI CELL, PASTE AND ENTER.

IN ORDER TO PASTE TEXT COPIED FROM AN EXTERNAL SOURCE, DOUBLE CLICK ON THE DESTINATION CELL, PASTE AND ENTER.

Please provide, in detail, an explanation of the costs associated with each of the Subcontractors in your requested budget. Information provided here shou correspond to requested funding on the Subcontractor tab.

. Personnel: Complete the following information regarding personnel per Subcontractor. Separate information by commas (or is semicolons or another punctuation mark b eep order of information consistent in each column.

	Subcontractor Name (Agency/Provider)	List all Employee Names being requested per Subcontractor	List all position titles being requested per Subcontractor. List whether each position is a Direct Cost or an Admin Cost.	List FTE being requested per Subcontractor	List # of Staff- being requested per Subcontractor	Enter text at the start of each cell ↓	Describe the staff role being perfo the proposed grant activities being under this funding per Subcontrac
1							
2							
3							
4							
5							
6							
7							
8							

5. TRAVEL | 6. EQUIPMENT | 7. OTHER COSTS | 8. BUDGET NARRATIVE | 9. SUBCONTRACTORS

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In order to copy and paste within the workbook, you must double click on the source cell, copy the text and then double click on the destination cell and paste. In order to paste text copied from an external source, double click on the destination cell and paste.

Fill in information about: 2. Personnel, 2a. Fringe, 3. Consultant, 4. Office and Programmatic Supplies, 5. Travel, 6. Equipment, 7. Other Costs, 7A UPK Line Items.

FY2014 Narrative Questions

Directions:

- **Your answer should be typed in Arial font, font size 12, and single-spaced.**
- **Please limit your responses to 2 pages per question, including the sub-components of each question.**
- Please target your responses **to meet the specific goals, priorities, and requirements of the grant.**

Re-cap of Submission Process:

Follow the Checklist

- Checklist for Grant Application
- Signed cover page (authorized signatory)
- Online Application
  - Program Contacts
  - Program Information
  - Enrollment Information
  - Assessment Information
  - High Needs Children Summary Form
  - Languages Spoken
  - Communities Served
- FY2014 Budget Workbook
- FY2014 Narrative Questions
- FY2014 Projected Deliverables
- Copy of Indirect Cost Approval Letter (if claiming Indirect Cost)
- MA Standard Administrative Forms

Re-cap of Submission Process

Section A Submission:

1. **Online:** (through the link): Includes Program Contacts, Program Information, Enrollment Information, Assessment Information, High Needs Children Summary Form, Languages Spoken, Communities Served.
2. **By Mail:** Include Section A information and Section B **hard copies** (1 original, 2 copies) mailed to EEC by June 7, 2013.

Section B Submission:

1. **By Mail: one (1) original, signed copy, two (2) copies of ALL documents** *(including Section A print out and Administrative Forms, if applicable)*
2. **By Email: Email ALL individual documents as one email* to: EECSubmission@MassMail.State.MA.US.**
3. **(**do not *email Administrative forms and Section A***)**

(*Save your email with the name of this grant and your agency)

The ENTIRE submission process must be completed by:

June 7, 2013 at 4:00 PM

(email, online, mail must be submitted and in the EEC office)

FY2014 UPK Renewal Grant: Contacts

- **John (Jay) Swanson**, EEC Policy Analyst
  - Phone: 617-988-7803
  - Email: john.swanson2@state.ma.us

- **Michele Smith**, EEC Program Funding Specialist
  - Phone: 617-988-7835
  - Email: michele.smith@state.ma.us

FY2014 UPK Renewal Grant: Other Resources

Name	Position	Regional Office	Phone Number	Email Address
Christine Davidson	Family Community Coordination Specialist	Springfield	413-881-1539	Christine.Davidson@MassMail.State.MA.US
Joyce Fulmer	Family Community Coordination Specialist	Worcester	508-461-1446	Joyce.Fulmer@MassMail.State.MA.US
Cheryl McLellan	Family Community Coordination Specialist	Quincy	617-979-8601	Cheryl.McLellan@MassMail.State.MA.US
Jamie Carragher	Family Community Coordination Specialist	Lawrence	978-826-1302	Jamie.Carragher@MassMail.State.MA.US
Anne Hemmer	Family Community Coordination Specialist	Taunton	508-967-3413	Anne.Hemmer@MassMail.State.MA.US
Gwen Alexander	Family Community Coordination Specialist	Boston	617-988-7812	gwen.alexander@MassMail.State.MA.US
Pam Roux	Educator Provider Support Specialist	Boston	617-988-7820	pam.roux@MassMail.State.MA.US