

## **Appendix B**

### **Application Forms**

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Application Budget Detail Sheet — Format Example Only

Application Budget Detail Sheet — Blank

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## Grant Agreement Face Sheet

**California Community Colleges Board of Governors  
- 6870**

District (Grantee):

College:

Division: Institutional Effectiveness

Grant Agreement No.:

Project: IEPI Technical Assistance

Total Amount Encumbered: \$7,500,000

This grant is made and entered into by the California Community Colleges Chancellor's Office, on behalf of the California Community Colleges Board of Governors and the aforementioned District, hereafter referred to as the Grantee. The grant shall consist of this Grant Agreement face sheet and the Grantee's application, with all required forms. The RFA Specification and the Grant Agreement Legal Terms and Conditions, as set forth in the RFA Instructions are incorporated into this grant by reference.

The total amount payable shall not exceed the amount specified above as "Amount Encumbered".

The term of this grant shall be from July 1, 2023 to June 30, 2024.

### GRANTEE

Project Director:

Total Grant Funds Requested: \$7,500,000

Signature, Chief Executive Officer (or Authorized Designee)

Date:

Print Name/Title of Person Signing:

District Address:

### STATE OF CALIFORNIA

Project Monitor:

Agency Address: 1102 Q Street, 6<sup>th</sup> Floor  
Sacramento, CA 95811-6539

Bus. Unit	Ref No.	Fund	FI\$Cal Prgm	Reporting Structure	Account Code	Project ID Code	Chapter	Statue	Funding Year (Enactment Yr,)	Agreement Amount
6870	101	0001	5675109	68708000	5432000	6870-142	TBD	2023	2023-24	\$ 7,500,000

**Total Amount Encumbered: \$7,500,000**

Signature, Accounting Manager (or Authorized Designee) Budget funds are available for the period and purpose of the expenditure stated above.

Date:

Signature, Deputy Chancellor (or Authorized Designee)

Date:

Print Name/Title of Person Signing

California Community Colleges  
Chancellor's Office

District: \_\_\_\_\_  
College: \_\_\_\_\_  
RFA Number: 23-020

# CONTACT PAGE

## TO BE COMPLETED BY CCCCCO

Grant Agreement No.: \_\_\_\_\_  
Proposal ID No.: \_\_\_\_\_  
Funding Status: \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_

Funding Source(s): \_\_\_\_\_

Project Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

### College President (or authorized Designee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Responsible Administrator (Appropriate Program Area)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Project Director

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Business Officer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Application/Grant Writer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

# APPLICATION CONSORTIUM DATA SHEET

☐ Please check here if this proposal is a consortium project

Complete the following information for each college of the consortium. Use additional sheets if required. Attach this form directly behind the Contact Page.

District/College or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip+4:

Project Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$ \_\_\_\_\_

Role of district/college in the consortium design: \_\_\_\_\_

District/College or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip+4:

Project Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$ \_\_\_\_\_

Role of district/college in the consortium design: \_\_\_\_\_

District/College or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip+4:

Project Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$ \_\_\_\_\_

Role of district/college in the consortium design: \_\_\_\_\_

**Application Consortium Data Sheet** *(Continued)*    **RFA Number: 23-020**

**District/College or Organization:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**City:    State:    Zip+4:**

**Project Contact:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$\_\_\_\_\_

Role of district/college in the consortium design:\_\_\_\_\_

**District/College or Organization:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**City:    State:    Zip+4:**

**Project Contact:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$\_\_\_\_\_

Role of district/college in the consortium design:\_\_\_\_\_

**District/College or Organization:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**City:    State:    Zip+4:**

**Project Contact:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$\_\_\_\_\_

Role of district/college in the consortium design:\_\_\_\_\_

**District/College or Organization:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**City:    State:    Zip+4:**

**Project Contact:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

Amount of dollars contributed to project by the district/college: \$\_\_\_\_\_

Role of district/college in the consortium design:\_\_\_\_\_

California Community Colleges  
Chancellor's Office

District: \_\_\_\_\_  
College: \_\_\_\_\_  
RFA Number: 23-020

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## ***APPLICATION ANNUAL WORK PLAN (ONE OBJECTIVE PER PAGE)***

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Objective	Procedures/Activities	Performance Outcomes	Timelines	Responsible Person(s)

## **Instructions for Completing the Application Annual Work Plan and Performance Indicators**

The Application Annual Work Plan and Performance Indicators is a layout form designed to graphically display five critical areas of a project work plan. The five components of this form are:

- Objectives (use one Work Plan form per objective)
- Procedures/Activities
- Performance Outcomes
- Timelines
- Responsible Person(s)

### **Objectives**

Write each objective in this column. These program objectives identify the major milestones of the project and what has to be done in order to make the project a success. State objectives in performance terms in a clear and concise manner.

### **Procedures/Activities**

List each major procedure/activity associated with an objective and what has to be done to accomplish the objective. Ideally this column should contain between four to seven (4-7) activities. Write activities in a decimal format. The whole number should refer to the number of the objective, the number behind the decimal point should refer to the number of the activity (i.e., Activity 2.3 refers to the third activity in objective number two). Identify and write activities in chronological sequence.

### **Performance/Outcomes**

Based on your evaluation design, list each expected outcome anticipated to be the end result of your stated activities. Also note how these outcomes will be used to determine the success or failure of your objectives and stated activities.

### **Timelines**

Identify the start date and the ending date for each activity listed. *Example: 1/1/23 to 3/30/23.*

### **Responsible Person(s)**

Identify by position, the personnel responsible for the completion of each activity listed.

## APPLICATION BUDGET SUMMARY

**Note:** When entering dollar amounts, round off to nearest dollar.

Submit Budget Detail Sheet for each funding source reflected here in cash or in-kind. Also explain expenditures by budget category.

Object of Expenditure	Classification		Project Funds Requested (1)	District Match Funds (2)	Other Source (3a)	Other Source (3b)	Other Source (3c)	Grand Total All Funding Sources
1000	Instructional Salaries							
2000	Non-instructional Salaries							
3000	Employee Benefits							
4000	Supplies and materials							
5000	Other Operating Expenses and Services							
6000	Capital Outlay							
7000	Other Outgo							
Total Direct Costs								
Total Indirect Costs (4%)								
Total Program Costs								

- 1 Requested Project Funds (note limitations in the total award amount permitted by the RFA specification).
- 2 General Fund District Match (see RFA specifications for match percentage requirement). Line item match not required.
- 3 Other Sources of Funds or in-kind contributions. (Provide an Application Budget Detail Sheet for each funding source.)

I authorize this total costs proposal as the maximum amount to be claimed for this project and assure that funds shall be spent in compliance with State and federal regulations.

Project Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Chief Business Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(or Authorized Designee)



**FORMAT EXAMPLE ONLY**

California Community Colleges  
Chancellor's Office

**District:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**RFA Number:** 23-020

**APPLICATION BUDGET**  
**DETAIL SHEET**

Program Year: 2023-24  
Source of Funds: Prop 98

Object of Expenditure	Classification	Requested Funds	Gen. Fund Match	Other Sources
1100	<b>Instructional Salaries</b> <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	Fill In	Fill In	Fill In
1210	<b>Supervisors' Salaries</b> <sup>2</sup> <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
1230	<b>Counselors' Salaries</b> <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
1420	<b>Project Director</b> <sup>3</sup> <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
2140	<b>Classified Salaries, Non-instructional</b> (Regular Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
2200	<b>Instructional Aides' Salaries</b> (Regular, Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
2340	<b>Classified Salaries, Non-instructional</b> (Non-Regular Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
2400	<b>Instructional Aides' Salaries</b> (Non-Regular, Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>			
3000	<b>Employee Benefits</b> <i>Name and rate change</i>			
4000	<b>Supplies and Materials</b> <i>List type and costs</i>			
5000	<b>Other Operating Expenses and Services</b> <i>List type and costs, including travel and per diem</i> <b>Subcontractors</b> <i>Name (daily/hourly rate)</i> <i>Identify specific service to be rendered</i>			
6000	<b>Capital Outlay</b> <i>List type and costs</i> <b>Equipment</b>			
7000	<b>Other Outgo</b> <i>List type and costs</i> <b>Student financial aid</b> <b>Other payments to/for students</b>			
	<b>Total Direct Cost</b>			
	<b>Total Indirect Cost (4%)</b>			
	<b>Total Program Cost</b>			

<sup>1</sup>The following represent frequently-used account codes. Refer to Crossover chart for further options.

<sup>2</sup>Not to exceed 5% for Supervision/Administration (not directly involved in the day-to-day ongoing activities.)

<sup>3</sup>This is the person who is directly involved in the day-to-day ongoing activities.

**District:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**RFA Number:** 23-020

APPLICATION BUDGET DETAIL SHEET		Program Year: 2023-24 Source of Funds: Institutional Effectiveness Technical Assistance Program (Prop 98)		
Object of Expenditure	Classification	Requested Funds	Gen. Fund Match	Other Sources
	Total Direct Cost			
	Total Indirect Cost (4%)			
	Total Program Cost			

# Crossover Chart

*Expenditure by Object Titles (EOT)\**

Use This (CCCCO Reports EOT Number)		For This (Budget and Accounting Manual EOT Number)	
1100	Instructional Salaries	1100	Academic Salaries, Instructional, Regular Salary Schedule
		1300	Academic Salaries, Instructional, Non-Regular Salary Schedule
1210	Supervisor <sup>1</sup>	1200	Academic Salaries, Noninstructional, Regular Salary Schedule <i>Subcategory Administrators and Supervisors: (Superintendents, Assistant Superintendents, Presidents, Vice Presidents, Deans)</i>
1220	Project Director <sup>2</sup>	1200	Academic Salaries, Noninstructional, Regular Salary Schedule <i>Subcategory Project Director</i>
1230	Counselor	1200	Academic Salaries, Noninstructional, Regular Salary Schedule <i>Subcategory Vocational Counselors</i>
1240	Other	1200	Academic Salaries, Noninstructional, Regular Salary Schedule <i>Subcategory Other: (Salaries other than Administrators/Supervisors, Project Directors, and Vocational Counselors)</i>
1400	Noninstructional Salaries (Use same subcategory detail as object 1200) 1410: Supervisor <sup>1</sup> , 1420: Project Director <sup>2</sup> , 1430: Counselor, 1440: Other	1400	Academic Salaries, Non- Instructional, Non-Regular Salary Schedule

<b>Use This</b> <i>(CCCCO Reports EOT Number)</i>		<b>For This</b> <i>(Budget and Accounting Manual EOT Number)</i>	
2100	Classified Salaries, Noninstructional <i>(Use same subcategory detail as            object 1200)</i>  2110: Supervisor <sup>1</sup> , 2120: Project Director <sup>2</sup> , 2130: Counselor, 2140: Other	2100	Classified Salaries, Non- Instructional, Regular Salary Schedule
2200	Instructional Aides' Salaries	2200	Classified Salaries, Noninstructional Aides, Regular Salary Schedule <i>Direct            Instruction, Other</i>
2300	Classified Salaries, Noninstructional <i>(Use same subcategory detail as            object 1200)</i>  2310: Supervisor <sup>1</sup> , 2320: Project Director <sup>2</sup> , 2330: Counselor, 2340: Other	2300	Classified Salaries, Non- Instructional, Non-Regular Salary Schedule
2400	Other	2400	Academic Salaries, Noninstructional, Regular Salary Schedule <i>Direct            Instruction, Other</i>
3000	Employee Benefits	3000	Employee Benefits <i>(3100-3900): STRS Fund, PERS            Fund, Old Age, Survivors, Disability, and            Health Insurance (OASDHI), Health and            Welfare Benefits, State Unemployment            Insurance, Workers' Compensation            Insurance, Local Retirement Systems,            Other Benefits</i>

4000	Supplies and Materials	4000	Supplies and Materials <i>Instructional and Noninstructional Supplies and Materials (have a useful life of less than one year) (i.e., office, library, medical, food periodicals, magazines, pictures, maps computer software)</i>
5000	Other Operating Expenses and Services	5000	Other Operating Expenses and Services <i>Depreciation, Dues and Memberships, Insurance, Legal, Election and Audit Expenses, Personal and Consultant Services, Postage, Rents, Leases and Repairs, Self-Insurance Claims, Travel and Conference Expenses, Utilities and Housekeeping Services, Other</i>
6000	Capital Outlay	6000	Capital Outlay <i>6400 Equipment (i.e., desk, chairs, vehicles, etc.)</i>
7000	Other Outgo	7000	Other Outgo <i>(7100-7900): Debt Retirement, Interfund Transfers-Out, Other Transfers, Student Financial Aid, Other Payments to/for Student, Reserve for Contingencies</i>

- Please refer to the *California Community Colleges Budget and Accounting Manual*
- <https://www.cccco.edu/About-Us/Chancellors-Office/Divisions/College-Finance-and-Facilities-Planning/Fiscal-Standards-and-Accountability-Unit/Manuals>
  1. Not to exceed 5% for supervision/administration (not directly involved in the day-to-day ongoing activities).
  2. This is the person who is directly involved with the day-to-day ongoing activities.