

Appendix A

Application Budget Summary — Format Example Only

Application Budget Detail Sheet — Format Example Only

Application Budget Detail Sheet — Blank Crossover Chart

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 (5%)								
Total Program Costs								

- 1 Requested Project Funds (note limitations in the total award amount permitted by the RFA specification).
- 2 No Match Required.
- 3 Other Sources of Funds or in-kind contributions. (Provide an Application Budget Detail Sheet for each funding source.)

I authorize this total cost 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 Lead Signature: _____

Date: _____

Authorized Fiscal Agent Signature: _____

Date: _____

(or Authorized Designee)

FORMAT EXAMPLE ONLY

California Community Colleges
Chancellor's Office

District: _____
College: _____
RFA Number: _____

**APPLICATION BUDGET
DETAIL SHEET**

Object of Expenditure	Classification	Requested Funds
1100	Instructional Salaries <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
1210	Supervisors' Salaries² <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
1230	Counselors' Salaries <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
1420	Project Lead³ <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
2140	Classified Salaries, Non-instructional (Regular Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
2200	Instructional Aides' Salaries (Regular, Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
2340	Classified Salaries, Non-instructional (Non-Regular Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
2400	Instructional Aides' Salaries (Non-Regular, Full-time) <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	
3000	Employee Benefits <i>Name and rate change</i>	
4000	Supplies and Materials <i>List type and costs</i>	
5000	Other Operating Expenses and Services <i>List type and costs, including travel and per diem</i> Subcontractors <i>Name (daily/hourly rate)</i> <i>Identify specific service to be rendered</i>	
6000	Capital Outlay <i>List type and costs</i> Equipment	
7000	Other Outgo <i>List type and costs</i> Student financial aid Other payments to/for students	
	Total Direct Cost	
	Total Indirect Cost (5%)	
	Total Program Cost	

¹The following represent frequently-used account codes. Refer to Crossover chart for further options.
²Not to exceed 5% for Supervision/Administration (not directly involved in the day-to-day ongoing activities.)
³This is the person who is directly involved in the day-to-day ongoing activities.

<p><i>APPLICATION BUDGET</i></p> <p><i>DETAIL SHEET</i></p>	
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Object of Expenditure	Classification	Requested Funds	Other Sources
	Total Direct Cost		
	Total Indirect Cost (5%)		
	Total Program Cost		

Crossover Chart

*Expenditure by Object Titles (EOT)**

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

Use This <i>(CCCCO Reports EOT Number)</i>		For This <i>(Budget and Accounting Manual EOT Number)</i>	
2100	Classified Salaries, Noninstructional <i>(Use same subcategory detail as object 1200)</i> 2110: Supervisor ¹ , 2120: Project Director ² , 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 ¹ , 2320: Project Director ² , 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.

Appendix B

Grant Application Signature Page



California Community Colleges

Culturally Responsive Pedagogy & Practices
Innovative Best Practices Grants

Grant Application Signature Page

Endorsement of this document indicates that you have read, reviewed, and can attest to the accuracy of the application prepared on behalf of the following college. All applicants must complete this form and upload to the NOVA Application portal.

Project Title and College Name	
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Project Lead	
First and Last Name	
Title	
Signature	
Date	

Authorized Fiscal Agent	
First and Last Name	
Title	
Signature	
Date	

Executive/Administration Level Sponsor*	
First and Last Name	
Title	
Signature	
Date	

**The Executive/Administration Level Sponsor should be identified by your college's process and should be the same as the person identified in the PROJECT MANAGEMENT/INSTITUTIONAL COMMITMENT section.*

Authorized Signing Official*	
First and Last Name	
Title	
Signature	
Date	

**The Authorized signing official for this RFA process is the College President.*