

Chancellor's Office, California Community Colleges

Perkins Title IB Leadership Grants

Appendix A

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TO BE COMPLETED BY DISTRICT

Chancellor's Office
California Community Colleges

RFA Specification No.: 012-

District: _____

College: _____

TO BE COMPLETED BY COCCC

CONTACT PAGE

Grant Agreement No.: _____

Proposal ID No.: _____

Funding Status: _____

Fiscal Year: _____

Funding Source(s): Perkins Title I-B Leadership

RFA Specification Title: XXX Collaborative

Institution: _____

Address: _____

City: _____ State: _____ Zip+4: _____

District Superintendent (or authorized Designee)

Name: _____ Title: _____

Phone: (_____) _____ Date: _____

Fax: (_____) _____ E-Mail Address: _____

Responsible Administrator (Appropriate Program Area)

Name: _____ Title: _____

Phone: (_____) _____ Date: _____

Fax: (_____) _____ E-Mail Address: _____

Project Director

Name: _____ Title: _____

Phone: (_____) _____ Date: _____

Fax: (_____) _____ E-Mail Address: _____

Business Officer

Name: _____ Title: _____

Phone: (_____) _____ Date: _____

Fax: (_____) _____ E-Mail Address: _____

Grant Writer

Name: _____ Title: _____

Phone: (_____) _____ Date: _____

Fax: (_____) _____ E-Mail Address: _____

TO BE COMPLETED BY DISTRICT

Chancellor's Office
California Community Colleges

RFA Specification No.: 012-_____

District: _____

College: _____

APPLICATION CONSORTIUM DATA SHEET

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: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Project Contact: _____		
Phone: _____	Fax No.: _____	
E-Mail Address: _____		
Portion of funds being allocated to district/college: \$ _____		
Role of district/college in the consortium design: _____		

District/College: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Project Contact: _____		
Phone: _____	Fax No.: _____	
E-Mail Address: _____		
Portion of funds being allocated to district/college: \$ _____		
Role of district/college in the consortium design: _____		

District/College: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Project Contact: _____		
Phone: _____	Fax No.: _____	
E-mail Address: _____		
Portion of funds being allocated to district/college: \$ _____		
Role of district/college in the consortium design: _____		

Chancellor's Office
California Community Colleges

RFA Specification No.: 012-_____
District: _____
College: _____

TO BE COMPLETED BY COCCC

Amount Awarded: \$ _____

APPLICATION ABSTRACT

Project Title: _____

Project Director: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: (____) _____ Fax: (____) _____ E-mail Address: _____

(PLEASE SUBMIT YOUR ABSTRACT AS A HARD COPY, THE CAREER TECHNICAL EDUCATION UNIT
RESERVES THE RIGHT TO REQUEST THIS SAME INFORMATION IN ELECTRONIC FORMAT)

(Summarize in approximately 250 words or less; limit one page.)

ANNUAL WORKPLAN
Performance/Funding Period: 07/1/12 – 06/30/13

RFA Specification No. and Title: _____

District: _____

College: _____

***OBJECTIVE No. ____:**

Activities	Performance Outcomes	Timelines	Responsible Persons

* Limit one (1) objective per page. List objectives according to numerical order, i.e., 1.0. Activities should have corresponding numbers (i.e., 1.1, 1.2, 1.3 . . .)

Instructions for Completing the Application Annual Workplan

The Annual Workplan serves as the statement of work for the proposed project. This form will be used to outline the project's objectives, activities, performance outcomes, projected timeline, and responsible persons. The Annual Workplan also serves as the major foundation for linking the various pieces of the application together. Thus, it is important that objectives of the work plan are clearly stated and each corresponding activity delineated along with appropriate timelines, performance outcomes, and responsible persons.

- Objectives
- Activities
- Performance Outcomes
- Timelines
- Responsible Persons

Objectives

The objectives should serve as the statement of purpose or intent of the project. Use the “Required Objectives” in the RFA Specification as a guide for writing objectives for the application. Proposed project objectives should be based on the scope of the proposed project while remaining consistent with the required objectives (purposes and intent) set forth in the RFA Specification.

Example: Eighty percent (80%) of the 35 faculty completing the Internet Professional Development workshop will incorporate into their classroom best practices learned as evidenced by revised curriculum outlines and team teaching strategies.

One objective should be listed, along with corresponding activities, performance outcomes, timelines, and responsible persons on one page. Label the objectives in sequential order: Objective #1.0 at the top of page one; Objective #2.0 at the top of page two, and so forth. One additional page can be used, if needed, for each objective. In addition, objectives should be stated in measurable terms.

Activities

Project activities are the scope of tasks that need to be completed in order to achieve the project objectives. Activities and tasks are the basic steps that need to be taken to operationalize the project and to achieve results. Activities should also be linked to performance outcomes. Major activities and tasks should be outlined in the activities section of the Annual Workplan for each objective.

List all major activity associated with each objective. Each objective should be numbered in sequential order as outlined above. Corresponding activities should use the same number as the objective. This means listing the activities in numerical order (e.g., 1.1, 1.2, 1.3 . . .).

Performance Outcomes

Outcomes should relate to the project objectives and activities. The application should identify the type of documentation to be used to show evidence of achievement. Each RFA Specification has an example of the types of deliverables that may be used for the purpose of documentation.

Timelines

This should provide a weekly or monthly calendar of projected completion dates for key activities.

Responsible Persons

Individuals responsible for completing key activities should be identified by name and position.

APPLICATION BUDGET SUMMARY

FISCAL YEAR 2012-13

RFA Specification No.: 012-

RFA Specification Title: _____

District: _____

College: _____

Telephone No.: _____

Fax. No.: _____

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

- Provide an Application Budget Detail Sheet for each funding source including matching sources, if required, either for cash or in-kind.

Object of Expenditure/Classification	Line	Source of Funds
1000 Instructional Salaries ¹	1	PERKINS IV Title I-B – State Leadership
2000 Non instructional Salaries ¹	2	
3000 Employee Benefits	3	
4000 Supplies and Materials	4	
5000 Other Operating Exp. & Svcs.	5	
6000 Capital Outlay	6	
7000 Other Outgo	7	
Total Direct Costs¹	8	
Total Indirect Costs²	9	
TOTAL COSTS	10	

¹ Administration is limited to 5% of the total direct costs.

² Not to exceed 4% of the total direct costs.

I authorize this 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 Director Signature: _____ **Date:** _____

**District Chief Business Officer/
Authorized Designee:** _____ **Date:** _____

Must be completed for each funding source

Chancellor's Office
California Community Colleges

RFA Specification No.: 012-_____
District: _____
College: _____

APPLICATION BUDGET DETAIL SHEET

Program Year: _____
Source of Funds: _____

Object of Expenditure	Classification	Amount
Total Direct Costs		
Total Indirect Costs (Not to Exceed 4% of Direct Costs)		
Total Costs		

FORMAT EXAMPLE ONLY

Chancellor's Office
California Community Colleges

RFA Specification No.: 012-_____

District: _____

College: _____

APPLICATION BUDGET DETAIL SHEET

Program Year: 2012-2013

Source of Funds: Fill In

Object of Expenditure ¹	Classification	Project Funds Requested	
1100	Instructional Salaries <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	Fill In	
1210	Supervisors' Salaries² <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
1230	Counselors' Salaries <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
1420	Project Director³ <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
2140	Classified Salaries, Noninstructional (Regular Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
2200	Instructional Aides' Salaries (Regular, Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
2340	Classified Salaries, Noninstructional (Non-Regular Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>		
2400	Instructional Aides' Salaries (Non-Regular, Full-time) <i>Name/Classification (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 Costs			
Total Indirect Costs (Not to exceed 4% of Direct Costs)			
Total Costs			

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.)—PERKINS IV 1 B funded projects only.

³This is the person who is directly involved in the day-to-day ongoing activities.

Crossover Chart

*Expenditure by Object Titles (EOT) **

Use This (PERKINS IV Reports EOT Number)	For This (Budget and Accounting Manual EOT Number)
1100 Instructional Salaries	1100 Academic Salaries, Instructional, Contract or Regular Status 1300 Academic Salaries, Instructional, Other
1210 Supervisor ¹	1200 Academic Salaries, Noninstructional, Contract or Regular Status <i>Subcategory Administrators and Supervisors: (Superintendents, Assistant Superintendents, Presidents, Vice Presidents, Deans)</i>
1220 Project Director ²	1200 Academic Salaries, Noninstructional, Contract or Regular Status <i>Subcategory Project Director</i>
1230 Counselor	1200 Academic Salaries, Noninstructional, Contract or Regular Status <i>Subcategory Vocational Counselors</i>
1240 Other	1200 Academic Salaries, Noninstructional, Contract or Regular Status <i>Subcategory Other: (Salaries other than Administrators/Supervisors, Project Directors, and Vocational Counselors in contract or regular noninstructional academic positions)</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 Salaries, Other
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 and Other Nonacademic Salaries, Noninstructional, Regular Status
2200 Instructional Aides' Salaries	2200 Classified and Other Nonacademic Salaries, Instructional Aids, Regular Status <i>Direct Instruction, Other</i>

* Please refer to the California Community Colleges Budget and Accounting Manual (Rev. July 2000). This manual is available on the Chancellor's Office Website (http://www.cccco.edu/divisions/cffp/fiscal/standards/budget_and_accounting_page.htm). All questions regarding the *Budget and Accounting Manual* should be referred to the California Community Colleges Fiscal Services Unit, (916) 445-1163.

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.

Crossover Chart (Continued)

Use This (PERKINS IV Reports EOT Number)	For This (Budget and Accounting Manual EOT Number)
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 and Other Nonacademic Salaries, Noninstructional, Other
2400 Other	2400 Classified and Other Nonacademic Salaries, Instructional Aids, Other <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 and/or a purchase price of under \$200 and are easily expendable) (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>Audit, Contract Services, Depreciation, Dues and Membership, Election, Insurance, Interest, Legal, Personal and Consultant Services, Postage, Rents and Leases, Repairs and Maintenance, 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.) with a purchase price of at least \$200 and a useful life of more than one year</i>
7000 Other Outgo	7000 Other Outgo <i>(7100-7900): Debt Retirement, Intrafund Transfers-Out, Interfund Transfers-Out, Other Transfers, Student Financial Aid, Other Student Aid, Reserve for Contingencies</i>

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Chancellor's Office determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principles:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610--

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about--

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employees assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, SW., (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610--

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, SW., (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

DISTRICT NAME	
PRINTED NAME OF DISTRICT CHIEF EXECUTIVE OFFICER	
SIGNATURE OF DISTRICT CHIEF EXECUTIVE OFFICER	DATE
As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications	