

Appendix B

Application Forms

Application Checklist for Regional Consortia Package

Contact Page

Annual Workplan

Application Budget Summary

Application Budget Detail Sheet

Application Budget Detail Sheet (*Format Example Only*)

Crossover Chart

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

APPLICATION CHECKLIST

REGIONAL CONSORTIA PACKAGE

NOTE: This checklist is a tool for allocation recipients to use when completing their RFA. **If the application contains the following information, in the following order, the packet will be complete.**

- ☐ **No Face Sheet** – The completed application will be submitted electronically; therefore, no face sheet will be required. If an application is funded, an appropriate face sheet with instructions will be sent out for completion.
- ☐ Cover Letter (**See Application Section G2 – CEO/Designee letter with signature**)
- ☐ Contact Page (**See Application Section G3 and Appendix B**)
- ☐ Application Abstract (**One-Page Limit – See Application Section G4**)
- ☐ Table of Contents (**See Application Section G5**)
- ☐ Need (**Five-Page Limit – See Application Section G6 and RFA Need**)
- ☐ Response to Need (**Ten-Page Limit – See Application Section G7 and RFA Response to Need**)
- ☐ Annual Workplan (**See Application Section G8, RFA Objectives and Appendix B**)
- ☐ Application Budget Summary (**See Application Section G9 and Appendix B CBO/Designee and Regional Consortia Chair/Responsible Administrator Signature**)
- ☐ Application Budget Detail Sheet (**See Application Section G9 and Appendix B**)
- ☐ Out-of-State Travel Form(s) (**See Application Section G9 and [CEP Travel Information Page](#)**)
- ☐ Project Management (**Seven-Page Limit – See Application Section G10 and RFA Project Management Plan**)
- ☐ Dissemination (**One-Page Limit – See Application Section G11**)
- ☐ Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (**See Application Section G13 and Appendix B, CEO/Designee with signature**)
- ☐ No supplemental material (**DO NOT include appendices or other supplemental information unless specifically requested in the Application.**)
- ☐ Applications must be submitted electronically to the Chancellor's Office by 5:00 p.m. on **Monday, March 18, 2013** to regionalconsortia@cccco.edu.

Application must be submitted in one e-mail ONLY and will only be accepted from the e-mail address above.

CONTACT PAGE

District/College: _____			
Address: _____			
City: _____	State: <u>CA</u>	Zip+4: _____	

District Superintendent/President <i>(or authorized Designee)</i>			
Name: _____		Title: _____	
Phone: _____		Date: _____	
Fax: _____	Email Address: _____		

Responsible Administrator <i>(Should not be the same as Project Director)</i>			
Name: _____		Title: _____	
Phone: _____		Date: _____	
Fax: _____	Email Address: _____		

Project Director <i>(Person responsible for conducting the daily operation of the grant)</i>			
Name: _____		Title: _____	
Phone: _____		Date: _____	
Fax: _____	Email Address: _____		

Business Officer <i>(or authorized Designee)</i>			
Name: _____		Title: _____	
Phone: _____		Date: _____	
Fax: _____	Email Address: _____		

Proposal Preparer			
Name: _____		Title: _____	
Phone: _____		Date: _____	
Fax: _____	Email Address: _____		

ANNUAL WORKPLAN

Objective Number*: _____

Activities	Timelines	Responsible Person(s)	Performance Outcomes	Metric(s) No.

* **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 . . .) (Rev. 1/28/13)
RFAAppChk1st-RegCons-AW (Rev. 1/28/13)

APPLICATION BUDGET SUMMARY

Note: When entering dollar amounts, round off to the nearest dollar.
Submit details explaining the expenditures by category on the Application Budget Detail Sheet.

Object of Expenditure	Classification	Line	Perkins IV, Title I-B Funding
1000	Instructional Salaries	1	
2000	Noninstructional Salaries	2	
3000	Employee Benefits	3	
4000	Supplies and Materials	4	
5000	Other Operating Expenses and Services	5	
6000	Capital Outlay	6	
7000	Other Outgo	7	
	Total Direct Costs	8	
	Total Indirect Costs¹	9	
	Total Costs	10	

¹ 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.

Regional Consortia Chair/Administrator Name/Title

Name: _____ Title: _____
Authorized Signature _____ Date: _____

District Chief Business Officer (or Authorized Designee)

Name: _____ Title: _____
Authorized Signature _____ Date: _____

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	Project Funds Requested
	Total Direct Costs	
	Total Indirect Costs <i>(Not to Exceed 4% of Direct Costs)</i>	
	Total Costs	

FORMAT EXAMPLE ONLY
DO NOT SUBMIT THIS FORM

Chancellor's Office
California Community Colleges

District: _____ CCD
College: _____

Grant Number:

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure ¹	Classification	Project Funds Requested	
1100	Instructional Salaries <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>	Fill In	
1210	Supervisors' Salaries <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 Director ² <i>Name/Classification</i> <i>(Days/hours) x (Daily/hourly rate) = \$</i>		
2140	Classified Salaries, Noninstructional (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, Noninstructional (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 charged</i>		
4000	Supplies and Materials <i>List type and costs</i>		
5000	Other Operating Expenses and Services <i>List type and costs</i> <i>(Days/hours) x (Daily/hourly rate) = \$</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		

¹ The following represent frequently-used account codes. Refer to Crossover Chart for further options.

² This is the person who is directly involved in the day-to-day ongoing activities.

CROSSOVER CHART

D O N O T S U B M I T T H I S F O R M

Expenditure by Object Titles (EOT)*

Use This (CTEA 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	1200 Academic Salaries, Noninstructional, Contract or Regular Status <i>Subcategory Administrators and Supervisors: (Superintendents, Assistant Superintendents, Presidents, Vice Presidents, Deans)</i>
1220 Project Director ¹	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 (Use same subcategory detail as object 1200) 1410 Supervisor 1420 Project Director 1430 Counselor 1440 Other	1400 Academic Salaries, NonInstructional Salaries, Other
2100 Classified Salaries, Noninstructional (Use same subcategory detail as object 1200) 2110 Supervisor 2120 Project Director ¹ 2130 Counselor 2140 Other	2100 Classified and Other Nonacademic Salaries, Noninstructional, Regular Status

* Please refer to the *California Community Colleges Budget and Accounting Manual* (Rev. July 9, 2012). This *manual* is available on the Chancellor's Office Website (<http://extranet.cccco.edu/Divisions/FinanceFacilities/FiscalStandards/BudgetandAccountingManual.aspx>) All questions regarding the *Budget and Accounting Manual* should be referred to the California Community Colleges Fiscal Services Unit, Michael Yarber, myarber@cccco.edu.

¹ This is the person who is directly involved with the day-to-day ongoing activities.

Crossover Chart (Continued)

Use This (CTEA Reports EOT Number)	For This (Budget and Accounting Manual EOT Number)
2200 Instructional Aides' Salaries	2200 Classified and Other Nonacademic Salaries, Instructional Aids, Regular Status <i>Direct Instruction, Other</i>
2300 Classified Salaries, Noninstructional (Use same subcategory detail as object 1200) 2310 Supervisor 2320 Project Director ¹ 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 6400 <i>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>

¹ This is the person who is directly involved with the day-to-day ongoing activities.

**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 intelligible, 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 employee 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