Appendix B

Application Forms

Application Checklist for Deputy Sector Navigator Package

Contact Page

Annual Workplan

Application Budget Summary

Application Budget Detail Sheet

Application Budget Detail Sheet–Match

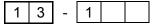Application Budget Detail Sheet *(Format Example Only)*

APPLICATION CHECKLIST

DEPUTY SECTOR NAVIGATOR 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 *(Seven-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 Project Monitor Signature)*

☐ Application Budget Detail Sheets *(See Application Section G9 and Appendix B)*

☐ Out-of-State Travel Form(s) *(See Application Section G9)*

☐ Project Management *(Five-Page Limit – See Application Section G10 and RFA Project Management Plan)*

☐ Dissemination *(One-Page Limit – See Application Section G11)*

☐ 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 **Friday, May 3, 2013** to deputynavigator@cccco.edu

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

Chancellor's Office
California Community Colleges

Grant Number: | 1 | 3 | - | 1 | | |

CONTACT PAGE

District/College: _____

Address: _____

City: _____ **State**: CA **Zip+4:** _____

District Superintendent/President *(or authorized Designee)*

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Responsible Administrator *(Should not be the same as Project Director)*

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Project Director *(Person responsible for conducting the daily operation of the grant)*

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Person Responsible for Data Entry

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Business Officer *(or authorized Designee)*

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Person Responsible for Budget Certification

Name: _____ **Title:** _____

Phone: _____ **Date:** _____

Fax: _____ **Email Address:** _____

Chancellor's Office
California Community Colleges

District: _____ **CCD**

College: _____

Grant Number: | 1 | 3 | - | 1 | | |

ANNUAL WORKPLAN

Objective Number*: _____

Activities	Timelines	Responsible Person(s)	Performance Outcomes	Deputy Sector Navigator	In-Region Investment	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 . . .)

District: _____ **CCD**

College: _____

Grant Number: | 1 | 3 | - | 1 | | |

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	Total Program Funds Requested	Match
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 Costs (4% of line 8)	9		0
	Total Costs	10		

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.

Deputy Sector Navigator/Administrator Name/Title

Name: _____ **Title:** _____

Authorized Signature _____ **Date:** _____

District Chief Business Officer (or Authorized Designee)

Name: _____ **Title:** _____

Authorized Signature _____ **Date:** _____

Chancellor's Office
California Community Colleges

District: _____ **CCD**

College: _____

Grant Number: [1] [3] - [1] [ ] [ ]

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	Funds Requested *Deputy Sector Navigator $200,000*	Funds Requested *In-Region Investments $100,00*
	Total Direct Costs		
	Total Indirect Costs *(Not to Exceed 4% of Direct Costs)*		
	Total Costs		

Chancellor's Office
California Community Colleges

District: _____ **CCD**

College: _____

Grant Number: | 1 | 3 | - | 1 | | |

APPLICATION BUDGET DETAIL SHEET
MATCH

Object of Expenditure	Classification	Match
	Total Direct Costs	
	Total Indirect Costs *(Not to Exceed 4% of Direct Costs)*	0
	Total Costs	

Chancellor's Office
California Community Colleges

District: _____ **CCD**

College: _____

Grant Number: ☐☐ ☐☐☐☐ ☐☐☐☐

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	Funds Requested *Deputy Sector Navigator $200,000*	Funds Requested *In-Region Investments $100,00*
1100	**Academic Salaries, Instructional, Contract or Regular Status** *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
1200	**Academic Salaries, Noninstructional, Contract or Regular Status** *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
1300	**Instructional Salaries Other** *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
1400	**Project Director**[1] *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
2100	**Classified Salaries, Noninstructional** *(Regular, Full-time)* *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
2200	**Instructional Aides, Regular Status** *(Regular, Full-time)* *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
2300	**Classified Salaries, Noninstructional** *(Non-Regular, Full-time)* *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
2400	**Instructional Aides' Salaries** *(Non-Regular, Full-time)* *Name/Classification* *(Days/hours) x (Daily/hourly rate) = $*		
3000	**Employee Benefits** *Name and rate charged (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/Alternative Retirement Systems, Other Benefits*		
4000	**Supplies and Materials** *List type and costs Instructional and Noninstructional Supplies and Materials (Supplies and materials are items that are expendable and quickly consumed or easily broken, damaged, or lost.) (i.e., software, book, magazines and periodicals, instructional supplies and materials, noninstructional supplies and materials)*		

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

5000	**Other Operating Expenses and Services** *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.* **Subcontractors** *Name (daily/hourly rate)* *Identify specific service to be rendered*		
6000	**Capital Outlay** *List type and costs* *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*		
7000	**Other Outgo** *(7100-7900): Debt Retirement, Intrafund Transfers-Out, Interfund Transfers-Out, Other Transfers, Student Financial Aid, Other Student Aid, Reserve for Contingencies*		
	Total Direct Costs		
	Total Indirect Costs (Not to Exceed 4% of Direct Costs)		
	Total Costs		

* 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.