

Appendix B

Application Forms

Application Checklist for Sector Navigator Package

Contact Page

Annual Workplan

Application Budget Summary

Application Budget Detail Sheet (*Economic and Workforce Development Program*)

Application Budget Detail Sheet–Match

Application Budget Detail Sheet (*Format Example Only*)

APPLICATION CHECKLIST

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 (**Twelve-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 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**)
- 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 sectornavigator@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: _____

Person Responsible for Data Entry	
Name: _____	Title: _____
Phone: _____	Date: _____
Fax: _____	Email Address: _____

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

Person Responsible for Budget Certification	
Name: _____	Title: _____
Phone: _____	Date: _____
Fax: _____	Email Address: _____

ANNUAL WORKPLAN

Objective Number*: _____

Activities	Timelines	Responsible Person(s)	Performance Outcomes	Sector Navigator	HUB	Advisory/Communities	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 . . .)*

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		
	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.

Sector Navigator/Administrator Name/Title

Name: _____ Title: _____

Authorized Signature _____ Date: _____

District Chief Business Officer (or Authorized Designee)

Name: _____ Title: _____

Authorized Signature _____ Date: _____

**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	Classification	Funds Requested	Funds Requested	Funds Requested
		Statewide Sector Center \$172,500	HUBS \$50,000	Advisory/Community \$150,000
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 Director¹ 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.

APPLICATION BUDGET DETAIL SHEET— FORMAT EXAMPLE ONLY (Continued)

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> Subcontractors <i>Name (daily/hourly rate)</i> <i>Identify specific service to be rendered</i>			
6000	Capital Outlay <i>List type and costs</i> <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 <i>(7100-7900): Debt Retirement, Intrafund Transfers-Out, Interfund Transfers-Out, Other Transfers, Student Financial Aid, Other Student Aid, Reserve for Contingencies</i>			
	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.