

# **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						
<b>Total Direct Costs</b>							
<b>Total Indirect Costs (5%)</b>							
<b>Total Program Costs</b>							

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**

<b>Object of Expenditure</b>	<b>Classification</b>	<b>Requested Funds</b>
1100	<b>Instructional Salaries</b> <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
1210	<b>Supervisors' Salaries</b> <sup>2</sup> <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
1230	<b>Counselors' Salaries</b> <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
1420	<b>Project Lead</b> <sup>3</sup> <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
2140	<b>Classified Salaries, Non-instructional</b> (Regular Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
2200	<b>Instructional Aides' Salaries</b> (Regular, Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
2340	<b>Classified Salaries, Non-instructional</b> (Non-Regular Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
2400	<b>Instructional Aides' Salaries</b> (Non-Regular, Full-time) <i>Name/Classification (Days/hours) x (Daily/hourly rate) = \$</i>	
3000	<b>Employee Benefits</b> <i>Name and rate change</i>	
4000	<b>Supplies and Materials</b> <i>List type and costs</i>	
5000	<b>Other Operating Expenses and Services</b> <i>List type and costs, including travel and per diem</i> <b>Subcontractors</b> <i>Name (daily/hourly rate)</i> <i>Identify specific service to be rendered</i>	
6000	<b>Capital Outlay</b> <i>List type and costs</i> <b>Equipment</b>	
7000	<b>Other Outgo</b> <i>List type and costs</i> <b>Student financial aid</b> <b>Other payments to/for students</b>	
	<b>Total Direct Cost</b>	
	<b>Total Indirect Cost (5%)</b>	
	<b>Total Program Cost</b>	

<sup>1</sup>The following represent frequently-used account codes. Refer to Crossover chart for further options.

<sup>2</sup>Not to exceed 5% for Supervision/Administration (not directly involved in the day-to-day ongoing activities.)

<sup>3</sup>This is the person who is directly involved in the day-to-day ongoing activities.

# **APPLICATION BUDGET DETAIL SHEET**

Object of Expenditure	Classification	Requested Funds	Other Sources
	<b>Total Direct Cost</b>		
	<b>Total Indirect Cost (5%)</b>		
	<b>Total Program Cost</b>		

# Crossover Chart

Expenditure by Object Titles (EOT)\*

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

<b>Use This</b> (CCCO Reports EOT Number)		<b>For This</b> (Budget and Accounting Manual EOT Number)	
2100	<p>Classified Salaries, Noninstructional <i>(Use same subcategory detail as object 1200)</i></p> <p>2110: Supervisor<sup>1</sup>, 2120: Project Director<sup>2</sup>, 2130: Counselor, 2140: Other</p>	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	<p>Classified Salaries, Noninstructional <i>(Use same subcategory detail as object 1200)</i></p> <p>2310: Supervisor<sup>1</sup>, 2320: Project Director<sup>2</sup>, 2330: Counselor, 2340: Other</p>	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	<i>Supplies and Materials <i>Instructional and Noninstructional Supplies and Materials</i> (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	<i>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></i>
6000	Capital Outlay	6000	<i>Capital Outlay <i>6400 Equipment</i> (i.e., desk, chairs, vehicles, etc.)</i>
7000	Other Outgo	7000	<i>Other Outgo <i>(7100-7900): Debt Retirement, Interfund Transfers-Out, Other Transfers, Student Financial Aid, Other Payments to/for Student, Reserve for Contingencies</i></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 ongoingactivities.

# **Appendix B**

Grant Application Signature Page



California Community Colleges

Equal Employment Opportunities  
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.

<b>Project Title and College Name</b>
-------------------------------------------

<b>Principle Investigator (Project Lead)</b>	
First and Last Name	
Title	
Signature	
Date	

<b>Authorized Equal Employment Opportunities Officer</b>	
First and Last Name	
Title	
Signature	
Date	

*\*The Authorized signing official for this RFA process is the Vice Chancellor of Human Resources.*

<b>Executive/Administration Level Sponsor*</b>	
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.*

<b>Authorized Signing Official*</b>	
First and Last Name	
Title	
Signature	
Date	

*\*The Authorized signing official for this RFA process is the Chancellor.*