



New York State EDUCATION DEPARTMENT

Knowledge > Skill > Opportunity

Legend:
21st CCLC
ESD/SVP

Budget Townhall

BUDGET SUMMARY

FUNCTIONAL	LINE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	45	
Purchased Services	40	
Travel Expenses	45	
Printing and Materials	45	
Travel Expenses	45	
Commodities	45	
Professional Salaries	45	
Indirect Cost	45	
ESD/SVP Services	45	
Minor Reimbursing	50	
Equipment	50	
Grand Total	\$0	

Agency Code: _____
Project #: _____
Contract #: _____
Agency Name: _____

FOR DEPARTMENT LINE ONLY

Funding Dates: _____
Program Approval: _____
Task Line: _____
Task Element: _____

Signature: _____
Date: _____

Name and Title of Chief Administrative Officer: _____

EXTENDED SCHOOL DAY SCHOOL VIOLENCE PREVENTION ESD/SVP COMPOSITE BUDGET
Attachment 3

Agency Code	Project #	Contract #	Agency Name	Task Line	Task Element	Line #	Line Description	Amount	Percentage of Budget
15						1	Professional Salaries	15	
45						2	Support Staff Salaries	45	
40						3	Purchased Services	40	
45						4	Travel Expenses	45	
45						5	Printing and Materials	45	
45						6	Travel Expenses	45	
45						7	Commodities	45	
45						8	Professional Salaries	45	
45						9	Indirect Cost	45	
45						10	ESD/SVP Services	45	
50						11	Minor Reimbursing	50	
50						12	Equipment	50	

MWBE Goal Calculation Worksheet
(This form should reflect current budget totals)

KEY: 1 = Total; 2 = Professional Salaries; 3 = Support Staff Salaries; 4 = Fringe Benefits; 5 = Portion of Purchased Services - CDD and Non-Profit Partnerships; 6 = Indirect Costs; 7 = Rent/Lease/Utilities; 8 = Sum of lines 2, 3, 4, 5, 6, and 7; 9 = Line 1 minus Line 8; 10 = MWBE Goal percentage; 11 = Line 9 multiplied by Line 10 = MWBE goal amount.

Budget Category	Amount budgeted for items excluded from MWBE calculation	Totals
1. Total Budget		
2. Professional Salaries		
3. Support Staff Salaries		
4. Fringe Benefits		
5. Portion of Purchased Services - CDD and Non-Profit Partnerships (from CDD and Non-Profit Partnership Table)		
6. Indirect Costs		
7. Rent/Lease/Utilities		
8. Sum of lines 2, 3, 4, 5, 6, and 7		0.30
9. Line 1 minus Line 8		
10. MWBE Goal percentage		
11. Line 9 multiplied by Line 10 = MWBE goal amount		

PROFESSOR AMENDMENT FOR A FUNDING PROJECT
FD-10-1-00-01

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
The Education Law Center

Agency Name and Address: _____
Agency Code: _____
Project #: _____
Contract #: _____
Task Line: _____
Task Element: _____

INSTRUCTIONS

- Submit the original and two copies (copy to the state Non-Education Department after when budget was audited) to the State Education Department.
- Statewide budget amendments only.
- Statewide budget amendments must be submitted by the deadline date (12:00 PM on the date and time specified).
- Amendments must include:
 - Professional Salaries
 - Support Staff Salaries
 - Fringe Benefits
 - Portion of Purchased Services - CDD and Non-Profit Partnerships
 - Indirect Costs
 - Rent/Lease/Utilities
- Amendment to any of the above must be accompanied by:
 - A letter explaining the change.
 - A letter explaining the change to the budget.
 - A letter explaining the change to the budget.
 - A letter explaining the change to the budget.

By signing this form, I certify that the budget amendment is accurate and complete, and that the budget amendment is in compliance with the Education Law Center's policies and procedures. I understand that the State Education Department will not be responsible for any errors or omissions in the budget amendment.

Signature: _____
Date: _____

21st CCLC BUDGET NARRATIVE

PROGRAM INFORMATION

PROJECT # _____
PROGRAM NAME _____
DATE _____
BUDGET AMOUNT _____

KEY PERSONNEL

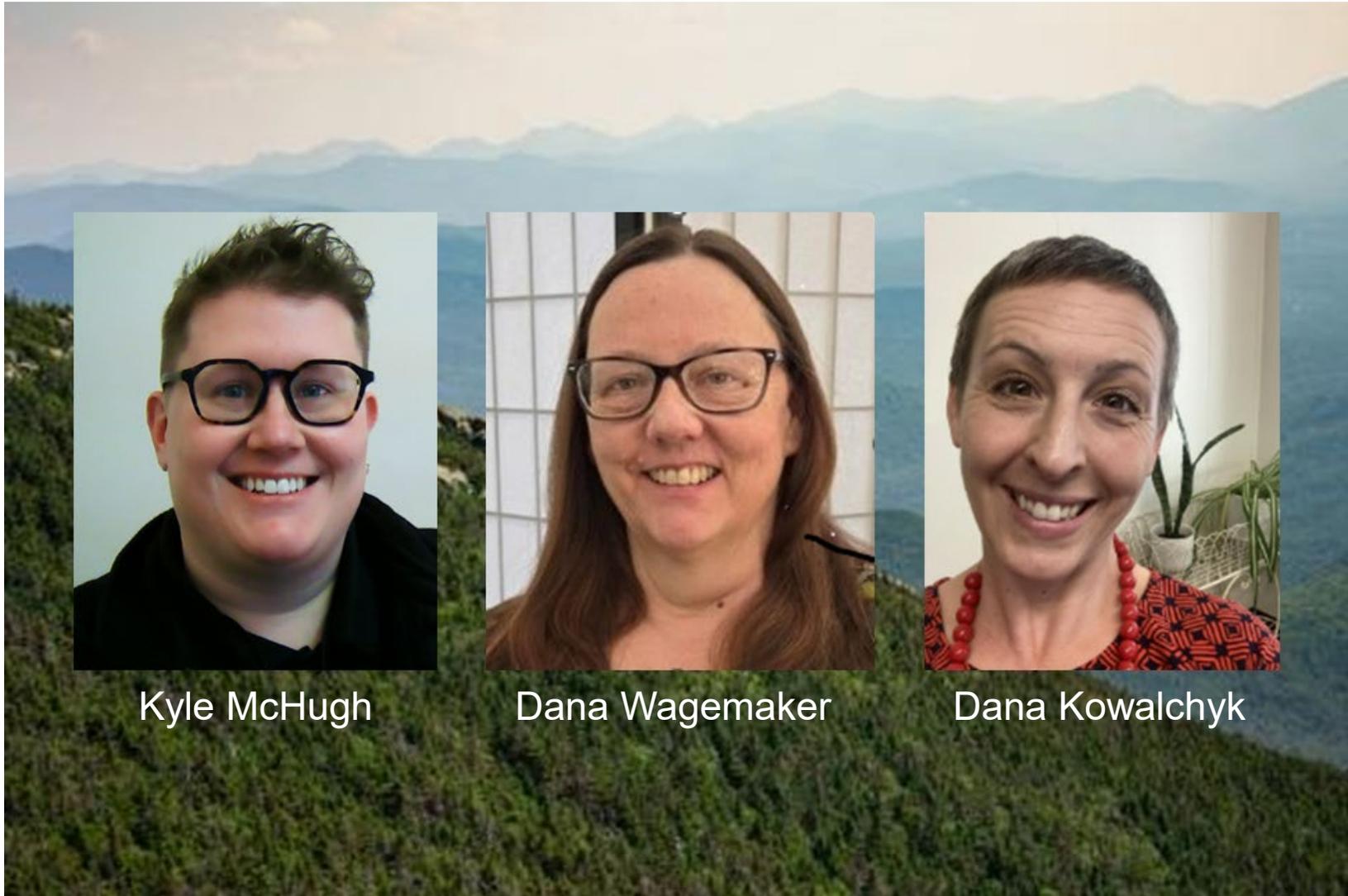
TARGET NUMBER OF STUDENTS	NAME	POSITION	PROF. SALARIES	ESD/SVP BUDGET CATEGORY	Pay and Salary
		Program Director			
		Fiscal Manager			
		Site Coordinator(s)			
		Educational Liaison			
		Independent Evaluator			
		Data Manager			

BUDGET CATEGORY DESCRIPTION OF NEED

Code 15 Professional Salaries
Code 40 Support Staff Salaries
Code 45 Purchased Services



Student Support Services Budget Processing Staff



Kyle McHugh

Dana Wagemaker

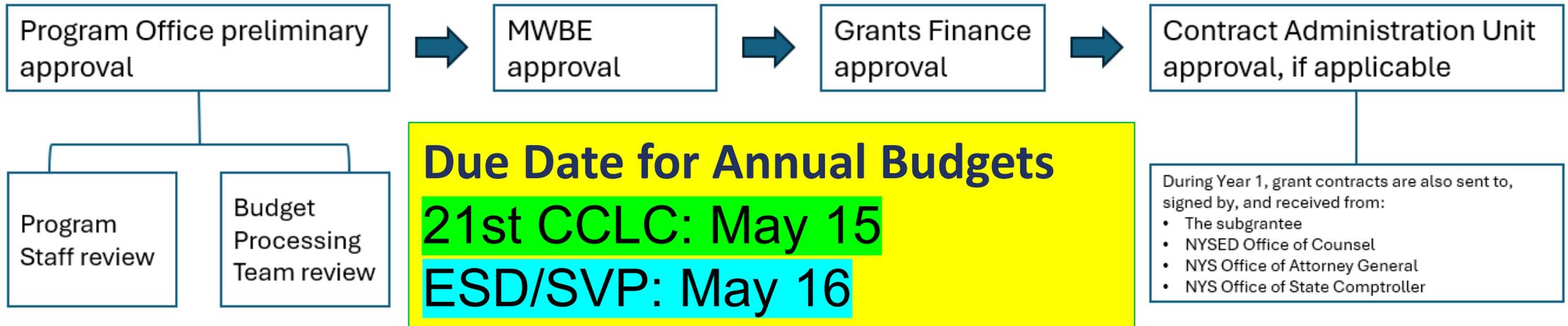
Dana Kowalchyk

Agenda

- Review Process & Form Overview
- NYSED Websites
- Budget Amendment (FS-10A) Refresher
- Allowable and Unallowable Costs
- Budget Packet (FS-10, Budget Narrative, Composite Budget and MWBE)
- Submitting documents in Survey Monkey Apply
- FS-25 and FS-10F

Review Process and Form Overview

NYSED Flow Chart



Budget Forms

FS-10: Budget	FS-10A: Budget Amendment	FS-25: Request for Funds	FS-10F: Final Expenditure Report	FS-87-R: Request to Increase Indirect Cost Rate
Due in May to the Program Office.	Due in April to the Program Office.	Due as needed throughout the grant year to Grants Finance.	Due at the end of the program year to Grants Finance.	If subgrantees wish to use this form, it is due January to Grants Finance.
Subgrantee submits: <ul style="list-style-type: none"> • FS-10 • MWBE Documents • Composite Budget • Budget Narrative 	Subgrantee submits: <ul style="list-style-type: none"> • FS-10A • MWBE Documents • Composite Budget • Budget Narrative • FS-87 R, if applicable 	This form is used to request funds from an approved grant, and subgrantees should only request as much cash as is necessary to meet the immediate needs of the grant.	This form is subject to both Program Office and Grants Finance approval.	Upon approval subgrantees must complete an FS-10A Budget Amendment.



NYSED Websites

Legend:
21st CCLC
ESD/SVP

Student Support Services	
Expanded Learning Opportunities	▼
21st Century Community Learning Centers	
ARP ESSER/SCTAS	
Extended Learning Time	
Extended School Day/School Violence Prevention (ESD/SVP)	
Summer School	
School Climate & Safety	▶
School Health Services	▶
Student-Centered Services	▶
School Counseling	
SSS Newsletter	
Contact Us	

<https://www.nysed.gov/student-support-services/extended-school-day-school-violence-prevention-esdsvp>

<https://www.nysed.gov/student-support-services/21stcclc-fiscal>

<https://www.oms.nysed.gov/cafe/forms/>



ESD/SVP Website

Extended School Day / School Violence Prevention (ESD/SVP)

This state-funded program supports collaborative projects that address the problem of school violence through extended school day programs and/or other school violence prevention strategies/resources. These collaborative projects can be initiated either by a school district or by community-based organizations. A comprehensive approach is encouraged which focuses on creating and maintaining a school culture of support, safety and security. Priority is given to high needs school districts since they often have poor school performance and a high frequency of violent incidents.

[Article 55 - SAVE Legislation § 2814 Omnibus school violence prevention grant program](#)

Useful Links

- [RFP #GC21-002: 2021-2026 Extended School Day/School Violence Prevention](#)
- [Important Due Dates \(Year 4 2024-25\)](#)
- [Field Trip Request](#)
- Town Hall: Tuesday, January 07th, 11:00 AM-12:00 PM
 - [Town Hall Registration Link](#)
 - [Town Hall Recording](#)
 - [November 21st Town Hall: "Housekeeping" PowerPoint Presentation](#)
 - [November 21st Town Hall: "Housekeeping" Q and A Document](#)

Document Submission Links for ESD/SVP

Budgets

Document Submission Links for ESD/SVP

Budgets

- [Year 4 FS-10 Budgets](#)
- [Year 5 FS-10 Budgets](#) (Portal opens 4/2025)

Amendments

- [Year 3 FS-10A \(and/or Program Modification\)](#)
- [Year 4 FS-10A \(and/or Program Modification\)](#)

Mid-Year Reports

- [Year 1 Mid-Year Report \(2021-22\)](#)
- [Year 2 Mid-Year Report \(2022-23\)](#)
- [Year 3 Mid-Year Report \(2023-24\)](#)
- Year 4 Mid-Year Report (2024-25) (Coming soon)
 - [Year 4 Mid Year Report \(2024-25\) Template](#)

Final Reports

- [Year 1 Final Report](#)
- [Year 2 Final Report](#)
- [Year 3 Final Report](#)
- [Year 4 Final Report](#)

Survey
Monkey
Apply
links

Resources

Budgets

- For the FS-10 (Budgets), FS-10-A (Budget Amendments), FS-25 (Request for Funds) and FS-10-F (Final Expenditure Reports), please visit the [Forms section on the Grants Finance's website](#).
- [Composite Budget](#)
- [MWBE Packet](#)
- [Budget Narrative](#)

NYSED

- [School Climate & Safety](#)
- [The Dignity for All Students Act](#)

Document Submission Links for ESD/SVP

Budgets

ESD/SVP Website

NYSED

- [School Climate & Safety](#)
- [The Dignity for All Students Act](#)
- [NYS Center for School Safety](#)
- [Social Emotional Learning](#)
- [Grants Finance Forms](#)
- [Grants Finance Guidance and Information](#)

USDOE

- [National Center on Safe Supportive Learning Environments](#)

Additional Links

- [Afterschool Pathfinder](#) is a career-building website for New Yorkers who work with and inspire youth.

Grant Recipients

- [Round 4 \(2021-26\) ESD/SVP Grant Recipients](#)
 - [Target Enrollment Numbers](#)
- [Round 3 \(2016-21\) ESD/SVP Grant Recipients](#)
- [Round 2 \(2011-16\) ESD/SVP Grant Recipients](#)
- [Round 1 \(2010-11\) ESD/SVP Grant Recipients](#)



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF STUDENT SUPPORT SERVICES
 89 Washington Avenue, Room 318-M EB
 Phone: (518) 486-6090; Fax: (518) 474-8299
 E-mail: StudentSupportServices@nysed.gov; Web: www.p12.nysed.gov/sss

Extended School Day/School Violence Prevention (ESD/SVP) Round 4 Awards Target Enrollment Numbers (as of 11/8/2024)

Unique Project Number	Lead Agency	Annual Funding Amount	ESD Students to be Served	SVP Students to be Served	Total Students to be Served
4001	Ausable Valley Central School District-SVP Program Only	\$312,064		1113	1113
4002	Batavia City School District: John Kennedy, Batavia Middle and Batavia	\$350,000	230	1942	2172
4003	Boquet Valley Central School District	\$320,000	200		200
4004	Brentwood Union Free School District - Elementary	\$124,345	80		80
4005	City School District of Albany	\$348,800	218		218
4006	Dundee Central School District - Dundee Site	\$350,000	275		275
4007	Dundee Central School District - Penn Yan Site	\$350,000	400		400
4008	Elmira CSD APEX Consortium	\$350,000	220		220
4009	Fulton City School District	\$294,440	500		500
4011	Lyons Central School District ESD Application	\$350,000	220		220
4012	Monticello CSD - Robert Kaiser MS and Monticello HS	\$340,000		1575	1575
4013	Newark Central School District	\$350,000	220		220
4014	Niagara Falls ESD	\$350,000	219		219

21st CCLC Website

21stCCLC Fiscal

Amendments: All Program Modifications and Budget Amendments must now be submitted through the [Survey Monkey Apply \(SMA\) Portal](#)

- [Budget Amendment Fact Sheet](#) (Updated March 2025)
- [Program Modifications and Budget Amendments Submissions on SMA Technical Sheet](#) (New July 2023)
- [Program Modification Fact Sheet](#) (Updated March 2025)
- [Program Modification Request Form](#) (Updated July 2023)

[Budget Narrative](#) (Updated March 2025)

[Composite Budget](#) (updated February 2025)

Conference Materials

- [2024 Fall: Audits & Fiscal Responsibility Presentation](#)
- [2024 Fall Handout](#)
- [2024 Spring: Fiscal Presentation](#)
- [2023 Fall: Budget Amendments and more!](#)
- [2023 Spring Handout: What, Which, When, Where](#)
- [2023 Spring: Budget Q & A](#)
- [2023 Spring: Indirect Cost Calculation Tip Sheet](#)

[Financial Management and Allowability Fact Sheet](#) (i.e. Allowable and Unallowable Costs) *Note: NYSED created a reminder of requirements under the current RFP and updated Education Department General Administrative Regulations.*

[Fiscal Flowchart](#) (updated September 2024) *Note: This chart will help subgrantees understand how 21st CCLC funds are processed through NYSED.*

[Fiscal Policies and Procedures Template](#) (October 2022)

[Fiscal Webinar Q & A](#) (September 2022)

MWBE

- [MWBE Documents](#) (updated July 2022)
- [MWBE Compliance Checklist](#) (updated July 2022)
- [MWBE Compliance Report for Grants \(M/WBE 104G\)](#) *Note: Due July 31st annually*

For other fiscal documents, such as the FS-10 (Budgets), FS-10-A (Budget Amendments), FS-25 (Request for Funds) and FS-10-F (Final Expenditure Reports), please visit the [Forms section on the Grants Finance's website](#).

Expanded Learning Opportunities

▶ 21st Century Community Learning Centers

Archive

Award Recipients

▶ Fiscal

Laws, Regulations, and Guidance

Pre-screened External Organizations

Program Evaluation

Program Modifications

Program Resources

Project Management

Site Monitoring Visits

Technical Assistance Resource Centers

Templates

21st CCLC Website

- Student Support Services
- Expanded Learning Opportunities
 - ▶ 21st Century Community Learning Centers
- Archive
- ▶ Award Recipients
- Fiscal
- Laws, Regulations, and Guidance
- Pre-screened External Organizations
- Program Evaluation
- Program Modifications
- Program Resources
- Project Management
- Site Monitoring Visits
- Technical Assistance Resource Centers
- Templates

21stCCLC Award Recipients

Current Recipients

- [Round 8 - 21st Century Community Learning Center Grant Awards \(PDF\)](#) (updated 7/14/23)
 - [Round 8 - 21st CCLC Grant Awards \(Excel\)](#) (updated 7/14/23)
- [Round 8 - 21st CCLC Participant Target Enrollment 2024-25](#) (updated 7/9/24)
 - [Target Enrollment for 2023-24 Budget Reductions](#) (updated 4/8/24)

Past Recipients

- [Round 1 - 21st Century Community Learning Center Grant Awards](#)
- [Round 2 - 21st Century Community Learning Center Grant Awards](#)
- [Round 3 - 21st Century Community Learning Center Grant Awards](#)
- [Round 4 - 21st Century Community Learning Center Grant Awards](#)
- [Round 5 - 21st Century Community Learning Center Grant Awards](#)
- [Round 5B - 21st Century Community Learning Center Grant Awards](#)
- [Round 6 - 21st Century Free Community Learning Center Grant Awards](#)
- [Round 7 - 21st Century Community Learning Center Grant Awards](#)
 - [Round 7- NYS 21st CCLC Final Participant Target Enrollment](#) (as of 2/11/24)



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
 OFFICE OF STUDENT SUPPORT SERVICES
 89 Washington Avenue, Room 318-M EB
 Phone: (518) 486-6090; Fax: (518) 474-8299
 E-mail: StudentSupportServices@nysed.gov; Web: www.p12.nysed.gov/sss

21st Century Community Learning Centers- Round 8/8A
 Awards Target Enrollment Numbers (as of 07/9/2024)

Unique Project Number	Region	Lead Agency * indicates For-Profit	Annual Funding Amount	Total Students to be Served
8001	ROS	Andover Central School	\$262,500	125
8002	ROS	Ausable Valley Central School District	\$1,200,000	650
8003	ROS	Bridgehampton Union Free School District	\$438,900	209
8004	ROS	Charlotte Valley Central School	\$777,000	370
8005	ROS	City School District of Albany	\$1,200,000	600
8006	ROS	Elmira City School District	\$1,200,000	572
8007	ROS	Fallsburg Central School District	\$945,000	450
8008	ROS	Freeport Union Free School District	\$1,200,000	600
8009	ROS	Geneva City School District	\$1,094,381	707
8010	ROS	Green Island Union Free School District	\$378,000	180
8011	ROS	Groton Central School District	\$484,011	300
8012	ROS	Hempstead Union Free School District	\$1,200,000	575
8013	ROS	Ithaca City School District	\$416,971	250
8014	ROS	Jamestown City School District	\$475,000	250
8015	ROS	Lackawanna City School District	\$692,926	330
8016	ROS	Lansingburgh Central School District	\$400,000	200
8017	ROS	Little Flower Union Free School District	\$230,984	110
8018	ROS	Lyons Central School	\$556,500	265
8019	ROS	Morris Central School	\$735,000	350
8020	ROS	Newark Central School District	\$1,068,093	509
8021	ROS	Newburgh Enlarged City School District	\$1,189,052	750
8022	ROS	Niagara Falls City School District	\$826,702	400
8023	ROS	North Syracuse Central School District	\$942,078	567
8024	NYC	NYC DOE 01	\$1,200,000	575
8025	NYC	NYC DOE 02	\$1,200,000	575
8026	NYC	NYC DOE 03	\$949,200	452

Grants Finance Website

Grants Finance

[Reports](#) | [Forms](#) | [Guidance and Information](#) | [Contact Grants Finance](#) | [Report Waste, Fraud and Abuse](#) | [SED Employees Only](#)

[NYS.ED / Grants Finance / Forms](#)

Forms

Budgets

FS-10 in [Excel](#) (124 KB) - *recommended; please enable macros*

FS-10 in [Word](#) (90 KB) | **FS-10**

Budget Amendments

Certain types of changes to a project require the grantee to request prior approval from the Department. Use the FS-10-A form to request a budget amendment from the office responsible for the grant.

FS-10-A in [Excel](#) (41 KB) - *recommended; please enable macros*

FS-10-A in [Word](#) (47 KB) | **FS-10-A**

Requests for Funds

Use an FS-25 to request funds from an approved grant. The amount of funds requested at any one time may only include actual expenditures to date plus, where allowed, anticipated expenditures for the next month.

FS-25 in [Excel](#) (49 KB) - *recommended; please enable macros*

FS-25 in [Word](#) (43 KB) | **FS-25** in [.pdf](#) (147 KB)

Final Expenditure Reports

FS-10-F Long Form in [Excel](#) (128 KB) - *recommended; please enable macros*

FS-10-F Long Form in [Word](#) (120 KB) | **FS-10-F Long Form** in [.pdf](#) (79 KB)



New York State
EDUCATION DEPARTMENT

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Budget Amendment Refresher



I'm so refreshed!

Ugh, now they're doing jokes?





FS-10A: Budget Amendment

Need only be submitted for budget changes that require prior approval as follows:

- Any increase/decrease in the total budget amount (i.e. partial-to-full award, fixing an indirect cost error, budget reduction)
- Personnel positions, number and type
- Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by **more than 10 percent or \$1,000, whichever is greater**
- Equipment items having a unit value of \$5,000 or more, number and type
- Minor remodeling

Due dates

21st CCLC: April 15th

ESD/SVP: April 18th

FS-10A: Budget Amendment

Documents needed to complete a Budget Amendment:

Composite Budget

MWBE docs

FS-10A

Budget Narrative

FS-10-A

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

PROPOSED AMENDMENT FOR A
FEDERAL OR STATE PROJECT
FS-10-A (8/14)

= Required Field

Agency Name: _____ County: _____
Mailing Address: _____

Agency Code: _____ Amendment #: _____
Project Number: _____
Contract #: _____
Contact Person: _____ Tel: _____
E-mail Address: _____

INSTRUCTIONS

- Submit the original and two copies (total of three) to the same State Education Department office where budget was made. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget journal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount
- Amendment #4 (top of this page) must be completed.
- If additional forms are needed for explanations, explain the reasons using the instructions on the list.
- Do not use the FS-10-A for requesting a project extension.

CHIEF ADMINISTRATOR'S CERTIFICATION

In signing this report (part) to the best of my knowledge and belief the report is true, complete, accurate, and the expenditures, obligations, and cash receipts are for the purposes and for each of the items in the items & amounts of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject me to civil, criminal or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1011 and Title 31, Section 2253-2256 and 2001-2012)

Date: _____ Signature: _____

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____
Function: _____

1 of 2 9/5/2014 10:20 AM

SUBTOTAL	EXPLANATION (Provide some detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
10 - Professional Salaries			
11 - Support Staff Salaries			
12 - Purchased Services			
13 - Supplies & Materials			
14 - Travel Expenses			
15 - Employee Benefits			
16 - Indirect Cost			
17 - Books Services			
18 - Other Purchasing			
19 - Equipment			
Total Increase or Decrease:		(+) \$	(-) \$
Net Increase or Decrease:		\$	\$
Previous Budget Total:		\$	\$
Proposed Amended Total:		\$	\$

ENTER BUDGET +

FS-10A: Budget Amendment

Include more detail on the narrative than what's on the FS-10A.
 Subtotal columns can only have one amount in them.

FS-10A

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services	Add Art Studio 50 students x \$40 = \$2,000 Increase YMCA 9,500 Decrease Kids Space 2,250	\$9,250	

Budget Narrative

EXPLANATION (Provide same detail as required in FS-10 Budget)
Increase funds in Code 40 to add new vendor, Art Studio, to provide additional pottery programming due to student interest. Increase funds to YMCA to provide additional teacher 2 days a week. Decrease contract with Kids Space as they are providing 2 sports workshops instead of 3.



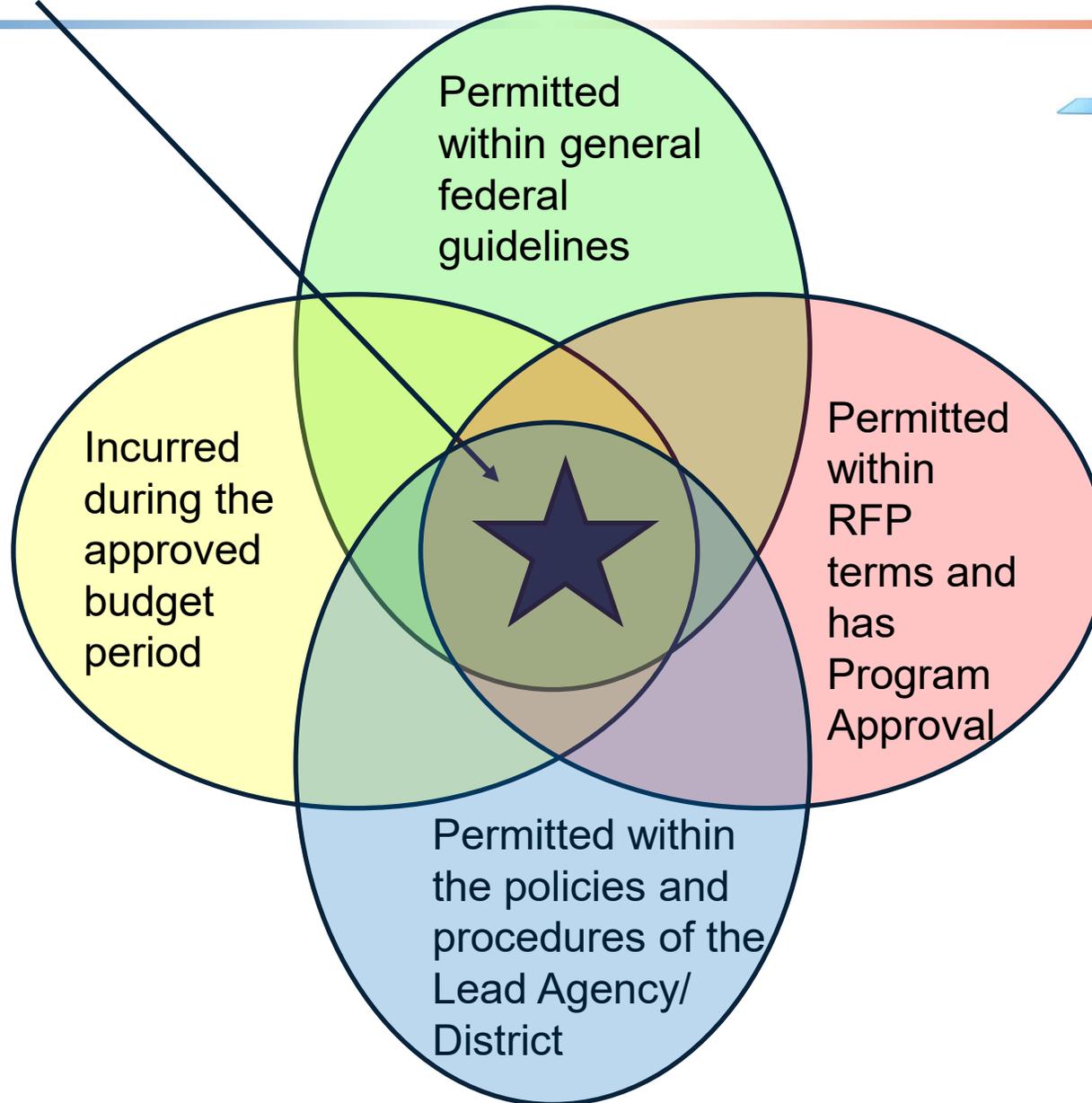
Allowable Costs

Purchased items must be reasonable and necessary, and aligned with program goals and objectives. Allowable costs include, but are not limited to:

- Program supplies and materials
- Programming staff salary and benefits such as teachers and tutors
- Transportation costs for staff, students
- Program evaluation
- Field trips related to program goals (Field Trip Proposal Request must be completed for approval)
- T-shirts for safety purposes (i.e. to quickly identify participants while on a field trip)
- Rent and utilities (proportional)
- Limited food items may be purchased for special program activities such as cooking classes and field trips. (Program-related or while in travel status)

Allowable Costs

When determining allowability, costs must follow the stricter requirement.



Is a helicopter allowable for student transportation to the program?



Unallowable Costs

- Daily nutritional services and snacks
- Food or refreshments for staff meetings
- Rewards and incentives for participants, parents, and staff
 - Includes, but is not limited to, T-shirts, tickets to movies or shows, gift certificates, trophies, ribbons, medals, food items, field trips offered only to students achieving at a particular level (perfect attendance or high honors trips), any gifts intended to increase participation in the program
- Student participant stipends
- Staff/participant t-shirts or uniforms (except for safety)
- Major remodeling
- Purchasing a vehicle
- Costs of Entertainment
- (ESD/SVP specific) Purchasing, maintaining, or modifying facial recognition software, devices, etc.



New York State
EDUCATION DEPARTMENT
Knowledge > Skill > Opportunity

Hi,
I'm
Ann
Ual.

Annual Budgets



Hi,
I'm
Bud
Gets.

There's no way those are your real names.



FS-10 Tips to Expedite Budget Approvals

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A
FEDERAL OR STATE PROJECT
FS-10 (03/15)

= Required Field

Local Agency Information

Funding Source:

Report Prepared By:

Agency Name:

Mailing Address:

Street

City

State

Zip Code

Telephone # of
Report Preparer:

County:

E-mail Address:

Project Funding Dates:

7/1/2025

Start

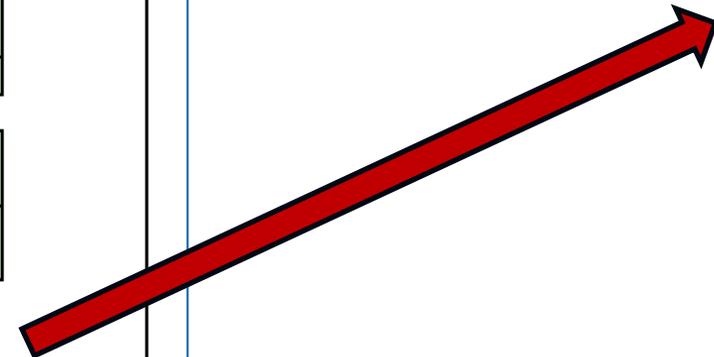
6/30/2026

End

Project number

ESD/SVP: 0640-26-4***

21st CCLC: 0187-26-8***





FS-10: Categories





FS-10: Tips to Expedite Budget Approvals

Excel is easier and faster for us to process!

Send editable, unlocked files – this makes for less back and forth and speeds approval



Do not send the budget summary page until NYSED requests it.

BUDGET SUMMARY		
SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$0

Agency Code:

 Project #:

 Contract #:

 Agency Name:

FOR DEPARTMENT USE ONLY

Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

Fiscal Year	First Payment	Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHIEF ADMINISTRATOR'S CERTIFICATION
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

_____/_____/_____
Date

Signature

Name and Title of Chief Administrative Officer

FS-10: Descriptions & Calculations

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$89,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Program Director- (direct program cost)	0.5	\$60,000	\$30,000
Director of Curriculum (administrative Cost)	0.0429	\$116,000	\$5,000
Program Staff- 3 blue room, 3 red room	6 staff x \$25 x 12 hours x 30 weeks	6 part-time	\$9,000
			\$54,000

Make calculations as exact as possible.
Add decimals!

The description in column 1 should complement the Budget Narrative's detailed description.

FS-10: Descriptions & Calculations

	A	B	C	D
1	SALARIES FOR PROFESSIONAL STAFF			
2	Subtotal - Code 15			
3	Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
4	Executive Director	0.05	\$120,000	=B4*C4
5	Program Director	1.00	\$50,000	
6	Site Coordinators (2)	1.00	\$40,000	
7	Education Liaison	1.00	\$21,000	
8	Teachers/Instructors (15)	2 hrs x 4 days x 28 weeks	\$35/hour	

Let the excel work for you!

FS-10: Descriptions & Calculations

PURCHASED SERVICES				
			Subtotal - Code 40	\$74,300
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure	
Required External Program Evaluation (MWBE)	LBP-Consulting Services	3% \$312,064 estimated	\$9,300	
Afterschool SEL programming	Good Karma Yoga Studio,	\$200 x 40 sessions	\$8,000	
Crisis Intervention and Behavioral Programming	ABC Co.	50,000 per annual contract	\$50,000	
Professional Development- to be determined by staff need, could include	<u>First Aid by Red Cross,</u> <u>Restorative Practices-</u> <u>Justice Center</u>	2% of grant of 350,000	\$7,000	

Do not leave empty spaces

Make calculation of cost column simple



FS-10: Indirect Cost

INDIRECT COST		
A.	Modified Direct Cost Base -- Sum of all preceding subtotals(codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds) **Manual Entry	
B.	Approved Restricted Indirect Cost Rate	
C.	Subtotal - Code 90	
For your information, maximum direct cost base =		
To calculate Modified Direct Cost Base, reduce maximum direct cost base by the portion of each subcontract exceeding \$25,000 and any flow through funds.		

Indirect Costs that benefit more than one program.

Indirect Cost is an administrative cost.

- 21st CCLC has an Admin Cost cap of 10% of the total budget.
- ESD/SVP has an Admin Cost cap of 5% of the total budget.

FS-10: Indirect Cost

Indirect Cost Rates are announced by Grants Finance in early fall.

If you submit a budget in May, you may be waiting for approval and initial payment until September or October!

2024-25 year

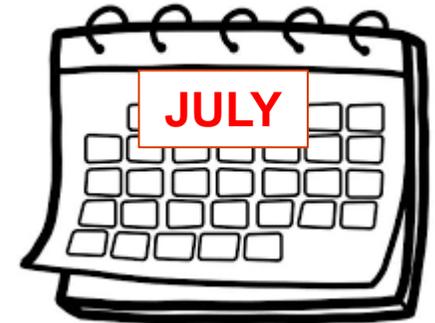
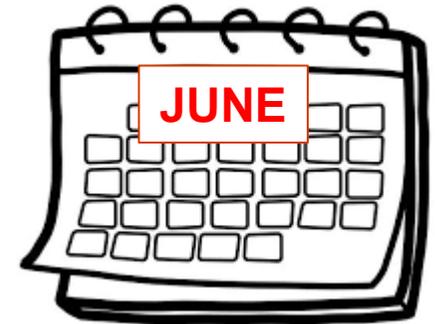
School Districts: Vary

BOCES: Vary

CBOs: 2.7%

Charter Schools: 2.7%

FYI: If you submit a budget with your current indirect cost rate and it decreases for 25-26, Grants Finance will decrease your budget that amount and notify you via mail.





Budget Narrative

Fill out the Program Information and Key Personnel charts **fully**.

Do not change the Position Titles listed.

Do not repeat what is on your FS-10 or FS-10A. **Expand upon them.**

Describe IN DETAIL.

ESD/SVP BUDGET NARRATIVE

PROGRAM INFORMATION

PROJECT #	0640 - Year - 4xxx		
PROGRAM NAME			
DATE			
AWARD AMOUNT	ESD:	SVP:	TOTAL:
TARGET NUMBER OF STUDENTS	ESD:	SVP:	TOTAL:

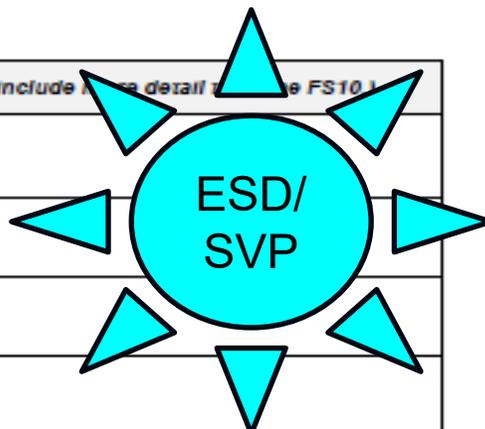
KEY PERSONNEL
Identify the required ESD/SVP personnel, their salary, and budget category.

POSITION	NAME First, Last	FTE	Annualized Rate of Pay and Salary	BUDGET CATEGORY
Program Director				
Independent Evaluator				

Describe **IN DETAIL** how expenditures are:

- reasonable and necessary
- primarily targeted to the provision of direct services to students
- cost-effective and purposeful
- used to support program goals and objectives.

BUDGET CATEGORY	DESCRIPTION OF ACTIVITIES (Must include in detail the FS10)
Code 15 Professional Salaries	
Code 16 Support Staff Salaries	
Code 40 Purchased Services	
Code 45 Supplies and Materials	



Budget Narrative

21st CCLC has additional required personnel.

The 21st CCLC Budget Narrative also includes examples which may be helpful for both 21st CCLC and **ESD/SVP** programs.



21st CCLC BUDGET NARRATIVE

PROGRAM INFORMATION

PROJECT #	0187 - Year - 8XXX
PROGRAM NAME	
DATE	
AWARD AMOUNT	
TARGET NUMBER OF STUDENTS	

KEY PERSONNEL

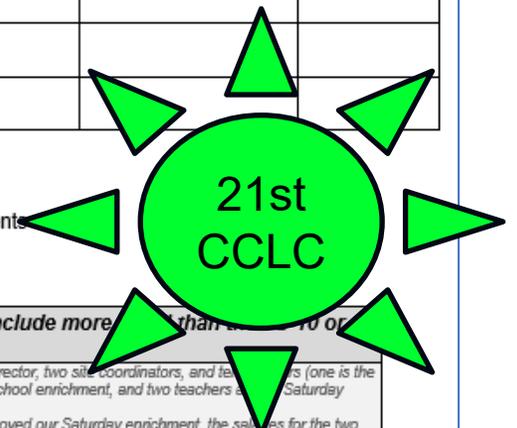
Identify the required 21st CCLC personnel, their salary, and budget category. If the person does not receive payment from 21st CCLC funds and is "in-kind", please note that under Project Salary.

POSITION	NAME	FTE	ANNUALIZED RATE OF PAY	PROJECT SALARY	BUDGET CATEGORY
Example 1	Jane Doe	0.5	100,000	50,000	15
Example 2	John Doe	0.2	n/a	In-kind	n/a
Program Director					
Fiscal Manager					
Site Coordinator(s)					
Educational Liaison					
Local Evaluator					
Data Manager					

Describe IN DETAIL how expenditures are:

- reasonable and necessary
- primarily targeted to the provision of direct services to students
- cost-effective and purposeful
- used to support program goals and objectives.

BUDGET CATEGORY	DESCRIPTION OF ACTIVITIES (Must include more than 10 of FS-10-A)
Example of Code 15 to show how to update the budget narrative for amendments.	<p>5/15/24 These funds will be used to pay the program director, two site coordinators, and two teachers (one is the educational liaison). Eight of the teachers are for afterschool enrichment, and two teachers are for Saturday enrichment.</p> <ul style="list-style-type: none"> • 9/27/24 FS-10A #001: Because we have removed our Saturday enrichment, the salaries for the two teachers previously assigned are being reduced, and the funds are moving to Purchased Services. • 2/4/25 FS-10A #002: Our program is expanding to an additional site; therefore we are adding a site coordinator and four teachers.





Budget Narrative

Add information for each amendment and budget.

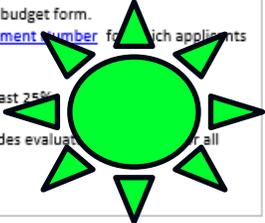
BUDGET CATEGORY	DESCRIPTION OF ACTIVITIES (Must include more detail than the FS-10 or FS-10-A)
<i>Example of Code 15 Professional Salaries</i>	<p><u>YEAR 3</u> 5/15/24 These funds will be used to pay the program director, two site coordinators, and ten teachers (one is the educational liaison). Eight of the teachers are for afterschool enrichment, and two teachers are for Saturday enrichment.</p> <ul style="list-style-type: none"> • 9/27/24 FS-10A #001: Because we have removed our Saturday enrichment the salaries for the two teachers previously assigned are being reduced, and the funds are moving to Purchased Services. • 2/4/25 FS-10A #002: Our program is expanding to an additional site; therefore we are adding a site coordinator and four teachers. <p><u>YEAR 4</u> 5/15/25: Our program will continue as previously described. The funds will have a PD, three site coordinators, and twelve teachers. All teachers are for afterschool enrichment.</p>

Composite Budget

Legend:
21st CCLC
ESD/SVP

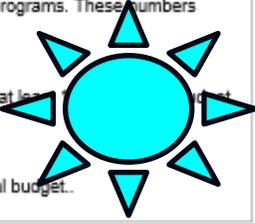
21st CCLC ROUND 8 COMPOSITE BUDGET						
Updated February 2025						
Applicant Name			Project Number			
(NYSED Use Only) Applicant Number:	Column A	Column B	Column C	Column D	Column E	
Expenditure Category	Budget Code	FS-10 Budget Amount	Direct Service by Lead Applicant	Administrative Cost	Evaluation Cost	Planning and Professional Development Cost
1	Professional Salaries	15				
2	Support Staff Salaries	16				
3	Purchased Services	40				
4	Supplies & Materials	45				
5	Travel Expenses	46				
6	Employee Benefits	80				
7	SUBTOTAL (of Lines 1-6)		0	0	0	0
8	Indirect Cost	90				
9	BOCES Services	49				
10	Minor Remodeling	30				
11	Equipment	20				
12	GRAND TOTAL (Lines 7-11)		0	0	0	0
13	Total Students to be Served*					
14	Cost Per Student**		#DIV/0!			
15	Percentage of Budget		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Instructions:
 Column A: Transfer and insert current year budget amount for the category from the FS-10 budget form.
 *Line 13, Insert the total number of students to be served. This number is the [Target Enrollment Number](#) for which applicants were awarded.
 **Line 14, Cost per student must not exceed \$2,100.
 Column B: Insert amounts attributed to direct services provided by the lead applicant. At least 75%
 Column C: Insert amounts attributable to administrative expense. Not to exceed 10%.
 Column D: Insert evaluation expense. Not to exceed 8%, or 10% if evaluation contract includes evaluation for all data management and reporting.
 Column E: Insert Planning and Professional Development Expense. Not to exceed 5%.



EXTENDED SCHOOL DAY/SCHOOL VIOLENCE PREVENTION (ESD/SVP) COMPOSITE BUDGET							
Updated March 2025							
		Project Number			Round 4		
Applicant Name			Column A	Column B	Column C	Column D	Column E
(NYSED Use Only) Applicant Number:	Budget Code	FS-10 Budget Amount	Direct Service by Lead Applicant	Administrative Cost	Evaluation Cost	Professional Development Cost	
1	Professional Salaries	15	0	0	0	0	
2	Support Staff Salaries	16	0	0	0	0	
3	Purchased Services	40	0		0	0	
4	Supplies & Materials	45	0	0		0	
5	Travel Expenses	46	0	0		0	
6	Employee Benefits	80	0	0		0	
7	SUBTOTAL (of Lines 1-6)		0	0	0	0	
8	Indirect Cost	90	0				
9	BOCES Services	49	0	0	0	0	
10	Minor Remodeling	30	0	0	0	0	
11	Equipment	20	0	0	0	0	
12	GRAND TOTAL (Lines 7-11)		0	0	0	0	
13A	Total ESD Students to be Served*		0				
13B	Total SVP Students to be Served*		0				
13C	Total Award Requested:		0				
13D	Amount allocated to ESD program:		0				
13E	Amount allocated to SVP program:		0				
14	ESD Cost Per Student**		#DIV/0!				
15	Percentage of Budget			#DIV/0!	#DIV/0!	#DIV/0!	

Instructions:
 Column A: Insert year one budget amounts from the FS-10 budget form.
 *Lines 13A and 13B: Insert the total number of students to be served for ESD and SVP programs. These numbers come from the [Target Enrollment Number](#) for which applicants were awarded.
 **Line 14: Cost per student must not exceed \$1,600. Applies only to ESD applications.
 Column B: Insert budget amounts attributed to direct services provided by the lead applicant. Must be at least 75% of total budget.
 Column C: Insert budget amounts for administrative cost. Must not to exceed 5% of annual budget.
 Column D: Insert budget amounts for evaluation cost. Must not to exceed 3% of annual budget.
 Column E: Insert budget amounts for Professional Development cost. Must not to exceed 5% of annual budget.



Composite Budget - CAPS

Category	21st CCLC Cap	ESD/SVP Cap
Direct Service by Lead Applicant	At least 25%	At least 15%
Administrative Cost	Not to exceed 10%	Not to exceed 5%
Evaluation Cost	At least 6%. Not to exceed 8%, or 10% if evaluation contract includes evaluator responsible for data management and reporting	Not to exceed 3%
Planning and Professional Development	Not to exceed 5%	Not to exceed 5%

Composite Budget – Direct Service by Lead Applicant

Direct services can include:

- Salaries & benefits
- Program Supplies
- Travel-mileage
- Program Director
- Program space rental
- School usage fees

Direct Services \neq Direct Services by Lead Applicant
Composite Budget calculates how much YOU are doing in direct service, not your partners and vendors.

(NYSED Use Only) Applicant Number:		Column A	Column B
Budget Category	Budget Code	FS- 10 Budget Amount	Direct Service by Lead Applicant
Professional Salaries	15	0	0
Support Staff Salaries	16	0	0
Purchased Services	40	0	
Supplies & Materials	45	0	0
Travel Expenses	46	0	0
Employee Benefits	80	0	0
SUBTOTAL (of Lines 1-6)		0	0
Indirect Cost	90	0	
BOCES Services	49	0	0
Minor Remodeling	30	0	0
Equipment	20	0	0
GRAND TOTAL (Lines 7-11)		0	0
Total ESD Students to be Served*		0	
Total SVP Students to be Served*		0	
Total Award Requested:		0	
Amount allocated to ESD program:		0	
Amount allocated to SVP program:		0	
ESD Cost Per Student**		#DIV/0!	
Percentage of Budget			#DIV/0!

Composite Budget – Administrative Costs

Administrative costs include costs for staff who do not provide direct service to participants, but whose cost can be identified and directly associated with the program.

Examples:

- The cost of a principal who is required to remain in the building during program hours.
- Audit or fiscal employees (Fiscal managers, data managers, clerks, bookkeepers, etc.)
- Staff whose role is strictly oversight of program and staff (COO, Executive Directors, etc.)
- Indirect Costs

EXTENDED SCHOOL DAY/SC... PREVENTION (ESD/SVP) COMPOSITE BUDGET
Updated March 2025

Updated February 2025 21st CCLC ROUND 8 COMPOSITE BUDGET
Round 4

Applicant Name	Applicant Number	Column D	Column E				
(NYS ED Use Only) Applicant Number:	(NYS ED Use Only) Applicant Number:	Professional	Professional				
Budget Category	Expenditure Category	Budget Code	Column A	Column B	Column C	Column D	Column E
1 Professional Salaries	1 Professional Salaries	15	FS-10 Budget Amount	Direct Service by Lead Applicant	Administrative Cost	Evaluation Cost	Planning and Professional Development Cost
2 Support Staff Salaries	2 Support Staff Salaries	16					
3 Purchased Services	3 Purchased Services	40					
4 Supplies & Materials	4 Supplies & Materials	45					
5 Travel Expenses	5 Travel Expenses	46					
6 Employee Benefits	6 Employee Benefits	80					
7 SUBTOTAL (Lines 1-6)	7 SUBTOTAL (of Lines 1-6)						
8 Indirect Cost	8 Indirect Cost						
9 BOCES Services	9 BOCES Services	90					
10 Minor Remodeling	10 Minor Remodeling	49					
11 Equipment	11 Equipment	30					
12 GRAND TOTAL (Lines 7-11)	12 GRAND TOTAL (Lines 7-11)	20					
13A Total Students to be Served*	13A Total Students to be Served*						
13B Cost Per Student**	13B Cost Per Student**						
13C Percentage of Budget	13C Percentage of Budget						

Instructions:
 Column A: Transfer and insert current year budget amount for the category from the FS-10 budget form.
 *Line 13, insert the total number of students to be served. This number is the **Target Enrollment Number** for which applicants were awarded.
 **Line 14, Cost per student must not exceed \$2,100.
 Column B: Insert amounts attributed to direct services provided by the lead applicant. At least 25%.
 Column C: Insert amounts attributable to administrative expense. Not to exceed 10%.
 Column D: Insert evaluation expense. Not to exceed 8%, or 10% if evaluation contract includes evaluator responsible for all data management and reporting.
 Column E: Insert planning and Professional Development Expense. Not to exceed 5%.

M/WBE: Overview

M/WBE COVER LETTER - Minority and Women-Owned Business Enterprise Requirements

NAME OF GRANT PROGRAM _____

NAME OF APPLICANT _____

In accordance with the provisions of the State Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Education Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention that NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- Full Participation – No Request for Waiver (PREFERRED)
- Partial Participation – Partial Request for Waiver
- No Participation – Request for Complete Waiver

By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually.

Signature/Date _____

Typed or Printed Name of Authorized Representative of the Firm _____

Typed or Printed Title/Position of Authorized Representative of the Firm _____



ATTACHMENT 9: M/WBE DOCUMENTS M/WBE Goal Calculation Worksheet



Program Name: _____

Project #: _____

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries, honoraria, honorariums, honoraria for the lead, as well as Student Stipends /Tuition if these are allowable expenditures.

For the purposes of the 21st CCLC grant, the salary and fringe benefit exclusion applies applicant as well as any approved partner organizations.

Please complete the following table to determine the dollar amount of the M/WBE goal year.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Partnership Costs (Salaries & Fringe Benefits only; see form on next page)		
6.	Indirect Costs		
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		
11.	Line 9 multiplied by Line 10 = M/WBE goal amount		

This form is only for use with the 21st CCLC program. It may not be used for any other grant program.

EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

Applicant Name: _____ Telephone: _____

Address: _____ Federal ID No.: _____

City, State, ZIP: _____ Project No: _____

Report includes:

Work force to be utilized on this contract OR

Applicant's total work force

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO - Job Categories	Total Work Force	Race/Ethnicity - report employees in only one category																		
		Hispanic or Latino		Not-Hispanic or Latino							Female									
		Male	Female	White	African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	
Executive/Senior Level Officials and Managers																				
First/Mid-Level Officials and Managers																				
Professionals																				
Technicians																				
Sales Workers																				
Administrative Support Workers																				
Craft Workers																				
Operatives																				
Laborers and Helpers																				
Service Workers																				
TOTAL																				

PREPARED BY (Signature): _____ DATE: _____

NAME AND TITLE OF PREPARER: _____ TELEPHONE/EMAIL: _____



M/WBE: Overview

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name _____ Telephone/Email: _____ / _____
 Address _____ Federal ID No.: _____
 City, State, ZIP _____ ESF No.: _____

Certified M/WBE	Classification (check)	Description of Work Subcontracts/Supplies/Services	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.			\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		



M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of the MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each proposal/application.

Bidder/Applicant Name: _____ Federal ID No.: _____
 Address: _____ Phone No.: _____
 City _____ State _____ Zip _____ E-mail: _____

Signature of Authorized Representative of Bidder/Applicant's Firm _____
 Date: _____
 Type Name and Title of Authorized Representative _____



PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT

Name of M/WBE: _____ Federal ID No.: _____
 Address: _____ Phone No.: _____
 City, State, Zip Code _____ E-mail: _____

BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

DESIGNATION: MBE Subcontractor_WBE Subcontractor_MBE Supplier_WBE Supplier

PART C - CERTIFICATION STATUS:

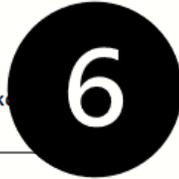
_____ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWD).

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$ _____ Signature of Authorized Representative of M/WBE Firm _____
 Date _____ Printed or Typed Name and Title of Authorized Representative _____

M/WBE 102

21st CCLC Partnership Salary and Fringe Benefit Breakdown



Applicant Name: _____ Project # _____

For the purposes of the 21st CCLC grant, the salary and fringe benefit exclusion applies to the expenses of the lead applicant as well as any approved partner organizations. In order to approve the exclusion of the Partnership Costs (Salaries & Fringe Benefits only) on the M/WBE Goal Calculation worksheet, the following information is needed.

PURCHASED SERVICES			
Subtotal - Code 40 (Total dollar amount listed on original FS-10)			\$ _____
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Specific Position Title(s)	Project Salary(ies) and Benefits

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49 (Total dollar amount listed on original FS-10)			\$ _____
Name of BOCES	Proposed Expenditure (Total dollar amount listed on original FS-10)	Specific Position Title(s)	Project Salary(ies) and Benefits

Note: An individual, agency, organization or other entity that only provides products or services described in the proposed program and is not involved in overall program planning and implementation is considered a vendor, not a partner. For the purpose of this funding, the required independent evaluator must be a vendor. NOT a partner.

(Please attach additional forms as needed)

M/WBE: Overview

M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Bidder/Applicant)
_____ of _____
(Title) (Company)
_____ (Address) _____ (Telephone Number)

do hereby submit the following as *evidence* of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade, or professional publications, together with the listing(s) and date(s) of the publication(s);

(4) Copies of any solicitations of certified minority- and women-owned business enterprises from a directory of certified businesses;

(5) The dates and names of all agencies to which the contractor has submitted solicitations of certified minority- and women-owned business enterprises.

M/W

6

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJECT NAME _____

I, _____
(Authorized Representative) _____ (Title) _____ (Bidder/Applicant's Company)

_____ (Address) _____ (Phone)

certify that the following New York State Certified Minority/Women Business Enterprises were contacted for the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted:

DATE	M/WBE NAME	PHONE	E-MAIL
1.			
2.			
3.			
4.			
5.			

REQUEST FOR WAIVER FORM

TELEPHONE: _____
EMAIL: _____
FEDERAL ID NO.: _____
RFP NO./PROJECT NO.: _____

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

BIDDER/APPLICANT IS REQUESTING (check all that apply):

(a) MBE Waiver - A waiver of the MBE goal for this procurement is requested. <input type="radio"/> Total <input type="checkbox"/> Partial _____%	(A) WBE Waiver - A waiver of the WBE goal for this procurement is requested. <input type="radio"/> Total <input type="checkbox"/> Partial _____%
---	---

PREPARED BY (Signature): _____ DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, § NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

NAME OF PREPARER:	FOR AUTHORIZED USE ONLY
TITLE OF PREPARER:	REVIEWED BY: _____
TELEPHONE:	DATE: _____
EMAIL:	WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	(A) TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER
	(B) CONDITIONAL WAIVER
	<input type="checkbox"/> NOTICE OF DEFICIENCY COMMENTS:

M/WBE 101

8

These forms are not common.
They are for waivers.



M/WBE Goal Calculation Worksheet

Legend:
21st CCLC
ESD/SVP

Student Support Services assists subgrantees with readying the MWBE paperwork for the folks who work for MWBE.

The MWBE goal is 30% of the applicant's total discretionary non-personal service budget for each year of the grant.

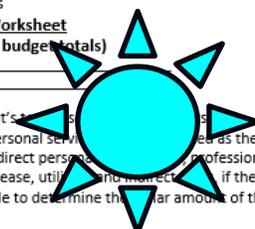
The calculator identifies the amount of your budget that is excluded from the M/WBE goal.

M/WBE Documents
M/WBE Goal Calculation Worksheet
(This form should reflect current budget totals)

RFP # and Title: _____
Applicant Name and Project Number: _____

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget for each year of the grant. Discretionary non-personal service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (including professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services - CBO and Non-Profit Partnerships (from CBO and Non-Profit Partnership Sheet)		
6.	Indirect Costs		
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 = M/WBE goal amount		

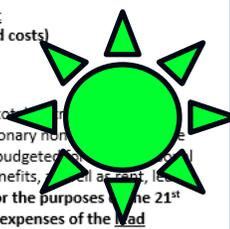


M/WBE Goal Calculation Worksheet
(This form should reflect Round 8 budgeted costs)
Community Learning Center

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (including professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. For the purposes of the 21st Century Community Learning Centers program, any and fringe benefit exclusion applies to the expenses of the lead agency and approved partner organizations. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

Category	Amount budgeted for items excluded from M/WBE calculation	Totals
Budget		
Professional Salaries		
Staff Salaries		
Fringe Benefits		
Partnership Costs (Salaries & Fringe only)		
Indirect Costs		
Rent/Lease/Utilities		
Sum of lines 2, 3, 4, 5, 6 and 7		
9. Line 1 minus line 8 = Discretionary Budget Amount		
10. M/WBE Goal percentage (30%)		
11. Line 9 multiplied by Line 10 = MWBE Goal Amount		

This form is only for use with the 21st CCLC program. It may not be used for any other grant program.





M/WBE Goal Calculation Worksheet

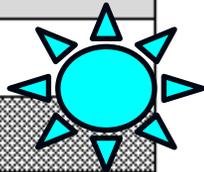
Legend:
21st CCLC
ESD/SVP

The amounts in rows 2, 3, 4, and 6 come directly from your FS-10.

Row 7 is for Rent, Lease, and Utilities. For ESD/SVP and 21st CCLC this row is often blank.

Row 5 comes from a Partnership form.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries	<u>Code 15</u>	
3.	Support Staff Salaries	<u>Code 16</u>	
4.	Fringe Benefits	<u>Code 18</u>	
5.	Portion of Purchased Services - CBO and Non - Profit Partnerships (from CBO and Non-Profit Partnership Sheet)	<u>Partnership Form</u>	
6.	Indirect Costs	<u>Code 90</u>	
7.	Rent/Lease/Utilities	<u>In Code 40</u>	
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		



M/WBE Partnership Form

Legend:
21st CCLC
ESD/SVP

This form identifies a portion of your Purchased Services costs that are allowed to be excluded from your MWBE goal.

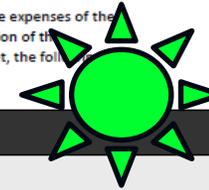
This is only for Partners, not Vendors.



21st CCLC Partnership Salary and Fringe Benefit Breakdown

Lead Applicant Name: _____ Project # _____

For the purposes of the 21st CCLC grant, the salary and fringe benefit exclusion applies to the expenses of the lead applicant as well as any approved partner organizations. In order to approve the exclusion of the Partnership Costs (Salaries & Fringe Benefits only) on the M/WBE Goal Calculation worksheet, the following information is needed.



PURCHASED SERVICES			
Subtotal - Code 40 (Total dollar amount listed on original FS-10)		\$	
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Specific Position Title(s)	Project Salary(ies) and Benefits

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49 (Total dollar amount listed on original FS-10)		\$	
Name of BOCES	Proposed Expenditure (Total dollar amount listed on original FS-10)	Specific Position Title(s)	Project Salary(ies) and Benefits

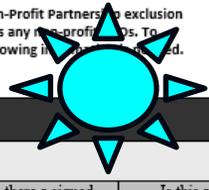
Note: An individual, agency, organization or other entity that only provides products or services described in the proposed program and is not involved in overall program planning and implementation is considered a vendor, not a partner. For the purpose of this funding, the required independent evaluator must be a vendor, NOT a partner.

(Please attach additional forms as needed)

Portion of Purchased Services – CBO and Non-Profit Partnership

Applicant Name: _____ Project # _____

For the purposes of the ESD/SVP grant, the Portion of Purchased Services – CBO and Non-Profit Partnership exclusion applies to the expenses of any approved consortium and partner organizations as well as any non-profit CBOs. To approve the exclusion of these costs on the M/WBE Goal Calculation worksheet, the following information is needed.



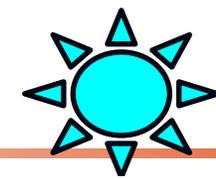
PURCHASED SERVICES			
Subtotal - Code 40 (Total dollar amount listed on original FS-10)		\$	
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Is there a signed partnership agreement?	Is this a non-profit CBO?

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49 (Total dollar amount listed on original FS-10)		\$	
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Is there a signed partnership agreement?	Is this a Consortium partner?

*Note: An individual, agency, organization or other entity that only provides products or services described in the proposed program and is not involved in overall program planning and implementation is considered a vendor, not a partner
(Please attach additional forms as needed)*



M/WBE Partnership Form



Legend:
21st CCLC
ESD/SVP

Is there a signed partnership agreement?

Purchased Services:
Is this a non-profit CBO?

Purchased Services with BOCES:
Is this a Consortium partner?

PURCHASED SERVICES			
Subtotal - Code 40 (Total dollar amount listed on original FS-10)		\$	
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Is there a signed partnership agreement?	Is this a non-profit CBO?

If one or both are YES, the organization is allowed as an exclusion. Add to line 5.

If both are NO, the organization is not allowed as an exclusion. Do not add to line 5.

PURCHASED SERVICES WITH BOCES			
Subtotal - Code 49 (Total dollar amount listed on original FS-10)		\$	
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Is there a signed partnership agreement?	Is this a Consortium partner?

If one or both are YES, the organization is allowed as an exclusion. Add to line 5.

If both are NO, the organization is not allowed as an exclusion. Do not add to line 5.



M/WBE Goal Calculation Worksheet

If you are doing a budget amendment, make sure you update this form!

You may need updated Utilization Plans, Notice of Intent to Participate, or Waiver forms.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services - CBO and Non-Profit Partnerships (from CBO and Non-Profit Partnership Sheet)		
6.	Indirect Costs		
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		



New York State
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Submitting Documents in Survey Monkey Apply





Submitting Documents

Legend:
21st CCLC
ESD/SVP

All budget documents are submitted in Survey Monkey Apply

[https://nysed-esdsvp-apply.smapply.io/
prog/year5_budget_fs-10_submission/](https://nysed-esdsvp-apply.smapply.io/prog/year5_budget_fs-10_submission/)

[https://nysed-expandedlearning-apply.smapply.io/
prog/budget_fs-10_submission/](https://nysed-expandedlearning-apply.smapply.io/prog/budget_fs-10_submission/)

Survey Monkey Apply

Legend:
21st CCLC
ESD/SVP

The image shows two side-by-side screenshots of the Survey Monkey application interface. The left screenshot displays a grid of program listings under the heading 'School Day/School Violence Prevention'. The listings include: '4 ESD/SVP FS-10 Budgets' (accepting applications on May 2, 2024), '2023-24 ESD/SVP Year 3 Final Report' (accepting applications on Jul 1, 2024), 'Year 4 Amendments/Program Modificatio...' (accepting applications on Jul 1, 2024), and 'Year 5 ESD/SVP FS-10 Budgets' (accepting applications on Dec 4, 2024). A red arrow points to the 'Year 5 ESD/SVP FS-10 Budgets' listing. The right screenshot shows the '21st Century Community Learning ...' page with a search bar and several program listings: 'Title IV Part B Nita M. Lowey 21st Century Community ...' (accepting applications from Sep 23, 2021 to Nov 30, 2021), '21stCCLC Program Modification and Budget Amendme...' (accepting applications on Jul 27, 2023), 'Budget (FS-10) Submission' (accepting applications on Mar 1, 2025), and '21st CCLC Mid-Year Report' (accepting applications on Jan 25, 2025). A red arrow points to the 'Budget (FS-10) Submission' listing. Both screenshots feature a sun icon and 'MORE >' buttons for each listing.

Survey Monkey Apply

The screenshot shows a web browser window with the URL `nysed-esdsvp-apply.smapply.io/prog/year5_budget_fs-10_submission/`. The browser's address bar and tabs are visible at the top. The page title is "Extended School Day/School Vio...". The navigation bar includes "Programs", "My Applications", and the user name "Kyle McHugh".

The main content area features the University of the State of New York seal. Below the seal is a central panel with the following text:

Year 5 ESD/SV

Applications you have already started/submitted OR Make a new application

Two yellow arrows point from this text to a card on the right. The card displays:

- 2 Applications
- APPLY**
- Opens Dec 4 2024 12:00 AM (EST)

Survey Monkey Apply

The screenshot displays the SurveyMonkey 'Apply' interface for a survey titled "Year 5 ESD/SVP FS-10 Budgets".

Left Panel:

- Progress: 0 of 1 tasks complete.
- Last edited: May 3 2025 09:51 AM (EDT).
- Buttons: REVIEW, SUBMIT.
- User Profile: Kyle McHugh (Owner), Kyle.McHugh@nysed.gov.
- Button: Add collaborator.

Right Panel:

- Survey Title: Year 5 ESD/SVP FS-10 Budgets.
- Survey ID: 123-45-6789.
- Survey ID: ID: 0000000023.
- Navigation: APPLICATION (selected), ACTIVITY.
- Section: Your tasks.
- Task Item: FS-10 Budget Year 5.

Two yellow arrows point to the "SUBMIT" button in the left panel and the "FS-10 Budget Year 5" task item in the right panel.

Survey Monkey Apply

123-45-6789
ID: 0000000023

FS-10 Budget Year 5

0 of 1 tasks complete

Last edited: May 4 2025 10:29 AM (EDT)

REVIEW SUBMIT

FS-10 Budget Year 5

50%

Please complete the information below

Submit a budget (FS-10), composite budget, MWBE documentation, and budget narrative.

The links below are downloadable for your use.

[FS-10](#)

Excel is preferred.

Upload a file Accepted formats: .xls, .xlsx, .pdf, .doc, .docx

[Composite Budget](#)

Excel is preferred.

Upload a file Accepted formats: .xls, .xlsx, .pdf, .doc, .docx

[M/WBE packet](#)

Upload a file Accepted formats: .pdf, .doc, .docx

#1

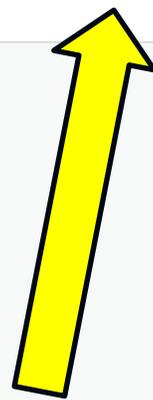
Budget Narrative

Word document is preferred.

Please highlight updates (if any) to the Budget Narrative originally submitted in your grant proposal if any changes have taken place.

Upload a file Accepted formats: .doc, .docx, .pdf

PREVIOUS SAVE & CONTINUE EDITING MARK AS COMPLETE



#2

Survey Monkey Apply

The screenshot displays the Survey Monkey application interface. On the left, a sidebar shows a task titled "FS-10 Budget Year 5" with a green checkmark and a right-pointing arrow. Below this, a progress bar indicates "1 of 1 tasks complete" and the text "Last edited: May 4 2025 10:36 AM (EDT)". At the bottom of the sidebar are "REVIEW" and "SUBMIT" buttons. The main content area on the right is titled "M/WBE_packet" and shows two uploaded files: "forms_blank_MWBE.pdf" (572.0 kB) and "forms_blank_budgetnarrative.docx" (30.6 kB). Below the files, there is a section for "Budget Narrative" with instructions: "Word document is preferred. Please highlight updates (if any) to the Budget Narrative originally submitted with your grant proposal if any changes have taken place." A yellow arrow points from a yellow box containing "#2" to the "SUBMIT" button.

#2



New York State
EDUCATION DEPARTMENT
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As Batman always says, Let's wrap this presentation up!

Hey! I never said that!



FS-25: Request for Funds

- Submit an FS-25 when you need to be reimbursed for expenditures.
- Use whole dollar amounts
- May be submitted until the payments reach 90% of the approved project.
- **Monitor spending in relation to target enrollment**
- **Do not request excess funds, especially if your enrollment is low**
- **You may owe back funds due to reduction**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Grants Finance, Rm. 510W EB
Albany, NY 12234

**REQUEST FOR FUNDS FOR A
FEDERAL OR STATE PROJECT
FS-25 (09/24)**

	Project #	Contract #	
	[][][][]	[][][][]	[][][][][][][]
Agency Code:	[][][][][]	[][]	[][][][][]
Funding Source:	_____		
Agency Name:	_____		
Mailing Address:	_____		
	_____	_____	_____
	City	State	Zip Code
Contact Person:	_____		Telephone: _____
E-Mail Address	_____		_____
	[][]	[][]	
	MONTH	YEAR	

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date: _____ Signature: _____

1. Amount of Approved Budget (Include approved amendments)	\$
2. Project Payments Received to Date	\$
3. Project Cash Expenditures to Date	\$
4. Cash Expenditures Anticipated During Next Month	\$
5. Additional Funds Requested (Entries 3 plus 4 minus 2)	\$

FOR DEPARTMENT USE ONLY

	Fiscal Year	Payment Split
Voucher # _____	_____	\$
	_____	\$
	_____	\$
Finance: [] []	_____	\$
Log MIR	_____	\$

FS-10F: Final Expenditure Report

- Send directly to Grants Finance.
- This form gets programmatically reviewed by our office before Grants Finance processes it.

Due Date for Final Expenditure Report (FS-10F)

21st CCLC: September 30

ESD/SVP: July 31

SALARIES FOR PROFESSIONAL STAFF			
			Subtotal - Code 15
Name	Position Title	Beginning and End Dates of Work	Salary Paid

PURCHASED SERVICES			
			Subtotal - Code 40
Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended

FINAL EXPENDITURE SUMMARY																																														
SUBTOTAL	CODE	PROJECT COSTS																																												
Professional Salaries	15																																													
Support Staff Salaries	16																																													
Purchased Services	40																																													
Supplies and Materials	45																																													
Travel Expenses	46																																													
Employee Benefits	80																																													
Indirect Cost	90																																													
BOCES Services	49																																													
Minor Remodeling	30																																													
Equipment	20																																													
Grand Total		\$0																																												
LOCAL AGENCY INFORMATION Agency Code: _____ Project #: _____ Contract #: _____ Agency Name: _____ Funding Dates: _____ TO _____ Approved Budget Total: \$ _____																																														
FOR DEPARTMENT USE ONLY <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Amt Expended</th> <th>Final Payment</th> <th>Line #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Fiscal Year	Amt Expended	Final Payment	Line #																																								
Fiscal Year	Amt Expended	Final Payment	Line #																																											
CHIEF ADMINISTRATOR'S CERTIFICATION By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). / / _____ Date Signature																																														
Name and Title of Chief Administrative Officer _____																																														
Voucher # _____		Final Payment _____																																												
Finance: Logged _____ Approved _____ MIR _____																																														



New York State
EDUCATION DEPARTMENT

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Contact and Grant Information

ESDSVP@nysed.gov

EMSC21stCCLC@nysed.gov

Due Date for Annual Budgets

21st CCLC: May 15

ESD/SVP: May 16