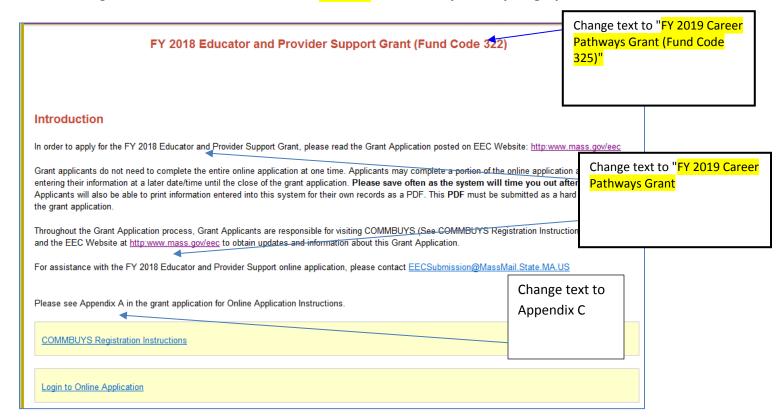
Model Online Application for FY 2019 Career Pathways Grant (Fund Code 325)

General Text Changes to FY 2019 EPS Online Application:

- All headings should be changed to "FY 2019 Career Pathways Grant"
- Change all references of "FY 2018" to "FY 2019" in the body of the paragraphs.



Text should read as follows:

FY2019 Career Pathways Grant (Fund Code 325)

Introduction

In order to apply for the FY 2019 Career Pathways Grant, please read the Grant Application posted on COMMBUYS at www.commbuys.com.

Grant Applicants do not need to complete the entire Online Application at one time. Applicants may complete a portion of the Online Application and finish entering their information at a later date/time until the close of the Grant Application. Applicants will also be able to print information entered into this system for their own records as a PDF. This **PDF** must be submitted as a hard copy as part of the Grant Application.

Please save often as the system will time you out after 30 minutes.

Throughout the Grant Application process, Grant Applicants are responsible for visiting **COMMBUYS** (See COMMBUYS Registration Instructions link below) and the EEC Website at https://www.mass.gov/orgs/department-of-early-education-and-care to obtain updates and information about this Grant Application.

For assistance with the FY 2019 Career Pathways Grant Online Application, please contact EECSubmission@massmail.gov.

Please see **Appendix C** in the Grant Application for the Online Application Instructions.

COMMBUYS Registration Instructions - link

Login to Online Application-link

Note to IT: When COMMBUYS Registration Instruction link is clicked, this following information comes up in a new window.

COMMBUYS Registration Instruction COMMBUYS Grant Information:

Get Notified When Grants are Posted in COMMBUYS

A recent enhancement to COMMBUYS, the State's procurement system, enables registered organizations to receive email notifications of Grants* posted in the COMMBUYS Market Center.

To automatically receive these notifications, organizations need to establish a Vendor Profile in COMMBUYS - an action that takes a few minutes to complete and has no associated cost - and select the UNSPSC commodity code assigned to Grants (00-00-00).**

For Internet Explorer (IE) users, version 10 and under, changes may be needed to the browser setting. If you are unable to access COMMBUYS using IE, implement the following setting change:

- Select **Tools** from the browser Toolbar, and choose **Internet Options**;
- From the Advanced tab, scroll down toward the bottom and select Use TLS 1.2;
- Click OK.

If you have questions, please contact the COMMBUYS Help Desk at 1-888-627-8283 or COMMBUYS@state.ma.us.

To Establish a Vendor Profile in COMMBUYS:

Go to <u>www.COMMBUYS.com</u> and click the "Register" link;

- Be prepared to provide the name, address, email, and Federal Employer Identification Number (FEIN) for your organization;
- Use the UNSPSC commodity code for Grants (00-00-00) when establishing your Vendor Profile;
- Reference our Registration Resources for assistance:
 - o Vendor Registration Job Aid
 - o Vendor Registration Webcast
 - o COMMBUYS Help Desk assistance at 1-888-627-8283 or commbuys@state.ma.us.

Find Grant Opportunities in COMMBUYS:

Using the public search in COMMBUYS:

- Select Contract & Bid Search;
- Under Advanced Search, select Bids;
- Search "00-00 Grant Opportunity" in the UNSPSC Segment-Family search field.*

Reference OSD's Locate a grant in COMMBUYS job aid for additional guidance.

Please note: Applicants will be required to be specify an Administrator as part of the registration process. COMMBUYS will confirm that the Tax ID entered does not already exist in the system. If the Tax ID is already in use, you will need to follow-up within your own agency to a obtain access to COMMBUYS. More detailed instructions are provided in the job aid if this applies to your agency.

Access our COMMBUYS job aid to Locate a Grant Posting and Create a Response.

*ALL STATE AGENCIES ARE SUBJECT TO 815 CMR 2.00, STATE GRANTS, FEDERAL GRANT AWARDS, FEDERAL SUBGRANTS, AND SUBSIDIES, AS WELL AS THE OFFICE OF THE COMPTROLLER'S POLICY ON STATE GRANTS, FEDERAL SUB-GRANTS, AND SUBSIDIES, DEPARTMENTS MUST USE COMMBUYS TO PUBLICLY POST THE AVAILABILITY OF A DISCRETIONARY GRANT OR GRANT PROGRAM AND PUBLISH THE RESULTS OF GRANTEE SELECTIONS. USE OF COMMBUYS TO RECEIVE ELECTRONIC QUOTES FOR GRANT OPPORTUNITIES IS OPTIONAL; HOWEVER, STATE AGENCIES ARE ENCOURAGED TO REQUIRE GRANTEES TO REGISTER AND SUBMIT QUOTES (APPLICATIONS) THROUGH COMMBUYS, WHICH PROVIDES A CENTRAL REPOSITORY FOR RECEIPT OF ELECTRONIC APPLICATIONS. AS MORE GRANTEES USE COMMBUYS TO IDENTIFY GRANT OPPORTUNITIES, THEY WILL HAVE A SINGLE LOCATION TO APPLY FOR GRANTS FROM MULTIPLE STATE AGENCIES, RESULTING IN EFFICIENCIES FOR BOTH THE GRANTEES AND THE STATE AGENCIES.

**This United Nations Standard Products and Services Code (UNSPSC) is specific to Massachusetts and COMMBUYS, so no information about the code will be available on UNSPSC websites. As this is a new feature, interested organizations also may wish to conduct additional searches to find Grants prior to this enhancement. Using the Advanced Search feature, enter the word "Grant" in the Bid Description field, or narrow searches by selecting specific agencies from the Organization drop-down menu.

COMMBUYS Grant Information

Get Notified When Grants are Posted in COMMBUYS

A recent enhancement to COMMBUYS, the State's procurement system, enables registered organizations to receive email notifications of Grants* posted in the COMMBUYS Market Center.

To automatically receive these notifications, organizations need to establish a Vendor Profile in COMMBUYS - an action that takes a few minutes to complete and has no associated cost - and select the UNSPSC commodity code assigned to Grants (00-00-00).**

For Internet Explorer (IE) users, version 10 and under, changes may be needed to the browser setting. If you are unable to access COMMBUYS using IE, implement the following setting change

- Select Tools from the browser Toolbar, and choose Internet Options.
- From the Advanced tab, scroll down toward the bottom and select Use TLS 1.2;
- Click OK

If you have questions, please contact the COMMBUYS Help Desk at 1-888-627-8283 or COMMBUYS@state.ma.us

To establish a Vendor Profile in COMMBUYS:

- . Go to www.COMMBUYS.com and click the "Register" link;
- Be prepared to provide the name, address, email, and Federal Employer Identification Number (FEIN) for your organization;
- Use the UNSPSC commodity code for Grants (00-00-00) when establishing your Vendor Profile;
- Reference our Registration Resources for assistance:
 - o <u>Vendor Registration</u> Job Aid
 - o Vendor Registration Webcast
 - o COMMBUYS Help Desk assistance at 1-888-627-8283 or COMMBUYS@state.ma.us

Find Grant Opportunities in COMMBUYS

Using the public search in COMMBUYS:

- · Select Contract & Bid Search;
- Under Advanced Search, select Bids
- Search "00-00 Grant Opportunity" in the UNSPSC Segment-Family search field.*

Reference OSD's Locate a Grant in COMMBUYS job aid for additional guidance.

Please note: Applicants will be required to be specify an Administrator as part of the registration process. COMMBUYS will confirm that the Tax ID entered does not already exist in the system. If the Tax ID is already in use, you will needed to follow-up within your own agency to a obtain access to COMMBUYS. More detailed instructions are provided in the job aid if this applies to your agency.

Access our COMMBUYS job aid to Locate a Grant Posting and Create a Response.

*All state agencies are subject to 815 CMR 2.00, State Grants, Federal Grant Awards, Federal Subgrants, and Subsidies, as well as the Office of the

COMMBUYS Registration Instruction

If you plan to do business with the Commonwealth of Massachusetts you are required to register on COMMBUYS before applying for any funding opportunity.

<u>Registration Required:</u> While you may previously have been registered as a seller in Comm-PASS, no vendor registration was transferred to COMMBUYS, so you must now register as a seller in COMMBUYS.

To assist you in the registration process, the Operational Services Division (OSD) has provided you with a series of COMMBUYS job aids and on-line learning videos for your use as you transition to COMMBUYS.

COMMBUYS registration is easy! It takes just three simple steps:

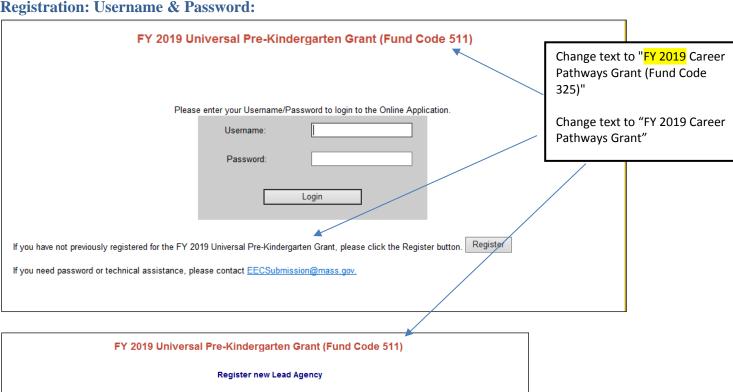
- 1. Go to the COMMBUYS landing page at www.COMMBUYS.com.
- 2. Select the first link titled REGISTER and complete registration. There is no cost.
- You must register on COMMBUYS and select the United Nations Standard Products and Services Code (UNSPSC) 84-10-15 for all EEC Grants. If
 you have already registered, please make sure you add the UNSPSC code to your registration.

Once you have registered, OSD will be able to link your agency's contract to the registration, which will allow you to get direct receipt of electronic POs or quote requests from the system.

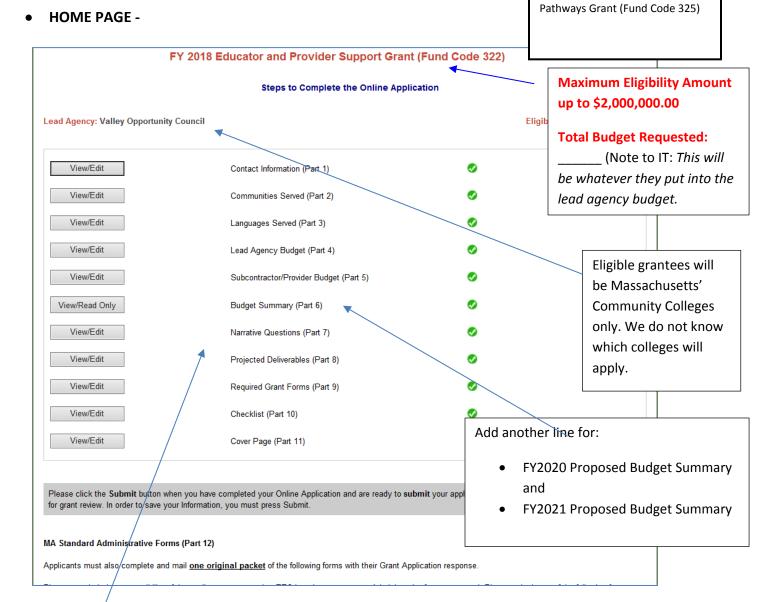
Please note: Applicants will be required to be specify an Administrator as part of the registration process. COMMBUYS will confirm that the Tax ID entered does not already exist in the system. If the Tax ID is already in use, you will need to follow-up within your own agency to a obtain access to COMMBUYS. More detailed instructions are provided in the job aid if this applies to your agency.

We look forward to welcoming you to the COMMBUYS community. If you have any questions or concerns, contact the COMMBUYS Help Desk at commbuys@state.ma.us or contact them during normal business hours (8AM – 5PM Monday – Friday) at 1-888-627-8283 or 617-720-3197.

Registration: Username & Password:



INSTRUCTIONS: Complete the Lead Agency information below. Note: The fields marked with an * are required. Please note: your Vendor Name needs to match your Legal Name. If you have a previous grant with EEC, please make sure your legal name matches the name on your Standard Contract Form with EEC or your W-9 form. Lead Agency Information What program type is your program:* Center-Based ~ Vendor Name (Your Lead Agency Name):* Your VENDOR NAME needs to match the LEGAL NAME that appears on your STANDARD CONTRACT FORM or W-9 FORM Program or Lead Agency Legal Address* Your LEGAL ADDRESS needs to match the LEGAL ADDRESS that appears on your STANDARD CONTRACT FORM or W-9 FORM City* State* Zip Code⁴ Phone³ (Ex: 617-111-2222) Email* Please create a Username and Password before completing the Online Application. This will enable you to retrieve your application and modify answers later if you wish to do so. Please write the username and password down for your reference. Username Password* Re-enter Password* Cancel Submit Submit Information



Change text to FY 2019 Career

Disable the **Subcontractor /Provider Budget** section and **Projected Deliverables** buttons as grantees will not be able to enter information in these sections.

• Part 1 - CONTACT INFORMATION:

No changes.

| Instructions: Please provide the following contact informati Lead Agency Contact Information | ion for the Lead Agency. Note: The fields marked with * | are required. |
|---|---|---------------|
| First Name* | | |
| Last Name* | | |
| | | |
| Mailing Address Line 1* | | |
| Mailing Address Line 2 | | |
| City* | | |
| State* | | |
| Zip Code* | | |
| Phone* | (Ex: 817-111-2222) | |
| Fax | | |
| Email* | | |
| Grant Coordinator Information | | |
| | | Same as above |
| First Name* | | |
| Last Name* | | |
| Mailing Address Line 1* | | |
| Mailing Address Line 2 | | |
| City* | | |
| State* | | |
| Zip Code* | | |
| Phone* | (Ex: 617-111-2222) | |
| Fax | | |
| Email* | | |
| | | |
| Superintendent or Executive Director Information | | |
| First Name* | | Same as above |
| Last Name* | | |
| Mailing Address Line 1* | | |
| Mailing Address Line 2 | | |
| City* | | |
| State* | | |
| Zip Code* | | |
| Phone* | (Ex: 817-111-2222) | |
| Fax | (EX: 017-111-2222) | |
| Email* | | |
| Line | | |
| | | |

Part 2 - COMMUNITIES SERVED: Grantees will only be using communities served data for informational purposes- not eligibility amounts.

| | FY 2018 Educator and Provider | r Support Gran | |
|---------------|--|-------------------------------------|--|
| | Communiti | es Served (Part 2) | Change text to FY 2019 Career Pathways Grant (Fund Code 325) |
| | Lead Agency: Valley Opportunity Council | | |
| | Instructions: Below is the list of EEC's 5 Regions within Massachusetts. Please you are applying to service. The Demographic information for the Region you select within the Regions please see Appendix F-1, F-2 and F-3 in the grant application. | | |
| | Average Number of Providers in Towns with Families | Receiving Subsidiz | zed Early Education and Care Services: 830 |
| | | License | d Early Education and Care Programs: 1369 |
| | | | English Language Learners: 8543 |
| | | | First Language Not English: 16161 |
| | | ŗ | |
| | | | Change instructions to read: Please select the |
| | | High Risk Home | cities/towns below in your community college's |
| | Region: Metro Boston | | catchment area. The demographic information |
| <u>Displa</u> | y: Data Points for 322: list data points in this order | ☐ Brookline (84) | will automatically populate for the cities and |
| 1 | . Avg. Number of Providers in Towns with Families | Dedham (79) | towns chosen. This information is provided as a |
| 1 | Receiving Subsidized Early Education and Care | Quincy (52) * | resource to applicants. For additional |
| | Services | vvenesicy (51) | information on the demographics for specific |
| 2 | | | cities and towns within the Commonwealth |
| 3 | 8 08 | | please see Appendices I and J in the grant |
| 4 | . First Language not English | ☐ Aquinnah (69) ☐ Berkley (84) ~ | application. |
| 6 Gat | eway Community: * | Brockton (24) | ☐ Canton (79) |
| | ral Community: ~ | Chilmark (78) | |
| | h Risk Home Visiting Factor is indicated in | Duybun/ (96) | Fact Bridgewater (80) |
| _ | thesis next to the town. | | |
| paren | thesis next to the town. | | |
| | | | |
| | | | |

• Part 3 - LANGUAGES SERVED: No changes.

| ſ | Instructions: Please select the langu | ages your agency | serves. | | |
|---|---------------------------------------|------------------|-------------------------|-----------------|-------------|
| ı | Select All | | | | |
| | American Sign Language (ASL) | Amharic | ■ Arabic | Armenian | ■ Cantonese |
| ı | ☐ Croatian | English | ☐ French | ☐ French Creole | German |
| ı | ☐ Greek | ☐ Haitian Creole | ☐ Italian | Japanese | Korean |
| ı | ☐ Laotian | ■ Mandarin | ■ Mon-Khmer (Cambodian) | Polish | Portuguese |
| ı | ☐ Russian | ■ Serbian | ■ Slovene | Spanish | ■ Tagalog |
| ı | ☐ Vietnamese | Other | | | |
| ı | Hebrew | _ | | | |
| L | | ▼ | | | |

PART 4 - LEAD AGENCY BUDGET:

Instructions: Please reference the fund use section within the Grant Application and Appendix D: Budget Guidelines for specific guidelines regarding the budget, including program and admin costs. Note: YOU CAN ONLY ENTER WHOLE NUMBERS INTO THE BUDGET. Funds cannot be entered into the gray boxes as these costs are considered unallowable for this grant.

Sample Alerts- no changes

The Lead Agency Budget has been SAVED with the following error(s). • Please provide a budget narrative for all line items requested. • Line 1-4: Please enter the # of FTEs (Full Time Equivalences) for each line requested. • Line 1-4: Please enter the # of Staff for each line requested. Go back to Home The Lead Agency Budget has been SAVED with the following warning(s). • Line 4: Fringe is over 35%. Please provide a breakdown in the budget narrative to account for this percentage. Go back to Home

Please add the following alerts to the bottom of the Lead Agency Budget if the requirements are not satisfied:

- Fringe over 35% Alert: The 35% must be taken from the sub-totals of Administrators, Instructional/Professional and Support staff of the Lead Agency. (This alert still allows the applicant to move forward but it tells them that they must provide a breakdown of fringe).
- Line 1-4: Please enter the # of Staff for each line requested.
- Line 1-4: Please enter number of FTEs (Full Time Equivalences) for each line requested.
- Line 4: Fringe is over 35%. Please provide a breakdown in the budget narrative to account for this percentage.
- Line 5: Please provide the Rate (\$) and Hr/Day/Wk/Yr/Flat for each Contractual Service requested.
- Line 10: Please provide the Indirect Cost Approval Rate.
- Please provide a budget narrative for all line items requested.
- Please provide the requested Program or Admin costs.
- *Please provide a budget narrative for all line items requested.
- * Please provide the requested Program or Admin costs.

Lead Agency Budget (Part 4)

| 1. Administrators | | | | | | |
|-----------------------------|----------------|----------|----------|----------|-------------|------------------|
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure | # of Staff | FTE | Program | Admin | Total Grant | Budget Narrative |
| Supervisor/Director | 0 | 0.00 | | \$0.00 | \$0.00 | |
| Project Coordinator | 0 | 0.00 | \$0 | | \$0 | |
| Stipend | | | \$0 | \$0 | \$0 | |
| Other | 0 | 0.00 | \$0 | \$0 | \$0 | |
| Administrators Sub-Total | 0 | 0.00 | \$0 | \$0 | \$0 | |
| 2. Instructional/Profe | essional Staff | | | | | |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure | # of Staff | FTE | Program | Admin | Total Grant | Budget Narrative |
| Category | | | Costs | Costs | Budget | |
| Advisor | 0 | 0.00 | \$0 | | \$0 | |
| Clinician | | | | | | |
| Coordinator | 0 | 0.00 | \$0 | | \$0 | |
| Educator/Instructor | 0 | 0.00 | \$0 | | \$0 | |
| Home Visitor | | | | | | |
| Specialist | 0 | 0.00 | \$0 | | \$0 | |
| Stipend | | | \$0 | \$0 | \$0 | |
| Other | 0 | 0.00 | \$0 | \$0 | \$0 | |

| Instructional/ Professional Staff Sub-Total | 0 | 0.00 | \$0 | \$0 | \$0 | |
|---|---|------|------------|------------|------------|--|
| 3. Support Staff | | | | | | |

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|--|----------------|-----------------------|-------------------------|----------|-------------------------|----------------------------|
| Expenditure | # of Staff | FTE | Program | Admin | Total Grant | Budget Narrative |
| Category | | | Costs | Costs | Budget | _ |
| | | | | | | |
| Aide/Paraprofessional | | | | | | |
| Secretary/Bookkeeper | 0 | 0.00 | | \$0 | \$0 | |
| econotary/Beontteeper | | 0.00 | | Ψ | Ψ | |
| Stipend | | | \$0 | \$0 | \$0 | |
| | | | | | | |
| Other | 0 | 0.00 | \$0 | \$0 | \$0 | |
| Support Staff | 0 | 0.00 | \$ 0 | \$0 | \$0 | |
| Sub-Total | · | 0.00 | Ψ | Ψ | Ψ | |
| 4. Fringe Benefits Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Column A | Column | Column C | Column D | Column | Column F | Column G |
| | | | | | \$0 | |
| Fringe Benefits | 0 | 0.00 | \$0 | \$0 | | |
| Fringe Benefits Sub-Total | 0 | 0.00 | \$0 | \$0 | \$0 | |
| 5. Contractual Service | es | | | | | |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure | Rate | Hr/Day/Wk | Program | Admin | Total Grant | Budget Narrative |
| Category | | /Yr/Flat | Costs | Costs | Budget | Daugo: Na. 14. 170 |
| | | | | | | |
| Advisor | \$0.00 | 0 | \$0 | | \$0 | |
| Clinician | | | | | | |
| | | | | | | |
| Consultant | \$0.00 | 0 | \$0 | | \$0 | |
| Educator/Instructor | \$0.00 | 0 | \$0 | | \$0 | |
| Column A Expenditure Category Advisor Clinician | Rate \$0.00 | Hr/Day/Wk /Yr/Flat | Program Costs \$0 | | Total Grant Budget \$0 | Column G Budget Narrative |

| 1 | | | |
|--------------|--|--|--|
| Home Visitor | | | |

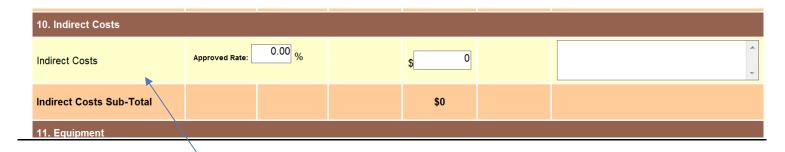
| Specialist | \$0.00 | 0 | \$0 | | \$ 0 | |
|---|----------|----------|----------|----------|--------------------|------------------|
| Speaker | \$0.00 | 0 | \$0 | | \$ 0 | |
| | | | <u> </u> | | | |
| Substitute | | | | | | |
| Stipend | | | \$0 | \$0 | \$0 | |
| | | | | | | |
| Other | \$0.00 | 0 | \$0 | \$0 | \$0 | |
| Contractual Services | | | ** | • | | |
| Sub-Total | | | \$0 | \$0 | \$0 | |
| 6. Supplies & Materia | | | | | | |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure | | | Program | Admin | Total Grant | |
| Category | | | Costs | Costs | Budget | Budget Narrative |
| Educational & Instructional Materials | | | \$0 | | \$0 | |
| Instructional Technology including Software | | | \$0 | \$0 | \$0 | |
| Non-Instructional Supplies | | | ΨΟ | \$0 | \$0 | |
| Other | | | \$0 | \$0 | \$0 | |
| Supplies & Materials Sub-Total | | | \$0 | \$0 | \$0 | |
| 7. Travel | | | | | l | |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure | Mileage | | Program | Admin | Total Grant | Rudget Marrative |
| Category | Rate | | Costs | Costs | Budget | Budget Narrative |
| Administrators (Supervisory Staff) | \$0.00 | | | \$0 | \$0 | |
| Instructional Staff | \$0.00 | | \$0 | | \$0 | |
| Other | \$0.00 | | \$0 | \$0 | \$0 | |

| Travel Sub-Total | | | \$0 | \$0 | \$0 | |
|----------------------------------|----------|----------|------------------|----------------|-----------------------|------------------|
| 8. Other Costs | | | | | | |
| Column A | Column B | Column (| C Column D | Column E | Column F | Column G |
| Expenditure Category | | | Program Costs | Admin Costs | Total Grant Budget | Budget Narrative |
| Advertising | | | \$0 | \$0 | \$0 | |
| Equipment Rental | | | | \$0 | \$0 | |
| Maintenance/Repairs | | | | \$0 | \$0 | |
| Membership/ Subscriptions | | | | \$0 | \$0 | |
| Printing/Reproduction | | | \$0 | \$0 | \$0 | |
| Staff Training | | | \$0 | \$0 | \$0 | |
| Rental of Space | | | \$0 | \$0 | \$0 | |
| Telephone/Utilities | | | | \$0 | \$0 | |
| Direct Service Transportation | | | | | | |
| Other | | | \$0 | \$0 | \$0 | |
| Other Costs | | | | | | |
| Sub-Total | | | \$0 | \$0 | \$0 | |
| | | | \$0 | \$0 | \$0 | |

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|--|----------|----------|------------------|----------------|-----------------------|------------------|
| Expenditure Category | | | Program Costs | Admin Costs | Total Grant Budget | Budget Narrative |
| Professional Development Opportunities | | \$0 | | \$0 | \$0 | |
| Application Fees | | | \$0 | | \$0 | |

Unblock cells for Professional Development Opportunities: Program Costs and Total Grant Budget

| CEU Courses | | | | | \$0 | |
|--------------------------------|----------|------------------|--------------|-------------|--------------|----------------------|
| | | | | | | |
| College Courses | | | \$0 | | \$0 | |
| Other | | | \$0 | \$0 | \$0 | |
| Capacity Building | | | | | | |
| Sub-Total | | | \$0 | \$0 | \$0 | |
| 10. Indirect Costs | | | | · | | |
| Column A | Column | B Colum | n C Column | D Column | n E Column | F Column G |
| Expenditure | | | Progra | m Admii | n Total Gr | ant Budget Narrative |
| Category | | | Costs | Costs | s Budge | |
| Indirect Costs | Approved | Rate: 0.0 | | \$0 | | |
| Indirect Costs | | | | | | |
| Sub-Total | | | | \$0 | | |
| 11. Equipment | | | | | | |
| Column A | Column | B Colum | n C Column | D Column | E Column | F Column G |
| Expenditure | | | Progra | m Admi | n Total Gr | ant |
| Category | | | Costs | Costs | s Budge | t Budget Narrative |
| Instructional Equipment | | | | | | |
| Non-instructional Equipment | | | | | | |
| Other | | | | | | |
| Equipment Sub-Total | | | \$0 | \$0 | \$0 | |
| Lead Agency Total | | | \$280,309.00 | \$24,374.00 | \$304,683.00 | |



Add text to Indirect Cost:

• Under no circumstances can the use of the indirect cost rate exceed the amount of funds (10% of the total grant) allocated to administrative purposes.

12. Ancillary Services- This category needs to be blocked.

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|-------------|----------|----------|----------|----------|-------------|------------------|
| Expenditure | | | Program | Admin | Total Grant | Budget Narrative |
| Category | | _ | Costs | Costs | Budget | |
| | | | | | | |
| | | | | | | |



PART 4 - LEAD AGENCY BUDGET:

- Please reference the fund use section within the Grant Application and **Appendix E: Budget Guidelines** to follow specific guidelines regarding the budget for this grant, including **program** and **admin** costs.
 - Please note: All budget lines and columns are open to enter information. However, not all budget lines and columns are allowable under this grant.
- Note: YOU CAN ONLY ENTER WHOLE NUMBERS INTO THE BUDGET.
- Error messages will appear in **RED** at the top of the Lead Agency Budget. Errors are outlines in **RED BOX(ES)** for each item that has an error. A Budget cannot be submitted with any errors.
- Please ensure that all line items for which you claim funds have a **budget narrative** that describes how they are aligned with the purpose of the funding.
- For all staff-related line items (#1-4), please include the **Number of Staff** and **Number of FTEs** in the corresponding columns.
 - o Please note that the FTEs should not be larger than the number of staff x 1.00 FTEs.
- For the Fringe Benefits line item (#4), please provide a narrative that includes the components of the fringe benefits, if applicable:
 - o Federal Tax, State Tax, FICA, Mass Unemployment, Health Insurance, Worker's Compensation, Medicare, SUTA, Other Retirement Systems, Other.
 - o If the amount is coming from another source, please provide the name of the source(s) in Budget Narrative.
- If the 35% allocation for Fringe has been exceeded, an Alert will appear and a breakdown of fringe will need to be provided in the Budget Narrative.
 - o If fringe is less or equal to 35%, provide breakdown of categories and percentages, if possible.

DISABLE SUBCONTRACTOR
BUDGETS so grantee cannot get to subcontractor pages

•

| | FY 2016 Ed | ucator and | Provider Su | pport Grant | (Fund Code | 322 |
|-------------------------------|--|------------------|-------------------|----------------|-----------------------|---|
| | | | ontractor/Provi | • • | • | ŕ |
| | fund use section dget, including pr | within the Grant | Application and A | U CAN ONLY EN | | Eligibility Amount: \$826,119.00 Provider Support Budget Guidelines for JMBERS INTO THE BUDGET. Funds cannot |
| Name of Subcontractor/Provide | r*: XYZ Coll | ege | | | | |
| Contact name*: | John Doe | • | | | | |
| Email*: | xyz@col | ege.com | | | | |
| Phone*: | 123-098- | 0987 | | | (Ex: 61 | 7-111-2222) |
| 1. Administrators Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| Expenditure Category | #of Staff | FTE | Program Costs | Admin Costs | Total Grant Budget | Budget Narrative: Please give a brief explanation of the associated cost and how it aligns with the specific activities of this Grant. Character limit is 400 including spaces. |
| Supervisor/Director | 0 | 0.00 | s 0 | \$ 0 | s 0 | A |
| Project Coordinator | 1 | 1.00 | \$ 100,000 | \$ 0 | \$ 100,000 | budget narrative |
| Stipend | | | \$ 0 | \$ 0 | \$ 0 | * |
| Other | 0 | 0.00 | \$ 0 | s 0 | s 0 | T |
| Administrators Sub-Total | 1 | 1.00 | \$100,000 | \$0 | \$100,000 | |
| 2. Instructional/Professional | Staff | | | | | |
| | | | | | | |



PART 6 - FY 2019 BUDGET SUMMARY: The Budget Summary combines all line items requested in the Lead Agency Budget. (This is read-only document).

| Column A | Column B | Column C | Column D | Column E | Column F | |
|--------------------------------------|----------------|-----------------------|---|--------------|-----------------------|-------------|
| Expenditure Category | #of | ETE | Program | Admin | Total Grant Budget | |
| Administrators | | • | e instructions fo ımmary <mark>: "This is</mark> | | \$0 | Show Detail |
| Instructional/ Professional Staff | | | ed. Costs provid | | \$0 | Show Detail |
| Support Staff | | | Budget Summans provided and | • | \$0 | Show Detail |
| Fringe Benefits | • | | icants will be re Budget for prior | | \$0 | Show Detail |
| Contractual Services | and FY 2021 se | | | 10112020 | \$0 | Show Detail |
| Supplies & Materials | | | \$0 | \$0 | \$0 | Show Detail |
| Travel | | | \$0 | \$0 | \$0 | Show Detail |
| Other Costs | | | \$0 | \$0 | \$0 | Show Detail |
| Capacity Building | | | \$0 | \$105,086 | \$105,086 | Show Detail |
|). Indirect Costs | | Agency Rate: 0.00% | | \$0 | | Show Detail |
| I. Equipment | | | \$0 | \$0 | \$0 | Show Detail |
| RAND TOTAL | | | \$0.00 | \$105,086.00 | \$105,086.00 | |
| LIGIBILITY AMOUNT | | | | | \$105,086.00 | |

FY 2020 Proposed Budget Summary
AND
FY 2021 Proposed Budget Summary



Please correct the following error(s).

- . The requested amount is not equal to the total eligibility amount. Please revise your budget accordingly.
- EEC's 10% Admin limit has been exceeded by \$37,230. Please revise your budget accordingly

Part 7 - NARRATIVE QUESTIONS: See updated Narrative Questions.

The FY 19 Career Pathways Grant Application will include narrative questions. The questions must be approved by Anita prior to being included in the requirements document.

Instructions:

Please respond to the question below for anticipated services for FY2019. Responses are limited to approximately 10 pages or 50,000 characters.

Describe the regional plan for implementing FY2019 grant services to enhance program quality through intentional professional development opportunities that improve instructional practice, build educator competencies, and support positive outcomes for children.

The implementation plan should speak to individual grant services as well as the intersection amongst services. Include information on the decision-making process, lessons learned, and anticipated challenges or concerns. The implementation plan must specifically address:

- a. Implementing a Program-Focused Model, including:
 - i. Program application and selection process
 - ii. Program distribution, including regional and program type
- b. Delivery of coaching and technical assistance, including
 - i. Application and selection process
 - ii. Initial assessment and goal setting process
 - iii. Duration and dosage of coaching services
- c. Portfolio of professional development opportunities available and process for course selection,
- d. Supporting certificate and degree attainment, and
- e. Services available in languages other than English.



| FY 2017 Educator and Provider Support | Grant (Fund Code 322) |
|--|--|
| Narrative Questions (F | Part 7) |
| Lead Agency: Test Grant | Eligibility Amount: \$487,375.00 |
| Instructions: Please provide clear and concise answers to address the following questions baser. Responses are limited to 10,000 characters, approximately 2 pages per question. | d on prior experience, expertise, and anticipated services for FY2017. |
| Topic and Questions | |
| Identify your experience and expertise as it pertains to 1) working with adult learners system, and 3) providing for-credit professional development opportunities, technical as | |
| | ^ |
| Identify your experience working with EEC, administering grant programs, leveraging stakeholders. | g resources and partnering with local, regional, and statewide |

Change text to "FY 2019 Career Pathways Grant (Fund Code 325)"



• Part 8 - PROJECTED DELIVERABLES: This section is being disabled.

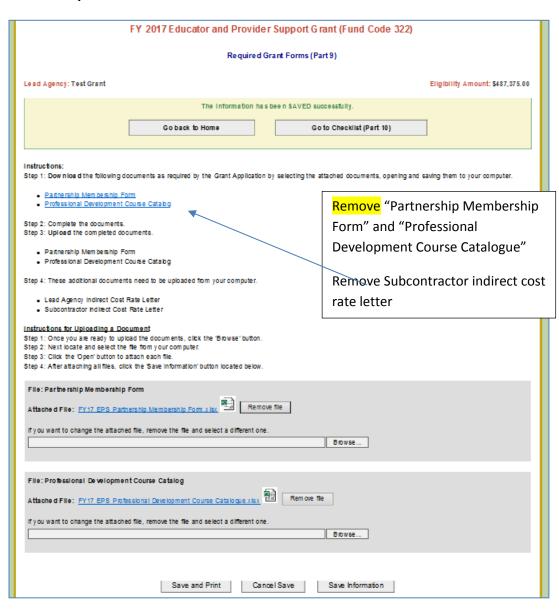
| | | | • |
|-------|---|------------------------------------|--|
| | P | rojected Deliverables (Part | 8) |
| ead | Agency: Test Grant | | Eligibility Amount: \$487,375.0 |
| | ructions: Please respond to all questions as outlined below base listed below please indicate "0" in the "Total Planned for the Ye: | | 17 (July 1, 2016 - June 30, 2017). If there is no response for an |
| infor | ie quired Activity: Provide outreach and market professional dev meducators and providers of opportunities available through the ortunities that extend beyond the grant. | | |
| Thes | se output outcomes can be measured: | Total Planned for the Year | Describe |
| 1a. | Number of educators included on the distribution and contact list for the grant: | | ² |
| 1b. | Number of providers (programs) included on the distribution and contact lists for the grant: | | - C |
| 10. | Number of museums and libraries collaborating with: | | Û |
| 1d. | Number of EEC grantees and other entitles collaborating with: | | Û |
| Ensi | | entoring services through the gran | al choices that advance professional growth and program quality. It have an individualized Professional Development Plan (PDP) or |
| | se output outcomes can be measured: | Total Planned for the Year | Describe |

Disable Projected Deliverables

Projected Deliverables will be hidden for the FY 19 Career Pathways Grant Application.



Part 9 - Required Grant Forms



Change text to "FY 2019 Career Pathways Grant (Fund Code 325)"

These documents need to be uploaded from your computer.

- Letters of Support
- Key Personnel Statement
- o Demographic Information
- o Lead Agency Indirect Cost Rate Letter

Instructions for Uploading a Document

Step 1: Once you are ready to upload the documents, click the 'Browse' button.

Step 2: Next locate and select the file from your computer.

Step 3: Click the 'Open' button to attach each file.

Step 4: After attaching all files, click the 'Save Information' button located below.

Note- we put asterisks next to documents that are required and alert messages should read if they are not submitted.

- Letters of Support
 (*required for submission)
- Key Personnel Statement (*required for submission) (need to confirm document title with Ola/Anita)
- Demographic Information (*required for submission) (need to confirm document title with Ola/Anita)



Part 10 - CHECKLIST -

| | | Checklist for Required Grant Application Documents |
|-------------------------------|--|---|
| | | a check mark all Items that have been submitted. |
| Online Grant A | | on the following forms were completed: |
| Applicant use | | In the following forms were completed. |
| only: | only: | |
| ✓ | | Contact information (Part 1) |
| ✓ | | Communities Served (Part 2) |
| ✓ | | Languages Served (Part 3) |
| ✓ | | Lead Agency Budget (Part 4) |
| ✓ | | Subcontractor/Provider Budget (Part 5) |
| ✓ | | FY 2017 Budget Summary (Part 6) |
| ✓ | | Narrative Questions (Part 7) |
| ₹ | | Projected Deliverables (Part 8) |
| y | | Required Grant Forms (Part 9) o Partnership Membership Form o Professional Development Course Catalog Please Note: The Required Grant Forms must be submitted as hard copies and submitted electronically, as these do not print as part of the PDF document. Grant applications will be considered incomplete if both hard copies and electronic copies are not received. |
| ₹ | | Checklist (Part 10) (this form) |
| ₹ | | Cover Page (Part 11) |
| | Plea | BS PROTE: EEC MAY DISQUALIFY ANY INCOMPLETE GRANT APPLICATIONS FROM CONSIDERATION/REVIEW. |
| Complete and m | dm i nistrati ali <u>one od</u> g | ise note: EEC MAY DISQUALIFY ANY INCOMPLETE GRANT APPLICATIONS FROM CONSIDERATION/REVIEW. Interpretable from a Part 12): Inal pack of the following forms with Grant Application response unless applicant already has these forms on file with the |
| Complete and n Commonwealt | dministrati all <u>one orig</u> h of MA. | tive Forms (Part 12): <u>intel pack a</u> t of the following forms with Grant Application response unless applicant already has these forms on file with the |
| Complete and m Commonwealt | dm i nistrati all one orig h of MA. | tive Forms (Part 12): <u>inal packet</u> of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file. |
| Complete and n Commonwealt | dministration of MA. | tive Forms (Part 12): <u>inal packet</u> of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file Commonwealth Terms & Conditions |
| Complete and m | dministratival one | tive Forms (Part 12): Inal packet of the following forms with Grant Application response unless applicant already has these forms on file with the Check If all forms are on file Common wealth Terms & Conditions W-9 with DUNS # |
| Complete and m Commonwealt | dm I nistrati | tive Forms (Part 12): Inal packet of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file Common wealth Terms & Conditions W-9 with DUNS # Contractor Authorized Signatory Listing |
| Complete and m Commonwealt | dm i nistrati | tive Forms (Part 12): Inal packet of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file Commonwealth Terms & Conditions W-9 with DUNS # Contractor Authorized Signatory Listing Authorization for Electronic Funds Payment (EFT) Form |
| Complete and m Commonwealt | dministratical and one one of the original and one one of the original and origina | tive Forms (Part 12): Inal packet of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file Commonwealth Terms & Conditions W-9 with DUNS # Contractor Authorized Signatory Listing Authorization for Electronic Funds Payment (EFT) Form Federal Funding and Accountability and Transparency Act (FFATA) Reporting Requirements |
| Complete and m Commonwealt | dm i nistrati | tive Forms (Part 12): Inal packet of the following forms with Grant Application response unless applicant already has these forms on file with the Check if all forms are on file Commonwealth Terms & Conditions W-9 with DUNS # Contractor Authorized Signatory Listing Authorization for Electronic Funds Payment (EFT) Form |

Change text to "FY 2019 Career Pathways Grant (Fund Code 325)"

Block/Gray out Projected deliverable and Subcontractor/Provider Budget (Part 5)

Projected Deliverables (Part 8)

<mark>Add</mark>

FY2020 Budget Summary

FY 2021 Budget Summary

Required Forms (Part 9)

Letters of Support

Key Personnel

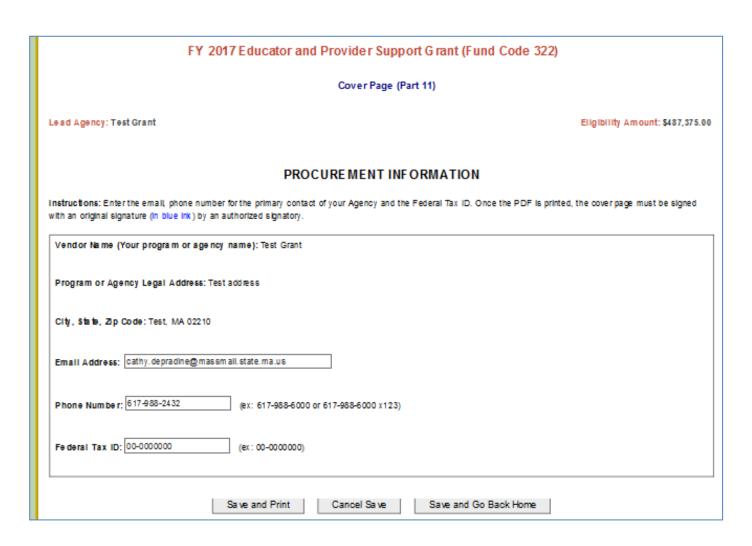
Demographic Information

Lead Agency Indirect Cost Letter

Change text to FY 2019 Career Pathways Grant (Fund Code 325)



- Part 11 COVER PAGE: Change introduction to: Enter the Federal Tax ID.
- Please note: Once the PDF is printed, the cover page must be signed with an original signature (in blue ink) by an authorized signatory.



Change text to "FY 2019 Career Pathways Grant (Fund Code 325)"



New updated text

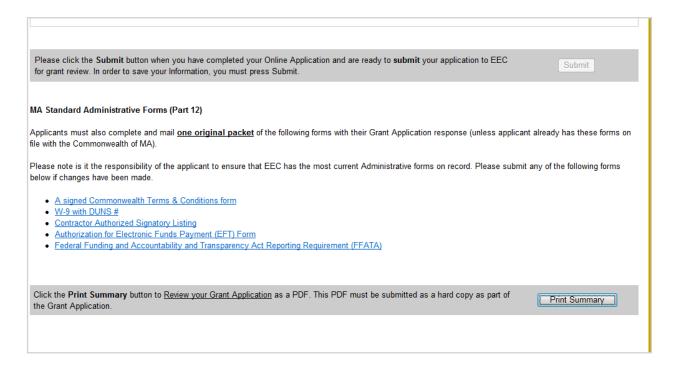
• PART 12 – ADMINISTRATIVE FORMS: Please complete all of the required administrative forms and mail each of the forms with the rest of your Grant Application.

Please click the Submit button when you have completed your Online Application and are ready to submit your application to EEC for grant review. In order to save your information, you must press Submit.

MA Standard Administrative Forms (Part 12)

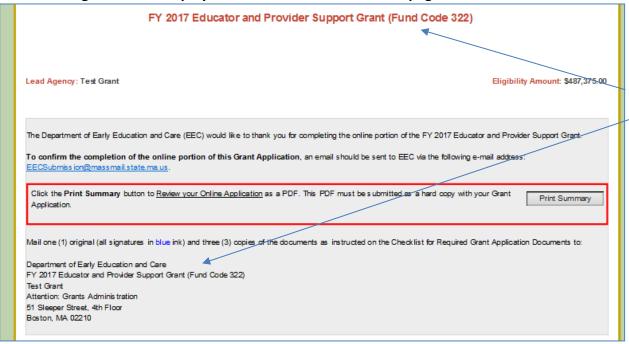
Applicants must complete and mail one original packet of the following forms with their Grant Application response.

Click the Print Summary button to Review your Grant Application as a PDF. This PDF must be submitted as a hard copy as part of the grant application.





- Obtain the appropriate signatures on the cover page (all signatures in blue ink) and additional attachments, if necessary.
- Mail the printed PDF summary and one (1) original and <u>three (3) copies</u> to EEC along with any necessary administrative forms. EEC's mailing address is displayed at the bottom of the cover page.



Change text to "FY 2019 Career Pathways Grant (Fund Code 325)"