

# Preparing the Budget with Carryover

Title IV, Part B – Nita M. Lowey  
21<sup>st</sup> Century Community  
Learning Centers  
September 7, 2022



**OKLAHOMA**  
Education





# Overview

- Logistics for Non-District Grantees
  - Single Sign-On
  - DUNS to UEI
  - Oklahoma Cost Accounting System (OCAS)
- Planning the Budget with Carryover
- Creating a Budget in the Grants Management System (GMS)
- GMS Tips and Next Steps





# Logistics

## Oklahoma Cost Accounting System (OCAS) Codes

- **Function Codes** – describe the activity performed
  - 1000 – Instruction
  - 2000 – Support Services
  - 5000 – Other Uses
- **Object Codes** – describe the services or goods obtained
  - 100 – Personnel
  - 200 – Benefits
  - 300 – Contracts
  - 500 – Other Purchased Services
  - 600 – Supplies
  - 700 – Property
  - 800 – Other Objects
  - 900 – Other Uses of Funds



# Planning the Budget

**Step 1** – Review the original competitive grant application.

**Step 2** – Meet with your team to plan programming, identify staffing needs, and outline budget priorities for the fiscal year.

**Step 3** – Review the Oklahoma Cost Accounting System (OCAS) Manual, Quick Coding Reference sheet, and grant guidance related to allowable and non-allowable expenditures.



# Planning the Budget

## GMS, Access, and Authorized Official

- All budgets, claims, and supporting documentation will only be accepted through the Grants Management System (GMS).
- Grant Lead/Program Director will, at minimum, require view-only access within the GMS to view budgets, claims, and the original competitive grant application.
- All budgets, budget amendments, and claims must be submitted by the **authorized official** (usually the superintendent or authorized official of a community-based organization).



# Planning the Budget Expenditures

- Must be reasonable, necessary, allocable, and properly documented. Costs must be directly linked to the size and scope of the program.
- Must be afterschool and summer learning specific.
- Pre-approval from the OSDE prior to purchasing any single item exceeding \$1,000 or any total exceeding \$2,500 is required.
  - Items contained within the approved budget application do not need further approval.



# Planning the Budget

## Staff Salaries and Benefits (Codes 100 and 200)

- Student attendance should drive program staffing levels.
- Show details in the description by indicating:
  - # of staff x hours per day x rate of pay x number of program days;
  - Include staff names for all lead and permanent program staff positions.



# Planning the Budget

## Staff Salaries and Benefits (Codes 100 and 200)

- Function and Object Codes
  - Instructional Staff are coded to 1000-100s
  - Parent/Family Engagement staff are coded to 2194-100s
  - Program Lead/Director/Coordinator(s) are coded to 2212-100s
  - State and Federal Relations personnel are coded to 2330-100s
  - Bus Drivers are coded to 2720-100s
- All 100s must have 200s



# Planning the Budget

## Contracted Services (Code 300)

- For services provided by personnel not on payroll, including outside instructors, presenters, and staffing/transportation contractors.
- Contracts provide adequate details to determine reasonable and necessary.
- Contracts must be uploaded into the GMS.





# Planning the Budget

## Out-of-State/Overnight Travel (Codes 500 and 800)

- Program leaders may consider attending a national afterschool-specific professional learning opportunity
  - Instructional staff (1000 & 2212) will be coded to 2213
  - Non-instructional staff (2330 & 2194) will be coded to 2573
- Staff Travel expenses (500): Airline, hotel, transportation, meals/per diem
- Staff registration fees (800)
- All school district/organization travel policies and IRS statutes for travel apply





# Planning the Budget

## In-State Travel (Codes 500 and 800)

- Local mileage for program director (2330) and site coordinator (2212) related to development and preparation of program activities may be reimbursable under the associated code 2330 or 2212-580.
- Meal reimbursement during in-state day-only travel (non-overnight status) must be coded as income.



# Planning the Budget

## Program Supplies and Equipment (Code 600)

- Object Code 600 is for a single item under \$5,000 regardless of the total invoice amount.
- Be as descriptive as possible.
- Bus fuel for student transportation is coded 2740-623/625.
- Fuel expenditures should be calculated based on the formula below:
  - Total route miles    miles to the gallon x average price per gallon = \_\_\_\_



# Planning the Budget

## Program Supplies and Equipment (Code 700)

- Object Code 700 is for a single item \$5,000 or more and a life span greater than one year.
- Be as descriptive as possible.



# Planning the Budget

## Other Object Codes (Code 800)

- Student entrance fees for educational field trips are coded to 1000-800.
- Student registrations for educational competitions are coded to 1000-800.
- Other Common Codes:
  - Advertisement for employment is coded 2571-800.
  - Background checks for employees are coded 2571-800.



# Planning the Budget

## Indirect Costs (Code 900)

- Allowance to offset district/organization overhead cost is coded 5400-970.



# Planning the Budget

## Quality Improvement (Code 2544)

- Contracted External Assessors are coded to 2544-300 for grantees in years 3 and 4.
- Quality Kits are coded to 2544-600 for all grantees.



# Creating a New Budget

- All budgets, claims, and supporting documentation will be accepted only through the Grants Management System (GMS).
  - Log into Single Sign-On
  - Select Grants Management and Expenditure Reporting
  - Select GMS Access / Select

- Home / Applications
- About This Site
- Links And Docs
- Sign In

Welcome to the new Single Sign On system. If you have an existing username and password for the previous Single Sign On system you may use that here. If you do not have an account you may create one now using the link below.

If you are having trouble signing in please click the link below to recover your username or password. If you need assistance please contact the OMES Help Desk at (405) 521-2444 or at (866) 521-2444.

Username:

Password:

[Sign In](#)

[Are you a New User? Click here to create an account.](#)

[Username problems? Click here to recover your username.](#)

[Password problems? Click here to recover your password.](#)

Log into Single Sign-On

<https://sdeweb01.sde.ok.gov/SSO2/Signin.aspx>

- Home / Applications
- Your Account
- About This Site
- Links And Docs
- Sign Out

Home / Applications

Applications

These are your current applications



Accountability (A-F Report Cards)

SDEAdmin - SDE Administrators

Allocation Notices System

SDE View Only

Grants Management and Expenditure Reporting

SDE View Only

Oklahoma Educator Credentialing System

DOERead - OSDE Read Only

School Personnel Records - FY 2009

SDE View Only

Click/Select  
*Grants Management and Expenditure Reporting*





## Menu List

### Select GMS Access/Select for Grant Applications

#### Administrative

[21st Century Monitoring](#)

[Special Education Compliance](#)

**[GMS Access / Select](#)**

[Funded Applications](#)

[Non-Funded Data Collections](#)

Click/Select  
*GMS Access / Select*



To report an error or for technical assistance with GMS, contact:

Federal Programs - Email: [Nancy.Hughes@sde.ok.gov](mailto:Nancy.Hughes@sde.ok.gov)

Special Education - Email: [Karen.Howard@sde.ok.gov](mailto:Karen.Howard@sde.ok.gov)

School Support - Email: [Zada.Sery@sde.ok.gov](mailto:Zada.Sery@sde.ok.gov)

21st Century - Email: [Sonia.Johnson@sde.ok.gov](mailto:Sonia.Johnson@sde.ok.gov)

Competitive - Email: [Shelly.Perkins@sde.ok.gov](mailto:Shelly.Perkins@sde.ok.gov)

GMS Access Select

Select Fiscal Year: 2022

[Click to view Funding Summary](#)

[Allocati](#)

This is the first screen you will see.  
This list may look different,  
depending on  
which funding streams your  
district/organization receives.

Scroll Down

Created

Consolidated Plan

| Application Name | Revision    | Status               | Date     | Actions |       |        |
|------------------|-------------|----------------------|----------|---------|-------|--------|
| Assurances       | Amendment 1 | Returned for Changes | 2/8/2022 | Open    | Amend | Review |

Continuous Improvement Plan

Expanded Learning

| Application Name                                  | Revision | Status | Date | Actions |  |  |
|---|----------|--------|------|---------|--|--|
| 21st Century Competitive                          |          |        |      |         |  |  |
| ESSER Afterschool and Summer Learning Competitive |          |        |      |         |  |  |

IDEA

| Application Name                              | Revision             | Status               | Date       | Actions |       |        |          |                |
|---|----------------------|----------------------|------------|---------|-------|--------|----------|----------------|
| IDEA Consolidated Application                 | Amendment 1          | Final Approved       | 2/8/2022   | Open    | Amend | Review | Payments | Delete Applica |
| LEA Agreement                                 | Amendment 1          | Returned for Changes | 2/21/2022  | Open    | Amend | Review |          | Delete Applica |
| Spec Ed PD District - Proj 615                | Amendment 2          | Final Approved       | 12/14/2021 | Open    | Amend | Review | Payments | Delete Applica |
| School Based Services Participation Agreement | Original Application | Final Approved       | 9/13/2021  | Open    | Amend | Review |          | Delete Applica |
| ARP IDEA Consolidated                         | Amendment 1          | Final Approved       | 2/8/2022   | Open    | Amend | Review | Payments | Delete Applica |

Federal Programs

Note: Select correct Fiscal Year

Fiscal Year:

2022

[Click to view Funding Summary](#)

[Allocation Notices](#)

Plan

There currently aren't any Consolidated Plan applications created.

21st Century

| Application Name                  | Revision             | Status        | Date | Actions |       |        |          |                    |
|-----------------------------------|----------------------|---------------|------|---------|-------|--------|----------|--------------------|
| 21st Century Funded 1 Project 553 | Original Application | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |

IDEA

There currently aren't any IDEA applications created.

Federal Programs

There currently aren't any Federal Programs applications created.

School Support

There currently aren't any School Support applications created.

Student Support

There currently aren't any Student Support applications created.

Available

Consolidated Plan

Assurances

Continuous Improvement Plan

Expanded Learning

21st Century

Submissions due by 9/30/2021

21st Century Funded 2 Project 554

Submissions due by 9/30/2021

ESSER Afterschool and Summer

Submissions due by 10/16/2021

Create

Click/Select Create

Create

Create

**GMS Access Select**

**Select Fiscal Year:**

2022 ▼

[Click to view Funding Summary](#)

[Allocation Notices](#)

► **Created**

**Consolidated Plan**


There currently aren't any Consolidated Plan applications created.

**Expanded Learning**

| Application Name                      | Revision               | Status        | Date | Actions |       |        |          |                    |
|---------------------------------------|------------------------|---------------|------|---------|-------|--------|----------|--------------------|
| 21st Century Funded 1 Project 553     | Original Application ▼ | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |
| 21st Century Funded 2 Project 554     | Original Application ▼ | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |
| ESSER Afterschool and Summer Learning | Original Application ▼ | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |

Click/Select  
Open

Navigation tabs will guide you through the application.  
Additional tabs may appear beneath them when selected.  
Click each tab to become familiar with the application.



Overview   Contact Information   Budget   SAM UEI Number   Equitable Share   Supporting Documentation   Special Conditions   Assurances   Submit   Application History   Application Print

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**21st Century - Funded Projects - Overview**

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**Program:** 21st Century - Funded Projects

**Purpose:** Applicants who received awards in prior years will complete this application for FY23. It contains the Budgeting / Justification processes related to how FY23 funds will be expended. This application should ONLY be used by LEAs who have been informed they have received an award under the 21st Century Program. Budgeting of funds should be consistent with the Budget Summary submitted on the Competitive application that resulted in the award.

**Funding Period:** July 1, 2022 through June 30, 2023.

**OSDE Contact:** Family and Community Engagement Office/21st CCLC   (405)522-6225

**Original Grant Award:**

**Applicant:**  
**Application:**  
**Cycle:**  
**Application Due Date:**

**Project Period:**

[Printer-Friendly](#)  
[Click to Return to GMS Access/Select Page](#)  
[Click to Return to Menu List / Sign Out](#)

| Overview | Contact Information | Allocations | DUNS Number | Supporting Documentation | Special Conditions | Assurances | Submit | Application History | Application Print |
|----------|---------------------|-------------|-------------|--------------------------|--------------------|------------|--------|---------------------|-------------------|
|----------|---------------------|-------------|-------------|--------------------------|--------------------|------------|--------|---------------------|-------------------|

**Contact Information**

**\* Next to an item denotes required fields**

**Superintendent / Authorized Representative**

|            |  |  |                |        |      |
|------------|--|--|----------------|--------|------|
| Name*      |  |  |                |        |      |
| Address 1* |  |  | Street Address |        |      |
| Address 2  |  |  |                |        |      |
| City*      |  |  | State*         |        |      |
| Phone*     |  |  | Extension      | Zip+4* | 7440 |
|            |  |  |                | Email* |      |

**Program Director/Coordinator:**

|                         |  |             |  |
|-------------------------|--|-------------|--|
| Last Name*              |  | First Name* |  |
| Daytime Position/Title* |  |             |  |
| Phone*                  |  | Email*      |  |

**Co-Program Director/Coordinator:**

|                        |  |            |  |
|------------------------|--|------------|--|
| Last Name              |  | First Name |  |
| Daytime Position/Title |  |            |  |
| Phone                  |  | Email      |  |

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**Data Collection Contact:**

|                         |   |                 |   |
|-------------------------|---|-----------------|---|
| Last Name*              | <input type="text"/>  | First Name*     | <input type="text"/>  |
| Daytime Position/Title* | <input type="text"/>  | Email*          | <input type="text"/>  |
| Phone*                  | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> | Alternate Phone | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> |

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**Primary Community Partner Contact:**

|                         |   |                 |   |
|-------------------------|---|-----------------|---|
| Organization            | <input type="text"/>  |                 |   |
| Last Name*              | <input type="text"/>  | First Name*     | <input type="text"/>  |
| Daytime Position/Title* | <input type="text"/>  | Email*          | <input type="text"/>  |
| Phone*                  | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> | Alternate Phone | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> |

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**Other Contact:**

|                        |   |                 |   |
|------------------------|---|-----------------|---|
| Last Name              | <input type="text"/>  | First Name      | <input type="text"/>  |
| Daytime Position/Title | <input type="text"/>  | Email           | <input type="text"/>  |
| Phone                  | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> | Alternate Phone | <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> |

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**\* Denotes required field**

**Application Approval / Disapproval Copy Email Addresses**

- ☐ Check to add up to five (5) email addresses to receive copies of automated approval/disapproval notices. Only the Superintendent or Authorized Representative will receive an email notification and does not need to be included in this list. Any other users who should receive notification should be listed.

Add Additional Email Address



Save Page



In order for users other than the Authorized Representative to receive email notifications, add email address.

Allocations

When funds are allocated, the amounts will automatically be filled.

|                           | TitleIVB_FPO  |
|---------------------------|---|
| Current Year Funds        |   |
| Allocation                | Original Allocation  <b>\$103,544.80</b> |
| ReAllocated (+)           | \$0.00  |
| Released (-)              | \$0.00  |
| Total Current Year Funds  | \$103,544.80  |
| Prior Year(s) Funds       |   |
| Rollover (+)              | \$0.00  |
| ReAllocated (+)           | Carryover Allocation  <b>\$15,531.72</b> |
| Total Prior Year(s) Funds | \$15,531.72   |
| Sub Total                 | <b>\$119,076.52</b>   |
| Multi-District            |   |
| Transfer In (+)           | \$0.00  |
| Transfer Out (-)          | \$0.00  |
| Administrative Agent      |   |
| Adjusted Sub Total        | <b>\$119,076.52</b>   |



Cycle:  
Application Due Date: 9/30/2020

Project Period

[Click to Return to GMS Access/Select Page](#)  
[Click to Return to Menu List / Sign Out](#)

|          |                     |        |             |                          |                    |            |        |                     |                   |
|----------|---------------------|--------|-------------|--------------------------|--------------------|------------|--------|---------------------|-------------------|
| Overview | Contact Information | Budget | DUNS Number | Supporting Documentation | Special Conditions | Assurances | Submit | Application History | Application Print |
|----------|---------------------|--------|-------------|--------------------------|--------------------|------------|--------|---------------------|-------------------|

## DUNS Number

### Dun and Bradstreet Data Universal Numbering System (DUNS) & System for Award Management (SAM)

LEAs are required, as per OMB Section 200.32 to register the DUNS number with the System for Award Management (SAM).

\*A New, non-proprietary 12 character identifier number will replace the current DUNS number. Users will automatically be assigned the new UEI (Unique Entity Identifier) at the time of registration renewal. The transition from DUNS to UEI must be completed by December 31, 2020.

Follow these steps to access your Entity Overview Record.

1. Go to SAM.GOV.
2. Type in your User Name and Password.
3. Click on SEARCH RECORDS.
4. Enter your DUNS# or UEI# and click SEARCH.
5. Click on ENTITY DASHBOARD.
6. Click on ENTITY RECORD. This is the page that should show you your DISTRICT'S NAME, your DUNS# or UEI#, and your REGISTRATION EXPIRATION DATE.
7. Upload into the space provided.

\*a screenshot from SAM.GOV or the confirmation e-mail from SAM.GOV can be uploaded in place of the Entity Overview Record as long as the document is clearly from SAM.GOV and includes the LEA name, DUNS# or UEI# and expiration date.

Enter current DUNS Number:  or \*UEI Number

Expiration Date:

A copy of the Entity Overview Record must be uploaded.

Choose File no file selected

No files are currently uploaded for this page.

All entities should have a current Unique Entity ID (SAM)

|                               |                     |             |             |                          |                    |            |        |                     |                   |
|-------------------------------|---------------------|-------------|-------------|--------------------------|--------------------|------------|--------|---------------------|-------------------|
| Overview                      | Contact Information | Allocations | DUNS Number | Supporting Documentation | Special Conditions | Assurances | Submit | Application History | Application Print |
| Required Documentation        |                     |             |             | Additional Documentation |                    |            |        |                     |                   |
| <b>Required Documentation</b> |                     |             |             |                          |                    |            |        |                     |                   |

1. Is the Grantee using the Time Distribution Records template provided by OSDE? ☐ Yes ☐ No  
 If no, upload a sample of the Time and Effort form/system to be used.

No files are currently uploaded for this page.

2. \*Identification of Grant Lead: Please provide Director or Admin

No files are currently uploaded for this page.

3. Vendor Contracts: In order for vendor services to be reimburse must be executed. Please upload all executed vendor contracts

No files are currently uploaded for this page.

4. Conflict of Interest: Uniform Grant Guidance, 2 C.F.R. §200.318(c)(1) discusses real and apparent conflicts of interest when working with federal funds. Please upload documentation that will disclose any potential conflict of interest within staff or contracted services to be paid under these funds and how the grantee plans to address the issue.

No files are currently uploaded for this page.

5. Authorized Signature: All claims for reimbursement must be signed by the authorized representative for the grantee organization. If the authorized representative is someone other than the district Superintendent or the agency Executive Director, a signed letter indicating board approval for this authority must be uploaded.

1 - Required and supporting documentation may be needed  
 2 - Required and supporting documentation required  
 3 - Executed contracts – may be provided in amendment  
 4 and 5 - May require uploads

**Applicant:**

**Application:**

**Cycle:**

**Application Due  
Date:**

**Project Period:** 10/2021 - 09/2022

[Printer-Friendly](#)

[Click to Return to GMS Access/Select Page](#)

[Click to Return to Menu List / Sign Out](#)

|          |                     |             |             |                          |                    |            |        |
|----------|---------------------|-------------|-------------|--------------------------|--------------------|------------|--------|
| Overview | Contact Information | Allocations | DUNS Number | Supporting Documentation | Special Conditions | Assurances | Submit |
|----------|---------------------|-------------|-------------|--------------------------|--------------------|------------|--------|

### Special Conditions

There are no special conditions at this time.

|          |                     |        |             |                          |                    |
|----------|---------------------|--------|-------------|--------------------------|--------------------|
| Overview | Contact Information | Budget | DUNS Number | Supporting Documentation | Special Conditions |
|----------|---------------------|--------|-------------|--------------------------|--------------------|

### Special Conditions

Below are listed any special conditions that are part of the formal grant agreement between the Oklahoma State Department of Education (OSDE). These are legally binding conditions and are agreed to by the grantee by placing a checkmark in the checkbox. Failure to comply with these special conditions may result in the recovery of funds.

☐ The district certifies that the Chief School Administrator has read and accepted the special conditions.

This is the special condition

[Save Page](#)

Special conditions may be added by the program office as necessary based on performance.

If special conditions are added, the grantee will be notified with instructions on required action in the GMS.

|                    |                     |        |                    |                    |                             |                       |            |                   |                        |                      |
|--------------------|---------------------|--------|--------------------|--------------------|-----------------------------|-----------------------|------------|-------------------|------------------------|----------------------|
| Overview           | Correct Information | Budget | SAM<br>UEI Number  | Equitable<br>Share | Supporting<br>Documentation | Special<br>Conditions | Assurances | Submit            | Application<br>History | Application<br>Print |
| General Assurances |                     |        | Program Assurances |                    | Fiscal Assurances           |                       |            | Assurance Summary |                        |                      |

General Assurances

Assurances are specific to Title IV – Part B

☐ By checking this box and submitting this application to the Oklahoma State Department of Education, the applicant hereby certifies that he/she is the authorized representative of the organization and has read, understood and will comply with the assurances listed below. These assurances will also apply to any subsequent amendments of this application.

**The applicant hereby assures:**

1. The applicant assures the Title IV, Part B – Nita M. Lowey 21st Century Community Learning Center (21st CCLC) shall be administered in accordance will all applicable statutes, regulations, program plans and application.
2. The applicant assures proper methods for administering the Title IV, Part B – Nita M. Lowey 21st CCLC program shall be adopted, including:
  - a) The enforcement of any obligations imposed by law.
  - b) The correction of deficiencies in program operations that are identified through program audits, monitoring, or evaluation; and
  - c) The adoption of written procedures for the receipt and resolution of complaints alleging violations of law in the administration of the program.
3. The applicant assures reports to the Oklahoma State Department of Education (OSDE) shall be provided as may be necessary to enable the agency and the staff to perform their duties under the Title IV, Part B – Nita M. Lowey 21st CCLC program. The applicant shall maintain such records and afford such access to the records as the OSDE may reasonably require to carry out the agency’s duties
4. The applicant assures notice of intent to apply to the community and that the application and any waiver request shall be available for public review after submission of the application.
5. The applicant assures the program shall be administered in conformity with the Stevens Amendment.
6. The applicant assures equitable access to and equitable participation in the program’s activities shall be conducted in compliance with applicable federal civil rights laws, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Right to Privacy of Student Records (Federal Regulations, November 1975), the Age Discrimination Act of 1975, and any regulations issued thereunder, as well as applicable federal and state legislation.
7. The applicant assures compliance with the Debarment, Suspension, and Other Responsibility Matters regulation, the Single Audit Act, and the Gun Free Schools Act of 1994.
8. The applicant assures federal funds shall not be utilized to lobby Congress or any other federal or state agency.
9. The applicant assures conflict of interest policies for Federal awards shall be written and the applicant must disclose in writing any potential conflict of interest to the Oklahoma State Department of Education (OSDE).
10. The applicant assures it shall meet all applicable federal, state, and local health safety, and civil rights laws.
11. The LEA must disclose, in a timely manner, in writing to SDE all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the

|                    |                     |        |                    |                 |                          |                    |                   |        |                     |                   |
|--------------------|---------------------|--------|--------------------|-----------------|--------------------------|--------------------|-------------------|--------|---------------------|-------------------|
| Overview           | Contact Information | Budget | SAM UEI Number     | Equitable Share | Supporting Documentation | Special Conditions | Assurances        | Submit | Application History | Application Print |
| General Assurances |                     |        | Program Assurances |                 | Fiscal Assurances        |                    | Assurance Summary |        |                     |                   |

### General Assurances

☐ By checking this box, I, the undersigned, representing the organization, am submitting this application to the Oklahoma State Department of Education, the applicant hereby certifies that he/she is the authorized representative of the organization and has read, understood and will comply with the assurances listed below. These assurances will also apply to any subsequent amendments of this application.

#### The applicant hereby assures:

1. The applicant assures the Title IV, Part B – Nita M. Lowey 21st Century Community Learning Center (21st CCLC) shall be administered in accordance with all applicable statutes, regulations, program plans and application.
2. The applicant assures proper methods for administering the Title IV, Part B – Nita M.
  - a) The enforcement of any obligations imposed by law.
  - b) The correction of deficiencies in program operations that are identified through
  - c) The adoption of written procedures for the receipt and resolution of complaints
3. The applicant assures reports to the Oklahoma State Department of Education (OSDE) their duties under the Title IV, Part B – Nita M. Lowey 21st CCLC program. The applicant reasonably requires to carry out the agency's duties
4. The applicant assures notice of intent to apply to the community and that the applicant application.
5. The applicant assures the program shall be administered in conformity with the Steve
6. The applicant assures equitable access to and equitable participation in the program's activities shall be conducted in compliance with applicable federal civil rights laws, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Right to Privacy of Student Records (Federal Regulations, November 1975), the Age Discrimination Act of 1975, and any regulations issued thereunder, as well as applicable federal and state legislation.
7. The applicant assures compliance with the Debarment, Suspension, and Other Responsibility Matters regulation, the Single Audit Act, and the Gun Free Schools Act of 1994.
8. The applicant assures federal funds shall not be utilized to lobby Congress or any other federal or state agency.
9. The applicant assures conflict of interest policies for Federal awards shall be written and the applicant must disclose in writing any potential conflict of interest to the Oklahoma State Department of Education (OSDE).
10. The applicant assures it shall meet all applicable federal, state, and local health safety, and civil rights laws.
11. The LEA must disclose, in a timely manner, in writing to SDE all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the

Four assurance tabs must be completed.

**Every** tab has a box that **MUST** be clicked. **This is the binding signature** that the authorized agent of the organization has read and accepts ALL terms and conditions for the award.



Budget Detail

Itemize and explain each expenditure amount that appears on the Budget Summary.

| Paid to Date Amounts                       | 100    | 200    | 300    | 400    | 500    | 600    | 700    | 800    | 900    | Indirect Cos |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
|  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00       |
| Current Budgeted Amounts<br>by Object Code | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00       |

Notes: The District Level Budget page is identified by '000'

Site: 

Go

Total Allocation Available for Budgeting 

\$0.00

To obtain additional detail lines, fill in all blank lines, and click Save Page. Three (3) more blank lines will then be added at the bottom.

| Function<br>Code | Object<br>Code | Expenditure Description and Itemization | Afterschool_ESSER<br>Funds | Delet<br>Row             |
|------------------|----------------|---|----------------------------|--------------------------|
| <div></div>      | <div></div>    |   | <div>0.00</div>            | <input type="checkbox"/> |
| <div></div>      | <div></div>    |   | <div>0.00</div>            | <input type="checkbox"/> |
| <div></div>      | <div></div>    |   | <div>0.00</div>            | <input type="checkbox"/> |

Working from your original competitive application, make sure this budget aligns to what was detailed in the competitive grant application.

Total Displayed: 

\$0.00

To obtain additional detail lines, fill in all blank lines, and click Save Page. Three (3) more blank lines will then be added at the bottom.

| Function Code        | Object Code          | Expenditure Description and Itemization | TitleIVB_FPO Funds                  | Delete Row               |
|----------------------|----------------------|---|-------------------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                    | <input type="text" value="0.00"/>   | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                    | <input type="text" value="0.00"/>   | <input type="checkbox"/> |
|                      |                      |   | <input type="text" value="\$0.00"/> |                          |

Fill in the first 3 rows,  
Click/Select  
Calculate Totals, then Save Page  
The screen will refresh and 3 more lines will appear.

The maximum amount of Indirect Costs that may be taken and r  
Determining Maximum Indirect Cost allowed

|  |                                     |                            |                                     |
|--|-------------------------------------|----------------------------|-------------------------------------|
| (A) Total Allocation Available for Budgeting | <input type="text" value="\$0.00"/> | (F) Total budgeted         | <input type="text" value="\$0.00"/> |
| (B) Property Costs                           | <input type="text" value="\$0.00"/> | (G) Budgeted Indirect Cost | <input type="text" value="0.00"/>   |
| (C) Allowable Direct Costs (A-B)             | <input type="text" value="\$0.00"/> | (H) Total Budget (F+G)     | <input type="text" value="\$0.00"/> |
| (D) Indirect Cost Rate %                     | <input type="text" value="3.5800"/> |                            |                                     |
| (E) Maximum Indirect Cost (C*(D/1+D))        | <input type="text" value="\$0.00"/> | Remaining (A-H)            | <input type="text" value="\$0.00"/> |

Calculate Totals Save Page

To expedite claims, clearly detail ALL items in the expenditure description and itemization column.

| Function Code | Object Code | Expenditure Description and Itemization   | TitleIVB_SpecProj Funds | Delete Row               |
|---------------|-------------|---|-------------------------|--------------------------|
| 1000 ▾        | 100 ▾       | Instructional Salary Total: \$130,000<br>8 certified teachers x \$00. x # hours/week x 36 weeks = \$90,000<br>10 non-certified teachers x \$00 x # hours/week x 36 weeks = \$40,000                                       | 30000.00                | <input type="checkbox"/> |
| 1000 ▾        | 100 ▾       | Carryover \$100,000   | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 100 ▾       | Director Salary: \$17,000<br>John Hancock .5 FTE - \$34,000<br>\$20/hr x 5 hrs x 5 days/week x 34 weeks = \$17,000  | 10000                   | <input type="checkbox"/> |
| 2212 ▾        | 100 ▾       | Carryover \$7,000   | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 200 ▾       | Instructional Benefits Total: \$32,500<br>Benefits 130,000 x 0% = \$32,500  | 25000.00                | <input type="checkbox"/> |
| 1000 ▾        | 200 ▾       | Carryover \$7,500   | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 200 ▾       | Program Director Benefits<br>\$32,500 x 0% = \$11,000   | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 200 ▾       | Carryover \$2,000   | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | Instructional Supply Total: \$1,700<br><br>STEM Supply Total: \$1,200<br>Consumables = \$1,000<br>2 drones @ \$100 = \$200<br><br>Art Supply Total: \$325<br>Consumables = \$200<br>5 Easels @ \$25 = \$125<br><br>Cont'd | 1000.00                 | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | Cont'd<br><br>Physical Fitness Total: \$175<br>10 jump ropes @ \$15 = \$150<br>5 basketball @ \$5 = \$25  | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | Carryover \$700   | 0.00                    | <input type="checkbox"/> |

If multiple lines are needed for a single function/object code description, only budget funds in the first cell and record the other cells as \$0.00.



| Function Code | Object Code | Expenditure Description and Itemization  | TitleIVB_SpecProj Funds | Delete Row               |
|---------------|-------------|--|-------------------------|--------------------------|
| 1000 ▾        | 100 ▾       | Instructional Salary Total: \$130,000<br>8 certified teachers x \$00. x # hours/week x 36 weeks = \$90,000<br>10 non-certified teachers x \$00 x # hours/week x 36 weeks = \$40,000                                      | 30000.00                | <input type="checkbox"/> |
| 1000 ▾        | 100 ▾       | Carryover \$100,000  | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 100 ▾       | Director Salary: \$17,000<br>John Hancock .5 FTE - \$34,000<br>\$20/hr x 5 hrs x 5 days/week x 34 weeks = \$17,000   | 10000                   | <input type="checkbox"/> |
| 2212 ▾        | 100 ▾       | Carryover \$7,000  | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 200 ▾       | Instructional Benefits Total: \$32,500<br>Benefits 130,000 x 0% = \$32,500   | 25000.00                | <input type="checkbox"/> |
| 1000 ▾        | 200 ▾       | Carryover \$7,500  | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 200 ▾       | Program Director Benefits<br>\$32,500 x 0% = \$11,000  | 0.00                    | <input type="checkbox"/> |
| 2212 ▾        | 200 ▾       | Carryover \$2,000  | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | C. Instructional Supply Total: \$1,700<br>STEM Supply Total: \$1,200<br>Consumables = \$1,000<br>2 drones @ \$100 = \$200<br><br>Art Supply Total: \$325<br>Consumables = \$200<br>5 Easels @ \$25 = \$125<br><br>Cont'd | 1000.00                 | B.                       |
| 1000 ▾        | 600 ▾       | Cont'd<br>Physical Fitness Total: \$175<br>10 jump ropes @ \$15 = \$150<br>5 basketball @ \$5 = \$25   | 0.00                    | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | A. Carryover \$700   | 0.00                    | <input type="checkbox"/> |

C.

The description total must equal the

$$A+B=C$$

carryover amount plus the budgeted amount.

A.

B.

| Function Code | Object Code | Expenditure Description and Itemization   | TitleIVB_SpecProj Funds | Delete Row               |
|---------------|-------------|---|-------------------------|--------------------------|
| 1000 ▾        | 100 ▾       | Instructional Salary Total: \$130,000<br>8 certified teachers x \$00. x # hours/week x 36 weeks = \$80,000<br>10 non-certified teachers x \$00 x # hours/week x 36 weeks = \$50,000 | 30000.00                | <input type="checkbox"/> |
| 1000 ▾        | 100 ▾       | Carryover \$100,000   | 0.00                    | <input type="checkbox"/> |

Each 100 Object Code must have a 200 Object Code

|        |       |  |          |                          |
|--------|-------|--|----------|--------------------------|
| 1000 ▾ | 200 ▾ | Instructional Benefits Total: \$32,500<br>Benefits 130,000 x 0% = \$32,500 | 25000.00 | <input type="checkbox"/> |
| 1000 ▾ | 200 ▾ | Carryover \$7,500  | 0.00     | <input type="checkbox"/> |

Lead staff (coded in function codes 2000) should be identified by name in the budget application.

|        |       |   |                             |                          |
|--------|-------|---|-----------------------------|--------------------------|
| 2212 ▾ | 100 ▾ | Director Salary: \$17,000<br>John Hancock<br>.5 FTE - \$34,000<br>\$20/hr x 5 hrs x 5 days/week x 34 weeks = \$17,000 | <div><div></div>10000</div> | <input type="checkbox"/> |
| 2212 ▾ | 100 ▾ | Carryover \$7,000   | <div><div></div>0.00</div>  | <input type="checkbox"/> |

- Function/object code 1000-600 provides an overview of the materials and supplies necessary to carry out the grant objectives.
- During budget and claim reviews, it is important for this section to have clear details that include any large purchases such as technology, curriculum or program supplies to give the reviewer an understanding of what the program offerings will include.
- When preparing this section grantees may choose to round for ease and clarity.

|        |       |   |         |                          |
|--------|-------|---|---------|--------------------------|
| 1000 ▾ | 600 ▾ | Instructional Supply Total: \$1,700<br><br>STEM Supply Total: \$1,200<br>Consumables = \$1,000<br>2 drones @ \$100 = \$200<br><br>Art Supply Total: \$325<br>Consumables = \$200<br>5 Easels @ \$25 = \$125<br><br>Cont'd | 1000.00 | <input type="checkbox"/> |
| 1000 ▾ | 600 ▾ | Cont'd<br><br>Physical Fitness Total: \$175<br>10 jump ropes @ \$15 = \$150<br>5 basketball @ \$5 = \$25  | 0.00    | <input type="checkbox"/> |
| 1000 ▾ | 600 ▾ | Carryover \$700   | 0.00    | <input type="checkbox"/> |

To obtain additional detail lines, fill in all blank lines, and click Save Page. Three (3) more blank lines will then be added at the bottom.

| Function Code | Object Code | Expenditure Description and Itemization   | TitleIVB_FPO Funds | Delete Row               |
|---------------|-------------|---|--------------------|--------------------------|
| 1000 ▾        | 100 ▾       | Salary Total: \$100,000   | 100000.00          | <input type="checkbox"/> |
| 2212 ▾        | 100 ▾       | 1 full time grant coordinator (name) at \$00,000 annual salary based on current salary schedule for organization. | 0.00               | <input type="checkbox"/> |
| 1000 ▾        | 200 ▾       | Instructional Benefits Total: \$20,000  | 20000.00           | <input type="checkbox"/> |
| 2212 ▾        | 200 ▾       | Benefits for 1 full time grant coordinator (name) calculated at 00% = \$00,000                                    | 0.00               | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | Supply Total: \$25,000  | 25000.00           | <input type="checkbox"/> |
| 1000 ▾        | 600 ▾       | Art Supply Total: \$5,000<br>X product @ \$XXX = X,XXX  | 5000.00            | <input type="checkbox"/> |
| 2213 ▾        | 800 ▾       | Total Registration Cost: \$1000<br>Names @ \$XXX each = XXX for Conference Name                                   | 1000.00            | <input type="checkbox"/> |
| ▾             | ▾           |   | 0.00               | <input type="checkbox"/> |
| ▾             | ▾           |   | 0.00               | <input type="checkbox"/> |

Total Displayed: \$151,000.00

The maximum amount of Indirect Costs that may be taken and no Property is budgeted will be \$0.00

Determining Maximum Indirect Cost allowed

|  |              |
|--|--------------|
| (A) Total Allocation Available for Budgeting | \$200,000.00 |
| (B) Property Costs                           | \$0.00       |
| (C) Allowable Direct Costs (A-B)             | \$200,000.00 |
| (D) Indirect Cost Rate %                     | 0.0000       |
| (E) Maximum Indirect Cost (C*(D/1+D))        | \$0.00       |

|                            |              |
|----------------------------|--------------|
| (F) Total budgeted         | \$151,000.00 |
| (G) Budgeted Indirect Cost | 0.00         |
| (H) Total Budget (F+G)     | \$151,000.00 |

Remaining (A-H) \$49,000.00

Click/Select  
Calculate Totals and Save Page



The maximum amount of Indirect Costs that may be taken and no Property is budgeted will be \$0.00

Determining Maximum Indirect Cost allowed

|  |              |
|--|--------------|
| (A) Total Allocation Available for Budgeting | \$200,000.00 |
| (B) Property Costs                           | \$0.00       |
| (C) Allowable Direct Costs (A-B)             | \$200,000.00 |
| (D) Indirect Cost Rate %                     | 0.0000       |
| (E) Maximum Indirect Cost (C*(D/1+D))        | \$0.00       |

All funds must be budgeted and the remaining amount must be \$0.00.



|                            |              |
|----------------------------|--------------|
| (F) Total budgeted         | \$151,000.00 |
| (G) Budgeted Indirect Cost | 0.00         |
| (H) Total Budget (F+G)     | \$151,000.00 |
| Remaining (A-H)            | \$49,000.00  |

Calculate Totals

Save Page

**Applicant:**

**Application:**

**Cycle:**

**Application Due**

**Date:**

00-  
Original Application  
10/16/2021

**Project Period:** 7/1/2021 -  
6/30/2022

**Application Sections**

ESSER Afterschool and Summer Learning ▼

[Printer-Friendly](#)

[Click to Return to GMS Access/Select Page](#)

[Click to Return to Menu List / Sign Out](#)

Overview

Contact  
Information

Allocations

DUNS  
Number

Supporting  
Documentation

Special  
Conditions

Assurances

Submit

Application  
History

Application  
Print

**Submit**

**The Consistency Check must be successfully processed before you can submit your application.**

Consistency Check

Lock Application

Unlock Application

Assurances have not been agreed to on the Assurance application  
LEA Data Entry  
LEA Administrator  
Program Review



When the information in each tab has been completed,  
click/select *Consistency Check*.

This process checks all required fields for completion.  
If no error messages are received, complete the  
submit process.



GMS Access Select

Once the budget is complete, all buttons will appear to allow budget review and budget amendments, review of comments, and submit claims.

Select Fiscal Year: 2022 ▼

[Click to view Funding Summary](#)

[Allocation Notices](#)

## Created

### Consolidated Plan

There currently aren't any Consolidated Plan applications created.

### 21st Century

| Application Name                      | Revision               | Status        | Date | Actions |       |        |          |                    |
|---------------------------------------|------------------------|---------------|------|---------|-------|--------|----------|--------------------|
| 21st Century Funded 1 Project 553     | Original Application ▼ | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |
| ESSER Afterschool and Summer Learning | Original Application ▼ | Not Submitted |      | Open    | Amend | Review | Payments | Delete Application |



# Budget Helpful Tips

- All object codes 100 must have an accompanying 200.
- Function codes in 2000 (2194, 2212, 2213, 2330 and 2573) must include names.
- Descriptions must equal the description total.
- Carryover and budget for each function/object code must equal description total.
- Remember to budget for Quality Kits and Assessors.



# GMS Helpful Tips

- Use the navigation buttons found in the top right corner of the GMS pages.
  - Do not use the back button to move through the application.
- Only click selections once.
  - Do not double-click or continuously click on the same item.
- Allow the system time to process the action.
  - Click slowly through GMS and allow the system to process your last action.
- Turn off pop-up blockers within your browser when working in the GMS.
  - If the budget is returned for corrections, the reviewer comments will open in a separate tab and pop-up blockers must be turned off for this tab to open.



# Next Steps

- Budgets will not appear until your access has been granted
- Logistics for Non-District Grantees
  - Single Sign-On
  - Electronic Funds Transfer
  - UEI
  - Oklahoma Cost Accounting System (OCAS)



# Fiscal Timelines

- **Budgets - Due two weeks after they open.**
- **November 1<sup>st</sup>** – At least one claim should be submitted
- **June 1<sup>st</sup>** – Last day to submit a clean claim to receive payment by the end of the fiscal year and record as Fiscal Year Revenue.
- **June 30<sup>th</sup>** – Last day to encumber funds for the fiscal year
- **August 1<sup>st</sup>** – Deadline for **ALL** claims to be received at OSDE. Payment of late claims submitted after August 1<sup>st</sup> are subject to the approval of the State Board of Education.
- **September 1<sup>st</sup>** – Deadline for the Final Fiscal Year Closeout procedures to be submitted.



# For Further Information

For more information, resources, tutorials, and FAQ's, please refer to:

- Oklahoma 21<sup>st</sup> CCLC website - <https://sde.ok.gov/21cclc>
  - Grant Guidance – <https://sde.ok.gov/21st-cclc-grantee-resources-grant-guidance>
  - Financial resources – <https://sde.ok.gov/21st-cclc-current-grantees-budgets-claims>
- OCAS manual – <https://sde.ok.gov/sde/financial-accounting>



# Grant Contacts

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