

# Preparing the Budget

Title IV, Part B – Nita M. Lowey  
21st Century Community  
Learning Centers



**OKLAHOMA**  
Education



# Overview

- Planning Your Budget
- Preparing Your Budget
- Creating a New Budget

# Planning Your Budget

- **Step 1** – Review your original competitive grant application.
- **Step 2** – Grantees in year 2 – 5, review your previous year closeout for an overview of your actual expenditures.
- **Step 3** – Meet with your program team to plan programming, identify priorities, and outline expenses for the fiscal year.
- **Step 4** – Review the OCAS Manual, 21<sup>st</sup> CCLC Quick Coding Reference sheet, and the Federal and State grant guidance related to allowable and non-allowable expenditures.

# Planning Your Budget

## GMS, Authorized Official, and Access Rights

- All budgets, claims, and supporting documentation are only accepted through the Grants Management System (GMS).
- All budgets, budget amendments, and claims must be submitted by the **authorized official** (usually the superintendent or authorized official of a community-based organization).
- The Program Director will need access to GMS to view the 21<sup>st</sup> CCLC budgets, claims, and the original competitive grant application.

# Planning Your Budget Expenditures

- Must be reasonable, necessary, allocable, and properly documented. Costs must be directly linked to the size and scope of the program.
- Subject to 21<sup>st</sup> CCLC program specific requirements and must comply with grant guidance, <http://sde.ok.gov/sde/21cclc>.
- Must be 21<sup>st</sup> CCLC specific. If materials will be used during the regular school day, documentation of a shared cost must be provided and approved by the 21<sup>st</sup> CCLC office.
- Pre-approval from the 21<sup>st</sup> CCLC office prior to purchasing any single item exceeding \$1,000 or any total exceeding \$2,500 is required.

# Planning Your Budget

## Staff Salaries and Benefits (100 and 200)

- Student attendance should drive your program staffing levels.
- In order to maintain appropriate staff/student ratios, a typical program has estimated salaries and benefits consuming a minimum of 60-75% of the annual allocation.
- Show details in your description by indicating:
  - # of staff x hours per day x rate of pay x number of program days;  
and
  - Include staff names for all lead and permanent program staff positions.

# Planning Your Budget

## Staff Salaries and Benefits (100 and 200)

- All personnel must be correctly listed in School Personnel Records.
- Function and Object Codes
  - Instructional Staff are coded to 1000-100s.
  - Parent/Family Engagement staff are coded to 2194-100s.
  - Program Director/Site Coordinator(s) are coded to 2212-100s.
  - State and Federal Relations personnel are coded to 2330-100s.
  - Bus Drivers who are 21<sup>st</sup> CCLC specific are coded to 2720-100s.
  - All 100s should have 200s.

# Planning Your Budget

## Contracted Services (300)

- For services provided by personnel not on payroll, including outside instructors, presenters, and staffing/transportation contractors.
- Youth Program Quality External Assessors are coded as 2544-320.
  - Youth Program Quality External Assessment Services are required only in year 2 and 3 of the grant.



# Planning Your Budget

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

- Program leaders are required to attend a national afterschool-specific training.
  - Instructional staff (1000 & 2212) will be coded to 2213.
  - Non-instructional staff (2330 & 2194) will be coded to 2573.
- Staff Travel **expenses (580)**: Airlines, hotel, transportation, meals/per diem
- Staff **registration fees (860)**
- All school district/organization travel policies and IRS statutes for travel apply

# Planning Your Budget

## In-State Travel (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 Your Budget

## Program Supplies and Equipment (600)

- Object Code **600** is for a single item under \$5,000 regardless of the total invoice amount.
- Be as descriptive as possible. Refer to grant guidance for allowable/non-allowable items, <http://sde.ok.gov/sde/21cclc>.
- Required evaluation materials – YPQI Box Set coded 2544-614.
- Bus fuel for **student transportation** coded 2740-623/625;
  - Fuel expenditures should be calculated based on the formula below
  - Total route miles  $\div$  miles to the gallon x average price per gallon = \_\_\_\_\_.

# Planning Your Budget

## Program Supplies and Equipment (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. Refer to grant guidance for allowable/non-allowable items, <http://sde.ok.gov/sde/21cclc>.

# Planning Your Budget

## Other Object Codes (800)

- Student entrance fees for educational field trips are coded to 1000-810.
- Student registrations for educational competitions are coded to 1000-860.
- Other Common Codes;
  - Advertisement for 21<sup>st</sup> CCLC employment is coded 2571-810.
  - Background checks for 21<sup>st</sup> CCLC employees are coded 2571-810.

# Planning Your Budget

## Indirect Costs (900)

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

# Planning Your Budget

## All Object Codes

- Pre-approval by OSDE 21<sup>st</sup> CCLC (this protects from making large, non-allowable purchases):
  - Any item exceeding \$1,000
  - Total invoice exceeding \$2,500

# GMS Helpful Tips

- Never use the back button, instead use the navigation buttons found in the top right corner of the GMS pages.
- Do not double-click or continuously click on the same item. 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 your budget is returned for corrections, the reviewer comments will open in a separate tab. Pop-up blockers must be turned off for this tab to open.



# Creating a New Budget

- All budgets, claims, and supporting documentation are accepted only through the Grants Management System (GMS) on Single Sign On.
  - 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:

- 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-in from Single Sign On  
<https://sdeweb01.sde.ok.gov/SSO2/Signin.aspx>



Click on Grants Management and Expenditure Reporting

OKLAHOMA State Department of Education

Single Sign On  
Welcome Jasmine Bigler - Sign Out

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

**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 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)

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

[Click to view Funding Summary](#)

Notice there are no buttons under 21<sup>st</sup> Century, yet. Scroll down.

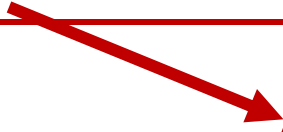
Created								
Consolidated Plan								
Application Name	Revision	Status	Date	Actions				
Assurances	Original Application ▾	Final Approved	4/15/2019	Open	Amend	Review	Delete Application	
21st Century								
Application Name	Revision	Status	Date	Actions				
▶ 21st Century Competitive								
IDEA								
Application Name	Revision	Status	Date	Actions				
IDEA Consolidated Application	Original Application ▾	Not Submitted		Open	Amend	Review	Payments	Delete Application
LEA Agreement	Original Application ▾	Final Approved	6/14/2019	Open	Amend	Review	Delete Application	
School Based Services Participation Agreement	Original Application ▾	Not Submitted		Open	Amend	Review	Payments	Delete Application
Federal Programs								
Application Name	Revision	Status	Date	Actions				
Consolidated Application (I-A, II-A, III-A, IV-A, V-B, CAC)	Original Application ▾	Not Submitted		Open	Amend	Review	Payments	Delete Application

▶ Available

**Consolidated Plan**

- ▶ Schoolwide
- ▶ Targeted Assistance

Click "Create"



**21st Century**

21st Century Funded 1 Project 553	Submissions due by	<a href="#">Create</a>
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**IDEA**

Certification Examination - Proj 616	Submissions due by	<a href="#">Create</a>
District Data Profile	Submissions due by	
Spec Ed PD District -Proj 615	Submissions due by	<a href="#">Create</a>
Spec Ed Professional Dev Proj 613	Submissions due by	<a href="#">Create</a>

**Federal Programs**

**There currently aren't any Federal Programs applications available.**

**School Support**

School Improvement 1003a	Submissions due by	<a href="#">Create</a>
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**Curriculum and Instruction**

Title IV Part A Funded Project	Submissions due by	<a href="#">Create</a>
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Select the appropriate Project Code. Unless otherwise directed by the program office, select Project Code 553.

1st Century Funded 1 Project 553

Applicant:  
 Application:  
 Cycle:  
 Application Due Date:

Project Period: 7/1/2019 - 6/30/2020

[Printer-Friendly](#)  
[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
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### 21st Century - Funded Projects - Overview

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

**Purpose:** Applicants who received awards in prior years will complete this application for FY20. It contains the Budgeting / Justification processes related to how FY20 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, 2019 through June 30, 2020.

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

**Original Grant Award:**



Applicant:  
 Application:  
 Cycle:  
 Application Due Date:

Note the navigation tabs.  
 Some contain information only and others are for you to complete.  
 Several tabs have additional tabs that will appear beneath them when selected.  
 Please click each tab to become familiar with the application before you begin. Make sure you fill out all required fields on the tabs noted with red arrows below. **Project Period:**

21st Century Funded 1 Project 553  
 Printer-Friendl  
 Click to Return to GMS Access/Select Page  
 Click to Return to Menu List / Sign Ou

Overview	Contact Information	Budget	DUNS Number	Supporting Documentation	Special Conditions	Assurances	Submit	Application History	Application Print
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### 21st Century - Funded Projects - Overview

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

**Purpose:** Applicants who received awards in prior years will complete this application for FY20. It contains the Budgeting / Justification processes related to how FY20 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:**

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

**Original Grant Award:**

21st Century Funded 1 Project 553 ▾

**Applicant:**

**Application:** 2020-2021 21st Century Funded 1 Project 553 - 00-  
**Cycle:** Original Application  
**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
- Budget
- DUNS Number
- Supporting Documentation
- Special Conditions
- Assurances
- Submit
- Application History
- Application Print

**Contact Information**

**Superintendent / Authorized Representative**

Name*	<input style="width: 95%;" type="text"/>		
Address 1*	<input style="width: 95%;" type="text"/>	Street Address	<input style="width: 95%;" type="text"/>
Address 2	<input style="width: 95%;" type="text"/>		
City*	<input style="width: 95%;" type="text"/>	State*	<input style="width: 20px;" type="text"/>
Phone*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Extension <input style="width: 20px;" type="text"/>	Zip+4*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 7625
		Email*	<input style="width: 95%;" type="text"/>

**Program Director/Coordinator:**

Last Name*	<input style="width: 95%;" type="text"/>	First Name*	<input style="width: 95%;" type="text"/>
Daytime Position/Title*	<input style="width: 95%;" type="text"/>		
Phone*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Extension <input style="width: 20px;" type="text"/>	Email*	<input style="width: 95%;" type="text"/>

**Co-Program Director/Coordinator:**

Last Name	<input style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>
Daytime Position/Title	<input style="width: 95%;" type="text"/>		
Phone	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Extension <input style="width: 20px;" type="text"/>	Email	<input style="width: 95%;" type="text"/>



**Fiscal/Claims 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"/>

**Site 1:**

Site Name*	<input type="text"/>	Grade Span of Students Served*	<input type="text"/>
AM Program Hours (ex: 6:45 AM - 7:45 AM)	<input type="text"/>	PM Program Hours* (ex: 3:25 PM - 6:00 PM)	<input type="text"/>
Program Start Date* (ex. 8/12/2020)	<input type="text"/>		
<b>Coordinator</b>			
Coordinator Last Name*	<input type="text"/>	Coordinator First Name*	<input type="text"/>
Daytime Position/Title*	<input type="text"/>		
Program Web Site or Social Media*	<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"/>

**Site 2:**

Site Name	<input type="text"/>	Grade Span of Students Served	<input type="text"/>
AM Program Hours (ex: 6:45 AM - 7:45 AM)	<input type="text"/>	PM Program Hours (ex: 3:25 PM - 6:00 PM)	<input type="text"/>
Program Start Date (ex. 8/12/2020)	<input type="text"/>		
<b>Coordinator</b>			
Coordinator Last Name	<input type="text"/>	Coordinator First Name	<input type="text"/>
Daytime Position/Title	<input type="text"/>		
Program Web Site or Social Media	<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"/>

**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"/>

**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"/>

**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"/>

**\* 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

For users other than the Authorized Representative to receive email notifications, add their email address.

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

21st Century Funded 1 Project 553 ▾

**Project Period**

Printer-Friendly  
[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
Allocations			Budget Detail			Budget Summary			

**Allocations**

	TitleIVB_FPO
<b>Current Year Funds</b>	
Allocation	\$0.00
ReAllocated (+)	\$0.00
Released (-)	\$0.00
<b>Total Current Year Funds</b>	\$0.00
<b>Prior Year(s) Funds</b>	
Rollover (+)	\$0.00
ReAllocated (+)	\$0.00
<b>Total Prior Year(s) Funds</b>	\$0.00
<b>Sub Total</b>	<b>\$0.00</b>
<b>Multi-District</b>	
Transfer In (+)	\$0.00
Transfer Out (-)	\$0.00

This screen shows all your grant funding information.  
 When funds are allocated, the amounts will automatically be filled in.

Overview	Contact Information	Budget	DUNS Number	Supporting Documentation	Special Conditions	Assurances	Submit	Application History	Application Print
Allocations			Budget Detail			Budget Summary			

**Budget Detail**

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

<b>Paid to Date Amounts</b>	100 \$0.00
<b>Current Budgeted Amounts by Object Code</b>	\$0.00

Notes: The District Level Budg

Working from your original competitive application, make sure this budget **MATCHES** what was detailed in the proposal. Budget items that are not outlined in the original grant application will not be approved. Similarly, you will be asked to justify why other items have not been included if they are left out.

600	700	800	Indirect Cost
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

Total Allocation Available for Budgeting

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"/>	0.00	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="checkbox"/>

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 Code	Object Code	Expenditure Description and Itemization	TitleIVB_FPO Funds	Delete Row
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="checkbox"/>

Total Displayed: \$0.00

Fill in the first 3 rows, "Calculate Totals", then click "Save Page."

The screen will refresh and 3 more lines will appear.

The maximum amount of Indirect Costs that may be taken and no Pr

Determining Maximum Indirect Cost allowed

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

(F) Budgeted Indirect Cost	budgeted	\$0.00
(G) Budgeted Indirect Cost	0.00	
(H) Total Budget (F+G)	\$0.00	
Remaining (A-H)	\$0.00	

Calculate Totals Save Page

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 8 certified teachers x \$00/hour x 25 hours/week x 36 weeks = \$00,000 10 non-certified teachers x \$00/hour x 20 hours/week x 36 weeks = \$00,000	50000.00	<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	
1000	200	Instructional Benefits Total: \$20,000 Benefits for 8 certified teachers calculated at 00% = \$00,000 Benefits for 10 non-certified teachers calculated at 00% = \$00,000	10000.00	
2212	200	Benefits for 1 full time grant coordinator (name) calculated at 00% = \$00,000	0.00	
1000	600	Supply Total: \$25,000 STEM Supply Total: \$5,000 X product @\$XXX = XXX X product @\$XXX = XXX Cont'd	20000.00	
1000	600	Art Supply Total: \$5,000 X product @ \$XXX = X,XXX X product @ \$XXX = X,XXX Physical Fitness Total: \$5,000 X product @ \$XXX = X,XXX X product @ \$XXX = X,XXX	0.00	
2213	800	Total Registration Cost: \$1000 Names @ \$XXX each = XXX for Conference Name	0.00	
			0.00	
			0.00	

Notes

Total Displayed: \$80,00

Make sure ALL items in your budget are clearly detailed in the Expenditure Description and Itemization column. This will expedite the approval process.

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

Grantees in Years 2-5, please include your carryover amount in the description, then once carryover is allocated simply the change the TitleIVB\_FPO amount to equal description amount.

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 X product @ \$XXX = X,XXX	5000.00	<input type="checkbox"/>
2213	800	Total Registration Cost: \$1000 Names @ \$XXX each = XXX for Conference Name	1000.00	<input type="checkbox"/>
			0.00	<input type="checkbox"/>
			0.00	<input type="checkbox"/>

**Make sure the total in TitleIVB\_FPO Funds equal the amount detailed in the Expenditure Description and Itemization column and the Remaining amount is \$0.00.**

isplayed: \$151,000.00

The maximum amount of Indirect Costs that may be taken and

Determining Maximum Indirect Cost allowed

(A) Total Allocation Available for Budgeting	\$200,000.00	(F) Total budgeted	\$151,000.00
(B) Property Costs	\$0.00	(G) Budgeted Indirect Cost	0.00
(C) Allowable Direct Costs (A-B)	\$200,000.00	(H) Total Budget (F+G)	\$151,000.00
(D) Indirect Cost Rate %	0.0000	Remaining (A-H)	\$49,000.00
(E) Maximum Indirect Cost (C*(D/1+D))	\$0.00		

Calculate Totals

Save Page

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 X product @ \$XXX = X,XXX	5000.00	<input type="checkbox"/>
2213	800	Total Registration Cost: \$1000 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

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

When you finish remember to click "Calculate Totals," and then "Save Page."

Calculate Totals

Save Page



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

**Project Period:**

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Overview	Contact Information	Budget	DUNS Number	Supporting Documentation	Special Conditions	Assurances	Submit	Application History	Application Print
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## 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.

no file selected

No files are currently uploaded for this page.

Applicant:

21st Century Funded 1 Project 553

Application:

Original Application  
9/30/2021

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

Printer-Friendly

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Application Due Date:

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

### Nonpublic Schools Equitable Share

#### A. Number of Students

- A1:  Title IV, Part B - Nita M. Lowey 21st CCLC Enrollment
- A2:  Participating Nonpublic Schools Title IV, Part B - Nita M. Lowey 21st CCLC Enrollment
- A3:  Total Enrollments (Line A1 plus A2)

#### B. Title IV, Part B Allocation

- B1:  Total LEA Allocation
- B2:  Less Administrative Costs (2330)
- B3:  LEA Allocation Minus Admin Costs = B1-B2

#### C. Per Pupil Rate

- C1:  B3 divided by A3

#### D. Equitable Services

- D1:  Amount that must be reserved for eligible services for equitable services.

Upload the current, signed Private School Consultation form that indicates consultation around development and possible participati

Choose File no file selected

No files are currently uploaded for this page.

All LEAs must complete this tab. The [OSDE Federal Programs Certification](#) must be uploaded for ALL LEA's. If a Nonpublic school is not participating, only A1 needs completed. If a Nonpublic school is participating, the remaining questions need to be completed.

**Applicant:**  
**Application:**  
**Cycle:**  
**Application I**

21st Century Funded 1 Project 553

**Project Period: 7/:**

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

Overview	Contact Information	Budget	DUNS Number	Equitable Share	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.

Choose File no file selected Upload

No files are currently uploaded for this page.

2. \*Identification of Grant Lead: Please provide Director or Administrator resume and related certification

Choose File no file selected Upload

No files are currently uploaded for this page.

3. Vendor Contracts: In order for vendor services to be reimbursed, a contract outlining services to be provided and upload all vendor executed vendor contracts for Title IV, Part B - 21CCLC services.

Choose File no file selected Upload

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.

Choose File no file selected Upload

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.

Choose File no file selected Upload

No files are currently uploaded for this page.

Answer question 1 and provide supporting documentation, as indicated. ALL applications must provide supporting documentation for question 2. Question 3 may require a budget amendment to upload the required executed contracts. Questions 4 and 5 will need uploads if it pertains to this project. **Save Page.**

Applicant: 21st Century Funded 1 Project 553 ▾  
Application: Printer-Friendly  
Cycle: Click to Return to GMS Access/Select Page  
Application Due Date: Project Period: Click to Return to Menu List / Sign Out

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

There are no special conditions at this time.

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
- Contact Information
- Budget
- DUNS Number
- Supporting Documentation
- Special Conditions
- Assurances

**Special Conditions**

Below are listed any special conditions that are part of the formal grant agreement between the grantee listed above and the Oklahoma 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

Applicant:  
Application:  
Cycle:  
Application Due Date:

21st Century Funded 1 Project 553

Project Period:

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Click to Return to GMS Access/Select Page

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Overview	Contact Information	Budget	DUNS Number	Supporting Documentation	Special Conditions	Assurances	Submit	Application History	Application Print
	General Assurances		Program Assurances			Fiscal Assurances		Assurance Summary	

### General Assurances

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 will administer the 21st CCLC program in accordance with all applicable statutes, regulations,
2. The applicant will adopt and use proper methods for administering the 21st CCLC program, 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 other means.
  - c) The adoption of written procedures for the receipt and resolution of complaints alleging violations of law or regulation.
3. The applicant will make reports to the Oklahoma State Department of Education (OSDE) as may be necessary for the CCLC program.
4. The applicant will give notice of the intent to submit an application to the community and that the applicant is submitting the application.
5. The applicant will administer the program in conformity with the Stevens Amendment.
6. The applicant will make all equitable access to and equitable participation in the program's activities to be consistent with the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and other applicable laws.
7. The applicant will comply with the Debarment, Suspension, and Other Matters regulation, the Single Audit Act, and other applicable laws.
8. The applicant will not utilize any federal funds to lobby Congress or any other federal or state agency.
9. The applicant will establish conflict of interest policies for Federal awards. The applicant must disclose in writing to OSDE any potential conflicts of interest.
10. The applicant will meet all applicable federal, state, and local health, safety, and civil rights laws.
11. The applicant will provide equitable services to non-public school students and their families, if those students are eligible for the program.
12. The applicant will possess the legal authority to conduct all activities proposed to be funded under the grant.

Save Page

Note all Assurance tabs. Every tab has a box that **MUST** be clicked. **This is your legally binding signature** that as an authorized agent of the organization you have read and understand ALL of the Assurances.

We recommend grantees print copies of the assurances for the program director and advisory committee, so they are aware of the grant requirements as they plan program policies, structure, and activities.

**Applicant:** 72-I002 SAND SPRINGS  
**Application:** 2019-2020 21st Century Funded 1 Project 553 - 00-  
**Cycle:** Original Application  
**Application Due Date:** 9/30/2019

**Project Period:** 7/1/2019 - 6/30/2020

21st Century Funded 1 Project 553 ⌵

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Overview | **Contact Information** | **Budget** | **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 consolidated application  
LEA Data Entry  
LEA Administrator  
Final Review

When the information in each tab has been completed click on "Consistency Check." This process will make sure you didn't forget any required field on the previous tabs. If no error messages are received, complete the submit process.

GMS Access Select

Select Fiscal Year: 2020

Now all buttons will appear to allow you to review budget, make budget amendments, review comments, and submit claims.

Created								
Consolidated Plan								
Application Name	Revision	Status	Date	Actions				
Assurances	Original Application	Final Approved	4/15/2019	Open	Amend	Review	Delete Application	
21st Century								
Application Name	Revision	Status	Date	Actions				
21st Century Competitive								
21st Century Funded 1 Project 553	Original Application	Not Submitted		Open	Amend	Review	Payments	Delete Application
IDEA								
Application Name	Revision	Status	Date	Actions				
IDEA Consolidated Application	Original Application	Not Submitted		Open	Amend	Review	Payments	Delete Application
LEA Agreement	Original Application	Final Approved	6/14/2019	Open	Amend	Review	Delete Application	
School Based Services Participation Agreement	Original Application	Not Submitted		Open	Amend	Review	Payments	Delete Application
Federal Programs								
Application Name	Revision	Status	Date	Actions				
Consolidated Application (I-A, II-A, III-A, IV-A, V-B, CAC)	Original Application	Not Submitted		Open	Amend	Review	Payments	Delete Application

# For Further Information

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

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



# Contact Information

21<sup>st</sup> Century Community Learning Centers  
Oklahoma State Department of Education  
2500 N. Lincoln Blvd., Rm. 414  
Oklahoma City, OK. 73105  
(405) 522-6225  
<http://sde.ok.gov/sde/21cclc>