**Preparing the Budget** 

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





## **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 21st 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, <a href="http://sde.ok.gov/sde/21cclc">http://sde.ok.gov/sde/21cclc</a>.
- 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 miles to the gallon x average price per gallon =





# Planning Your Budget Program Supplies and Equipment (700)

- Object Code <u>700</u> 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, <a href="http://sde.ok.gov/sde/21cclc">http://sde.ok.gov/sde/21cclc</a>.



# 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.

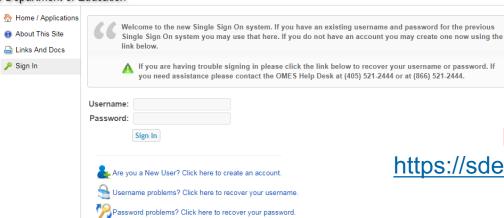


## **Creating a New Budget**

- 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.







Log-in from Single Sign On <a href="https://sdeweb01.sde.ok.gov/SSO2/Signin.aspx">https://sdeweb01.sde.ok.gov/SSO2/Signin.aspx</a>









#### **Menu List**

#### **Select GMS Access/Select for Grant Applications**

#### **Administrative**

21st Century Monitoring
Special Education Compliance Click GMS Access / Select

GMS Access / Select
Funded Applications

Non-Funded Data Collections

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

Federal Programs - Email: Nancy.Hughes@sde.ok.gov Special Education - Email: Karen.Howard@sde.ok.gov

School Support - Email: Zada.Sery@sde.ok.gov 21st Century - Email: Sonia.Johnson@sde.ok.gov Competitive - Email: Shelly.Perkins@sde.ok.gov

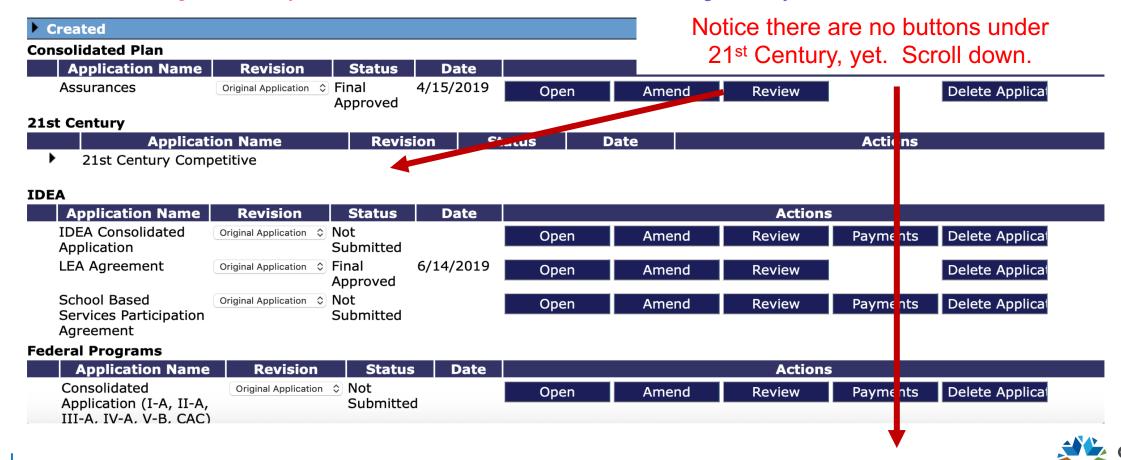




Click to Return to Menu List / Sign Out

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** 



#### Available **Consolidated Plan** Schoolwide Click "Create" Targeted Assistance 21st Century 21st Century Funded 1 Project 553 Submissions due by Create IDEA Certification Examination - Proj 616 Submissions due by Create District Data Profile Submissions due by Submissions due by Spec Ed PD District -Proj 615 Create Spec Ed Professional Dev Proj 613 Submissions due by Create **Federal Programs** There currently aren't any Federal Programs applications available. **School Support** School Improvement 1003a Submissions due by Create **Curriculum and Instruction** Title IV Part A Funded Project Submissions due by Create





Select the appropriate Project Code. Unless otherwise directed by the program office, select Project Code 553.

**Applicant:** 

**Application:** Cycle:

**Application Due Date:** 

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

1st 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

#### 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** 

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

**Original Grant Award:** 



#### 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

\_\_st Century Funded 1 Project 553 \$

Printer-Friendl

Click to Return to GMS Access/Select Page

Click to Return to Menu List / Sign Ou

Applicant:

Application:

Cycle: Application Due Date:

Overview Contact Information

Budget

DUNS Number Supporting Documentation

Special Conditions

Assurances

Submit

Application History Application Print

#### 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

arrows below. Project Period:

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:** 



Applicant:							(	21st Century Fund	led 1 Project 553 🕏
Application: Cycle:	Original	21 21st Century Fur Application	nded 1 Project 553 - (	00-	Project Perio	d: ' ,		Click to Return to	Printer-Friendly GMS Access/Select Page
Application Due Date	<b>:</b>								n to Menu List / Sign Ou
Overview	Contact Information	Budget	DUNS Number	Supporting Documentation	Special Conditions	Assurances	Submit	Application History	Application Print
Contact Informa	ation								
Superintendent Name*	/ Authorized	Representativ	re		7				
Address 1*					Street Address				
Address 2									
City*					State*		Zip+4*	7625	
Phone*			Extension		Email*				
Program Directo	or/Coordinat	or:		First Name*					
Daytime Position/	Title*								
Phone*			Extension	Email*					
Co-Program Dir	ector/Coordi	nator:							
Last Name				First Name					
Daytime Position/	Title								
Phone			Extension	Email					



Fiscal/Claims Contact:			
Last Name*		First Name*	
Daytime Position/Title*		Email*	
Phone*	Extension	Alternate Phone:	Extension
Site 1:			
Site Name*		Grade Span of Students Served*	
AM Program Hours (ex: 6:45 AM - 7:45 AM)		PM Program Hours* (ex: 3:25 PM - 6:00 PM)	
Program Start Date* (ex. 8/12/2020)			
Coordinator			
Coordinator Last Name*		Coordinator First Name*	
Daytime Position/Title*			
Program Web Site or Social Media*		Email*	
Phone*	Extension	Alternate Phone	Extension
Site 2:			
		Grade Span of Students	
Site Name		Served	
AM Program Hours (ex: 6:45 AM - 7:45 AM)		PM Program Hours (ex: 3:25 PM - 6:00 PM)	
Program Start Date (ex. 8/12/2020)			
Coordinator			
Coordinator Last Name		Coordinator First Name	
Daytime Position/Title			
Program Web Site or Social Media		Email	
Phone	Extension	Alternate Phone	Extension



Data Collection Contact:			
ast Name*		First Name*	
Daytime Position/Title*		Email*	
Phone*	Extension	Alternate Phone	Extension
Primary Community Par	tner Contact:		
Organization			
ast Name*		First Name*	
aytime Position/Title*		Email*	
Phone*	Extension	Alternate Phone	Extension
Other Contact:			
ast Name		First Name	
aytime Position/Title		Email	
Phone	Extension	Alternate Phone	Extension
Denotes required field			
☐ Check to add up			isapproval notices. Only the Superintendent or Authorized Representative or users who should receive notification should be listed.
			For users other than the Authorized
Add Additional	Email Address		<ul><li>Representative to receive email notification</li></ul>





Applicant:

21st Century Funded 1 Project 553 \$

Application: Cycle:

**Project Period** 

Printer-Friendly
Click to Return to GMS Access/Select Page
Click to Return to Menu List / Sign Out

**Application Due Date:** 

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

#### **Allocations**

	TitleIVB_FPO	
Current Year Funds		
Allocation		\$0.00
ReAllocated (+)		\$0.00
Released (-)		\$0.00
Total Current Year Funds	This screen shows all your grant funding	\$0.00
Prior Year(s) Funds	information.	
Rollover (+)	inionnation.	\$0.00
ReAllocated (+)	When funds are allocated, the amounts will	\$0.00
Total Prior Year(s) Funds	·	\$0.00
Sub Total	automatically be filled in.	\$0.00
Multi-District		
Transfer In (+)		\$0.00
Transfer Out (-)		¢በ በበ.



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

#### **Budget Detail**

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

Daid to Date Amounts	100
Paid to Date Amounts	\$0.00
Current Budgeted Amounts by Object Code	\$0.00

Total Allocation Available for Budgeting

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

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 Object Code	Expenditure Description and Itemization	TitleIVB_FPO Funds	Delete Row
<b>\( \dagger</b>		0.00	
<b>+</b>		0.00	
<b>+</b>		0.00	



Go Site:

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 O Code 0	Object Code	Expenditure Description and Itemization	TitleIVB_FPO Funds	Delete Row
<b>\$</b>	<b>\$</b>		0.00	
<b>+</b>	<b>\$</b>		0.00	
•	<b>\$</b>		0.00	

ıl Displayed: \$0.00

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

Determining Maximum Indirect Cost allowed

- (A) Total Allocation Available for Budgeting
- (B) Property Costs
- (C) Allowable Direct Costs (A-B)
- (D) Indirect Cost Rate %
- (E) Maximum Indirect Cost (C\*(D/1+D))

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

The screen will refresh and 3 more lines will

appear.

budgeted	\$0.00
、-,girect Cost	0.00
(H) Total Budget (F+G)	\$0.00

Remaining (A-H)



\$0.00

3.5800

\$0.00



\$0.00

Function Object Code Code	Expenditure Description and Itemization	TitleIVB_FPO Funds
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
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
<b>+</b>		0.00

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

Row

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 Object TitleIVB\_FPO Delete **Expenditure Description and Itemization** Code Code **Funds** Row Salary Total: \$100,000 1000 \$ 100 \$ 100000.00 I full time grant coordinator (name) at \$00,000 annual salary based on current salary schedule for 2212 \$ 100 \$ 0.00 organization. Instructional Benefits Total: \$20,000 1000 \$ 200 \$ 20000.00 Benefits for 1 full time grant coordinator (name) calculated at 00% = \$00,000 2212 \$ 200 \$ 0.00 Supply Total: \$25,000 1000 \$ 600 \$ 25000.00 Art Supply Total: \$5,000 1000 \$ 600 \$ 5000.00 X product @ \$XXX = X,XXXTotal Registration Cost: \$1000 2213 \$ 800 \$ 1000.00 Names @ \$XXX each = XXX for Conference Name 0.00 Make sure the total in TitleIVB\_FPO Funds equal 0.00 the amount detailed in the Expenditure Description and Itemization column and the splayed: \$151,000.00 Remaining amount is \$0.00. The maximum amount of Indirect Costs that may be taken and Determining Maximum Indirect Cost allowed \$200,000.00 (F) Total budgeted (A) Total Allocation Available for Budgeting \$151,000.00 (G) Budgeted Indirect Cost \$0.00 0.00 (B) Property Costs (C) Allowable Direct Costs (A-B) (H) Total Budget (F+G) \$200,000.00 \$151,000.00 (D) Indirect Cost Rate % 0.0000 Remaining (A-H) (E) Maximum Indirect Cost (C\*(D/1+D)) \$0.00 \$49,000.00 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 Object** TitleIVB\_FPO Delete **Expenditure Description and Itemization** Code Code **Funds** Row Salary Total: \$100,000 100 \$ 1000 \$ 100000.00 1 full time grant coordinator (name) at \$00,000 annual salary based on current salary schedule for 2212 \$ 100 \$ 0.00 organization. Instructional Benefits Total: \$20,000 200 \$ 1000 \$ 20000.00 Benefits for 1 full time grant coordinator (name) calculated at 00% = \$00,000 2212 🛊 200 \$ 0.00 Supply Total: \$25,000 1000 \$ 600 \$ 25000.00 Art Supply Total: \$5,000 1000 \$ 600 \$ 5000.00 X product @ \$XXX = X,XXXTotal Registration Cost: \$1000 2213 🛊 800 \$ 1000.00 Names @ \$XXX each = XXX for Conference Name 0.00

Total Displayed: \$151,000.00

0.00

The maximum amount of Indirect Costs that may be taken and no Property is budgethen you finish remember to click "Calculate Totals,"

Determining Maximum Indirect Cost allowed and then "Save Page."

(A) Total Allocation Available for Budgeting

(B) Property Costs

(C) Allowable Direct Costs (A-B)

(D) Indirect Cost Rate %

(E) Maximum Indirect Cost (C\*(D/1+D))

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

\$200,000.00

(F) Iotal Budgeted \$151,000.00

(G) Budgeted Indirect Cost 0.00

(H) Total Budget (F+G) \$151,000.00

Remaining (A-H) \$49,000.00





**♦**]

•

21st Century Funded 1 Project 553 \$ 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

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

- Go to SAM.GOV.
- Type in your User Name and Password.
- Click on SEARCH RECORDS.
- 4. Enter your DUNS# or UEI# and click SEARCH.
- 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.
  - 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:	c	r *UEI Number	
Expiration Date:			

A copy of the Entity Overview Record must be uploaded.

Upload Choose File no file selected

No files are currently uploaded for this page.

Delete Selected Files

Save Page





21st Century Funded 1 Project 553 \$ Applicant: **Application:** Printer-Friendly Project Period: 7/3 Cycle: Click to Return to GMS Access/Select Page Application D Click to Return to Menu List / Sign Out Contact **DUNS** Equitable Special **Application Application** Supporting Overview **Budget Assurances** Submit Share **Documentation** Conditions Print Information Required Additional Documentation Documentation **Required Documentation** 1. Is the Grantee using the Time Distribution Records template provided by OSDE? Yes No Answer question 1 and provide supporting If no, upload a sample of the Time and Effort form/system to be used. Choose File no file selected Upload documentation, as indicated. No files are currently uploaded for this page. ALL applications must provide supporting 2. \*Identification of Grant Lead: Please provide Director or Administrator resume and related certification documentation for question 2. Question 3 may Choose File no file selected Upload No files are currently uploaded for this page. require a budget amendment to upload the required executed contracts. Questions 4 and 5 3. Vendor Contracts: In order for vendor services to be reimbursed, a contract outlining services to be pr upload all vendor executed vendor contracts for Title IV, Part B - 21CCLC services. will need uploads if it pertains to this project. Choose File no file selected Upload No files are currently uploaded for this page. Save 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.





21st Century Funded 1 Project 553 \$ Applicant: Application: Printer-Friendly **Project Period:** Cvcle: Click to Return to GMS Access/Select Page **Application Due Date:** Click to Return to Menu List / Sign Out Contact Supporting Special Application Application Budget Submit Overview Conditions Information Number Documentation **Special Conditions** Special conditions may be added by the program office as necessary There are no special conditions at this time. based on performance. If special conditions are added, the grantee will Supporting Special Contact be notified with instructions on Overview Informatior Documentation Conditions required action in the GMS. 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



21st Century Funded 1 Project 553 \$ Applicant: Application: Project Period: Cvcle: Click to Return to GMS Access/Select Page Application Due Date: Click to Return to Menu List / Sign Out Contact DUNS Supporting Special Application Application Submit Overview **Budget** ssurances Decumentation Conditions Print Number General Fiscal Assurance Program Summary Assurances **Assurances** Assurances **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 rganization 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 application bereby assures:

- 1. The applicant will administ the 21st CCLC program in accordance with all applicable statutes, regulations,
- 2. The applicant will adopt and use proper meth. Is 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, moni
  - c) The adoption of written procedures for the receipt and resolution of complaints allegations of
- The applicant will make reports to the Oklahoma State Department of Education (OSDE) as may be necessary.
- 4. The applicant will give notice of the intent to submit an application to the community and that the application 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 confidence of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education American
- 7. The applicant will comply with the Debarment, Suspension, and Other Matters regulation, the Single Audit
- 8. The applicant will not utilize any federal funds to lobby Congress or any other federal or state agency.
- The applicant will establish conflict of interest policies for Federal awards. The applicant must disclose in w (OSDE).
- 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 stude
- 12. The applicant will possess the legal authority to conduct all activities proposed to be funded under the gran

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.

Save Page



## OKLAHOMA State Department of Education

**Applicant:** 72-I002 SAND SPRINGS

**Application:** 2019-2020 21st Century Funded 1 Project 553 - 00-

**Cycle:** Original Application

**Application Due Date:** 9/30/2019

21st Century Funded 1 Project 553 \$

Printer-Friendly Click to Return to GMS Access/Select Page

Click to Return to Menu List / Sign Out

Supporting Special DUNS **Application** Application Contact Budge **Assurances** Submit Overview Information Conditions Number Documentation History Print

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

#### 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.







Click to Return to Menu List / Sign Out

**GMS Access Select** Now all buttons will appear to allow you to review budget, make budget amendments, **Select Fiscal Year:** 2020 🗘 review comments, and submit claims. Created **Consolidated Plan** Actic ns **Application Name** Status Revision **Date** Original Application Final Approved 4/15/2019 **Assurances** Open Amend Review Delete Applicat 21st Century **Application Name Revision Status Date** Actions 21st Century Competitive 21st Century Funded 1 Project Original Application Original Application Delete Applicat Open Amend Review Payments 553 **IDEA Application Name Actions** Revision Status **Date IDEA Consolidated Application** Original Application On Not Submitted **Payments** Delete Applicat Open Review Amend LEA Agreement Original Application Final Approved 6/14/2019 Open Review Delete Applicat Amend School Based Services Original Application On Not Submitted Open **Payments** Delete Applicat Amend Review Participation Agreement **Federal Programs Application Name** Revision **Status Actions Date** Consolidated Application (I-A, II-Original Application Original Application Delete Applicat Review **Payments** Open Amend A, III-A, IV-A, V-B, CAC)



## For Further Information

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

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



## **Contact Information**

21st 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

