Gang Prevention and Intervention Proposal

March 28, 2014 Application to districts/charter schools.

April 25, 2014 Application due.

Submit plan electronically to: verne.larsen@schools.utah.gov

Submit signed signature sheets by mail to: Verne Larsen, Education Specialist Utah State Office of Education 250 East 500 South P.O. Box 144200 Salt Lake City, UT 84114-4200

Submissions must be received no later than 5:00 p.m. on Friday, April 25, 2014.

May 2-23, 2014	Applications reviewed, approved.

June 2014 Award notice or application status provided to all applicants.

Contact Information:

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APPLICATION

Gang Prevention and Intervention 2014-2015 Proposal

Cover Sheet

NAME AND ADDRESS OF APPLICANT ORGANIZATION

Agency Name	District #									
Street Address										
City		State		Zip						
EXPENDITURE PERIOD (July 1, 2014 – June 30, 2015)										
Beginning Date of Project		Ending Date	Ending Date of Project							
PROJECT DIRECTOR -	- Name & Title									
Director Name			Title							
Telephone	Fax	E-mail Add	E-mail Address							
IMMEDIATE SUPERVI	SOR (Name of perso	on to whom th	e Project Directo	r reports)						
Supervisor Name			Title							
Telephone	Fax	E-mail Add	ress							

Amount Requested for Funding

Number of schools in each category that funding is requested for.	Match Amount.	State \$
Elementary:	X 12% MATCH=	
Middle:	x 18% Match =	
Нідн:	x 25% Match =	
TOTAL:	Total % Матсн =	Матсн \$

FOR USOE USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____ DATE AWARDED: _____

Program Assurances

The applicant hereby certifies to the State Superintendent of Public Instruction that:

- 1) The filing of this application has been authorized by the governing body of the applicant.
- 2) The grantee assures that funds will only be expended on eligible activities as outlined in this budget application. The grantee additionally assures that funding will not be used for sectarian instruction or religious worship.
- 3) The grantee assures that funds will be used only for financial obligations incurred during the grant period.
- 4) The grantee will operate in compliance with all federal rules, regulations, and state guidelines, maintaining effective control over, and accountability for all grant funds, property, and other assets or, if that is not feasible, will transfer title to the Utah State Office of Education Gang Prevention and Intervention program. Grantees shall adequately safeguard all property and assets and shall assure that they are used solely for authorized Gang Prevention and Intervention Program purposes.
- 5) The grantee will submit an appropriately amended application prior to any material change greater than 10% affecting the purpose, administration, organization, budget, or operation of an approved project.
- 6) The grantee assures that receipts and expenditures of all funds associated with the Gang Prevention and Intervention program will be documented and accounted for, and available for review as required by the USOE.
- 7) The grantee assures that requests for reimbursement of state funds will be submitted at least three times during the school year to the Utah State Office of Education.
- 8) District and school administration understand and demonstrate support for the program. Administration maintains positive working relationships with custodial agencies, ensuring adequate educational opportunities for all students. Administration ensures that staff implements the goals, objectives, activities, prerequisites, enrollment guidelines and curriculum of the Gang Prevention and Intervention program.
- 9) The grantee assures that the program will:
 - a) Utilize qualified administrative personnel and instructional staff.
 - b) Provide access to guidance and counseling services.
 - c) Provide year-round instruction as feasible.
 - d) Provide educational services at a reasonable cost/benefit.
 - e) Develop effective recruitment and retention strategies.
 - f) Provide adequate ADA and 504 accessible facilities, equipment and materials meetings students' needs.
- 10) The grantee will prepare reports, containing such information as the State Superintendent of Public Instruction may reasonably require, to determine the extent to which funds have been effective in carrying out Gang Prevention and Intervention and legislative purposes and project objectives.
- 11) Each school district serving Gang Prevention and Intervention shall establish a local interagency advisory council which shall be responsible for advising member agencies concerning coordination of Gang Prevention and Intervention programs. Functions of the committee include, but are not limited to, annual program evaluation, long-range planning, and recommendations.
- 12) The grantee assures curriculum, instruction, and evaluation are based on state-approved standards and objectives.

Program Assurance (Continued)

- 13) The grantee assures that resources will be available, and a process established, to develop a Student Education Occupation Plan (SEOP), State Education Plan (SEP), or Individual Education Plan (IEP) for each student as necessary.
- 14) Proper equipment and adequate supplies are available to maintain and support the program.
- 15) Classrooms, laboratories, and storage areas provide adequate, quality, and safe learning environments to meet program objectives.
- 16) Appropriate instructional materials are available to achieve the goals and objectives of the program.
- 17) Districts and institutions fulfill state and federal data collection and fiscal reporting requirements.
- 18) The grantee will comply with all civil rights regulations prohibiting discrimination in program benefits, participation, employment, or treatment on the basis of race, color, national origin, sex, and disability.

The Chief Administrative Officer, Business Administrator, and Project Director certify that, to the best of his/her knowledge and belief, the data in this application are true and accurate, and that he/she will comply with all assurances noted above.

	DISTRICT SUPERINTENDENT					
	Name:					
	Signature:	Date:				
S	BUSINESS ADMINISTRATOR					
tures	Name:					
lati	Signature:	Date:				
BU	PROJECT DIRECTOR					
Signa ⁻	Name:					
	Signature:	Date:				

ABSTRACT-5 POINTS

Provide a summary of the implementation for the proposed project. Include how this project enhances the district's Safe and Drug-Free Schools and Communities Comprehensive Plan in relationship to gang activities. Describe how the proposed project will provide for gang prevention and intervention both on and off school grounds.

STATEMENT OF NEED-25 POINTS

The following three pages should adequately describe the need for funding of this proposal. The description must include the following:

- a. Brief general description of school/district population.
- b. Identify the specific target population focus.
- c. Using data from the previous three years describe and document the gang issues to be addressed.
- d. Identify relevant risk and protective factors the project will address (include data from most recent SHARP Survey, Annual District Incident Report, local law enforcement reports, other data sources which demonstrate the need for funding).
- e. Describe intra-agency collaboration (working with other school/district at risk programs).
- f. Describe how this funding will "fill the gaps" in services.
- **g.** Describe how the matching funds and other funding resources will be utilized in this project.

Statement of Need (continued)

Statement of Need (continued)

GOALS, OBJECTIVES AND EVALUATION - 25 POINTS

(GOALS)	(STRATEGIES)	(TARGET GROUP)	(THEORY OF CHANGE)	(SHORT-TERM OUTCOMES)	(LONG-TERM IMPACTS)
To address the level of this risk or protective factor:	The following program activities include:	For target group and this amount of time:	It is expected that this activity will lead to changes in these factors: which will lead to the obtainment of program goals.	We will know these changes have occurred if:	We will know we are reaching our goals if:

Goals, Objectives and Evaluation (continued)

(GOALS)	(STRATEGIES)	(TARGET GROUP)	(THEORY OF CHANGE)	(SHORT-TERM OUTCOMES)	(LONG-TERM IMPACTS)
To address the level of this risk or protective factor:	The following program activities include:	For target group and this amount of time:	It is expected that this activity will lead to changes in these factors: which will lead to the obtainment of program goals.	We will know these changes have occurred if:	We will know we are reaching our goals if:
EVALUATION QUESTIONS:					
MEASURES AND SOURCES:					

PROGRAM OPERATION AND ACTIVITIES-30 POINTS

Describe the proposed project on the following three pages. This description should include the following:

- a. How project resources will utilize research-based programs or strategies and activities to meet the program goals,
- b. Description of staff roles and qualifications and how they are appropriate for the proposed program,
- c. Clear description of each interagency collaborator and their role in the project,
- d. Outline of case management system or process,
- e. Description of planned professional development,
- f. A plan of sustainability in future years, if this particular funding source is reduced and/or eliminated.

(INCLUDE AS ATTACHMENTS - FORM(S) FOR HOME VISITS OR PARENT CONTACTS AND CASE MANAGEMENT, AND IF DESIRED, RESEARCH BIBLIOGRAPHY.)

Program Operation and Activities (continued)

Program Operation and Activities (continued)

Gang Prevention and Intervention Advisory Council

INSTRUCTIONS: All representatives of your district/school's Gang Prevention and Intervention Advisory Council must sign below stating that they have reviewed the district's proposed application.

SCHOOL DISTRICT:

Date: _____

Through my signature below, I represent that I have read the Gang Prevention and Intervention grant proposal submitted by the school district listed above and find it to be accurate and complete.

SIGNATURE	TITLE	AGENCY

Budget Summary

INSTRUCTIONS: In the spaces provided, detail proposed budget requests. It is not necessary to use all budget categories. Refer to the appendix for specific descriptions of budget categories. **(Up to 10% of grant may be used for: administration oversight, professional development and professional and technical services).**

	oversight, professional development and professional and technical services).						
BUDGET CATEGORY			Explanation/Detail	LOCAL MATCH			
DUDGET CATEGORY	Direct student services	Admin / PD services (10%)	EXPLANATION/ DETAIL	AMOUNTS			
Α.	Scivices	50111005 (1076)	List, by name, each person paid a salary from this project on page 16 & 17.				
SALARIES (100)			List by name, each person paid by local match amounts on page 18.				
JALANIES (100)							
			List, by name, each person receiving benefits from this project on page 16 & 17.				
В.			List by name, each person paid by local match amounts on page 18.				
EMPLOYEE							
BENEFITS (200)							
TOTAL SALARIED AND							
BENEFITS							
С.							
PURCHASED							
PROFESSIONAL AND							
TECHNICAL SERVICES							
(300)							
(500)							
D.							
PURCHASED							
PROPERTY SERVICES							
(400)							
· · /							
Ε.							
OTHER PURCHASES							
(500)							
F							
TRAVEL (580)							

BUDGET SUMMARY (continued)

	GRANT REQUEST AMOUNT			LOCAL MATCH
BUDGET CATEGORY	Direct student services	Admin / PD services (10%)	Explanation/Detail	AMOUNTS
G.				
SUPPLIES AND				
M ATERIALS AND				
PROPERTY LESS				
THAN \$5,000 PER				
ITEM (600)				
Н.				
O THER (800)				
l.				
TOTAL DIRECT				
COSTS (Lines A				
through H)				
J.			% (list the district charged percentage rate) Indirect Cost Rate	
INDIRECT COST			Chart	
			Use the "How to Figure Indirect Costs" formula if your program is charged indirect	
			costs. This resource is found at:	
			http://schools.utah.gov/adulted/DOCS/Directors/HowToFigureIndirectCosts.aspx If your district chooses to charge less than the agreed upon indirect cost rate, list	
			cost rate above and insert notation below.	
К.				
Property (700)				
Note: Only items				
with an individual				
value of \$5,000 or				
greater are defined				
here.				
L.			This total must match the Total Requested Budget on the Cover	
SUBTOTAL			Sheet.	
(Lines I through K)				
М.				
IVI. TOTAL				
Direct student				
services and				
Administrative				
services				

STAFF SALARY & BENEFITS

DETAIL OF EMPLOYEES' PAID SALARY AND BENEFITS FROM THIS PROJECT

- A. Salaries (100) Detail of Individuals
- B. Benefits (200) Detail of Individuals

Note: FTE is the percentage a staff member is paid <u>from this project</u> employed for the length of the program year.

Name	Position	FTE 1.0075 .2533, etc.	Days Contracted to Work	Total Salary paid from this grant	Total Benefits paid from this grant	CACTUS ID
Totals – Must match totals from Budget	Summary Explanation A & B			A=	B=	A + B =

STAFF SALARY & BENEFITS - DETAILS OF EMPLOYEES' PAID SALARY AND BENEFITS FROM THIS PROJECT (continued)

- A. Salaries (100) Detail of Individuals
- B. Benefits (200) Detail of Individuals

Note: FTE is the percentage a staff member is paid from this project employed for the length of the program year.

Name	Position	FTE 1.0075 .2533, etc.	Days Contracted to Work	Total Salary paid from this grant	Total Benefits paid from this grant	CACTUS ID
Totals – This page				A=	B=	A+B=
Totals – Must match totals from Bu	idget Summary A & B. Totals page	es 14-16.		A=	В=	A+B=

STAFF SALARY & BENEFITS

DETAIL OF EMPLOYEES' PAID BY LOCAL MATCH AMOUNTS

- A. Salaries (100) Detail of Individuals
- B. Benefits (200) Detail of Individuals

Note: FTE is the percentage a staff member is "attached" to this project employed for the length of the program year.

Name	Position	FTE 1.0075 .2533, etc.	Days Contracted to Work	Total Salary paid from this grant	Total Benefits paid from this grant	CACTUS ID
Totals – Must match totals from <u><i>Match Section</i></u> of the Budget Summary Explanation A & B				A=	B=	A + B =

School SITES

Instructions: Fill out the following information for each school site you propose being involved with the Gang Prevention and Intervention program.

SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
Telephone #:			Fax #:					
SCHOOL INFORM	MATION							
NAME OF SCHOOL CONTA	4CT		Τιτιε					
GRADE LEVELS AT SCHOOL	L		SCHOOL ENROLLMENT					
	ention Service P imated number of Sto		n of the following Preven	tion Services.)				
Universal	# of Students:	SELECTIVE	# of Students:	# OF STUDENTS: INDICATED # OF STUDENTS				
ESTIMATED EXPENDITURES AT THIS SCHOOL:	EXPENDITURES AT THIS			ESTIMATED PER PUPIL EXPENDITURE:				
SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
TELEPHONE #:			Fax #:	Fax #:				
SCHOOL INFORM	MATION							
NAME OF SCHOOL CONTA	ACT		TITLE	Τιτιε				
GRADE LEVELS AT SCHOOL			SCHOOL ENROLLMENT	SCHOOL ENROLLMENT				
Type of Preve	ntion Service P	rovided						
(Please provide esti	imated number of St	udents served in each	of the following Preven	tion Services.)				
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:			
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:					

SCHOOL NAME	AND CONTACT IN	IFORMATION						
School Name:								
School Address:			City/State/Zip:					
TELEPHONE #:			Fax #:	Fax #:				
SCHOOL INFORM	MATION							
NAME OF SCHOOL CONTACT:			TITLE:	Τιτιε:				
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:	SCHOOL ENROLLMENT:				
	ntion Service F mated number of St		of the following Preven	ntion Services.)				
UNIVERSAL	# of Students:	SELECTIVE	# OF STUDENTS:	# OF STUDENTS: INDICATED # OF STUDENTS:				
ESTIMATED EXPENDITURES AT THIS SCHOOL:		<u>.</u>	ESTIMATED PER PUPIL EXPENDITURE:					

SCHOOL NAME	AND CONTACT IN	IFORMATION					
School Name:							
School Address:			City/State/Zip:	City/State/Zip:			
TELEPHONE #: Fax #:							
SCHOOL INFORM	MATION						
NAME OF SCHOOL CONTACT: TITLE:							
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:	SCHOOL ENROLLMENT:			
7.1	ntion Service P imated number of St	Provided tudents served in each o	f the following Prever	ition Services.)			
UNIVERSAL	# of Students:	SELECTIVE	# OF STUDENTS:	INDICATED	# of Students:		
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:				

SCHOOL NAME	AND CONTACT IN	IFORMATION					
School Name:							
SCHOOL ADDRESS:			City/State/Zip:				
TELEPHONE #:			Fax #:				
SCHOOL INFORM	MATION						
NAME OF SCHOOL CONTA	ст:		TITLE:				
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:				
Type of Preve (Please provide esti			of the following Prever	ntion Services.)			
Universal	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:		
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:				
SCHOOL NAME	AND CONTACT IN	IFORMATION					
School Name:							
School Address:			City/State/Zip:				
Telephone #:			Fax #:	Fax #:			
SCHOOL INFORM	MATION						
NAME OF SCHOOL CONTA	.ст:		TITLE:				
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:	School Enrollment:			
Type of Prevention Service Provided (Please provide estimated number of Students served in each of the following Prevention Services.)							
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:		
Estimated Expenditures at This School:			ESTIMATED PER PUPIL EXPENDITURE:				

School Name and Contact Information							
School Name:							
School Address:			CITY/STATE/ZIP:	City/State/Zip:			
TELEPHONE #:			Fax #:				
SCHOOL INFORM	MATION						
NAME OF SCHOOL CONTACT:			Τιτιε:	Title:			
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:				
	ntion Service F mated number of St	rovided udents served in each of	f the following Preven	ntion Services.)			
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	# OF STUDENTS: INDICATED # OF STUDENTS:			
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:				

SCHOOL NAME	AND CONTACT IN	IFORMATION			
School Name:					
School Address:			City/State/Zip:		
TELEPHONE #: FAX #:					
SCHOOL INFORM	MATION				
NAME OF SCHOOL CONTACT: TITLE:					
GRADE LEVELS AT SCHOOL	:		School Enrollment:		
	ntion Service P imated number of St	Provided cudents served in each of	f the following Prever	ntion Services.)	
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		

School Name and Contact Information							
School Name:							
School Address:			City/State/Zip:	City/State/Zip:			
TELEPHONE #:	TELEPHONE #: Fax #:						
SCHOOL INFORM	MATION						
NAME OF SCHOOL CONTACT:			Τιτιε:	Тітle:			
GRADE LEVELS AT SCHOOL	:		SCHOOL ENROLLMENT:				
	ntion Service F mated number of St	Provided sudents served in each of	f the following Preven	ition Services.)			
UNIVERSAL	# of Students:	SELECTIVE	# OF STUDENTS: INDICATED # OF STUDENTS:				
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:				

SCHOOL NAME	AND CONTACT IN	IFORMATION			
School Name:					
School Address:			City/State/Zip:		
TELEPHONE #: FAX #:					
SCHOOL INFORM	MATION				
NAME OF SCHOOL CONTACT: TITLE:					
GRADE LEVELS AT SCHOOL	:		School Enrollment:		
	ntion Service P imated number of St	Provided cudents served in each of	f the following Preven	ntion Services.)	
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		

SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
Telephone #:			Fax #:					
SCHOOL INFORM	ATION							
NAME OF SCHOOL CONTA	ст:		TITLE:					
GRADE LEVELS AT SCHOOL	:		School Enrollment:					
Type of Preve (Please provide esti		provided udents served in each o	of the following Preven	ition Services.)				
UNIVERSAL	# of Students:	Selective	# OF STUDENTS: INDICATED # OF STUDENTS					
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL Expenditure:					
SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
TELEPHONE #:			Fax #:					
SCHOOL INFORM	ATION							
NAME OF SCHOOL CONTA	ст:		TITLE:	Тітіс:				
GRADE LEVELS AT SCHOOL	:		School Enrollment:					
Type of Prevention Service Provided (Please provide estimated number of Students served in each of the following Prevention Services.)								
UNIVERSAL # OF STUDENTS: SELECTIVE # OF STUDENTS: INDICATED # OF					# of Students:			
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		·			

SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
Telephone #:			Fax #:					
SCHOOL INFORM	ATION							
NAME OF SCHOOL CONTA	ст:		TITLE:					
GRADE LEVELS AT SCHOOL	:		School Enrollment:					
Type of Preve (Please provide esti		provided udents served in each o	of the following Preven	ition Services.)				
UNIVERSAL	# of Students:	Selective	# OF STUDENTS: INDICATED # OF STUDENTS					
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL Expenditure:					
SCHOOL NAME	AND CONTACT IN	FORMATION						
School Name:								
School Address:			City/State/Zip:					
TELEPHONE #:			Fax #:					
SCHOOL INFORM	ATION							
NAME OF SCHOOL CONTA	ст:		TITLE:	Тітіс:				
GRADE LEVELS AT SCHOOL	:		School Enrollment:					
Type of Prevention Service Provided (Please provide estimated number of Students served in each of the following Prevention Services.)								
UNIVERSAL # OF STUDENTS: SELECTIVE # OF STUDENTS: INDICATED # OF					# of Students:			
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		·			

SCHOOL NAME	AND CONTACT IN	FORMATION			
School Name:					
School Address:			CITY/STATE/ZIP:		
TELEPHONE #:			Fax #:		
SCHOOL INFORM	ATION				
NAME OF SCHOOL CONTACT:			Τιτιε:		
GRADE LEVELS AT SCHOOL:			SCHOOL ENROLLMENT:		
Type of Preve (Please provide esti		Provided udents served in each o	of the following Preven	ition Services.)	
UNIVERSAL	# of Students:	Selective	# of Students:	INDICATED	# of Students:
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		
SCHOOL NAME	AND CONTACT IN	FORMATION			
School Name:					
School Address:			City/State/Zip:		
TELEPHONE #:			Fax #:		
SCHOOL INFORM	ATION				
NAME OF SCHOOL CONTACT:			Τιτιε:		
Grade Levels at School:			SCHOOL ENROLLMENT:		
Type of Preve (Please provide esti		Provided udents served in each o	of the following Preven	tion Services.)	
UNIVERSAL	# of Students:	SELECTIVE	# of Students:	INDICATED	# of Students:
ESTIMATED EXPENDITURES AT THIS SCHOOL:			ESTIMATED PER PUPIL EXPENDITURE:		·

APPENDIX

BUDGET CATEGORIES—DEFINED

LINE ITEM A (Salaries – 100)

Full or part-time salaries for project employees must be included in this grant application. This item should not include stipends paid to employees for work outside of their regular contract. Stipends are to be included in item C below. Calculations must be shown for salaries identified in this application. Director, coordinator, and clerical salaries not directly tied to classroom activities are considered administrative in nature.

LINE ITEM B (Employee Benefits - 200)

Employee benefits for project employees must be included in this application. Such employee benefits include state retirement, Social Security, local retirement, group insurance, industrial insurance, unemployment insurance, and any other employee benefits not classified above. Employee benefits related to stipends for teachers or other regular employees who work outside of their regular contract may be placed in this line item. Director, coordinator, and clerical salaries not directly tied to classroom activities are considered administrative in nature.

LINE ITEM C (Purchased Professional and Technical Services – 300)

This budget category includes those services which, by their nature, must be performed by persons with specialized knowledge, skills, or abilities. For <u>providers (consultants)</u> of such services, all travel, meals, lodging, honorarium/fees, materials, and related expenses are to be included in this category. Such consultants might also include staff of the applicant who might serve in this capacity during those times when they are not salaried employees of the grantee, including summers, weekends, holidays, or other non-contractual time. For each consultant provide name, anticipated consultant fees, number of contracted days of work, and purpose of proposed expenditures. <u>Stipends paid to employees</u> for work outside of their regular contract which may be instructional (professional development) or administrative depending on activity are to be defined here. Yearly <u>program audits</u> are also included in this item. Note: Some of these expenditures may be administrative in nature.

LINE ITEM D (Purchased Property Services – 400)

Applicants may receive funding support for variety of services rendered by organizations and personnel not on the payroll of the applicant pertaining to <u>operation</u>, <u>maintenance</u>, <u>insurance</u>, and <u>rental property</u> used by the applicant. Expenditures in this category include <u>utility service</u>, <u>cleaning services</u>, <u>disposal services</u>, <u>snow</u> <u>plowing</u>, <u>custodial services</u>, <u>lawn care services</u>, <u>equipment repair</u>, <u>vehicle repair</u>, <u>rental of buildings</u>, <u>equipment</u>, <u>or vehicles</u>, <u>etc</u>. Provide specific information about such anticipated costs. Note: These expenditures are administrative in nature.

LINE ITEM E (Other Purchases – 500)

This budget category includes all amounts paid for services rendered by organizations or personnel not on the payroll of the applicant other than Professional and Technical Services (300) or Property Services (400). Expenditures may include communications, advertising, printing and binding, property insurance, liability insurance, telephones, postage meter, etc. Provide specific information about all projected expenditures. Note: These expenditures are administrative in nature.

LINE ITEM F (Travel – 580)

This budget category includes travel of instructional staff to and from remote teaching sites and staff travel to required USOE director meetings.

LINE ITEM G (Supplies, Materials and Property with Itemized Value less than \$5,000 per Item)

Applicant may receive funding support for a variety of items of an expendable nature that are consumed, worn out, or have deteriorated with use. Items that lose their identity through fabrication or incorporation into different or more complex units or substances are also considered supply expenditures. <u>Expenditures in this category include, but are not limited to, software, paper, writing tools, books, textbooks, manuals, reproduction costs, binders, classroom computer and printers, overhead projectors, audiovisual materials, <u>courseware, assessment instruments, etc.</u> Items to be purchased must be identified and detailed by quantity and cost per item. Note: Some of these expenditures may be administrative in nature.</u>

LINE ITEM H (Other - 800)

This line item is seldom used, but it is included to use with the purchase of goods and services not otherwise classified above.

LINE ITEM I (Total Direct Costs)

Total of lines A through H.

LINE ITEM J (Indirect Costs)

School district indirect costs charged to the grant are calculated with the formula provided by the USOE – Adult Education Services. This resource is found on the Adult Education website under Directors/Coordinators→Grants→Resources or by following the link below. <u>http://schools.utah.gov/adulted/directors/documents/grants/HowToFigureIndirectCosts.pdf</u>

LINE ITEM K (Property – 700)

Applicants may use funding for property acquisitions of \$5,000 or greater cost per item, leasing, and rentals if such transactions are clearly identified as <u>essential</u> to the operation of the program. Expenditures in this category include the purchase, lease, or rental of initial equipment, additional equipment, or replacement equipment \$5,000 or greater cost per item. Expenditures must be used solely for adult education services. These expenditures may be administrative in nature. All items in this category must be clearly explained and detailed in the Budget Summary Explanation.

UNALLOWABLE ITEMS:

- Alcoholic beverages
- Alumni activities
- Bad debts
- Entertainment
- Capital expenditures
- Cost of institution furnished automobiles that relates to personal use by employees
- Costs for defense and prosecution of criminal or civil proceedings, claims, appeals and patent infringements
- Fines and penalties resulting from violations of, or failure of the institution to comply with Federal, State and local or foreign laws and regulations
- Fund raising, solicitations, gifts, or investment costs
- GED[®] administration, including paying GED[®] Testing fees for students either before or after testing
- Goods or services for personal use
- Housing and personal living expenses
- Lobbying
- Membership costs
- Relocation costs incurred incident to recruitment of a new employee
- Salaries or expenses for school boards
- Scholarships and student aid costs

The above list is not meant to be all inclusive. Questions regarding possible unallowable expenses should be directed to the Utah Prevention Intervention Specialist. In the event that an application for funding contains these or other unallowable elements, the applicant will be contacted by the Utah State Office of Education with the intent to bring the application into compliance.