Form 3

Accompanies Budget Forms 3A-3G
For Informational Purposes Only – Do not submit with Application

Child Signature Program RFA #3 Program Operations Budget Instructions
Budget Forms 3A through 3G

The CSP budget consists of seven budget forms titled Budget Form 3A to 3G which must be submitted with the application. These budget forms are in Excel format and available on the First 5 California website at: http://www.ccfc.ca.gov/commission/funding.asp, under the CSP Request for Funding CSP #3 section.

Each form is accessed by selecting the tab titled with the appropriate name, located at the bottom of the Excel spreadsheet. Please note that the CSP program budget and the CSP application will not be considered complete unless all Budget Forms (3A through 3G) are completed, with signatures where appropriate, and returned.

The applicant will be responsible for completing all cells shaded in yellow. All gray cells will populate based on information entered in the yellow-shaded cells.

Cells on some forms populate from information on other forms. Thus, it is important to complete the forms in the following order:

1. Forms 3C and 3E – STAFFING

2. Form 3F – QUALITY ENHANCEMENT CLASSROM PROFILE INFORMATION

3. Forms 3B and 3D – PROGRAM FUNDS BUDGET

4. Forms 3A and 3G will be completed last.

Completing Budget Forms 3C and 3E (*3rd and 5th Excel sheet tabs*)

Begin with form 3C STAFFING 2013-14.

1. Select the name of the applicant county. A drop-down list of counties can be accessed by pressing on the arrow to the immediate right of the "Select County" cell. The address of the county commission will automatically populate upon selection of the county name.

2. Complete information about Salaried Positions as follows:

   a. Column A1 lists the essential staff positions. Please add other staff in CSP 3 classroom(s), particularly if salaries are used as match.

   b. In column A2, list the relative time base, or full-time equivalent (FTE). Use the chart on page 29 of the RFA for details about the reimbursable essential staff FTEs based on the number of classrooms.

   c. In columns A3 and A4, input each salaried staff member's monthly rate of pay and the number of months that the position will be funded. Remember to account for time necessary to recruit and hire positions not yet filled.

   d. Column A5 will automatically populate based on the figures inputted in columns A2 through A4.

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    e. In Column A6, input the position's FY benefits, based on the number of months employed. Column A7 will automatically calculate based on columns A5 and A6.

    f. In columns A8 and A9, indicate the amount allocated to local funds (cash match) and the amount funded through First 5 California CSP 3 reimbursement. Remember the reimbursable salary limits listed in the RFA on page 29. An error message will appear if the allocation of funding between columns A8 and A9 does not equal the column A7 calculation.

3. In section B, Hourly Staff Positions, provide information about staff not listed in Section A who will be paid on an hourly basis.

    a. In Column B1, list the title of each hourly position.

    b. In Column B2, list the number of positions with the same title.

    c. Then, list the rate of pay (column B3), and hours per week and weeks per year that <u>each</u> staff position will work (columns B4 and B5).

    d. Add the benefits, if any, to column B6 and then B7 will automatically populate by multiplying columns B2 through B5 and adding column B6.

    e. In columns A8 and A9, indicate the amount allocated to local funds (cash match) and the amount funded through First 5 California CSP 3 reimbursement. An error message will appear if the allocation of funding between columns B8 and B9 does not equal the column B7 calculation.

4. Section C will auto-fill based on information in sections A and B.

5. Repeat steps 1 through 3 for Form 3E (STAFFING PLAN FY 2014-2015)

<u>Completing Budget Form 3F: Quality Enhancement Classrooms Profile Information</u> (*6th Excel tab*)

Please complete the information for every classroom applying to be part of CSP RFA #3.

    a. This form is included with the budget forms to assist you and First 5 California in cross-checking budget items that rely on number of classrooms and ages of children.

    b. Only classrooms from CSP 2 are eligible for CSP 3.

    c. Identify the age levels served in each classroom using the drop-down menu in column G. Choose only one: "PreK" = PreKindergarten only, "I" = Infants only, "T" = Toddlers only, "I/T" = Infants and Toddlers, and "all" = Infants, Toddlers, and PreK served (for example, in family child care).

    d. Indicate the number of Infants, Toddlers, and PreK children in each classroom using columns H, I, and J. These figures are for planning purposes; you will be asked to update this information when reimbursement is requested.

    e. Indicate "yes" (Y) or "no" (N) in columns K and L, as requested.

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Completing Budget Forms 3B and 3D *(2nd and 4th Excel sheet tabs)*

Begin with form 3B FY 2013-2014, which is the fiscal year budget.

1. Select the name of the applicant county. A drop-down list of counties can be accessed by pressing on the arrow to the immediate right of the "Select County" cell. The address of the county commission will automatically populate upon selection of the county name.

2. Personnel Costs will automatically populate based on Form 3C.

3. Under Program Costs, cells E2 and E3 should pre-populate based on the number of children identified on Form 3F.

   Note: If you are using more than one sheet to complete the form 3F (e.g., your county is applying for more than 22 CSP #3 classrooms), please contact First 5 California to unlock this formula.

4. Under Operating Costs, identify those costs that will be funded through "Local Contribution" (column D) and expenses to be "Reimbursed by State" (column E). Column F will automatically add the two columns.

   Keep in mind that First 5 California will reimburse no more than $50,000 per classroom per year, for up to 34 classrooms (see RFA page 27). Please see RFA pages 42-44 about allowable costs.

5. Please include the administrative cost if you are using administrative cost as cash match. Cell D11 can be calculated by the county.

6. The total should automatically populate.

7. Repeat steps 1 through 5 of this section for Form 3D FY 2014-2015.

Completing Budget Form 3A

1. Select the name of the applicant county. A drop-down list of counties can be accessed by pressing on the arrow to the immediate right of the "Select County" cell. The address of the county commission will automatically populate upon selection of the county name.

2. All shaded cells on Form 3A will populate based on information inputted on Forms 3B through 3E.

Completing Budget Form 3G

1. Please provide narrative for each fiscal year budget. Include details about proposed staffing beyond essential staff and program operating costs. Program operating costs must be used to enhance quality in CSP 3 classrooms; provide detail about the types of Quality Materials for which funding is allocated.

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