



Office of Children and Family Services

LEGISLATIVE GRANTS APPLICATION

Instructions and examples for awards \$10,000 and under

Please note: In the example shown,
each page is a separate example
within itself and is to provide assistance
in contract development

Send completed grant application and all required attachments to:

New York State Office of Children and Family Services
Bureau of Contract Management
Legislative Grants Unit Capital
View Office Park
52 Washington Street – Room 202 South
Rensselaer, New York 12144-2796

If you have any questions,
Please contact your assigned contract manager

LEGISLATIVE GRANTS FACE PAGE

(Enter requested information for the items listed below)

Contractor SFS Payee Name

For proper execution of a contract, enter the organization's name exactly as it appears in the New York State Office of the State Comptroller's Statewide Financial System.

Contractor DOS Incorporated Name

Enter the organization's name exactly as it appears on the Certificate of Incorporation or most recent amendment.

Contractor Primary Address

Enter the organization's address for the physical location of the organization, including floor number and the zip code.

Contractor Identification Numbers

Enter organization's 10-digit New York State vendor identification number;

Enter the organization's nine-digit federal tax identification number (EIN).

Current Contract Term

Enter the anticipated start and end dates for the term of the contract. The term must incorporate the period of time whereby contract funds will be spent and services will be provided. The organization must not have other contracts for the same project, with overlapping terms and duplicate budget items. Consult the **award notification letter** to determine the earliest date for which the contract term can start. When selecting a contract term, allow sufficient time (approximately 120 days) for the contract execution/approval process. Any organization requesting a retroactive start date is hereby advised that money spent in anticipation of entering into a contract with the New York State Office of Children and Family Services (OCFS) is done so at the risk of said organization.

Contract Number

Please enter the assigned contract number referenced on the award notification letter.

Contractor Status

Please (X) the appropriate areas for the organization.

Charities Registration Number

Enter the organization's charities registration number or exemption status/code.

Sectarian Entity

Please (X) if appropriate.

Contract Funding Amount

Enter the amount of the award as indicated in the award notification letter.

SIGNATURE PAGE

The signature page is where the individual authorized to sign on behalf of the corporation formally signs the agreement certifying that the contractor agrees to the terms and conditions set forth in the agreement and certifying that the information provided is true and correct.

Contractor

Name must be the organization's legally incorporated name **exactly** as it appears on the Certificate of Incorporation or most recent amendment. Include signature, print or type the signer's name and title below the signature, and enter the date signed.

State Agency

Do **NOT** enter any information in this section. It is for state agency use only.

Notarization For Contractor

The authorized individual must sign his/her name in front of a notary public and the notary must complete the notarization information on the **same day** that the signature page is signed.

One original, notarized signature page MUST be submitted with the application.

All signatures must be original signatures; signature stamps and photocopies of signatures will NOT be accepted.

Frequently there are problems with the signature page, causing significant delays in the approval process. Some of the more common problems are listed below:

- The organization name is incorrect (must be exactly as it appears on the Certificate of Incorporation);
- Unauthorized Signatory (must be a person who is listed as authorized to sign in Attachment C, *Summary of Organizational Information*, under "Contact Persons");
- Information is entered prior to signature, making it appear as though signature and notary dates are different, the signature page must be signed and notarized on the same date;
- Notary information is incomplete;
- Notary's commission has expired.

Please double-check the accuracy of the information on the signature page before submitting the application.

ATTACHMENT B-1 EXPENDITURE BASED BUDGET

Indicate how the organization will spend the award by completing the applicable expense categories.

Due to the size of this award, please consider limiting the number of expense categories to which it will be applied. A less complex budget will simplify the approval process, and make it easier for claiming and reporting.

Always round figures to the nearest dollar (see examples).

For each Budget Category charged to this contract, provide explanations and computations in detail. **See budget examples** on the following page.

Personnel Expenses

List the name and job title of each individual to be paid from this contract. Include a computation showing how the planned payroll expense was determined for each individual.

Salaries include individuals whose pay is determined on a basis other than hourly, e.g., weekly, bi-weekly, monthly, annually. For example, if a \$5,000 award is to be used to fund part-time salary costs, the computation might be \$200/week x 25 weeks = \$5,000.

Hourly Wages include those individuals whose pay is determined on an hourly basis.

Fringe Benefits & Payroll Taxes

For all employees, both salaried and hourly, it is a requirement that the employer pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. Additional fringe benefits such as pension, health, life or dental insurance may be provided. The total fringe benefits and payroll taxes chargeable to this contract cannot exceed the New York State Office of the State Comptroller's rate, available at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/VII/9.htm>

Equipment & Supplies

Supplies are those items consumed during the term of this contract; they may include office supplies, janitorial supplies and program supplies.

Equipment: submit three price quotes for any single item costing over \$1,000 or three written bids for any single item costing over \$5000 and indicate the vendor selection. If other than the low bidder is selected, a statement must be submitted indicating why that vendor was selected.

Contractual and/or Consultants

Contractual Services include any costs that have a formal or informal contract such as rental of real estate, lease of equipment, insurance, payroll services, janitorial services and general contracting services. Include documentation for these costs, e.g., a lease.

Consultants are self-employed contractors and **may not be members of the board of directors**. A **consultant agreement** form must be attached which includes a statement of services to be performed, time period for performance and rate of pay. Use the consultant agreement form in your application packet if no other signed agreement is available.

Other Expenses

Travel may be for staff or clients, and may not exceed NYS established rates. Current rates and additional information including a guide on allowable per diem rates and other travel related information can be found on the US General Services Administration website at <http://www.gsa.gov/portal/content/104877>.

Other expenses include costs not applicable to any other categories such as postage, telephone, utilities, and advertising.

Budget

Example: American Little League, Inc. 4/1/12 – 3/31/13

For each **expense category** funded by this contract, include the following: a list of the items for each expense category (**include computations where applicable**) and a brief explanation of each item as it relates to the project.

Expense Category (Enter explanation and computation on appropriate line)	Enter Amounts Charged To Contract	Total Amount
Personnel Expense (Name & Title) – Include computation		
Jane Doe, accountant	\$ 1,600	
Salary = \$20,000; 8% time spent on project = \$1,600		
	Subtotal	\$ 1,600
Fringe Benefits and Payroll Taxes (not to exceed 45.24%)	\$ 400	\$ 400
Equipment and Supplies (Attach 3 price quotes/bids for single items costing more than \$1,000)		
Pitching machine	\$ 1,600	
Balls, bats, uniforms	\$ 2,400	
	Subtotal	\$ 4,000
Contractual and/or Consultants– Itemized and include computation		
Fencing for the Babe Ruth and Little League fields	\$ 4,500	
Accepted quote: Madison Fence Co. - \$4,500		
	Subtotal	\$ 4,500
Other Expenses (Travel, Utilities, Postage, etc.) Include computations for each item of expense		
	Subtotal	
Total Contract Amount		\$ 10,500

ATTACHMENT C – WORKPLAN

The Workplan is where the organization provides comprehensive, detailed information on the services/project that it will be providing with this grant. When completing this section, address major expenditures planned in the Expenditure Based Budget (Attachment B-1) and ensure that the following points have been addressed with specifics:

Project Title

Enter the Project Title as identified on the corresponding Legislative Initiative form.

Workplan Detail

Provide an overview of the project, including goals, tasks, desired outcomes and performance measures planned in the Expenditure Based Budget (Attachment B-1).

SUMMARY OF ORGANIZATIONAL INFORMATION

Address

Enter the address(es) for the organization and indicate with “X” any and all categories that apply to each address listed.

Contact Person(s)

Enter the names, daytime telephone numbers and email addresses for each of the Key Contacts. Indicate with an “X” any individuals that are authorized to sign contracts and/or vouchers. **Please note: A working email address is required. If the contact person’s email address is not available, the organization’s shared email address should be provided.**

NON-DISCRIMINATION/NON-SECTARIAN COMPLIANCE

Organizations that contract with O C F S are prohibited by the Human Rights Law from limiting or denying access to services on the basis of age, race, creed, color, national origin, sex or disability. This form is used to determine the organization's degree of compliance with laws and regulations regarding discrimination. Refer to the Certificate of Incorporation (original and amendments) to answer each of the following questions correctly. See example on the following page.

Enter the organization's name exactly as it appears on the Certificate of Incorporation or most recent amendment.

a - g. Answer each question "Yes" or "No."

h. Define the specific target population i.e., to whom the organization will provide services.

i. Explain what the organization will do if people outside the target population request services. For example, will the organization refer them to another service provider?

j. Answer "Yes" or "No."

If you have answered "Yes" to any of the questions (a) through (e) or question (g), use the space provided on the form to justify why the organization should still be funded.

Organization Information

Check "Yes" if the description applies to the organization; "No" if it does not apply to the organization. Please answer each item.

As established by the New York State Office of the State Comptroller:

Non-Profit Organization is an incorporated organization chartered for other than profit-making activities.

Women-Owned Business Enterprise is a non-profit organization controlled by a Board of Directors that consists of at least 51 percent women.

Minority Business Enterprise is a non-profit organization controlled by a Board of Directors that consists of at least 51 percent minority individuals.

Small Business Concern is a business that is resident in New York State, independently owned and operated, not dominant in its field, and employs one-hundred or fewer persons.

Service-Disabled Veteran-Owned Business (SDVOB) – An SDVOB is a business owned by a veteran who has been classified as service-disabled by the US Department of Veteran Affairs, US Department of Defense or NYS Division of Veterans Affairs, and has been certified as a New York State Service-Disabled Veteran-Owned Business pursuant to Article 17-B of the New York State Executive Laws.

Non-Discrimination/Non-Sectarian Compliance (example)

Agency: XYZ Child Care Center, Inc.

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| a. According to the Certificate of Incorporation, are the organization's purposes sectarian? (For example, is the organization a corporation organized under the religious corporation law or a corporation which has a corporate purpose to serve a particular religious group or to promote the doctrine of a particular religion in general?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Are any of the proposed services in your project sectarian in nature? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Does the organization have as its goal the furthering of any sectarian purpose? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Are the services to be provided by sectarian staff? (e.g., clergy) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Are services being delivered in a building owned by a sectarian organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Are services direct educational services in connection with a school? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Will the proposed services be provided on the basis of race, religion, color, national origin or sex? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

h. What is the target population of the organization?

e.g.. Single parent families. low income working families and at risk families

i. What will the organization do if individuals who are not part of your target population ask for services?

e.g.. Refer to an appropriate agency

j. Will the organization serve, either through direct services or referrals, all who request assistance?

If the answer(s) to any of the questions a-e, or question g are "Yes", then justify why you should be funded below.

ORGANIZATION INFORMATION

For statistical purposes, check yes or no for each of the following items as it relates to your organization. (See Instructions and Examples) **Leave no blanks.**

Non-Profit Organization	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Women-Owned Business	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Minority Business	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Municipality	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Small Business	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Service-Disabled Veteran-Owned Business	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
Board Of Directors Profile

Not-For-Profit Organizations

INSTRUCTIONS FOR BOARD OF DIRECTORS PROFILE FORM

The *Board of Directors Profile* form (OCFS-4552) must be completed. This includes name, address, email, current occupation and employer, position on the board and board chairperson's signature and date (or the signature of the board chairperson's designee). See example on the following page.

The outlined points noted below must be followed with regard to the board of directors for not-for-profit organizations.

- **For the purposes of this Request for Proposal, the number of members on the board of directors must not be less than three (3).** .
- Be sure ALL columns are filled in for each board member; list both occupation and employer for each board member. If one or more board members are retired, or otherwise not employed (ex.: "community volunteer", or "homemaker"), please note that status in the second column as well as their previous or current occupation. If the board member is self-employed, the name and nature of their business must be included.
- Where the corporation is licensed by OCFS to operate residential facilities for victims of domestic violence, no board member (including non-voting, ex-officio members) of the corporation may be a paid employee of the applicant organization. This provision is non-waivable, and applies even if the contract in question is for an activity other than the operation of a residential facility for victims of domestic violence. If the *Board of Directors Profile* submitted lists a paid employee as a member of the board, the contract cannot be approved until that individual is removed from the *Board of Directors Profile*.
- No paid employee of a corporation requiring OCFS approval to incorporate may sit on the agency's board, except **that the CEO of a voluntary authorized agency may be a non-voting member of the board. There is no waiver** available for this scenario. If the *Board of Directors Profile* for a voluntary authorized agency lists a paid employee other than the CEO as a member of the board, the contract cannot be approved until that individual is removed from the *Board of Directors Profile*. If the *Board of Directors Profile* for a voluntary authorized agency lists a CEO as a member of the board and does not specify that the CEO is a non-voting board member, the contract cannot be approved until the status of the CEO as a non-voting board member is specified in the *Board of Directors Profile*.
- Board members must avoid transactions involving the applicant organization in which they personally benefit or which create the appearance that they could personally benefit. Board members who are employed by government organizations must avoid situations in which they could use their official position or capacity for the benefit of the applicant organization or which create the appearance that they could use their official position or capacity for the benefit of the applicant organization. As such, OCFS will examine situations where social services district or other county employees serve as members on a corporation's board. OCFS will determine whether a conflict of interest or appearance of impropriety exists, and how, if at all, it can be rectified such that the individual can remain a board member.
- For any board member employed by the local social services district or other county government agency whose board of directors services presents a potential conflict of interest or appearance of impropriety, a letter must be submitted with this application from the county ethics board, county attorney or other appropriate local entity, stating that their service on the board does not constitute a conflict or otherwise violate applicable ethics provisions. OCFS will review the information submitted and advise the applicant organization accordingly. OCFS may request additional information in instances in which the potential for a conflict of interest or appearance of impropriety arises.
- You can attach a board listing, using a different form, as long as you use the OCFS form as your first page, entering "See attached list": under number 1, and entering your agency name, date, and board chairperson's signature on the OCFS form.
- If you attach a board listing, using a different form, make sure all the required information on the OCFS form is conveyed on the attached form.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
BOARD OF DIRECTORS PROFILE

Must be completed, signed by the board chairperson or designee, and included in application.

See instructions on page 2 of this form.

AGENCY NAME: **XYZ Child Care Center, Inc.**

Name, Address, and E-Mail	Current Occupation And Current Employer	Position On The Board
1. Albert Gordon 100 Madison Street Albany, New York 12000	C.P.A. John Smith Accounting Firm	Chairperson
2. Pamela Foster 46 Brookview Road Albany, New York 12000	Elementary School Principal Forrest Hills Elementary	Vice President
3. James Hayes 65 Fourth Street Albany, New York 12000	Retired	Secretary
4. Cynthia Blake 260 Central Avenue Albany, New York 12000	Financial Consultant Blake Finance Services	Treasurer
5. Donna Brown 56 Western Boulevard Albany, New York 12000	Homemaker	Member
6. Kevin Lawrence 1 Riverside Road Albany, New York 12000	Social Worker Allen Group Home	Member
7. Kenneth Drake 24 Dillenbeck Avenue Albany, New York 12000	Teacher New Beginnings Charter School	Member

The number of directors constituting the entire board must not be less than three. OCFS advises a manageable number of board directors to assure maximum working effectiveness. Of this number, OCFS recommends board composition to include individuals with experience in, or access to, legal matters, financial management, real estate knowledge, and administrative capability and "consumer" representation.

[Board chairperson must sign here]

Date

Board of Directors Chairperson (or designee)

KEY PERSONNEL PROFILE

The purpose of this form is to demonstrate the staffing levels for the project as well as the amount of time the organization's key personnel will spend on the project. Key personnel include the following:

- Individual(s) responsible for the management of the contract.
- Direct service workers (including hourly employees), e.g. social workers, teachers, psychologists, etc.
- Administrative staff overseeing the project and supporting the project. See example on the following page.

Enter the "Name/Title" of the staff person and list the "Job Duties" for the *position* and provide the "Name/Title of Supervisor" for each employee listed.

Attach additional pages to this form if necessary.

KEY PERSONNEL PROFILE (must relate to Expenditure Based Budget)(example)

Name and Title	Job Duties	Name and Title of Supervisor
Sharon Johnson, Project Director	Contract management, preparation of quarterly reports, program supervision, staff training, implementation of curriculum, record-keeping	Deborah Sullivan, Executive Director
Ben McCarthy, Head Teacher	Record attendance, serve meals, prepare lesson plans, present lessons, supervise all activities, attend meetings and training, train and supervise assistance teacher	Sharon Johnson, Project Director
Zoe Harrison, Assistant Teacher	Assist head teacher in all aspects of child supervision, meal service, nap time, outdoor play, maintenance of classroom and materials	Ben McCarthy, Head Teacher

ATTACHMENT D PAYMENT AND REPORTING SCHEDULE

Attachment D is the part of the contract that discusses the payment and reporting provisions. This document is a boilerplate, no action is necessary.

REQUIRED: Electronic Payments and Substitute Form W-9

The Governor's Office of Taxpayer Accountability has issued a directive that all state agency and state authority contracts, grants and purchase orders executed after February 28, 2010 shall require vendors, contractors and grantees to accept electronic payment (epay).

Please note the contractor payee name and address provided to OSC for the epay program must match exactly the contractor name and address retained by the Vendor Management Unit (VMU) and the contractor's contract with O C F S. If these do not match, a check is printed and mailed to the payee as registered in the VMU.

Vendors should also file Substitute Form W-9 with their Electronic Payment Authorization form.

More information concerning these requirements, including forms and contacts for questions, can be found at the following links:

Substitute Form W-9

http://grantsreform.ny.gov/sites/default/files/sub_w9.pdf

EPAY

<http://www.osc.state.ny.us/vendors/epayments.htm>

CONSULTANT AGREEMENT

Submit a consultant agreement only if a consultant will be providing services during this project and will be paid from this award. A blank consultant agreement form is included in the contract package. This form is to be used only if no signed consultant agreement exists. If one exists, please submit a copy of the agreement with the completed contract package.

Note: The consultant agreement term must be within the contract term.

Consultant Agreement (example)

<p>I, <u>Terry Hunter</u>, agree to provide the services described below on a consultant basis to <u>XYZ Child Care Center, Inc.</u></p> <p>_____ . It is understood that as a consultant, no taxes or fringe benefits of any kind are being withheld by the agency names above.</p>																	
<p>Description of Service (attach workplan if appropriate):</p> <p>I, Terry Hunter, will prepare accounts payable, tax deposits and required tax forms.</p>																	
<p>Date(s) of Service: The bookkeeping services will be provided one day per month, during the first week of each month.</p>																	
<p>Cost of Service and Payment Schedule:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Hours Per Session</th> <th style="text-align: center; border-bottom: 1px solid black;">Frequency of Payment</th> <th style="text-align: center; border-bottom: 1px solid black;">Number of Sessions</th> <th style="text-align: center;">x</th> <th style="text-align: center; border-bottom: 1px solid black;">Rate of Pay</th> <th style="text-align: center; border-bottom: 1px solid black;">Total Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">Monthly</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$360</td> </tr> </tbody> </table>						Hours Per Session	Frequency of Payment	Number of Sessions	x	Rate of Pay	Total Amount	8	Monthly	9		\$40	\$360
Hours Per Session	Frequency of Payment	Number of Sessions	x	Rate of Pay	Total Amount												
8	Monthly	9		\$40	\$360												
<p>Term of this Agreement: 9/15/2005 – 6/14/2006</p>																	
<p>_____ (Consultant signature)</p>			<p>_____ (Date)</p>														
<p>_____ (Printed name)</p>																	
<p>_____ (Agency signature)</p>			<p>_____ (Date)</p>														
<p>_____ (Printed name)</p>																	