























## Title IV-E Reimbursement Program for Legal Services

### Program Assurances

#### H. Cost Allocation Method:

Has the method for allocating legal staff and other costs to the legal services reimbursement program been reviewed by DCFS?

Will the agency providing legal services report information on a regular basis to support the costs for which IV-E reimbursement is claimed?

Has the agency responsible for submitting costs for reimbursement established procedures to ensure that all Child Welfare and other Human Services costs are not being claimed for reimbursement under this program?

#### I. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of Title IV-E Reimbursement Program for Legal Services program governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)	Phone
Title	Email
Signature	Date

# Budget: Section C

**Budget Narrative** (1-2 pages). For each service category, provide a line item budget justification. See Appendix A: Budget Narrative Instructions and Template.

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

### Budget Narrative Instructions

All applications must include a detailed project budget for the one-year funding cycle. The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and to achieve the projected outcomes for the award funding period.

*Note: If the proposed project does not receive the full amount requested, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.*

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application and use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative). Complete a detailed budget for each line item. This spreadsheet contains ~~formulas~~ formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

<b>Applicant Name:</b>					
<b>BUDGET NARRATIVE-SFYXX</b>					
<b>Total Personnel Costs</b>					including fringe Total: \$ -
<b>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b>					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	Annual Salary	Fringe Rate	Time	Months	Amount Requested
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	Annual Salary	Fringe Rate	Time	Months	Amount Requested
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	Annual Salary	Fringe Rate	Time	Months	Amount Requested
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
<b>*Insert new row for each position funded or delete this row.</b>					
<b>Total Fringe Cost</b>					\$ -
<b>Total:</b>					\$ -

For all budget categories, provide total amount requested, item details, and line item justification.

**Personnel:**

Charges made for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See [2 C.F.R. § 200.430](#).

Identify employees who provide direct services. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if known. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

Program Director:  $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist:  $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category, including those who spend only part of their time on grant activities. Administrative/Executive Staff salaries that are not readily assignable to a particular project are not allowed.

**Travel/Training:** Only Child Welfare Training/Conferences will be allowed. All trainings or conference must improve safety and permanency outcomes. Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently \$.58), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

Identify and justify any training costs specifically associated with the project, including type of training, location, # of staff attending, benefit to subrecipient and Scope of Work implementation.

**Operating:** For agencies with multiple funding sources, costs must be consistently allocated as described in the organization's cost allocation plan.

**Supplies:** Describe the cost of Mail/postage, printing/publication.

### **Contractual/Consultant Services:**

Only contracted attorneys providing legal representation to IV-E eligible children and their families will be allowable. Identify project workers who are not employees of the applicant organization. Any costs associated with these workers, such as travel or per diem, should also be identified in this budget category. Explain the need and/or purpose for the contractual/consultant service and justify these costs. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Written sub-agreements must be maintained and the applicant is responsible for administering sub-agreements in accordance with all requirements identified for grants administered under Title IV-E. A copy of written agreements must be provided to GMU.

### **Budget Summary Form 2**

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("DCFS") should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words "Other Funding" in the cell(s) in Row 6 with the name of the funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the "Total Agency Budget" in Cell I-26 labeled for this purpose. **This should include all funding available to the agency for all projects including the proposed project.** Cell I-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.



