**Illinois Department of Human Services**

**Division of Family and Community Services**

**INSTRUCTIONS AND FORMS**

**FY15 Youth Development Programming RFA**

Service Classification #2 (Youth Employment)

|  |  |  |
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| **Line item or Cost Category Description** | **requested grant budget amount** | **proposed budget match amount** (if provided) |
| **Youth wages** (min. 70% of total) |  |  |
| **Program services** (max. 30% of total) |  |  |
| **-Case management** |  |  |
| **-Employer outreach & recruitment** |  |  |
| **-Supportive services** |  |  |
| **Administrative** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
| **Total Cost** |  |  |

Reimbursement is not available for purchase of fixed equipment more than $1,000. Typical examples for administrative/indirect are administrative personnel, rent, utilities, building maintenance, local telephone, equipment maintenance, management and general and accounting. For purposes of this program, it is requested that direct costs be those directly associated with the delivery of program services. These may include labor, program supplies, space for services, etc. Classification of costs are subject to interpretation by the Department. Federal Circulars can be referenced for assistance: OMB Circular A-21, “Cost Principles for Educational Institutions” A-87 “Cost Principles for State, Local ...Governments”, A-122 “Cost Principles for Non-Profit Organizations.”

**BUDGET NARRATIVE**

Provide a budget narrative for each line item of the budget. Any package received without a budget narrative will be returned to the Provider.

Each line item must have a narrative explanation or justification stating the method used in determining the amount allocated to each line item, why and how funds are to be utilized. Include your basis for determining administrative/indirect and direct program services. A budget submitted without narrative explanation or justification of each line item will be considered incomplete.

Note: While it is permissible for more than one funding source to share the costs of a given service, it is not permissible for two funding sources both to reimburse the same cost of a service. Double claiming is prohibited even if the combined sources do not exceed the expenditures.

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| **Youth – Wages and Benefits** | **Amount Requested** | **Matching Funds** (if provided) |
| Minimum 70% of total Wages and benefits (FICA and Worker’s Comp.) paid to youth. Show detail as to how calculated—number of youth, hourly wages of $9/hour, number of hours per week, number of weeks. |  |  |
| **Detailed Explanation/Justification:** | | |

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| **Program Services** | **Amount Requested** | **Matching Funds** (if provided) |
| Maximum 30% of the total grant funds may be budgeted for program services. Includes, but is not limited to, the delivery of services related to youth employment that provides direct linkages to academic and occupational learning, employer coordination and recruitment, and youth supportive services that may include transportation, child care, work-related attire, physicals and background checks |  |  |
| **Detailed Explanation/Justification:** | | |

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| **Administrative Cost** | **Amount Requested** | **Matching Funds** (if provided) |
| Includes, but is not limited to the grant management, accounting; budgeting; financial and cash management; procurement and purchasing; property management; payroll; and audit costs. It is expected that Direct Administrative costs will represent a small portion of the overall program budget. |  |  |
| **Detailed Explanation/Justification:** | | |

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| **Contractual Services** | **Amount Requested** | **Matching Funds** (if provided) |
| Costs to be incurred via contract or sub grant. List and describe purpose of each contract/sub grant and how you will follow your procurement guidelines. Explain how each item is needed for the achievement of project objectives. |  |  |
| **Detailed Explanation/Justification:** | | |

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| --- | --- | --- |
| **Other Costs** | **Amount Requested** | **Matching Funds** (if provided) |
| Use for all direct costs not clearly covered in the lines above. Include a detailed list describing all other costs not included in the above lines including the amount for each item. |  |  |
| **Detailed Explanation/Justification:** | | |