# Universal PreKindergarten Mixed Delivery Planning Grant Round 2 - Budget Narrative

California Department of Education

**Grant Period:** July 1, 2023, through June 30, 2026

Each applicant for the Universal PreKindergarten (UPK) Mixed Delivery Planning Grant fiscal year (FY) 2023–26 Request for Data (RFD) must submit a Budget Narrative detailing the planned expenses for their grant award. The amounts listed in this Budget Narrative should match those reported in the associated Budget Summary Template.

**Instructions:** In each narrative section, provide details and justification for each expenditure category, and include information about roles, time allocation, and salary and benefits of the lead agency staff, books and supplies, services and other operating expenses, subagreements for services, travel, and indirect costs. Items and services included in this Budget Narrative must be allowable and approved in coordination with the UPK Mixed Delivery Planning Grant FY 2023– 26 RFD. Reference the RFD Overview and Instructions for more details. Grant funding may be budgeted in one, two, or three of the following fiscal years: (1) 2023–24, (2) 2024–25, and (3) 2025–26. For questions, contact the California Department of Education’s (CDE’s) UPK Mixed Delivery Team at UPKMixedDeliveryGrant@cde.ca.gov.

**Lead Agency: [Insert name of lead agency applying]**

**Grant Award: [Insert grant award total for UPK Mixed Delivery Planning Grant – Round 2]**

## Fiscal Year 2023–24

### 1000-2000 Personnel Salaries

Explain specific responsibilities of each lead agency position that is directly participating in grant activities (if applying in a consortium, positions may be at consortium member counties, but must be directly involved in the implementation of the grant activities). Provide:

* + The title of each position
	+ The description of responsibilities for the position and its relevance to the support of the UPK Mixed Delivery Grant goals
	+ The time or full-time equivalent (FTE) of each position
	+ The base salary for each position
	+ The total for each position

**Note:** Personnel completing grant tasks outside of the Lead Agency or consortium member agencies must be accounted for via the Subagreements for Services category.

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| --- | --- | --- | --- | --- |
| **Position**(Title) | **Description**(Role, description of responsibilities) | **% FTE** | **Base Salary** | **Total** |
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**Additional Information related to Personnel Salaries below:**

**[Enter any additional information relating to Personnel Salaries]**

#### Workgroup Member Stipends

Stipends are only for workgroup members attending the local workgroup meetings, not for other entities and not for other purposes.

Per California *Education Code* (*EC*) Section 8320 found at <https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=8320.&lawCode=EDC> workgroup members shall include, but not be limited to, representatives from:

* + County offices of education (COE)
	+ School districts
	+ Charter schools offering transitional kindergarten.
	+ Resource and referral programs
	+ Alternative payment programs operating preschool programs
	+ First 5 county commissions
	+ Contracted state preschool programs - local education agency
	+ Contracted state preschool programs -community-based organization programs
	+ General childcare programs serving preschool-age children
	+ Tribal preschool programs
	+ Private center-based childcare preschool provider
	+ Licensed family childcare providers
	+ Educators
	+ Exclusive bargaining representatives
	+ Head Start
	+ Faculty at local institutions of higher education focusing on child development or early childhood education
	+ Early childhood education teacher preparation programs, including institutions of higher education Provide:
	+ Position or Member Type
	+ Include the agency the workgroup member represents.
	+ Description of stipend
	+ Stipend amounts must be reasonable, necessary, and justifiable
	+ Total cost of stipend

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| **Position or Member Type**(Title of workgroup member or agency they are representing [for example, COE, Head Start]) | **Description of Stipend** (Monetary amount; justification of cost; number of workgroup meetings to beattended by the member) | **Total** |
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**Personnel Salaries Total: [Enter Personnel total]**

### 3000 Employee Benefits

Provide:

* + The fringe benefit percentages for all personnel
	+ The basis for cost estimates or computations

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| **Position**(Title) | **Justification for Cost** | **Total** |
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**Additional Information related to Employee Benefits below:**

**[Enter any additional information relating to Employee Benefits]**

**Employee Benefits Total: [Enter Benefits total]**

### 4000 Books and Supplies

#### 4300 Materials and Supplies:

Provide:

* + Type of Item
	+ Purpose of the materials as it pertains specifically to this grant
	+ An estimate of unit cost and the number of units for each material and/or supply needed for the quality improvement activities for the consortium (for example, instructional materials, office supplies)
	+ Total cost for materials or supplies
	+ Any additional basis for cost estimates or computations

| **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
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#### 4700 Food and Refreshments

Food is a permissible cost for local workgroup meetings **only**. Provide the following:

* + Purpose and description of food
	+ Cost of food

| **Purpose and Description of Food** | **Cost of Food** |
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**Additional Information related to Books and Supplies below:**

**[Enter any additional information relating to Books and Supplies]**

**Books and Supplies Total: [Enter Books and Supplies total]**

### 5000 Services and Other Operating Expenditures (excluding Subagreement for Services and Travel) Explain the purpose and relation to the project. Provide:

* + The products to be acquired or the professional services to be provided
	+ The agency that will be responsible for the services or operating expenses
	+ Any additional basis for cost estimates or computations
	+ Estimated total cost

| **Vendor Name** | **Purpose of Service or Operating Expense** | **Justification of Costs** (include hourly rates of vendor personnel, going rate for services, etc.) | **Total** |
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**Additional Information related to Services and Other Operating Expenditures below:**

**[Enter any additional information relating to Services and Other Operating Expenditures]**

**Services and Other Operating Expenses Total: [Enter Services and Other Operating Expenses total]**

### 5100 Subagreement for Services

**Note:** Grantees may only charge indirect on the first $25,000 of each subagreement.

Explain the purpose and relation to the project. Provide:

* The agency that will be responsible for the subgrant (vendor information)
* The products to be acquired or the professional services to be provided
* The estimated cost per contract
* Any additional basis for cost estimates or computations

| **Vendor Name** | **Purpose of Subagreement** (include a description of services to be provided) | **Justification of Costs** (for example, include hourly rates of vendor personnel, or going rate for services)  | **Subagreement Total** |
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**Additional Information related to Subagreements for Services below:**

**[Enter any additional information relating to Subagreement for Services]**

**Subagreement for Services Total: [Enter Subagreement for Services total]**

### 5200 In-State Travel

Explain the purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success. Provide:

* Purpose of each trip
* An estimate of the number of trips
* A cost estimate per trip
* Total cost of trips
* Any additional basis for cost estimates or computations

| **Title of Event or Activity** | **Purpose** (include the title of person[s] attending the event or activity) | **Number of Trips** | **Cost per Trip** (include basis for cost and whether the cost is an estimate) | **Total** |
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**Additional Information related to In-state Travel below:**

**[Enter any additional information relating to In-state Travel]**

**In-state Travel Total: [Enter In-state Travel total]**

### 7000 Indirect Costs

Identify and apply indirect costs up to 10 percent.

**Note:** Indirect costs only pertain to the Lead Agency receiving UPK Mixed Delivery Planning Grant funding from the CDE. Any indirect charges for subagreements must be included in the total cost of the contract within the Contractual category. Subagreements are subject to indirect on the first $25,000, annually, unless otherwise specified.

**Additional Information related to Indirect below:**

**[Enter any additional information relating to Indirect]**

**Indirect Total: [Enter Indirect total]**

**FY 2023–24 Total: [Enter FY 2023–24 Total of all categories]**

## Fiscal Year 2024–25

### 1000-2000 Personnel Salaries

Explain specific responsibilities of each lead agency position that is directly participating in grant activities (if applying in a consortium, positions may be at consortium member counties, but must be directly involved in the implementation of the grant activities).

Provide:

* + The title of each position
	+ The description of responsibilities for the position and its relevance to the support of the UPK Mixed Delivery Grant goals
	+ The time or full-time equivalent (FTE) of each position
	+ The base salary for each position
	+ The total for each position

**Note:** Personnel completing grant tasks outside of the Lead Agency or consortium member agencies must be accounted for via the Subagreements for Services category.

| **Position**(Title) | **Description**(Role, description of responsibilities) | **% FTE** | **Base Salary** | **Total** |
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**Additional Information related to Personnel Salaries below:**

**[Enter any additional information relating to Personnel Salaries]**

#### Workgroup Member Stipends

Stipends are for workgroup members attending the local workgroup meetings, not for other entities. Provide:

* + Position or Member Type
	+ Include the agency the workgroup member represents or relevant experience for the person to be included as a member of the local workgroup
	+ Description of stipend
	+ Stipend amounts must be reasonable and necessary
	+ Total cost of stipend

| **Position or Member Type**(Title of workgroup member or agencythey are representing [for example, CSPP teacher, FFN provider]) | **Description of Stipend** (Monetary vs. material; justification of cost; number of workgroup meetings tobe attended by the member) | **Total** |
| --- | --- | --- |
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**Personnel Salaries Total: [Enter Personnel total]**

### 3000 Employee Benefits

Provide:

* + The fringe benefit percentages for all personnel
	+ The basis for cost estimates or computations

| **Position**(Title) | **Justification for Cost** | **Total** |
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**Additional Information related to Employee Benefits below:**

**[Enter any additional information relating to Employee Benefits]**

**Employee Benefits Total: [Enter Benefits total]**

### 4000 Books and Supplies

#### 4300 Materials and Supplies:

Provide:

* + Type of Item
	+ Purpose of the materials
	+ An estimate of unit cost and the number of units for each material and/or supply needed for the quality improvement activities for the consortium (for example, instructional materials, office supplies)
	+ Total cost for materials or supplies
	+ Any additional basis for cost estimates or computations

| **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
| --- | --- | --- | --- | --- |
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#### 4700 Food and Refreshments

Food is a permissible cost for local workgroup meetings only. Provide the following:

* + Purpose and description of food
	+ Cost of food

| **Purpose and Description of Food** | **Cost of Food** |
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**Additional Information related to Books and Supplies below:**

**[Enter any additional information relating to Books and Supplies]**

**Books and Supplies Total: [Enter Books and Supplies total]**

### **5000 Services and Other Operating Expenditures** (excluding Subagreement for Services and Travel) Explain the purpose and relation to the project. Provide:

* + The products to be acquired or the professional services to be provided
	+ The agency that will be responsible for the services or operating expenses
	+ Any additional basis for cost estimates or computations
	+ Estimated total cost

| **Vendor Name** | **Purpose of Service or Operating Expense** | **Justification of Costs** (include hourly rates of vendor personnel, going rate for services, etc.) | **Total** |
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**Additional Information related to Services and Other Operating Expenditures below:**

**[Enter any additional information relating to Services and Other Operating Expenditures]**

**Services and Other Operating Expenses Total: [Enter Services and Other Operating Expenses total]**

### 5100 Subagreement for Services

**Note:** Grantees may only charge indirect on the first $25,000 of each subagreement.

Explain the purpose and relation to the project. Provide:

* The agency that will be responsible for the subgrant (vendor information)
* The products to be acquired or the professional services to be provided
* The estimated cost per contract
* Any additional basis for cost estimates or computations

| **Vendor Name** | **Purpose of Subagreement** (include a description of services to be provided) | **Justification of Costs** (for example, include hourly rates of vendor personnel, or going rate for services)  | **Subagreement Total** |
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**Additional Information related to Subagreements for Services below:**

**[Enter any additional information relating to Subagreement for Services]**

**Subagreement for Services Total: [Enter Subagreement for Services total]**

### 5200 In-State Travel

Explain the purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success. Provide:

* Purpose of each trip
* An estimate of the number of trips
* A cost estimate per trip
* Total cost of trips
* Any additional basis for cost estimates or computations

| **Title of Event or Activity** | **Purpose** (include the title of person[s] attending the event or activity) | **Number of Trips** | **Cost per Trip** (include basis for cost and whether the cost is an estimate) | **Total** |
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**Additional Information related to In-state Travel below:**

**[Enter any additional information relating to In-state Travel]**

**In-state Travel Total: [Enter In-state Travel total]**

### 7000 Indirect Costs

Identify and apply indirect costs up to 10 percent.

**Note:** Indirect costs only pertain to the Lead Agency receiving UPK Mixed Delivery Planning Grant funding from the CDE. Any indirect charges for subagreements must be included in the total cost of the contract within the Contractual category. Subagreements are subject to indirect on the first $25,000, annually, unless otherwise specified.

**Additional Information related to Indirect below:**

**[Enter any additional information relating to Indirect]**

**Indirect Total: [Enter Indirect total]**

**FY 2024–25 Total: [Enter FY 2024–25 Total of all categories]**

## Fiscal Year 2025–26

### 1000-2000 Personnel Salaries

Explain specific responsibilities of each lead agency position that is directly participating in grant activities (if applying in a consortium, positions may be at consortium member counties, but must be directly involved in the implementation of the grant activities).

Provide:

* + The title of each position
	+ The description of responsibilities for the position and its relevance to the support of the UPK Mixed Delivery Grant goals
	+ The time or full-time equivalent (FTE) of each position
	+ The base salary for each position
	+ The total for each position

**Note:** Personnel completing grant tasks outside of the Lead Agency or consortium member agencies must be accounted for via the Subagreements for Services category.

| **Position**(Title) | **Description**(Role, description of responsibilities) | **% FTE** | **Base Salary** | **Total** |
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**Additional Information related to Personnel Salaries below:**

**[Enter any additional information relating to Personnel Salaries]**

#### Workgroup Member Stipends

Stipends are for workgroup members attending the local workgroup meetings, not for other entities. Provide:

* + Position or Member Type
	+ Include the agency the workgroup member represents or relevant experience for the person to be included as a member of the local workgroup
	+ Description of stipend
	+ Stipend amounts must be reasonable and necessary
	+ Total cost of stipend

| **Position or Member Type**(Title of workgroup member or agency they are representing [for example,CSPP teacher, FFN provider]) | **Description of Stipend** (Monetary vs. material; justification of cost; number of workgroup meetings tobe attended by the member) | **Total** |
| --- | --- | --- |
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**Personnel Salaries Total: [Enter personnel total]**

### 3000 Employee Benefits

Provide:

* + The fringe benefit percentages for all personnel
	+ The basis for cost estimates or computations

| **Position**(Title) | **Justification for Cost** | **Total** |
| --- | --- | --- |
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**Additional Information related to Employee Benefits below:**

**[Enter any additional information relating to Employee Benefits]**

**Employee Benefits Total: [Enter Benefits total]**

### **4000 Books and Supplies**

#### **4300 Materials and Supplies**

Provide:

* + Type of Item
	+ Purpose of the materials
	+ An estimate of unit cost and the number of units for each material and/or supply needed for the quality improvement activities for the consortium (for example, instructional materials, office supplies)
	+ Total cost for materials or supplies
	+ Any additional basis for cost estimates or computations

| **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
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#### 4700 Food and Refreshments

Food is a permissible cost for local workgroup meetings only. Provide the following:

* + Purpose and description of food
	+ Cost of food

| **Purpose and Description of Food** | **Cost of Food** |
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**Additional Information related to Books and Supplies below:**

**[Enter any additional information relating to Books and Supplies]**

**Books and Supplies Total: [Enter Books and Supplies total]**

### 5000 Services and Other Operating Expenditures (excluding Subagreement for Services and Travel) Explain the purpose and relation to the project. Provide:

* + The products to be acquired or the professional services to be provided
	+ The agency that will be responsible for the services or operating expenses
	+ Any additional basis for cost estimates or computations
	+ Estimated total cost

| **Vendor Name** | **Purpose of Service or Operating Expense** | **Justification of Costs** (include hourly rates of vendor personnel, going rate for services, etc.) | **Total** |
| --- | --- | --- | --- |
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**Additional Information related to Services and Other Operating Expenditures below:**

**[Enter any additional information relating to Services and Other Operating Expenditures]**

**Services and Other Operating Expenses Total: [Enter Services and Other Operating Expenses total]**

### 5100 Subagreement for Services

**Note:** Grantees may only charge indirect on the first $25,000 of each subagreement.

Explain the purpose and relation to the project. Provide:

* The agency that will be responsible for the subgrant (vendor information)
* The products to be acquired or the professional services to be provided
* The estimated cost per contract
* Any additional basis for cost estimates or computations

| **Vendor Name** | **Purpose of Subagreement** (include a description of services to be provided) | **Justification of Costs** (for example, include hourly rates of vendor personnel, or going rate for services)  | **Subagreement Total** |
| --- | --- | --- | --- |
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**Additional Information related to Subagreements for Services below:**

**[Enter any additional information relating to Subagreement for Services]**

**Subagreement for Services Total: [Enter Subagreement for Services total]**

### 5200 In-State Travel

Explain the purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success. Provide:

* Purpose of each trip
* An estimate of the number of trips
* A cost estimate per trip
* Total cost of trips
* Any additional basis for cost estimates or computations

| **Title of Event or Activity** | **Purpose** (include the title of person[s] attending the event or activity) | **Number of Trips** | **Cost per Trip** (include basis for cost and whether the cost is an estimate) | **Total** |
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**Additional Information related to In-state Travel below:**

**[Enter any additional information relating to In-state Travel]**

**In-state Travel Total: [Enter In-state Travel total]**

### 7000 Indirect Costs

Identify and apply indirect costs up to 10 percent.

**Note:** Indirect costs only pertain to the Lead Agency receiving UPK Mixed Delivery Planning Grant funding from the CDE. Any indirect charges for subagreements must be included in the total cost of the contract within the Contractual category. Subagreements are subject to indirect on the first $25,000, annually, unless otherwise specified.

**Additional Information related to Indirect below:**

**[Enter any additional information relating to Indirect]**

**Indirect Total: [Enter Indirect total]**

**FY 2025–26 Total: [Enter FY 2025–26 Total of all categories]**

**Grand Total\*: [Enter Grand Total of all FYs]**

**\*Grand Total should match Grant Award Amount**