# California State Preschool Program Quality Rating Improvement System Block Grant Budget Narrative

California Department of Education – May 2023

**Grant Period:** July 1, 2023, through June 30, 2025

Each applicant for the California State Preschool Program (CSPP) Quality Rating Improvement System (QRIS) Block Grant fiscal year (FY) 2023–25 Request for Applications (RFA) 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 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, equipment and supplies, travel, incentives, indirect costs, site block grants, and a clear description of services to be contracted. Items and services included in this Budget Narrative must be allowable and approved in coordination with the CSPP QRIS Block Grant FY 2023–25 RFA. Reference the RFA Overview and Instructions for more details. For questions, contact the California Department of Education’s (CDE’S) Quality Counts California (QCC) Team at [QCC@cde.ca.gov](mailto:QCC@cde.ca.gov).

**Lead Agency:** [Insert Lead Agency Name]

## Fiscal Year 2023–24

| **Agency** | **Name** | **Email** | **Phone Number** |
| --- | --- | --- | --- |
| Program Lead |  |  |  |
| Fiscal Lead |  |  |  |

**Grant Award:** [Insert Grant Award Total for FY 23–24]

1. **Personnel**Explain specific responsibilities of each Lead Agency position that is directly participating in Quality Improvement and Rating Activities for the CSPP QRIS Block Grant.

Provide:

* + The Budget Category for each position (Quality Improvement or Rating Activities)
  + The title of each position
  + The role of each position to support Quality Improvement or Rating Activities
  + The time or full-time equivalent (FTE) of each position
  + The base salary for each position
  + The total for each position

**Note: Personnel should be employees of the Lead Agency. Outside personnel should be accounted for via the Contractual category.**

| **Budget Category** (Quality Improvement or Rating) | **Position**  (Title) | **Description**  (Role, description of responsibilities, for coaches – which tier are they serving) | **% FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- | --- |
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Use the text box below to add any additional information relating to Personnel:

Insert text here. Text box will expand to include all inserted text.

**Personnel** **Total:** [Insert personnel total]

1. **Benefits**Provide:
   * The Budget Category for each entry (Quality Improvement or Rating Activities)

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

| **Budget Category**  (Quality Improvement or Rating) | **Position**  (Title) | **Justification for Cost** | **Total** |
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Use the text box below to add any additional information relating to Benefits:

Insert text here. Text box will expand to include all inserted text.

**Benefits Total:** [Insert Benefits total]

1. **Materials and Supplies**Provide:
   * The Budget Category for each entry (Quality Improvement or Rating Activities)

* Type of Item
* Purpose of the materials or supplies
* 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

| **Budget Category**  (Quality Improvement or Rating) | **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
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Use the text box below to add any additional information relating to Materials and Supplies:

Insert text here. Text box will expand to include all inserted text.

**Materials and Supplies Total:** [Insert Materials and Supplies total]

1. **Travel**Explain the purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success. Provide:
   * The Budget Category for each entry (Quality Improvement or Rating Activities)

* 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

| **Budget Category** (Quality Improvement or Rating) | **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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Use the text box below to add any additional information relating to Travel:

Insert text here. Text box will expand to include all inserted text.

**Travel Total:** [Insert Travel Total]

1. **Equipment**Explain the justification and need for the equipment to be purchased. Additionally, please provide the following:

* The Budget Category for each entry (Quality Improvement or Rating Activities)
* The type of equipment to be purchased
* Purpose of the equipment to be purchased
* Owner of the equipment and agency to which the equipment will be lent, if applicable
* The estimated unit cost for each item to be purchased
* Any additional basis for cost estimates or computations

**Note:** QCC funds can be used to purchase equipment with a unit cost up to $5,000. Equipment being purchased for a participating site must be identified in a site improvement plan. Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, and so on.

| **Budget Category** (Quality Improvement or Rating) | **Item** | **Purpose** | **Owner/ Agency**  (include the entity purchasing the equipment, as well as the entity using the item, if applicable) | **Cost of Item** | **Number of Items** | **Item Description** (include product details including make and model, if applicable) | **Total** |
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Use the text box below to add any additional information relating to Equipment:

Insert text here. Text box will expand to include all inserted text.

**Equipment Total:** [insert Equipment total]

1. **Incentives**  
   Describe the types of incentives provided to **sites** to encourage them to participate in QCC or support them to reach higher levels of quality (for example, licensing supports, equipment, or materials, financial incentives, etc.) Explain the purpose of the incentive and provide the estimated unit cost for each incentive.  
     
   Describe the types of incentives provided to **teachers or administrators** to support them to reach higher levels of quality (for example, coaching, stipends, training, mentoring, etc.). Explain the purpose of the incentive and provide the estimated unit cost for each incentive.

| **Budget Category** (Quality Improvement or Rating) | **Incentive** (include the nature of the incentive [monetary, materials, etc.]) | **Purpose** | **Recipient** (include the level at which the incentive will be administered [site level, administrators, teachers] and the tier level of the recipients) | **Incentive Cost** | **Number of Incentives** | **Total** | **Release Date** (include the quarter in which the Site Block Grants will be distributed) |
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Use the text box below to add any additional information relating to Incentives:

Insert text here. Text box will expand to include all inserted text.

**Incentives Total:** [insert Incentive total]

1. **Contractual**

**Grantees will report contractual expenses on a quarterly basis, and will work with contractors to ensure accurate programmatic and fiscal information related to the contract is reported to the CDE during the quarter in which the contractual expenses occur.**

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

Explain the purpose and relation to the project. Provide:

* The Budget Category for each entry (Quality Improvement or Rating Activities)
* The products to be acquired or the professional services to be provided.
* The agency that will be responsible for the contract (contract vendor information)
* The estimated cost per contract
* For professional services contracts, the amounts of time to be devoted to the project
* Any additional basis for cost estimates or computations

| **Budget Category**  (Quality Improvement or Rating) | **Contractor/ Vendor Name** | **Purpose of Contract**  (include a description of services to be provided) | **Justification of Costs**  (include hourly rates of vendor personnel, going rate for services, etc.) | **Length of Contract** (include anticipated start date of contract activities and status of contract [currently in place, in negotiations, not started]) | **Total** |
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Use the text box below to add any additional information relating to Contractual:

Insert text here. Text box will expand to include all inserted text.

**Contractual Total:** [insert Contractual total]

1. **Other**   
   Provide:

* The Budget Category for each entry (Quality Improvement or Rating Activities)
* Purpose of expenditure
* Other item by major type or category (for example, communications, printing, postage, equipment rental)
* Cost per item
* Any additional basis for cost estimates or computations

| **Budget Category**  (Quality Improvement or Rating) | **Item or Service** | **Description of Item or Service** | **Justification of Cost** | **Total** |
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Use the text box below to add any additional information relating to Other:

Insert text here. Text box will expand to include all inserted text.

**Other Total:** [insert Other total]

1. **Site QRIS Block Grants**  
   Identify the factors, number of sites, and the grant amounts for CSPP sites rated at Tier 4 and Tier 5. Site CSPP QRIS Block Grants will be based on your response of the number of programs at Tiers 4 and 5 as identified in prompt D1 of this application. Please include the anticipated award amount per Tier 4 and Tier 5 recipient (for example, “$500 for each Tier 4 site and $800 for each Tier 5 site”).

| **Tier** | **Site Block Grant Amount** | **Number of Sites** | **Total Cost** | **Release Date** (include the quarter in which the Site Block Grants will be distributed) |
| --- | --- | --- | --- | --- |
| **Tier 4** |  |  |  |  |
| **Tier 5** |  |  |  |  |

Use the text box below to describe any additional information related to Site Block Grants:

Insert text here. Text box will expand to include all inserted text.

**Site Block Grants Total:** [Insert total for Site Block Grants]

1. **Indirect Costs**  
   Identify and apply the CDE-approved indirect cost (found at <https://www.cde.ca.gov/fg/ac/ic/>). Identify what categories indirect costs are being applied to (for example, Quality Improvement Activities, Rating, or Site Block Grants).

**Note:** Indirect costs only pertain to the Lead Agency receiving CSPP QRIS Block Grant funding from the CDE. Any indirect charges for contractual agreements must be included in the total cost of the contract within the Contractual category.

| **Budget Category** | **Approved Indirect Rate for Lead Agency** | **Total** |
| --- | --- | --- |
| **Site Block Grants** |  |  |
| **Quality Improvement Activities** |  |  |
| **Rating Activities** |  |  |

Use the text box below to add any additional information relating to Indirect:

Insert text here. Text box will expand to include all inserted text.

**Indirect Total:** [insert Indirect total]

**Grand Total\*:** [insert Grand Total of all categories]

**\*Must be equal to total grant award**

## Fiscal Year 2024–25

**Grant Award:** [Insert Grant Award Total for FY 24–25]

1. **Personnel**  
   Explain specific responsibilities of each Lead Agency position that is directly participating in Quality Improvement and Rating Activities for the CSPP QRIS Block Grant.

Provide:

* 1. The Budget Category for each position (Quality Improvement or Rating Activities)
  2. The title of each position
  3. The role of each position to support Quality Improvement or Rating Activities
  4. The time or full-time equivalent (FTE) of each position
  5. The base salary for each position
  6. The total for each position

**Note: Personnel should be employees of the Lead Agency. Outside personnel should be accounted for via the Contractual category.**

| **Budget Category** (Quality Improvement or Rating) | **Position**  (Title) | **Description**  (Role, description of responsibilities, for coaches – which tier are they serving) | **% FTE** | **Base Salary** | **Total** |
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Use the text box below to add any additional information relating to Personnel:

Insert text here. Text box will expand to include all inserted text.

**Personnel** **Total:** [Insert personnel total]

1. **Benefits**  
   Provide:
   1. The Budget Category for each entry (Quality Improvement or Rating Activities)

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

| **Budget Category**  (Quality Improvement or Rating) | **Position**  (Title) | **Justification for Cost** | **Total** |
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Use the text box below to add any additional information relating to Benefits:

Insert text here. Text box will expand to include all inserted text.

**Benefits Total:** [Insert Benefits total]

1. **Materials and Supplies**  
   Provide:
   1. The Budget Category for each entry (Quality Improvement or Rating Activities)

* Type of Item
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* 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)
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| **Budget Category**  (Quality Improvement or Rating) | **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
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Use the text box below to add any additional information relating to Materials and Supplies:

Insert text here. Text box will expand to include all inserted text.

**Materials and Supplies Total:** [Insert Materials and Supplies total]

1. **Travel**  
   Explain the purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success. Provide:
   1. The Budget Category for each entry (Quality Improvement or Rating Activities)

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Use the text box below to add any additional information relating to Travel:

Insert text here. Text box will expand to include all inserted text.

**Travel Total:** [Insert Travel Total]

1. **Equipment**  
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Use the text box below to add any additional information relating to Equipment:

Insert text here. Text box will expand to include all inserted text.

**Equipment Total:** [insert Equipment total]

1. **Incentives**  
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Use the text box below to add any additional information relating to Incentives:

Insert text here. Text box will expand to include all inserted text.

**Incentives Total:** [insert Incentive total]

1. **Contractual**

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

Explain the purpose and relation to the project. Provide:

* The Budget Category for each entry (Quality Improvement or Rating Activities)
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* The agency that will be responsible for the contract (contract vendor information)
* The estimated cost per contract
* For professional services contracts, the amounts of time to be devoted to the project
* Any additional basis for cost estimates or computations

| **Budget Category**  (Quality Improvement or Rating) | **Contractor/ Vendor Name** | **Purpose of Contract**  (include a description of services to be provided) | **Justification of Costs**  (include hourly rates of vendor personnel, going rate for services, etc.) | **Length of Contract** (include anticipated start date of contract activities and status of contract [currently in place, in negotiations, not started]) | **Total** |
| --- | --- | --- | --- | --- | --- |
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Use the text box below to add any additional information relating to Contractual:

Insert text here. Text box will expand to include all inserted text.

**Contractual Total:** [insert Contractual total]

1. **Other**   
   Provide:

* The Budget Category for each entry (Quality Improvement or Rating Activities)
* Purpose of expenditure
* Other item by major type or category (for example, communications, printing, postage, equipment rental)
* Cost per item
* Any additional basis for cost estimates or computations

| **Budget Category**  (Quality Improvement or Rating) | **Item or Service** | **Description of Item or Service** | **Justification of Cost** | **Total** |
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Use the text box below to add any additional information relating to Other:

Insert text here. Text box will expand to include all inserted text.

**Other Total:** [insert Other total]

1. **Site QRIS Block Grants**  
   Identify the factors, number of sites, and the grant amounts for CSPP sites rated at Tier 4 and Tier 5. Site CSPP QRIS Block Grants will be based on your response of the number of programs at Tiers 4 and 5 as identified in prompt D1 of this application. Please include the anticipated award amount per Tier 4 and Tier 5 recipient (for example, “$500 for each Tier 4 site and $800 for each Tier 5 site”).

| **Tier** | **Site Block Grant Amount** | **Number of Sites** | **Total Cost** | **Release Date** (include the quarter in which the Site Block Grants will be distributed) |
| --- | --- | --- | --- | --- |
| **Tier 4** |  |  |  |  |
| **Tier 5** |  |  |  |  |

Use the text box below to describe any additional information related to Site Block Grants:

Insert text here. Text box will expand to include all inserted text.

**Site Block Grants Total:** [Insert total for Site Block Grants]

1. **Indirect Costs**  
   Identify and apply the CDE-approved indirect cost (found at <https://www.cde.ca.gov/fg/ac/ic/>). Identify what categories indirect costs are being applied to (for example, Quality Improvement Activities, Rating, or Site Block Grants).

**Note:** Indirect costs only pertain to the Lead Agency receiving CSPP QRIS Block Grant funding from the CDE. Any indirect charges for contractual agreements must be included in the total cost of the contract within the Contractual category.

| **Budget Category** | **Approved Indirect Rate for Lead Agency** | **Total** |
| --- | --- | --- |
| **Site Block Grants** |  |  |
| **Quality Improvement Activities** |  |  |
| **Rating Activities** |  |  |

Use the text box below to add any additional information relating to Indirect:

Insert text here. Text box will expand to include all inserted text.

**Indirect Total:** [insert Indirect total]

**Grand Total\*:** [insert Grand Total of all categories]

**\*Must be equal to total grant award**