



Office of Children and Family Services

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ADVANTAGE AFTER SCHOOL PROGRAM CONTRACTING REVIEW GUIDE (CRG)

The purpose of this guide is to provide a clear effective approach in assisting contractors with the development of the Advantage After School Program contract. To assist with a visual of how contract documents should look the following sample documents can be found at the end of this guide:

- Attachment B, Budget;
- Attachment C, Work Plan/Performance Target #3 requirements (new);
- Application Cover Page
- Attachment D, Payment and Reporting Schedule.

If you need further assistance, contact your Advantage After School Program Manager.

Summary of Required Contract Documents

Document	Process for Submission	Helpful Tips
Application Cover Page	Interactive	In the Contract Management System (CMS). Click on “Insert Details” button and follow attached Instructions and click “Submit”
Multi-Year Projected Budget Summary	Interactive/For OCFS use only	OCFS will complete this form, no action needed by contractor.
Budget	Interactive	Click on “Enter Budget Details”. Enter expenses and narrative and click “Submit” after each page to save your work.
Attachment D Payment and Reporting Schedule	Interactive/For OCFS use only	OCFS will complete this form, no action needed by contractor.
Attachment C Work Plan/Narrative and Outcome/Performance Targets	Interactive	Under “Interactive Documents” click on “details” for “AASP Part B Site 1”, enter required information. The AASP Part B Site interactive document includes the Outcome/Performance Targets.
School Partnership Agreement	Upload	<p>The Partnership Agreement should describe the partners in the after school program, what role each will play and how they reflect the needs and the diversity of the community. The agreement must include the contract period date, NOT the school year. The agreement must be signed by the Not-for-Profit and by a school official.</p> <p>The Partnership Agreement must include the specific responsibilities of what each partner pledges to do in relation to space, resources, transportation and staffing as outlined in the Advantage RFP.</p> <p>Scan the document and upload.</p>
School Age Child Care Registration (SACC)	Online	<p>Information on the process to apply for a SACC registration is available at http://www.ocfs.state.ny.us/main/childcare/default.asp></p> <p>Advantage After School Programs that will serve one or more children under the age of 13 must be registered as a school-age child care program.</p> <p>No children may be served and no costs for direct service will be provided until the SACC registration is complete.</p>

Document	Process for Submission	Helpful Tips
<p>Workers Compensation Coverage</p> <p>Acceptable Forms: C-105.2 - Certificate of WC insurance issued by private insurance carriers U-26.3, - Certificate of WC insurance issued by the State Insurance Fund SI-12 – Certificate of WC self-insurance GSI 105.2 – Certificate of participation in WC group Self-Insurance CE-200 - WC/DB Exemption</p>	Upload	<p>Be sure the certification is signed, current and the correct form is used. Scan and upload the certificate into CMS.</p> <p>The form must list NYS OCFS as the certificate holder and the dates of the certificate must be current. The address for NYS OCFS is 52 Washington Street, Rensselaer, NY 12144.</p>
<p>Disability Benefits Coverage</p> <p>Acceptable Forms: DB-120.1 – Certificate of Disability Benefits Insurance DB-155 – Certificate of Disability Benefits Self-Insurance CE-200 - WC/DB Exemption</p>	Upload	<p>Be sure the certification is signed, current and the correct form is used. Scan and upload the certificate into CMS.</p> <p>The form must list NYS OCFS as the certificate holder and the dates of the certificate must be current. The address for NYS OCFS is 52 Washington Street, Rensselaer, NY 12144.</p>
<p>Subcontracts and Agreements (If applicable)</p>	Upload	<p>For all budget items listed under “Contractual/Consultant”, a current agreement must be uploaded in CMS no later than the point at which related claims will be submitted. If a subcontract is \$100,000 and over or 50% of the OCFS contract amount, the Sub-contractor will need to be current in Vend Rep as well as Grants Gateway.</p>
<p>If Using Federal Indirect Cost Rate Agreement</p>	Upload	<p>If budget includes an indirect cost line item, a currently approved indirect cost agreement from DHHS or other Federal Agency must be uploaded into CMS. Dates of agreement must be within contract period.</p>

Helpful Tips

- **Interactive:** Enter data directly in the document. Click on SUBMIT to save.
- **Download:** Click on document title – follow the system directions to take the document out of the CMS and save as a WORD document on your personal computer. The Downloadable documents that require submission will need to be uploaded into the CMS as a pdf after they are completed.
- **Upload:** Click on Upload Document, clearly identify document by completing “Name” and “Description”, click on “Browse”, highlight document to be uploaded, click on save. **NOTE: Uploaded documents must be pdf.**
- To review the Advantage RFP and Advantage Q&A’s go to <https://apps.ocfs.ny.gov/obl/Default.aspx> (click on available procurement, procurement archives, Advantage After School 2014 Request for Proposal)

Instructions for Completing The Contract

Application Cover Page (Complete ALL items on form)

1	Under "Proposed Project Date" ensure that the contract period is entered, NOT the school year.
2	Under "Address"; If there is more than one location for the provision of services or the agency operations,(except subcontractor locations, these should be in work plan), ensure each is included. The payment address provided MUST match the address in the State Financial System (SFS) The site address must be the same as the site address on the "Site Information" page.
3	Under "Federal Tax Identification", ensure the correct nine-digit Federal ID# is used.
4	Under "Charities Registration Number", ensure the correct Charities' Registration Number is used or, if exempt, the exempt reason is entered.
5	Under "Contact Persons", authorized persons are only those who have been designated as contract signatories (Con-sig) or claim signatories (claim-sig) in CMS. Include a phone number and an email address for all contacts. The information must match with addresses and CMS accounts/roles in the Contract Management System (CMS)

BUDGET FORMS

General Instructions

1	The OCFS share of the budget total must match the award amount exactly .
2	The cost per child cannot exceed \$1,375.per year. (example: MADA of 100 children would be eligible for up to \$137,500)
3	All the figures must calculate accurately and must be rounded to the nearest dollar. Never use cents in the budget, use whole dollar amounts only .
4	OCFS will only reimburse up to 10% of the total grant award for indirect and any separate administrative expenses combined. Administrative costs are generally defined as those not directly related to the provision of services to clients. (*Indirect Cost Rate agreements will need to be uploaded if you are applying directly for the indirect cost rate.)
5	All the costs must be itemized and a budget narrative provided for each budget line item which describes and justifies the item . The amounts indicated in each line item must reconcile with the budget narrative information. The descriptions in the budget narratives need to be listed in the same order as the budget line items.
6	Non allowable costs include stipends for attendance, transportation for participants, charging rent or utilities for a public structure (e.g. a school building) interest costs, fundraising, legal fees to represent agency staff, social activities for staff, major construction/renovation costs,. See Advantage RFP for additional non-allowable costs.
7	Delineate as either program or administrative expense for all budget line items by entering P or A next to the budget item.

Summary of Personnel Costs

8	For each staff position in the budget, the annual salary and percentage of time on the project must be completed and calculate accurately. ALL titles shown on the staffing plan MUST have the following information in the budget: number in title, hours per week and number of weeks (i.e. 3 tutors x 15 hrs. wk. x 36 wks.). This calculation should equal the amount being charged to the Advantage After School contract. If any staff are part administrative and part program related, show the salary on two lines (one line for program portion and one line for admin. portion if space allows for this) ALL narratives must describe staff responsibilities and include "direct supervision" language for any title listed in the staffing plan.
	The Program Coordinator title or its equivalent can be charged as a full time employee for 52 weeks. All other staff, with the exception of the Data Entry Clerk, are part time and work mainly when the program operates except for start-up and closing time, specific staff training days that cannot be held during the school year and a few extra hours during the week for activity planning and staff meetings.

	The Data Entry Clerk title is a part-time 52-week-a-year position, the number of Advantage hours per week cannot exceed 20.
9	The Total Fringe Benefits chargeable should not exceed the current approved fringe rate, which can be found in the NYS Office of the State Comptroller's Guide to Financial Operations (GFO) at: http://www.osc.state.ny.us/agencies/guide/MyWebHelp/ See Chapter VII. State Revenues, Section 9. Fringe Benefits and Indirect Costs.
10	Note: When calculating total administrative expenses to ensure they do not exceed the 10% cap ; the proportion of fringe expenses related to administrative personnel costs will be included.
Contractual/Consultant Cost	
11	Any Contractual/Consultant expenses must have a written agreement signed by both parties (contract, lease, rental agreement, etc.) covering the contract period. Agreements must be uploaded into CMS prior to reimbursement of expenses.
12	Prior written approval from OCFS is required for any agreement, or series of agreements, with a single subcontractor that exceeds \$50,000 or 50% of the contract value during the contract term.
13	For subcontractors which provide a substantial portion of the direct services, the agreement must include each subcontractor's name, employee identification number, address and amount of grant funds provided.
14	For each Contractual/Consultant item in the budget providing direct services, document the annual salary and percentage of time on the project. This must be completed and calculated accurately. ALL titles shown on the staffing plan MUST have the following information in the budget: number in title, hours per week and number of weeks (i.e. 3 tutors x 15 hrs. wk. x 36 wks.).
15	If any contractor or consultant is more than \$15,000, three written bids must be obtained and uploaded. If other than the lowest bidder was selected, sufficient justification must be provided.
Travel	
16	Only staff related travel is included in this section. (Consultant travel belongs under the "Consultant" category and client travel belongs in the "Other" category) Any conferences or trainings to be attended need to be an integral, essential and necessary part of the Advantage After School Program. Contractors are strongly encouraged to participate in the yearly Youth Bureau Conference.
17	Out of state travel is NOT allowed.
18	When utilizing OCFS funds, travel expenses must not exceed state rates which can be found through the following links: http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm -NYS Mileage Rates http://www.gsa.gov/portal/category/100120 - NYS Per Diems http://osc.state.ny.us/agencies/travel/meals.htm - Meal Allowance Breakdowns
Equipment	
19	Equipment is defined as any tangible personal property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. Computers, furniture, etc. under \$5,000 should go on the Supplies page.
20	Obtain and provide information on three written bids for all items over \$5,000. If other than the lowest bidder is selected, a statement must be submitted indicating why that vendor was selected.
21	Each item needs to be clearly described and justified in terms of need and function.

Supply Costs	
22	Supplies are defined as items under \$5,000 each and consumable within the contract period. For items over \$2,500 each, obtain and provide information on three verbal price quotes.
23	Categorize supply costs and provide examples of items under each supply category (e.g. arts/crafts (brushes, paint,); program office supplies (paper, pens, ink); janitorial supplies (paper towels, tissue, soap). Program related supplies should be supported by “Activities” in Attachment C. If office supply costs exceed \$300 per FTE, provide justification.
Other Expenses	
24	Other expenses are items of expense which are not applicable under any other category and may include postage, participant field trips (educational), utilities, telephone, printing, etc.
25	Internet Services and Nutritious Snacks are required; enter the dollar value next to the item. Also include and identify on the Local Share Breakdown Page.
26	A line item of expense for “Federal Indirect Costs” can be used to combine general administrative costs (associated with staff performing administrative functions) ONLY if there is a federally approved indirect cost rate for the budget period. <ul style="list-style-type: none"> • If you have an approved Federal Indirect Cost Rate letter from the Department of Health and Human Services, or other federal agency, covering the contract period, are all of the pages of this letter uploaded into the contract documents in CMS? • OCFS will reimburse up to 10% of the grant award for an approved indirect rate. If you use the full 10% for indirect expenses, no other administrative costs will be allowable.
Local Share/Match Breakdown	
27	Provide each of the funding sources and the dollar amount supporting the local share portion of the budget. Enter the OCFS award amount under “ Amount of OCFS Funds ”. The total on this form must match the total on the Budget Summary Page under Total Project Cost.
Budget Summary Page	
28	The OCFS Funds in the Budget Summary must agree with the award amount and the amount on the Application Cover Page.

Attachment C – Work Plan

1	<p>Site Information Page – ensure the site profile information is for the school partner (e.g. name, address etc...) the school partner identified at the end of the page must be the same as the partner in the partnership agreement. Site information must be provided for each program site.</p>
2	<p>Program Staffing Plan –The staffing plan should list only staff providing direct supervision to participants during program hours of operation. Any staff appearing on the staffing plan cannot be scheduled for more hours than the proposed program operating hours (e.g., 15 hours per week). The budget can contain additional hours the staff works per week (for program set up/clean up, training, etc.).</p> <p>Demonstrate that there is sufficient staff to serve the target population to provide a high, quality after school program.</p> <p>Children ages 4 through 9 years Staff/Child ratio 1:10 Children ages 10 through 12 years Staff/Child ratio 1:15 Children ages 13 and above Staff/Child ratio 1:15</p>
3	<p>Program Summary (complete all 4 components)</p> <ol style="list-style-type: none"> 1. Describe the broad range of age appropriate activities to improve the social, emotional and academic competencies 2. Discuss the linkage between regular school staff and after school staff/ programming. 3. Describe the program’s pregnancy prevention strategy/activity. 4. Describe the role of parents and youth in the design and delivery of program activities.
4	<p>Performance Targets - Performance Targets are the measurable, verifiable improvements in the condition or behavior of the target population that the project expects to achieve by the end of the contract period. Advantage has 3 Performance Targets:</p> <ol style="list-style-type: none"> 1. How youth will enhance their academic achievement 2. Consistency of attendance of youth in the program 3. Parent/Guardian involvement <p style="padding-left: 40px;">Specify the number of parent/guardian events you will be holding annually as part of how you will verify the performance target. For example: <i>Parent/guardian involvement will be substantiated by attendance rosters at the following four events: Open House (October, 2015); Holiday Dinner (December, 2015); Talent Show (March, 2016); Spring Picnic (May, 2016).</i> A minimum of three events should be listed.</p> <p>The following needs to be completed for each Performance Target:</p> <p>Target Population: number of participants being served under this contract. Baseline: number of participants that would be doing poorly without program intervention. Measure: number of those identified as doing poorly in the baseline and of that number, how many will improve with program intervention. Verification: clearly describe how it is known whether the participants achieved the target. Note: Follow the guidelines provided by your Program Manager for a more concise and uniform way to measure parent/guardian involvement for Performance Target #3.</p>
5	<p>Program Activities Description should provide an overview of the program activities and the target population. Provide a description of each program activity listed, including time/frequency and format of the after school program. Activities should reflect the components of an effective Advantage Program that addresses academic, social, cultural diversity, recreational areas and age appropriate pregnancy prevention activities.</p> <p>Ensure items shown in budget are supported with activities.</p>
6	<p>Work plan and Report should provide a clear picture of the proposed activities and events that will take place during the program year.</p> <p>Site: actual location where program activities will take place; Maximum Anticipated Daily Attendance: maximum number of children the site plans to serve on any given day over the course of the program year; Anticipated Daily Attendance: proposed number of children to be served on any given day during a one-month period; Anticipated Monthly Number of Program Days: number of days the program will be opened to children in the one-month period; Planned Activity: number of youth to be involved and the nature of the activity; Frequency of Activity: number of times this activity will occur such as daily, weekly or monthly.</p>

OTHER INFORMATION

Board of Directors

- There must be a minimum of 3 Board members listed in Grants Gateway.
- If the agency is licensed to provide residential domestic violence services, no paid employee may be on the Board
- Board members must avoid the appearance of a conflict of interest
- Board members employed by a county government agency may need to submit a letter from the County Ethics Board
- The information in Grants Gateway must match the information on the VendRep system.
- *You no longer need to upload a Board of Directors form, as it's in Grants Gateway as noted above.*

Charities Registration

If you are a not-for profit corporation, unless you are exempt, you must register with the Department of Law/Charities Bureau to receive a Charities Registration # and file a Charities Registration Statement annually. NYS Attorney General website: http://www.charitiesnys.com/charities_new.jsp

NYS Systems

<p>NYS Grants Gateway System (GGS)</p> <p>Required Documents:</p> <ul style="list-style-type: none"> ✓ <i>Certificate of Incorporation or Equivalent Document;</i> ✓ <i>IRS 501 c Determination Letter (2)</i> ✓ <i>IRS 990</i> ✓ <i>Audit/Reviews and Findings</i> ✓ <i>CHAR500 or CHAR410</i> ✓ <i>Board of Directors Profile</i> ✓ <i>Senior Leadership Resumes</i> ✓ <i>Corporate Bylaws</i> <p>OCFS will attempt to obtain as many documents as feasible through the Grants Gateway Vault and will upload them into the Contract Management System (CMS) if they are up to date.</p>	<p>Online</p>	<p>In order to do business in NYS all vendors need to apply in Grants Gateway and must be in a “prequalified” status when your contract is returned and while it is being sent to OSC for approval.</p> <p>Applications must be updated as required documents expire; Grants Gateway System (GGS) will send an email to the user identified in the GGS. During the course of a contract renewal process you must remain in a “prequalified status”.</p> <p>Municipalities are exempt. www.GrantsGateway.ny.gov</p> <p>Login: https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx</p> <p>Help Desk Availability: Hours: Monday thru Friday 8am to 8pm Phone: 1-800-820-1890 Email: helpdesk@agatesoftware.com</p>
<p>Statewide Financial System (SFS)</p>	<p>Online</p>	<p>With the implementation of SFS vendors are required to maintain their own address and other information directly in the system. OCFS does not have access to change this information.</p> <p>For vendor Self-Service Directions and Information (Vendor Self-Service System) click on http://osc.state.ny.us/vendors/index.htm</p>

NYS Systems

Contract Management System (CMS)

As a best practice it is recommended that you click the "submit" button intermittently to avoid loss of data.

Online

The Contract Management System (CMS) <https://apps.ocfs.ny.gov/cms> is a secure, browser based system used by the Office of Children and Family Services (OCFS) to increase efficiency and effectiveness of the contract development process.

Getting Started in CMS

Prior to completing any online transactions in CMS, at least two users from the contractor's organization need to be identified.

- ▶ User responsible for processing the contract documents; and
- ▶ User responsible for electronically signing a contract and/or expenditure

Vendors request access to CMS by completing a **CMS Authorization** form. This form in conjunction with the **Vendor & Contract Contact Update** form should be used for any updates to a contractor's reviewer credentials and/or CMS vendor file. Forms can be obtained from the Program Manager.

The following table depicts the level of access and/or function for contractors

Type of User →	CONUSER	CONSIG	CLAIMSIG	CONVIEWER
Module ↓				
Inbox	✓	✓	✓	
Contractor Details	✓	✓	✓	✓
Logging Expenditures/ Advances/ Budget Modifications	✓	✓	✓	
Processing Expenditures/ Advances	✓			
Electronically Signing Contracts		✓		
Electronically Signing Expenditures/Advances			✓	
Contracts List	✓	✓	✓	✓
Correspondence Search			✓	✓

NOTE:

- ▶ When logging into CMS be sure to access CMS via the Internet Explorer browser. All other browsers are incompatible and the features of CMS may not work as designed if other browsers are used to access CMS.
- ▶ PDF is the preferable format for uploaded documents.

APPENDIX B

BUDGET

Year 1 Based on the attached Year 1 Budget	<input type="text"/>
Year 2 Projected	<input type="text"/>
Year 3 Projected	<input type="text"/>
Year 4 Projected	<input type="text"/>
Year 5 Projected	<input type="text"/>
Total Contract Amount	<input type="text"/>

'No increase in subsequent periods may exceed 5% per period.'

'The Year 2-5 amounts listed above represent estimates made at the time of the initial award and are not funding commitments. The actual amount for each year will be announced annually based on funding availability.'

*The \$ amount (amount recommended) for Year 1 - Year 5 should be the same.
*The Total Contract Amount is the sum of Year 1 - Year 5.

A-1 Personal Narrative

ALL narratives must describe staff responsibilities and include "direct supervision" language for any title listed in the staffing plan.

Budget Narrative: Attach a description of the role/responsibility of each person included above.
Resumes of key project staff should be included as an addendum to the Project Narrative Section.

1. Title:
Enter Role/Responsibility Below

2. Title:
Enter Role/Responsibility Below

3. Title:
Enter Role/Responsibility Below

4. Title:
Enter Role/Responsibility Below

5. Title:
Enter Role/Responsibility Below

6. Title:
Enter Role/Responsibility Below

7. Title:
Enter Role/Responsibility Below

8. Title:
Enter Role/Responsibility Below

9. Title:
Enter Role/Responsibility Below

10. Title:
Enter Role/Responsibility Below

11. Title:

Enter Role/Responsibility Below

12. Title:

Enter Role/Responsibility Below

13. Title:

Enter Role/Responsibility Below

14. Title:

Enter Role/Responsibility Below

15. Title:

Enter Role/Responsibility Below

16. Title:

Enter Role/Responsibility Below

17. Title:

Enter Role/Responsibility Below

18. Title:

Enter Role/Responsibility Below

19. Title:

Enter Role/Responsibility Below

20. Title:

Enter Role/Responsibility Below

Contractor Name: Period of Budget: Contract Number:
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ATTACHMENT B
BUDGET SUMMARY

↑
insert # weeks in operation, MADA

(Rev. 1/8/02)

The purpose of this form is to document the budget for the proposed project. Indicate the amount of funds being requested to support the proposed project under "OCFS Funds."

Expense Category	Local Share/ Local Match (if applicable)	OCFS Funds	Total Project Cost
1	2	3	4
A. Personal Services			
1. Project Staff Salaries			
2. Fringe Benefits			
3. Total (Lines 1 + 2)			
B. Non-Personal Services			
4. Contractual/Consultant			
5. Travel/Per Diem			
6. Equipment			
7. Supplies			
8. Other Expenses			
9. Total (Total Lines 4 to 8)			
C. Project Total (Lines 3 + 9)			

	Local Match (if required) Use *calculation below
--	--

***Local Match Calculation** = % of matching funds (if required in the RFP or contract agreement) X OCFS grant award.

Total costs entered for each budget category above must reflect totals from attached Budget Sections.

Local Share refers to all funds other than this grant award, including in-kind contributions to support the project as described in the narrative section of the application. The type and amount of in-kind contributions should be specifically identified under the appropriate Budget Section. The total amount of the in-kind portion of Local Share should be entered in parenthesis next to Local Share Project Total space.

OCFS Funds are the funds you are requesting through this application.

Total Cost refers to the combined Local Share and Grant Funds for this project.

Budget Narrative: Complete the narrative section for each part of the budget. Instructions are included on the following application budget pages.

Note: All items in the Budget must be consistent with the goals and objectives of the Project Narrative. Additional budget narrative pages may be attached as necessary.

* Total Project Cost must agree with Total Anticipated Revenue form as submitted with this application.

Local Share/Match Breakdown

	Source	Amount
A. Cash Donations		
B. In-Kind Donations		
C. Volunteers/Intern		
D. Fees for Service		
E. Unrestricted Cash or Fund Balance		
F. Grants:		
- Other grants supporting this project		
Amount of OCFS Funds		
Non-OCFS Funds supporting this project		
Total		

Itemize amounts of assured revenue, potentially available funds, and estimated income from in-kind contributions to support this project.

Cash Donations should be calculated on the basis of what the applicant organization can realistically be expected to raise during the program year; attach a description of fund raising efforts.

In-Kind Donations refers to equipment, furnishings and other non-personal expenses that are donated to support the function of this project.

Volunteers (another type of in-kind contribution) refers to project personnel who donate their time to the functioning of this project. Volunteer job descriptions and timecards should be kept to substantiate this line item.

Unrestricted Cash or Fund Balance Unrestricted funds include all revenues that are not specifically restricted as to their use. Unrestricted funds include income from dues, publication sales, advertising sales, conference fees, mailing label sales, interest income from unrestricted funds, fees obtained in the execution of externally funded projects, and contributions.

Fees for Services refers primarily to income received from clients directly. In addition, any income received by the applicant organization for reimbursable activities funded by this contract such as counseling, training, speaking engagements, etc., must be listed here.

Grants refers not only to the amount being requested under this grant but also to monies received (or applied for) from another funding source for activities related to this contract, e.g., state, federal, local. Each grant must be listed separately under Section F.

Enter the OCFS award amount under "Amount of OCFS Funds"

The total on this form must match the total on the Budget Summary Page under Total Project

Site 1 - Site Information

Contract Number
↓

Organization: _____

Site Profile

Site Name: _____

Site Address: _____

City: _____ Zip: _____

County: _____

Number of Weeks in Operation during this Contract Period: _____

Hours of Operations: _____ to _____ Maximum Anticipated Daily Attendance: _____

Age and Grade of Participants - Check all that apply:

Elementary Middle School High School

Age 12 and under Age 13 and over

School Partner: _____

The identified school partner must be the same as the partner in the partnership agreement.

Program Staffing Plan

A	B	C	D	E
Employer	Title/Position	Number of Staff	Average Hours Per Staff Person Per Week	Staff Hours Per Week (C x D)
	Totals:			

Any position which provides direct supervision of the youth MUST be listed in the Program Staffing Plan.

The hours listed CANNOT exceed the number of hours the program is in operation.

Demonstrate that there is sufficient staff to serve the target population	
Children ages 4 through 9 years	Staff/child ratio 1:10
Children ages 10 through 12 years	Staff/child ratio 1:15
Children ages 13 and above	Staff/child ratio 1:15

Organization: _____
Site: _____

Program Summary

- 1. Describe the broad range of age appropriate activities to be provided to improve the social, emotional, and academic competencies of participating youth. Including basic program activities and any unique features of the program.**

- 2. Discuss the linkage between regular school staff and after school staff.**

3. Describe the program's pregnancy prevention strategy.

4. Describe the role of parents and youth in the design and delivery of program activities.

Organization: _____
 Site: _____

Performance Targets

Performance Target 1:

Youth Performance - Demonstrate how youth will enhance their academic achievement.

Baseline (*Projected status in numerical terms of target population without program intervention*)

Measure: Of the _____ (# program participants) who now

_____ (baseline need/behavior/condition), _____ (# participants)

will _____ (degree of change).

Verification: (*How you know whether the participants achieved the target*)

Performance Targets cannot be percentages

Organization: _____
 Site: _____

Performance Target 2:

Youth Participation - Demonstrate consistency of attendance of youth in the program.

Baseline (*Projected status in numerical terms of target population without program intervention*)

Measure: Of the _____ (# program participants) who now _____
 _____ (baseline need/behavior/condition), _____ (# participants)
 will _____ (degree of change).

Verification: (*How you know whether the participants achieved the target*)

Performance Targets cannot be percentages

Organization: _____
Site: _____

Performance Target 3:

Parent/Guardian Involvement

Demonstrate the level of Parent/Guardian involvement that correlates to the quality of the program.

Baseline (*Projected status in numerical terms of target population without program intervention*)

Measure: Of the _____ (# program participants) who now _____
 _____ (baseline need/behavior/condition), _____ (# participants)
 will _____ (degree of change).

Verification: (*How you know whether the participants achieved the target*)

NEW REQUIREMENT

Please indicate the specific events held and include the total number of parent/guardian participation hours for that specific quarter. This can be determined by using the following calculation:

Duration of the event x # of parents/guardians who attended = Total # of parent/guardian participation hours

Performance Targets cannot be percentages

Program Activities Description

Organization: _____

Site: _____

Grade Levels: _____ **Maximum Anticipated Daily Attendance:** _____

Hours of Operation: Monday – Friday: From _____ **PM to** _____ **PM (3 hours minimum)**

The MADA and Hours of Operation should be consistent with the information listed on the Site 1 Site Information page

Complete a Program Activities Description for each site.

Activity	Brief Description	Frequency / Time	Who Participates	Format

Program Activities Description

Organization: _____

Site: _____

Grade Levels: _____ **Maximum Anticipated Daily Attendance:** _____

Hours of Operation: Monday – Friday: From _____ **PM to** _____ **PM (3 hours minimum)**

The MADA and Hours of Operation should be consistent with the information listed on the Site 1-Site Information page

Complete a Program Activities Description for each site.

Activity	Brief Description	Frequency / Time	Who Participates	Format

Program Activities Description

Organization: _____

Site: _____

Grade Levels: _____ Maximum Anticipated Daily Attendance: _____

Hours of Operation: Monday – Friday: From _____ PM to _____ PM (3 hours minimum)

The MADA and Hours of Operation should be consistent with the information listed on the Site 1-Site Information page

Complete a Program Activities Description for each site.

Activity	Brief Description	Frequency / Time	Who Participates	Format

Work Plan and Report

Organization: _____

Site: _____

Grade(s) Served: _____ Maximum Anticipated Daily Attendance: _____

Contract Quarter: () 1st () 2nd () 3rd () 4th Contract Quarter Dates: _____

↑
(Month / Day / Year) - (Month / Day / Year)

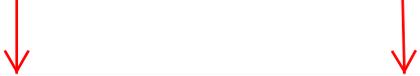
Complete a Quarterly Work Plan and Report for each AASP site.

This date should correspond with the appropriate quarter

	Work Plan				Report			
1. Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity			Frequency of Activity	Actual Accomplishment		Date(s) Completed	
2. Youth Involvement in Design and Delivery of Program								
3. Parent Involvement in Design and Delivery of Program								

The planned activities should correspond with the contract quarter they take place i.e. Open House would only appear in quarter 1 unless held more than one time throughout the contract year.

These numbers should remain consistent throughout the quarter.



	Work Plan				Report			
Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
4. Pregnancy Prevention Activities								
5. Youth Community Service Activities								
6. Special Projects and Events								

These numbers should remain consistent throughout the quarter



Youth Monthly Attendance Program Components		Work Plan				Report			
		Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
		Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
7. Integration of Community Resources									
8. Partnership Activities									
9. Staff Development									

Work Plan and Report

Organization: _____

Site: _____

Grade(s) Served: _____ Maximum Anticipated Daily Attendance: _____

Contract Quarter: () 1st () 2nd () 3rd () 4th Contract Quarter Dates: _____

↑ (Month / Day / Year) - (Month / Day / Year)

Complete a Quarterly Work Plan and Report for each AASP site.

This date should correspond with the appropriate quarter

	Work Plan				Report			
1. Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
2. Youth Involvement in Design and Delivery of Program								
3. Parent Involvement in Design and Delivery of Program								

These numbers should remain consistent throughout the quarter

	Work Plan				Report			
Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
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5. Youth Community Service Activities								
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These numbers should remain consistent throughout the quarter



Youth Monthly Attendance Program Components		Work Plan				Report			
		Anticipated Average Daily Attendance	Month 1___ Month 2___ Month 3___	Anticipated Number of Program Days	Month 1___ Month 2___ Month 3___	Actual Average Daily Attendance	Month 1___ Month 2___ Month 3___	Actual Number of Program Days	Month 1___ Month 2___ Month 3___
		Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
7. Integration of Community Resources									
8. Partnership Activities									
9. Staff Development									

Work Plan and Report

Organization: _____

Site: _____

Grade(s) Served: _____ Maximum Anticipated Daily Attendance: _____

Contract Quarter: () 1st () 2nd () 3rd () 4th Contract Quarter Dates: _____

(Month / Day / Year) - (Month / Day / Year)

This date should correspond with the appropriate quarter

Complete a Quarterly Work Plan and Report for each AASP site.

	Work Plan				Report			
	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
1. Youth Monthly Attendance								
2. Youth Involvement in Design and Delivery of Program								
3. Parent Involvement in Design and Delivery of Program								

These numbers should remain consistent throughout the quarter



	Work Plan				Report			
Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
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6. Special Projects and Events								

These numbers should remain consistent throughout the quarter



Youth Monthly Attendance Program Components		Work Plan				Report			
		Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
		Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
7. Integration of Community Resources									
8. Partnership Activities									
9. Staff Development									

Work Plan and Report

Organization: _____

Site: _____

Grade(s) Served: _____ Maximum Anticipated Daily Attendance: _____

Contract Quarter: () 1st () 2nd () 3rd () 4th Contract Quarter Dates: _____

(Month / Day / Year) - (Month / Day / Year)

This date should correspond with the appropriate quarter

Complete a Quarterly Work Plan and Report for each AASP site.

		Work Plan			Report				
		Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components		Planned Activity			Frequency of Activity	Actual Accomplishment		Date(s) Completed	
1. Youth Monthly Attendance									
2. Youth Involvement in Design and Delivery of Program									
3. Parent Involvement in Design and Delivery of Program									

These numbers should remain consistent throughout the quarter



	Work Plan				Report			
Youth Monthly Attendance	Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
Program Components	Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
4. Pregnancy Prevention Activities								
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These numbers should remain consistent throughout the quarter



Youth Monthly Attendance Program Components		Work Plan				Report			
		Anticipated Average Daily Attendance	Month 1____ Month 2____ Month 3____	Anticipated Number of Program Days	Month 1____ Month 2____ Month 3____	Actual Average Daily Attendance	Month 1____ Month 2____ Month 3____	Actual Number of Program Days	Month 1____ Month 2____ Month 3____
		Planned Activity		Frequency of Activity	Actual Accomplishment		Date(s) Completed		
7. Integration of Community Resources									
8. Partnership Activities									
9. Staff Development									

Application Cover Page – Agreement

I. Incorporated Agency Name:				
II. Project Title:				
III. New York State Vendor ID:				
IV. Amount of OCFS Funds Requested:				
V. Proposed Dates of Project:	Contract dates. not school year			
VI. Address: (Include Street, City, State, Zip Code)	Mailing	Payment	Site	Agency Record
Site 2 name and address if applicable				
VII. Federal Tax Identification Number or Municipality Code:	9 digit #			
VIII. Does the Business Entity have a Data Universal Numbering System (DUNS) Number? If yes, what is the DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No		DUNS Number:	
IX. Is the Business Entity a: (a) For Profit entity; and (b) A New York Certified Minority Owned Business Enterprise (MBE), Women Owned Business Enterprise (WBE), New York State Small Business or a Federally Certified Disadvantaged Business Enterprise (DBE)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please specify the type of entity:	<input type="checkbox"/> Minority Owned Business Enterprise (MBE) <input type="checkbox"/> Women Owned Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> New York State Small Business			
X. Is the Business Entity a: (a) Not-For-Profit entity; and (b) A Minority Community-Based Organization (MCBO)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
XI. Charities Registration Number: (If exempt, enter reason for exemption)	6 digit #			
XII. Has the Business Entity filed all required periodic or annual written reports with the Office of the Attorney General’s Charities Bureau?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

XIII. Congressional/Legislative District Information: (If Known)					
Federal Congressional District(s):					
State Assembly District(s):					
State Senate District(s):					
XIV. County:					
XV. Contact Person(s):					
Key Contacts	Name	Address	Telephone & E-Mail Address **	Con-sig Authorized to Sign Contracts	Claim-sig Authorized to Sign Vouchers
Board Chairperson					
Chief Administrative Officer ¹					
Contract Contact					
Chief Fiscal Officer					
**An E-mail address is required. If you do not have a personal e-mail address, please supply your Organization's shared e-mail address.					

List only those who have been designated as Contract Signatories (Con-sig) or Claim Signatories (Claim-sig) in CMS. The information MUST match with addresses and CMS accounts/roles in the Contract Management System

¹ The Chief Administrative Officer is defined as the person who is responsible for the contractor's overall administration, eg. Executive Director, County Executive, or Agency Commissioner

The Program Manager should complete this form at the start of the contract development process.

ATTACHMENT D
PAYMENT AND REPORTING SCHEDULE

I. PAYMENT PROVISIONS

In full consideration of contract services to be performed the State Agency agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B form (Budget), which is attached hereto.

A. Advance Payment, Initial Payment and Recoupment Language (if applicable):

- 1. The State Agency will make an advance payment to the Contractor, during the initial period, in the amount of [] percent ([] %) the budget as set forth in the most recently approved applicable Attachment B form (Budget).
2. The State Agency will make an initial payment to the Contractor in the amount of [] percent ([] %) of the annual budget as set forth in the most recently approved applicable Attached B form (Budget). This payment will be no later than [] days from the beginning of the budget period.
3. Scheduled advance payments shall be due in accordance with an approved payment schedule as follows:
Period: [] Amount: [] Due Date: []
Period: [] Amount: [] Due Date: []
Period: [] Amount: [] Due Date: []
Period: [] Amount: [] Due Date: []
4. Recoupment of any advance payment(s) or initial payment(s) shall be recovered by crediting ([] %) of subsequent claims and such claims will be reduced until the advance is fully recovered within the contract period.

*****B. Interim and/or Final Claims for Reimbursement

*****Claiming Schedule (select applicable frequency):

***** Quarterly Reimbursement
Due date _____

**** [] Monthly Reimbursement
Due date []

***** Biannual Reimbursement
Due date _____

- ***** Fee for Service Reimbursement
Due date _____
- ***** Rate Based Reimbursement
Due date _____
- ***** Fifth Quarter Reimbursement
Due date _____
- ***** Milestone/Performance Reimbursement
Due date/Frequency _____
- ***** Scheduled Reimbursement
Due date/Frequency _____
- ***** Interim Reimbursement as Requested by Contractor _____

II. REPORTING PROVISIONS

A. Expenditure-Based Reports *(select the applicable report type):*

- Narrative/Qualitative Report
The Contractor will submit, on a quarterly basis, not later than days from the end of the quarter, the report described in Section III(G)(2)(a)(i) of the Master Contract
- Statistical/Quantitative Report
The Contractor will submit, on a quarterly basis, not later than days from the end of the quarter, the report described in Section III(G)(2)(a)(ii) of the Master Contract.
- Expenditure Report
The Contractor will submit, on a quarterly basis, not later than days after the end date for which reimbursement is being claimed, the report described in Section III(G)(2)(a)(iii) of the Master Contract.
- Final Report
The Contractor will submit the final report as described in Section III(G)(2)(a)(iv) of the Master Contract, no later than days after the end of the contract period.
- Consolidated Fiscal Report (CFR)¹
The Contractor will submit the CFR on an annual basis, in accordance with the time frames designated in the CFR manual. For New York City contractors, the due date shall be May 1

¹ The Consolidated Fiscal Reporting System is a standardized electronic reporting method accepted by Office of Alcoholism & Substance Services, Office of Mental Health, Office of Persons with Developmental Disabilities and the State Education Department, consisting of schedules which, in different combinations, capture financial information for budgets, quarterly and/or mid-year claims, an annual cost report, and a final claim. The CFR, which must be submitted annually, is both a year-end cost report and a year-end claiming document.

of each year; for Upstate and Long Island contractors, the due date shall be November 1 of each year.

B. Progress-Based Reports

1. Progress Reports

The Contractor shall provide the report described in Section III(G)(2)(b)(i) of the Master Contract in accordance with the forms and in the format provided by the State Agency, summarizing the work performed during the contract period (see Table 1 below for the annual schedule).

2. Final Progress Report

Final scheduled payment will not be due until _____ days after completion of agency's audit of the final expenditures report/documentation showing total grant expenses submitted by vendor with its final invoice. Deadline for submission of the final report is _____. The agency shall complete its audit and notify vendor of the results no later than _____. The Contractor shall submit the report not later than _____ days from the end of the contract.

C. Other Reports

The Contractor shall provide reports in accordance with the form, content and schedule as set forth in Table 1.

III. SPECIAL PAYMENT AND REPORTING PROVISIONS