

**BUDGET INSTRUCTIONS FOR THE COMPLETION OF THE
DYCD BUDGET (FORM 100)**

This budget is a representation of the proposer's total offering price in terms of costs for conducting the Scope of Services. When a CBO is awarded funding, the budget is prepared on the basis of the contracted services, level of funding, and contract term. The budget will include an allocation for Personnel, Non-Staff Services and Other Than Personnel Services (OTPS) that are allowable to the program. These costs include Consumable Supplies, Equipment, Space Rental, Transportation, Utilities and Telephone, Other Operational Costs, Van Maintenance (for DYCD issued vehicles), and Fiscal Agent Service.

BUDGET FACE SHEET IDENTIFYING INFORMATION

TOP PORTION (PAGE 1 of 4) :

- **Funding Component:** Indicate the type of funding for this budget, i.e., Beacon, OST, SYEP, After School Transitional Program, Charter Schools, Discretionary, Councilmanic, Runaway Homeless, Neighborhood Development Areas, Immigration and Literacy.
- **DYCD ID#, Budget Code#, and Amendment #:** This information is assigned by DYCD and will be on your Award Notice.
- **Indicate the official name of your CBO, address, telephone and fax numbers.**
- **The Executive Director:** The person responsible for overall administration of this contract and CBO. Please include his/her telephone number and E-Mail address.
- **The Fiscal Officer:** The person responsible for preparing the financial documents for this contract, i.e., the Comptroller, Bookkeeper and/or Accountant. Please include his/her telephone number and E-Mail address.
- **Federal Employer Identification Number (EIN):** Indicate your CBOs EIN # (A copy of any official IRS document reflecting the EIN will be required before entering into contract with your CBO.)
- **State Unemployment Insurance Number (SUI):** A number appearing on all correspondence relating to SUI. It is obtainable through the New York State Department of Labor (1-888-899-8810).
- **Operating Period:** A separate budget must be submitted for each Fiscal Year from July 1 to June 30. (Dates should coincide with the timeframe in which services are offered).
- **In-Kind Contribution:** The amount of funds or resources the CBO allocates to this contract from other funding sources or volunteers.

- **Total CBO Budget (all sources):** The amount of funding the CBO is receiving for the entire year from ALL funding streams.
- **For Official Use Only:** This information will be completed by DYCD only. This box reflects Program Operations and Contract Agency Finance Department (CAFD) approval of the budget. It also indicates whether a CBOs funds are to be administer through DYCD's fiscal Agent. (See Fee Schedule). CAFD may determine whether a CBO cannot administer its own books and records. CBOs not meeting established criteria will be required to utilize the services of the Fiscal Agent, or CBOs may independently request the services of the Fiscal Agent.

LOWER PORTION

(Page 1 of 4)

The lower portion of the budget face sheet is divided into three columns. The columns are: Total DYCD Budget, Program Administered and Centrally Administered.

TOTAL DYCD BUDGET: The total amount allocated to each budget category. The column reflects the grand total for the Program Administered and the Centrally Administered columns.

PROGRAM ADMINISTERED: The portion of the budget that is controlled by the CBO.

CENTRALLY ADMINISTERED: Items covered and paid by DYCD. **These are non-reimbursable items and the CBOs available funds from DYCD are reduced by this amount.** These amounts may include Fiscal Agent service fees, Van Maintenance, and the Central Insurance Program (CIP).

In order to complete the lower portion of Page 1, you must first complete Pages 2, 3, 3A (if needed) and 4 as described herein. Once calculated, transfer the totals for each budget category into the corresponding box on Page 1 of the budget.

Please note: All lines of each budget category must be completed. Providers that have a required match must include the match amount as part of the budget total. Please be sure that all budget categories add up to the total budget accurately.

Budget Form - Excel Spreadsheet

When utilizing the excel spreadsheet/Budget Form on the web, you do not have to input data for the budget category amounts on the Program Budget Summary Page 1. Complete the pages on the worksheet tabs of the budget entitled Salary, Fringe, Non-Staff Services and OTPS. The amounts will *automatically be transferred* to the Program Budget Summary Page.

BUDGET SALARIES AND WAGE SUPPORT SHEET

(PAGE 2 of 4)

The Salary and Wage Support Sheet indicates the amount allocated for each employee for a given period. **The job function of any employee paid with DYCD funds must directly relate**

to the contracted services. The wages earned under this contract must equal the time charged against the approved budget.

To compute the total Personnel costs applied to the DYCD contract, follow the detailed formula below. The salaries are divided into two categories, full and part time employees. **A full time employee works 35 hours or more per week . A part time employee works less than 35 hours per week.**

CATEGORY 1: Full Time Employees

Note: Time sheets for all full time and part time employees must be dated and signed by the employee and the employee's supervisor. The Executive Director's time sheet must be signed by a member of the Board of Directors. Also, time sheets must have a time location schedule.

Column 1: Title Code

DYCD has developed and approved titles appropriate for the provision of contracted services. **No other titles may be used under our contracts.** Attached please find a list of approved titles and their respective codes. (See Appendix – Title Codes)

Column 2: Number of Positions

Indicate the number of staff employed under the approved title codes that are paid under this contract.

Column 3: Position/Title

Only approved DYCD title codes should be used in preparing your budget.

Column 4: Number of Months

Please indicate the number of months that the full time employee's salary will be charged to DYCD during the budget period. For example, if your budget period is 12 months, and your full time employee only works 5 months of the budget period on the DYCD contract, you would indicate 5 in the number of months column.

Column 5: Annual Salary

The annual salary for an employee for the entire fiscal year.

Column 6: Percentage Applied to DYCD

The percentage of the annual salary applied to this contract.

Column 7: Total DYCD Cost

The total cost that will be charged to this contract.

CALCULATION METHODS OF SALARIES AND WAGES

Full Time Employees

A full time employee works 35 hours or more per week. To compute the total cost applied to the DYCD budget, use the following formula:

Indicate the Annual Salary for a 12 month Period (Column 5) and the Total DYCD Cost

(Column 7). Divide Total DYCD Cost (Column 7) by the Annual Salary (Column 5) and that will give the percent applied to the DYCD Cost (Column 6). Sub-total all the amounts in (Column 7), and enter it in the box titled Sub-Total Full Time Salaries.

The CBO should complete Columns (1), (2), (3), (4), (5), (6) and (7).

NOTE: Salary increases will be at the discretion of the CBO as long as they are within the scope of services and budget of the contract and approved by the Program Operations Unit.

Example:

The table illustrates an example of how the Total Cost Applied to DYCD was calculated.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Title Code	# of Pos.	Position/Title	# of Months	Annual Salary	% Applied To DYCD	Total DYCD Cost
ED	1	Executive Director	5	\$50,000	25	\$12,500
PD	1	Program Director	7	\$35,000	50	\$17,500
FO	1	Fiscal Officer	12	\$26,000	100	\$26,000
Sub-Total Full Time Salaries						\$56,000

Helpful Hints

Enter the total amount allocated to DYCD, enter the Annual Salary, and then calculate the percentage.

To Calculate the Annual Salary on a 35/hr work week:

FY 2008: Annual Salary

261 Workdays (Number of work days in 2008)

1827 Hours (261 work days x 7/hrs/day = number of hours)

CATEGORY 2: Part Time Employees

Column 1: Title Code

DYCD has developed and approved titles appropriate for the provision of contracted services under this contract. No other titles may be used under our contracts. Attached is a list of approved titles and their respective codes. (See Appendix - Title Codes)

Column 2: Number of Positions

Indicate the number of staff employed under the approved title codes that are paid under this contract.

Column 3: Position/Title

Only approved DYCD title codes should be used in preparing your budget.

Column 4: Hourly Rate

The hourly rate of a part-time employee.

Column 5: Total Hours for Budget Period

The total hours for a part-time employee for the entire budget period is not to exceed 1824 hours.

Column 6: Total Amount Part Time Staff

Total cost for a part-time employee that will be charged to this contract.

CALCULATION METHODS OF SALARIES AND WAGES

Part Time Employees

Multiply the Number of Positions (Column 2) by the Hourly Rate (Column 4) by the Total Hours for Budget Period (Column 5). This will give you the Total Amount Part Time Staff (Column 6). Add the amounts in Column 6 for all part-time salaries and place that amount in the box Sub Total Part Time Salaries.

Please note that salaries should be grouped by number of positions, title and rate of pay.

Note: Positions of the same title paid at different rates should be posted separately.

Helpful Hint: The minimum wage effective 01/01/07 is \$7.15.

Example: The CBO should complete Columns (1), (2), (3) (4), (5) and (6).

The table illustrates an example of how the Total Amount of Part Time Staff was calculated:

(1)	(2)	(3)	(4)	(5)	(6)
Title Code	# of Pos.	Position/Title	Hourly Rate	Total Hours for Budget Period	Total Amount Part-Time Staff
PR	3	Program Aide	\$7.15	350	\$2,502
TE	5	Teacher	\$20.00	272	\$27,200
IN	3	Instructor	\$8.00	522	\$12,528
JA	1	Janitor	\$7.15	261	\$1,866
				Sub-Total Part Time Salaries	\$44,096

Add two Sub Totals together and transfer the amounts to Page 1, Salaries and Wages (1100)

FRINGE BENEFITS – Line 1200

The maximum rate for fringe benefits is 30%. The rate includes all benefits under the Fringe Benefits category. Fringe Benefits may include FICA, Unemployment Insurance, Workers Compensation, Disability, Life Insurance, Pension, and Medical Benefits. A minimum Fringe Benefit rate of 7.65% is required for all contracts.

The minimum rate for CBOs under the Fiscal Agent is 12.65%. This represents 7.65% (FICA) plus a 5% estimated Unemployment Insurance rate.

GUIDELINES FOR FRINGE BENEFITS NOT PART OF THE CENTRAL INSURANCE PROGRAM

Contractors not buying into the Central Insurance Program should add all Fringe Benefits including FICA, Unemployment Insurance, Medical Insurance, Life Insurance, Pension, Workers’ Compensation and Disability Insurance.

Example:

1200	Fringe Benefits	Total DYCD Budget	Program Administered	Centrally Administered
		\$3,150	\$3,150	

GUIDELINES FOR FRINGE BENEFITS UNDER THE DYCD CIP -BASIC INSURANCE PACKAGE

Add your FICA, Unemployment Insurance and Medical Insurance and reflect the amount on Page 3, Account Code 1200 Fringe Benefits. Transfer Totals to Page 1 of the budget.

Example:

1200	Fringe Benefits	Total DYCD Budget	Program Administered	Centrally Administered
		\$1,200	\$1,200	

CENTRAL INSURANCE - Line 1300

All CBOs have the option of buying into DYCD’s Insurance Package through the City’s Central Insurance Program (CIP). This package includes General Liability Insurance, Special Accident, Workers Compensation, Disability and Property Insurance. This insurance does not include child or sexual abuse. The cost of the CIP Basic Insurance Package is 4.5% of your **total budget for each contract and each amendment thereafter**. When you buy into the Central Insurance Program, it is for the full term of your contract. This insurance cannot be purchased for a portion of your contract term.

Multiply your total budget amount by 4.5% and reflect the amount on Page 3, Account Code 1300 Fringe Benefits. Transfer Totals to Page 1 of the Budget.

Example: Total DYCD Budget at \$50,000 x 4.5% = \$2,250

1300	Central Insurance	Total DYCD Budget	Program Administered	Centrally Administered
		\$2,250		\$2,250

If you choose **not to buy** into the CIP Insurance Package, you will be responsible for providing DYCD with an **original Certificate of General Liability Insurance** during budget preparation, as well as any renewal certificates during the contract term.

- A CBO is required to purchase General Liability Insurance in the sum of not less than **one million dollars per occurrence** to protect itself, DYCD and the City of New York against claims, losses, or damages. DYCD requires that each CBO submit an **ORIGINAL Certificate of Liability Insurance** to our Risk Management Unit located at 156 William Street, 6th floor. Your policy should include theft insurance to guard against loss of equipment as a result of a break-in or robbery. Such policy or policies of insurance must name, in addition to the certificate holder, the **Department of Youth and Community Development (including DYCD’s address) and the City of New York as additional insureds.**

This policy must be obtained from a company duly licensed to do business in the State of New York. **Both, the City of New York and DYCD are to be included as additional insureds in the Description Box and Certificate Holder Box** on the certificate of General Liability. In the event of cancellation, your CBO must notify the Risk Management Unit/CAFD within fifteen (15) days of cancellation.
- If the Liability Insurance Certificate that you submit to DYCD is not for the full operating period of your contract, you must submit a new certificate to DYCD when the original Certificate expires. **If the CBO fails to submit the new insurance certificate to DYCD within ten (10) days after the date of the expiration of the former, the DYCD will place such CBO on Check Hold and its contract payments will be frozen.** DYCD will generate a Check Hold letter advising the CBO that failure to maintain current insurance is a material breach of its contract.
- If DYCD does not receive a current Certificate of Insurance within the time permitted (**20 days from the date of the Check Hold letter**), the CBO will receive a warning letter stating that within **15 calendar days DYCD** will amend its budget and deduct the 4.5% for **mandatory enrollment into CIP for the balance of the current Fiscal Year.** The amount will be prorated from the expiration date of the insurance certificate on file until the end of the current Fiscal Year or contract end date if prior to end of current Fiscal Year. Again, once the CBO is placed on mandatory enrollment in the CIP and the 4.5% is deducted from the CBOs budget, the coverage will be effective until the end of the contract period and cannot be cancelled before that time.

- Two (2) **Original Certificates of Insurance** must be delivered to DYCD for approval **prior to the effective date of your contract.**
- All other mandatory insurance policies must be made available for inspection by DYCD staff, CPA Auditors or other authorized agents.

Helpful Hints

Employer's FICA: This is to be budgeted at 7.65% of total salaries. The wage base for the Social Security portion of FICA is currently \$97,500. The social security tax rate will remain at 6.2% resulting in a maximum social security tax of \$6,045 that must be paid by employees and employers. There is no cap on earnings subject to the Medicare portion of FICA. The Medicare tax rate will continue to be 1.45%. (Subject to change)

State Unemployment Insurance (SUI): This is to be budgeted at your insurance rate for up to and including the first \$8,500 of an employee's salary. **Please note:** Terminated staff as well as new staff hired within the same calendar year must be covered by SUI.

Medical Benefits, Life Insurance, Pension, Workers Compensation, and Disability: This cost should be calculated based upon the CBOs policies.

NON STAFF SERVICES: CONSULTANT/SUB CONTRACTORS/STIPENDS VENDORS/FISCAL CONDUITS

(Page 3 of 4)

2100 Consultants: Independent individuals with professional or technical skills retained to perform programmatic tasks or complete projects within the contracted services that cannot be accomplished by regular staff. Consultants cannot be salaried employees.

List on the budget the Name of each Consultant and the amount of the fee to be charged. With the Budget submission, a signed Consultant Agreement must be attached; otherwise the monies for this allocation will not be reimbursed.

A consultant usually:

- represents him/herself as self-employed
 - maintains his/her own books and records
 - has a place of business separate from that of the CBO.
- Consultants retained by a CBO must enter into a written agreement with the CBO, detailing the specific tasks to be performed. The contracting of Consultants will be allowed by DYCD only for those services that cannot be performed by CBO staff. **Under no circumstances can a consultant be hired in lieu of a staff person.** If a CBO believes a consultant's services are required for an extended period, such an individual must be hired as an employee.
 - The CBO shall follow the purchasing procedures outlined in the general provisions of the Fiscal Manual for the procurement of goods and services.
 - Consultants time sheets and invoices to be maintained by the CBO.
 - Page 3-A is used if additional listing space for Consultants/Subcontractors is needed
 - A formal written agreement for each Consultant must be maintained on file at the CBO for **at least six (6) years.** (See the Consultant Contract Agreement)

2200 Sub Contractors: Independent entities retained to perform program services. A subcontract agreement will be governed by the terms of the DYCD contract and will be registered with the NYC Comptroller. **Each Sub-Contractor's EIN# must be listed on the subcontract agreement and this Agreement must be submitted with the Budget.** (See the Sub-Contract Agreement)

2300 Stipend: Incentive allowance **ONLY** for the benefit of a participant or client of the program. Stipend may be included as part of a training program, to assist a participant in acquiring the skills necessary to obtain employment and to subsequently retain employment. A stipend may be for a nominal allowance and may be paid hourly, daily or weekly.

The following are the conditions under which stipends may be paid:

- To promote general client welfare by a private, not-for profit CBO; and,
- Offered by programs that provide classroom training and instructional services.

A Stipend cannot be used:

- To displace an employee or position including partial displacement such as a reduction in hours and wages.
- To supplant the hiring of salaried workers or to perform services that would otherwise be performed by an employee, including an employee who recently resigned or was discharged, an employee who is subject to reduction in force, or an employee who is on leave.
- To pay for services being performed for the CBO; and
- To avoid payment of FICA, Unemployment Insurance, or Worker's Compensation Insurance.

2400 Vendors: Independent business entities retained to provide non-program services. Examples: Cleaning Services, Security, Accounting Services and Computer Technicians. (Vendor Agreements should be maintained on file at the CBO).

2500 Fiscal Conduit: For Discretionary Contracts only - to be determined.

OTHER THAN PERSONNEL SERVICES

(Page 4 of 4)

Other Than Personnel Services (OTPS) - OTPS relates to programmatic expenditures other than Salaries, Fringe Benefits or Non Staff Services. Total costs for each line item category **3100** to **4000** should be transferred from the Budget Support Worksheets Page 4 to the corresponding category on the Budget Summary Face Sheet Page 1. The following is a description of the non-personnel categories:

Note: All invoices must be in the CBOs name in order to receive **reimbursement**.

3100 Consumable Supplies

Supplies that do not last or are not permanent in nature. Consumable supplies include office and maintenance supplies, such as pens, stationery, chalk, erasers, towels, cleaning fluids, and books.

3200 Equipment Purchase

Equipment that is durable or permanent in nature, such as furniture, printers, fax machines, televisions, cameras, videocassette recorders, and computers. All equipment and/or furniture purchased with DYCD funds at a per unit cost exceeding \$200 will be the property of the City of New York upon termination of their contract. You will be required to submit an itemized list and description of each purchase (make, serial number and model number) over \$200.

Equipment costing less than \$200 must also be placed under Equipment purchases, not consumable supplies.

All equipment and/or furniture purchased with DYCD funds is the property of the City of New York Department of Youth and Community Development, and must be tagged "Property of DYCD." At the end of the contract, all non-depreciated equipment that still has a useful life and was purchased with DYCD funds must be returned.

All CBOs are required to purchase Equipment Insurance with a company licensed to do business in the State of New York. (For CBOs covered through the Central Insurance Program, refer to **Section 9** of the Fiscal Manual.) Each CBO must be covered for the loss due to burglaries, vandalism, fire or floods that affect equipment or furniture that is leased or purchased with DYCD funds. If your CBOs equipment is lost or stolen, you must secure a police report detailing the nature of the incident as well as submit a claim to your insurance carrier. In addition, you must also submit an official report to DYCD. The CBO must replace the lost or stolen equipment with the funds secured from the settlement of the claim.

3300 Equipment-Other

The rental, lease, licensing fees, computer software, repair and maintenance of

office/programmatic equipment utilized in the performance of the CBOs operation. Maintenance service contracts and payments for equipment repairs and maintenance are also to be charged to this category.

Equipment/furniture leased with an option to buy may also become the property of DYCD in the event of contract termination. DYCD will, however, consider requests for continued use or other recommended disposition of such equipment, upon termination or non-renewal of a contract.

Please contact your program manager regarding continued use or other disposition of equipment. All Equipment purchased with DYCD funds over \$200 is to be inventoried and a copy is to be submitted to DYCD.

3400 Space Rental

This category is separated into two subcategories:

3410 Public School

Opening fees and room rentals paid to the Department of Education for school rental costs. Must complete a Space Rental Cost Allocation Plan.

(See Space Rental - Cost Allocation Plan Form)

3420 Space Rental/Other

All other rent paid for sites utilized by that program and all related charges associated with the use of the site such as **minor** repairs and maintenance costs. **No renovation or construction projects can be budgeted or paid for with DYCD program funds.**

***You are required to submit a copy of your lease and/or month to month rental agreement at the time of the budget submission, as well as a Space Rental - Cost Allocation Plan with the budget. This form reflects DYCD's portion of your rental fees. (See Appendix Space Rental - Cost Allocation Plan Form)**

Calculate your subcategory costs and show the amount on each subcategory line. Be sure to add both lines and reflect the total amount in the Space Rental boxes (3410 + 3420 = 3400). Transfer this total on to Page 1.

If a CBO owns the building, submit a breakdown on Maintenance Allocation.

Example:

	Total DYCD Budget	Program Administered	Centrally Administered
3400 Space Rental	\$2,000	\$2,000	
3410 Public School		\$1,000	

3420 Rental /Other

\$1,000

3500 Travel

Local travel on public transportation by the employees and, in some instances, participants of the CBO to conduct official business pursuant to the DYCD contract. Included in this category are expenditures for a vehicle owned or leased by the CBO whose use is deemed necessary to conduct the DYCD funded program. Also included in this category are expenditures for personal automobile use for CBO business. Costs for the use of a personal automobile will be reimbursed at a maximum rate of 35 cents per mile plus tolls. A Mileage Log (See Appendix) must be maintained for both personal and business owned vehicles used to conduct business related to the funded program.

Traffic and/or vehicle violations are **not** a legitimate expense and, therefore, will not be budgeted nor paid for with program funds. All participant related travel expenses, e.g., bus trips and local travel, are to be budgeted under this category. Bus companies must be insured.

CBOs should charge to this account expenses for business owned vehicles such as car maintenance, gasoline, tolls and insurance. CBO owned vehicles used for DYCD purposes must be co-insured with the City of New York as named beneficiary.

3600 Utilities and Telephone

Telephone and utility costs. Be sure to indicate the service period being covered by the payment. Costs should be pro-rated over the operating period.

3700 Other Operational Costs

Divided in two sub categories, and the total of 3710 and 3720 should equal 3700 as follows:

3700 - Other Operational Cost	\$5,000
3710 - Other Cost	\$3,000
3720 - Indirect Cost	\$2,000

3710 Other Costs

Other operating costs such as, printing, postage, admissions, publications, bank charges, subscription costs, internet service fees, and wiring associated with computer set up. This category also includes general liability for CBOs **NOT** participating in the Central Insurance Program.

Participant Costs. Costs associated with or for the benefit of program participants such as refreshments, entrance fees, awards, T-shirts, uniforms, sporting and recreational supplies.

Audit Cost - DYCD will accept a portion of your audit fees. If your organization receives additional funding besides that from DYCD, you may only include DYCD's proportionate share. The proportionate share should be calculated by dividing the total DYCD budget by the CBOs total budget and applying that percentage to the total audit cost. You must submit an Audit Cost Allocation Plan with your budget. **(See Audit Cost Allocation Form)**

3720 Indirect Cost

The maximum allowable rate for Indirect Cost is 10%. The purpose of indirect cost is to capture overhead costs incurred by a CBO that operates several programs and whose administrative costs cannot be identified as a direct cost to the program. CBOs with multiple government contracts or programs with multiple funding streams are qualified for indirect costs.

It is the responsibility of the provider to maintain documentation to justify the percentage and allocation plan used to arrive at the indirect cost rate. This documentation must be made available upon audit request.

Indirect Cost does not apply to providers administered through the Fiscal Agent since all costs must be itemized.

Indirect Cost is a sub category of the Other Cost Category Account 3700.

3800 Van Maintenance

If your CBO is assigned a city-owned van, DYCD will provide maintenance through the Department of Citywide Administrative Services. A total of \$2,000 will automatically be deducted from your contract for van maintenance. This cost is a centrally administered cost and is not reimbursable. Transfer these totals on to Page 1.

Example:	Total DYCD Budget	Program Administered	Centrally Administered
Van Maintenance	\$2,000		\$2,000

3900 Fiscal Agent Services

All CBOs now have the option of purchasing the services of the Fiscal Agent. The following is a brief description of the types of services offered by the Fiscal Agent:

- Establish financial records
- Maintain and report on available CBO budget balance
- Verify invoices
- Provide payroll services and personnel reporting

- Ensure the timely filing and payment of employment -related taxes
- Ensure that Accounts Payable and Ledger system and activities are in accordance with generally accepted accounting practices and procedures.
- File Federal Tax Form 941 and 941B
- Prepare W2s, W3s, and 1099s

Fiscal Agent Fees

Fiscal Agent Services will be charged to your total budget in accordance with the scale indicated below: **(Subject to change)**

<u>Contract Dollar Value</u>	<u>Fiscal Agent Service Fees</u>
\$ 0 - \$ 25,000	\$ 1,200
\$ 25,001 - \$ 50,000	\$ 3,500
\$ 50,001 - \$100,000	\$ 5,100
\$100,001 - \$250,000	\$ 7,100
Over \$250,000	\$10,000

Note: A CBO that chooses to be placed under or is mandated to utilize the services of the Fiscal Agent **must have all of its DYCD contracts administered by the Fiscal Agent.** The Fiscal Agent fees are centrally administered costs and are not reimbursable. Those agencies mandated for Fiscal Agent services due to poor fiscal performance (less than a Satisfactory “S” rating) will receive written notification to this effect from DYCD.

If funds are being allocated to the following categories – the required forms and documentation are required to be submitted for each category utilized

Allocation	Required Form & Documentation
Consultant Budget Line 2100	Consultant Agreement for each Consultant listed in the Budget
SubContractor Budget Line 2200	Sub Contract Agreement with EIN# for each SubContractor listed in the Budget
Space Rental Budget Line 3400	Space Allocation Form and Lease or Space Allocation Form and DOE Permit
Audit Cost (under Other Costs) Budget Line 3710	Audit Cost Allocation Form

May 2007

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
TITLE CODES**

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
TITLE CODES**

<u>CODE</u>	<u>TITLE</u>
AA	ADMINISTRATIVE ASSISTANT
AB	ASSISTANT BOOKKEEPER
AC	ACCOUNT SPECIALIST
AD	ADMINISTRATOR
AE	ASSISTANT EXECUTIVE DIRECTOR
AI	ARTISTIC INSTRUCTOR
AP	AFTER SCHOOL PROGRAM DIRECTOR
AR	ART SPECIALIST – ARTS PARTNER
AS	ACTIVITY SPECIALIST
AT	ATTENDANT
AX	ACTOR
BA	BA CASE PLANNER
BK	BOOKKEEPER
BM	BUDGET MANAGER
BS	BILINGUAL SPECIALIST
CA	COACHES
CC	CHILD CARE PROVIDER
CI	CAMP INSTRUCTOR
CK	COOK
CL	CLERK
CM	CONTRACT MANAGER
CO	COUNSELOR
CP	CASE PLANNER
CR	COORDINATOR
CS	COUNSELING SPECIALIST
CT	CONTROLLER
CU	CUSTODIAN
CW	CASE WORKER
CZ	COMPUTER SPECIALIST
DC	DRUG COUNSELOR
DD	DEPUTY DIRECTOR
DE	DIRECTOR
DF	DIRECTOR OF FINANCE
DI	DANCE INSTRUCTOR
DP	DIRECTOR OF PERSONNEL
DR	DOCTOR
DS	DEVELOPMENT SPECIALIST
DT	DIRECTOR OF PROGRAM AND JOB DEVELOPMENT
DV	DRIVER

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
TITLE CODES**

<u>CODE</u>	<u>TITLE</u>
EA	EDUCATIONAL ADVISOR
EC	EDUCATION COORDINATOR (TEACHER LICENSE)
ED	EXECUTIVE DIRECTOR
EI	EDITOR
EP	EXHIBITION PREPARER
ES	EMPLOYMENT/EDUCATION SPECIALIST
FA	FACILITATOR
FC	FAMILY COUNSELOR
FD	FOSTER CARE DIRECTOR
FO	FISCAL OFFICER
FW	FAMILY WORKER
GL	GROUP LEADER
GW	GROUP WORKER
HC	HEALTH COUNSELOR
HM	HOUSE MANAGER
HP	HOUSE PARENT
HS	HOUSING/HOMELESS SPECIALIST
IC	IMMIGRATION COORDINATOR
IN	INSTRUCTOR
IS	IMMIGRATION SPECIALIST
JA	JANITOR
JC	JUVENILE COORDINATOR
JD	JOB DEVELOPER
JR	JOB READINESS COUNSELOR
LA	LITERARY ARTIST
LC	LATCHKEY COORDINATOR
LD	LEADERSHIP DEVELOPMENT SPECIALIST
LG	LIFEGUARD
LS	LEADERSHIP SPECIALIST
MA	MAINTENANCE
MC	MEDIATOR COUNSELOR
ME	MENTOR
MI	MUSIC INSTRUCTOR
MS	MSW CASE PLANNER
OM	OFFICE MANAGER
OW	OUTREACH WORKER
PA	PROGRAM DIRECTOR ASSISTANT
PB	PHYSICIAN'S ASSISTANT
PC	PROGRAM COORDINATOR

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
TITLE CODES**

<u>CODE</u>	<u>TITLE</u>
PD	PROGRAM DIRECTOR
PE	PARENT AIDE
PJ	PROJECT COORDINATOR
PL	PARALEGAL
PM	PROGRAM DIRECTOR (MD LICENSE)
PO	DIRECTOR OF PROGRAM OPERATIONS
PR	PROGRAM AIDE
PS	PROGRAM SUPERVISOR
PT	PROGRAM DIRECTOR (TEACHER LICENSE)
RC	RECEPTIONIST
RD	REGIONAL DIRECTOR
RE	RELIEF
RN	REGISTERED NURSE
RR	RECREATION COORDINATOR
RS	RECREATION SPECIALIST
SA	STAFF ATTORNEY
SC	SERVICES COORDINATOR
SE	SECRETARY
SF	ADMINISTRATIVE SECRETARY
SG	SECURITY GUARD
SI	SHOP INSTRUCTOR
SN	SENIOR ACCOUNTANT
SS	SUMMER STAFF
ST	STREET WORKER
SU	SUPERVISOR
SW	SOCIAL WORKER (M.S.W.)
TA	TEACHER AIDE
TE	TEACHER (TEACHER LICENSE)
TH	THERAPIST
TL	TEAM LEADER
TM	TRAINING MONITOR
TS	TRAINING SPECIALIST
TU	TUTOR
TY	TYPIST/TEACHER AIDE
UD	UNIT DIRECTOR
UH	URBAN HOUSING SPECIALIST
VA	VISUAL ARTIST
VC	VOLUNTEER COORDINATOR
WF	WORKSHOP FACILITATOR

**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
TITLE CODES**

<u>CODE</u>	<u>TITLE</u>
WI	WRITING INSTRUCTOR
WL	WORKSHOP LEADER
WS	WATER SAFETY INSTRUCTOR
YC	YOUTH COUNSELOR
YE	YOUTH EMPLOYMENT COORDINATOR
YW	YOUTH WORKER