## SKILLS DEVELOPMENT FUND PROGRAM INSTRUCTIONS FOR CURRICULA AND BUDGET MANAGEMENT FORM

The Curricula and Budget Management Form consists of these instructions and four worksheets. Applicants must complete the worksheets in the order listed below since data is linked between the

- 1) Table 2 Training Courses and Trainee Hours
- 2) Program Services Costs
- 3) Equipment Purchases
- 4) Budget Management Form

#### **Table 2 - Training Courses and Trainee Hours**

Complete the **Table 2** worksheet first. Enter the information into each column, except for the *Total Number of Hours* column. The *Total Number of Hours* column will automatically calculate based on the the data entered into the *Training Hours to be Received by Each Trainee* and *Total Number of Trainees* columns.

### **Program Services Costs**

Complete the **Program Services Costs** worksheet second. The first three columns (*Title of Training Course, Training Hours*, and *Number of Trainees*) will automatically be entered based on the information entered in Table 2. Enter the cost for each course in the last column titled *Total Direct Program Training Cost*. Project costs that are not specific to one course may be pro-rated to the appropriate courses. Direct program training costs shall include only personnel salaries and wages, fringe benefits, tuition, fees, curriculum development, books, training materials, and consumable supplies for the proposed project.

### **Equipment Purchases**

Complete the **Equipment Purchases** worksheet third, if applicable. The *Total Cost* column will automatically calculate based on the data entered in the columns titled *Cost Per Equipment Item* and *Quantity*.

#### **Budget Management Form**

Complete the **Budget Management Form** by entering the *Name of Applicant* and *Administration Costs*. The *Direct Program Training Costs* and *Equipment Purchases* costs will automatically be entered based on the information entered in the **Budget Detail** and **Equipment Purchases** worksheets. The sub-totals for *Administration* and *Program Services* and the total for *Grant Amount Requested* will automatically calculate. Read the assurances with regard to the proposed budget. An authorized representative of the applicant must sign and date the Budget Management Form. Enter the name and tile of the authorized representative.

### **Important Notes:**

- Equipment purchase costs are not allowable for proposals that include a single employer. For proposals that include more than one employer, equipment purchase costs cannot exceed 10 percent of the requested grant amount. The Executive Director may waive these provisions in the rule upon a showing of good cause and a finding that the public interest would be served by such a waiver.
- Administrative costs for proposals that include a single employer cannot exceed 10 percent of the total Programmatic Costs. Administrative costs for proposals that include more than one employer cannot exceed 15 percent of the total Programmatic Costs.
- The **Budget Management Form** must be signed and dated. This is a required component, and proposals that do not have all the required components will be disqualified.

## SKILLS DEVELOPMENT FUND PROGRAM TABLE 2 - TRAINING COURSES AND TRAINEE HOURS

TABLE 2 – TRAINING COURSES & TRAINEE HOURS					
Training Provider	Title of Training Course	CIP Code	Training Hours to be Received by Trainees	Number of Trainees	Total Training Hours
Ğ	O				0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

TABLE 2 – TRAINING COURSES & TRAINEE HOURS					
			Training		
			Hours to be		Total
		CIP	Received by	Number of	Training
Training Provider	Title of Training Course	Code	Trainees	Trainees	Hours
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		l			U

TABLE 2 – TRAINING COURSES & TRAINEE HOURS					
Training Provider	Title of Training Course	CIP Code	Training Hours to be Received by Trainees	Number of Trainees	Total Training Hours
					0
					0
					0
					0
				Total	0

## SKILLS DEVELOPMENT FUND PROGRAM PROGRAM SERVICES COSTS - BUDGET DETAIL

FROM TABLE 2			
Title of Training Course	Training Hours to be Received by Trainees	Number of Trainees	Total Direct Program Training Costs
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0		0	
0	0	0	
0		0	
0		0	
0		0	
0		0	
0		0	
0	0	0	
0		0	
0	·	0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0	-	0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0	_	0	
0	_	0	
0		0	
0	_	0	
0	0	0	

FROM TABLE 2			
Title of Training Course	Training Hours to be Received by Trainees	Number of Trainees	Total Direct Program Training Costs
0		0	
0		0	
0	~	0	
0	_	0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0	ű	0	
0		0	
0		0	
0	0	0	
0		0	
0		0	
0		0	
0	_	0	
0		0	
0		0	
0	0	0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0	_	0	
0		0	
0	-	0	
0		0	
0		0	
0	0	0	

FROM TABLE 2			
Title of Training Course	Training Hours to be Received by Trainees	Number of Trainees	Total Direct Program Training Costs
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	_
0	0	0	
0	0	0	
0	0	0	
		TOTAL	\$ -

# SKILLS DEVELOPMENT FUND PROGRAM EQUIPMENT PURCHASES - BUDGET DETAIL

Administrative Equipment to be Purchased			
	Cost Per		
Equipment Item	<b>Equipment Item</b>	Quantity	<b>Total Cost</b>
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Total Cost	\$0.00

Program Services Equipment to be Purchased				
	Cost Per			
Equipment Item	<b>Equipment Item</b>	Quantity	<b>Total Cost</b>	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
		Total Cost	\$0.00	

	SKILLS DEVELOPMENT FUND PROGRAM BUDGET MANAGEMENT FORM		
Name of A	Applicant:		
	STRATION Administration Costs	\$	
]	Equipment Purchases	\$	_
	SUB-TOTAL ADMINISTRATION	\$	<del>-</del>
	M SERVICES Direct Program Training Costs	\$	_
]	Equipment Purchases	\$	_
	SUB-TOTAL PROGRAM SERVICES	\$	
	TOTAL GRANT AMOUNT REQUESTED	\$	<del>-</del>
	elow, the applicant hereby makes the following assurances with regard to the propos rances and budget are subject to monitoring:	ed budget, and	l acknowledges
1.	The cost per trainee for the proposed project has been compared to similar instruct applicant's institution, other public community or technical colleges, or TEEX, and budget have been determined to be reasonable and necessary for the administration proposed project.	l all costs cont	ained in this
2.	The costs of any equipment purchases included under Administration and or Prograppropriately identified in the Proposal Submission Form.	am Services ha	ive been
3.	Direct program training costs include only personnel salaries and wages, fringe ber development, books, training materials, and consumable supplies for the proposed		fees, curriculum
4.	Personnel costs included under Program Services do not include any cost for admir project.	nistration of th	e proposed
5.	Any overhead and/or indirect costs included in the college's tuition and fee costs are established by the college.	e based on the	standard rate
6.	There are no costs for instructor travel (including per diem) included in the propose	ed budget.	
7.	There are no costs for trainee wages, travel, or drug tests included in the proposed	budget.	
8.	There are no costs for profit or markup included in the proposed budget.		
9.	Any products, including curricula, developed with grant funds will be retained by training projects for other businesses.	he college and	used in
authorized	Representative's Signature	Date	
yped Nam	e	Title	