

# **GABI 2013 Re-Approval**

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THE PAPERWORK REDUCTION ACT OF 1995 (PUB. L. 104-13)

Public reporting burden for this collection of information is estimated to average 33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Program Approach Form- Grantee/Delegate Number** \_\_\_\_\_ **Agency Name** \_\_\_\_\_

<b>I. Enrollment by Program Option</b>					
This section should be filled out and submitted for each grantee and delegate agency.					
1. Funded child enrollment by program option <sup>1</sup> :			2. Number of pregnant women enrolled for EHS: _____		
Center-based enrollment Home-based enrollment Combination option enrollment Family child care enrollment Other option enrollment Total Child Enrollment					
<b>II. Program Schedule</b>					
This section should be filled out for <i>each group of children served for different hours of service</i> each year.					
Complete #1-3 for all groups of children					
1. Program schedule number	1	2	3	4	5
2. Program option identification					
3. Funded enrollment					
Complete #4-9 for center-based, family child care, combination, and other options					
4a. Number of classes/groups/family child care settings					
4b. Double session, enter D					
5. Number of hours of classes/groups/FCC settings per child, per day					
6. Number of days of classes/groups/FCC settings per child, per week					
7. Number of days of classes/groups/FCC settings per child, per year					
8. Number of home visits per child, per year					
9. Number of hours per home visit					
Complete #10-13 for home-based options					
10. Number of home visits per child, per year					
11. Number of hours per home visit					
12. Number of hours per home-based socialization experience					
13. Number of home-based socialization experiences per child, per year					
Notes: Item 1: If more than 5 different schedules, photocopy form and write in 6, 7, 8, etc. Item 2: Identify each program schedule as center-based (CB), home-based (HB), combination program (CO), family child care (FC), or other program option (OT). For combination options (CO and other options (OT), the items on the form that more appropriately describe the services provided by these options should be filled out					

<sup>1</sup>Funded enrollment by program option must equal the total number of children supported through the budget contained on the SF 424A and the Line-Item Budget.

**LINE-ITEM BUDGET FOR HEAD START AND EARLY HEAD START**

<b>Position</b>	<b>HS/EHS Cost for Program Operations</b>	<b>HS/EHS Cost for Training &amp; Technical Assistance</b>	<b>Non-Federal Share (Cash and in-kind)</b>	<b>Number of People Employed</b>
<b>a. PERSONNEL (Object class 6a)</b>				
Child Health and Developmental Services Personnel				
1. Program Managers & Content Area Experts				
2. Teachers/Infant Toddler Teachers				
3. Family Child Care Personnel				
4. Home Visitors				
5. Teacher Aides & Other Education Personnel				
6. Health/Mental Health Services Personnel				
7. Disabilities Services Personnel				
8. Nutrition Services Personnel				
9. Other Child Services Personnel				

- a1. Include program managers, supervisors, and content experts in child development, health, mental health, nutrition, and disabilities services. Include home-based and family child care supervisors.
- a2. Include all teachers, including infant and toddler teachers.
- a3. Include family child care staff, if they are agency employees. If providers are not agency employees, enter costs under item (f)(6) or (h)(10).
- a6. Include nurses, health services aides, speech therapists, mental health staff and other health services personnel.
- a8. Include nutritionists, cooks, and other food services staff.
- a9. Include any personnel that provide services to children that cannot be reported in any other category.

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<b>Position</b>	<b>HS/EHS Cost for Program Operations</b>	<b>HS/EHS Cost for Training &amp; Technical Assistance</b>	<b>Non-Federal Share (Cash and in-kind)</b>	<b>Number of People Employed</b>
<b>Family and Community Partnerships Personnel</b>				
10. Program Managers & Content Area Experts				
11. Other Family & Community Partnerships Personnel				
<b>Program Design and Management Personnel</b>				
12. Managers				
13. Staff Development				
14. Clerical Personnel				
15. Fiscal Personnel				
16. Other Program Design Personnel				
<b>Other Personnel</b>				
17. Maintenance Personnel				
18. Transportation Personnel				
19. Other Personnel				
<b>TOTAL PERSONNEL (6a)</b>				

- a10. Include program managers, coordinators, supervisors, and content experts in parent involvement, social services, volunteer coordination, or other family and community partnership activities.
- a11. Include social workers, family service workers, social services aides, parent involvement aides, and other family and community partnerships staff.
- a12. Include executive directors, Head Start or Early Head Start directors, deputy or assistant directors, and other administrators.
- a13. Include staff responsible for coordinating staff development and training. (Note: Report any salaries paid by T&TA funds in the second column.)
- a19. Include any personnel that cannot be reported in any other category.

**LINE-ITEM BUDGET FOR HEAD START AND EARLY HEAD START**

<b>Position</b>	<b>HS/EHS Cost for Program Operations</b>	<b>HS/EHS Cost for Training &amp; Technical Assistance</b>	<b>Non-Federal Share (Cash and in-kind)</b>
<b>b. FRINGE BENEFITS (Object Class 6b)</b>			
1. Social Security (FICA), State Disability, Unemployment (FUTA), Workers Compensation			
2. Health/Dental/Life Insurance			
3. Retirement			
4. Other Fringe			
<b>TOTAL FRINGE (6b)</b>			

<b>c. TRAVEL (Object Class 6c)</b>			
1. Staff Out-of-Town Travel			
<b>TOTAL TRAVEL (6c)</b>			

<b>d. EQUIPMENT (Object Class 6d)</b>			
1. Office Equipment			
2. Classroom/Outdoor/Home-based/FCC			
3. Vehicle Purchase			
4. Other Equipment			
<b>TOTAL EQUIPMENT (6d)</b>			

c1. Enter the total costs of travel outside of the grantee service area for employees of the project, including per diem expenses. Do not include costs for consultant travel, parent travel, or local transportation. *[A brief explanation of travel costs should be included in the budget justification.]*

d. "Equipment" means an article of tangible, non expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000, or more, per unit. Include leased equipment only if costs are \$5,000 or more per unit; costs for other leased equipment may be reported in object class (h). *[An itemized list of equipment should be included in the budget justification.]*

d2. Includes equipment used for classrooms, group settings for infants and toddlers, family child care settings, playgrounds, home-based programs, and family and community partnerships.

**LINE-ITEM BUDGET FOR HEAD START AND EARLY HEAD START**

Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training and Technical Assistance	Non-Federal Share (cash and in-kind)
<b>e. SUPPLIES (Object Class 6e)</b>			
1. Office Supplies			
2. Child and Family Services Supplies			
3. Food Services Supplies			
4. Other Supplies			
<b>TOTAL SUPPLIES (6e)</b>			

<b>f. CONTRACTUAL (Object Class 6f)</b>			
1. Administrative Services (e.g., Legal, Accounting)			
2. Health/Disabilities Services			
3. Food Services			
4. Child Transportation Services			
5. Training & Technical Assistance			
6. Family Child Care			
7. Delegate Agency Costs			
8. Other Contracts			
<b>TOTAL CONTRACTUAL (6f)</b>			

f. Enter the costs of contracts for services and goods, except those belonging in other categories, such as equipment, supplies, construction, etc. Include contracts with organizations for the provision of training or technical assistance. **Do not include payments to individuals in this category;** services of individuals (other than employees) should be reported in object class (h). Do not include service contracts; such maintenance agreements also may be reported in object class (h). *[An itemized list of contracts should be included in the budget justification.]*

f6. Include contracts with umbrella organizations. Contracts with individuals should be included in line (h)(10).

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<b>Position</b>	<b>HS/EHS Cost for Program Operations</b>	<b>HS/EHS Cost for Training and Technical Assistance</b>	<b>Non-Federal Share (cash and in-kind)</b>
<b>g. CONSTRUCTION (Object Class 6g)</b>			
1. New Construction			
2. Major Renovation			
3. Acquisition of Buildings/Modular Units			
<b>TOTAL CONSTRUCTION (6g)</b>			

<b>h. OTHER (Object Class 6h)</b>			
1. Depreciation/Use Allowance			
2. Rent			
3. Mortgage			
4. Utilities, Telephone			
5. Building & Child Liability Insurance			
6. Building Maintenance/Repair and Other Occupancy			
7. Incidental Alterations/Renovations			
8. Local Travel			
9. Nutrition Services			
10. Child Services Consultants			

h1. Enter proposed occupancy expenses. Rent may be charged only when the applicant does not own or have substantial interest in the real property. Depreciation/Use Allowances should be charged when the building is owned by or has been donated to the applicant or there is a less-than-arms-length lease agreement. See OMB Circular A-122, Cost Principles for Non-Profit Organizations or OMB Circular A-87, Cost Principles for State and Local Governments.

h8. List proposed costs associated with transporting children to and from the center, on field trips, etc. Include all costs of maintaining, repairing, operating, and insuring vehicles that transport children.

h10. If individuals who provide direct service to children are paid as consultants rather than as staff, the cost should be included in this category. Include consultants providing education and child development services, medical or dental exams, screening care, mental health services, nutrition services, speech therapy, disability services, family child care services, or other child services.

**LINE-ITEM BUDGET FOR HEAD START AND EARLY HEAD START**

Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training and Technical Assistance	Non-Federal Share (cash and in-kind)
<b>h. OTHER (Object Class 6h)</b>			
11. Volunteers			
12. Substitutes (if not paid benefits)			
13. Parent Services			
14. Accounting & Legal Services			
15. Publications/Advertising/Printing			
16. Training or Staff Development			
17. Other			
<b>TOTAL OTHER (6h)</b>			
<b>i. TOTAL DIRECT CHARGES</b> Sum of Line 6a-6h			
<b>j. INDIRECT COSTS</b> Enter Costs Not Reflected in i above			
<b>k. TOTALS</b> ALL BUDGET CATEGORIES			

h11. Enter the in-kind value of volunteers (parents or others) who participate in program activities in the non-Federal share column.

h13. Include parent activities, parent local and out-of-town travel, and other parent services.



**LINE-ITEM BUDGET FOR HEAD START AND EARLY HEAD START**

<p>The Federal and non-Federal costs proposed in the SF 424A and the Line-Item Budget are the costs that, when agreed upon, will be included in the Head Start grant award. There may be other cash or in-kind resources that are necessary to support the services that will be provided to Head Start children and their families. Applicants are asked to explain these resources in Part 3 of the <i>Budget and Budget Justification</i>. The value of these resources should be shown below. (Resources that the applicant uses to serve children who are not enrolled in Head Start should not be included.)</p>	<p align="center"><b>Value</b></p>
<p><b><u>Federal Funding</u></b></p> <p>1. Federal Child Development and Child Care funds _____</p> <p>2. USDA Funds for Nutrition Services _____</p> <p>3. Other Federal Funding _____            ( _____ )</p>	
<p><b><u>State Funding</u></b></p> <p>4. State Preschool Programs _____</p> <p>5. Other State Funding _____            ( _____ )</p>	
<p><b><u>Local Government Funding</u></b></p> <p>6. School District Funding _____</p> <p>7. Other Local Government Funding _____            ( _____ )</p>	
<p><b><u>Other Funding</u></b></p> <p>8. Tribal Government Funding _____</p> <p>9. Fund-raising Activities _____</p> <p>10. Other _____            ( _____ )</p>	
<p align="center"><b>TOTAL</b></p>	<p align="center">_____</p>