



New York State  
EDUCATION DEPARTMENT  

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Knowledge > Skill > Opportunity

# **Extended School Day / School Violence Prevention Town Hall #1: “Housekeeping”**

***Budget Processing Review and Programmatic Reminders***

# ESD/SVP Town Halls - Purpose

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## Rationale for Town Halls

- Support for grantees to ensure program success and compliance
- Consistency in messaging
- Opportunity for grantees to engage with program and fiscal office

## Today's Goal

- Review/clarify several housekeeping items related to budgets and programming

# Housekeeping for “Housekeeping”

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- Please make sure that your microphones are off
- We’ve reserved time at the end to answer questions – feel free to ask questions in the chat
- If you think you need specific support/guidance, please request an individual meeting with us via email – [ESDSVPGrant@nysed.gov](mailto:ESDSVPGrant@nysed.gov)

# Town Hall: "Housekeeping" Agenda



Budget Processing Review



Program Modifications



Field Trips



Monitoring



Required Reporting



Summary



Q and A

# Budget Processing Review

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- **Due Dates**
- **Allowable and Unallowable Costs**
- **Fiscal Forms**
- **Questions at the conclusion of all presentations**

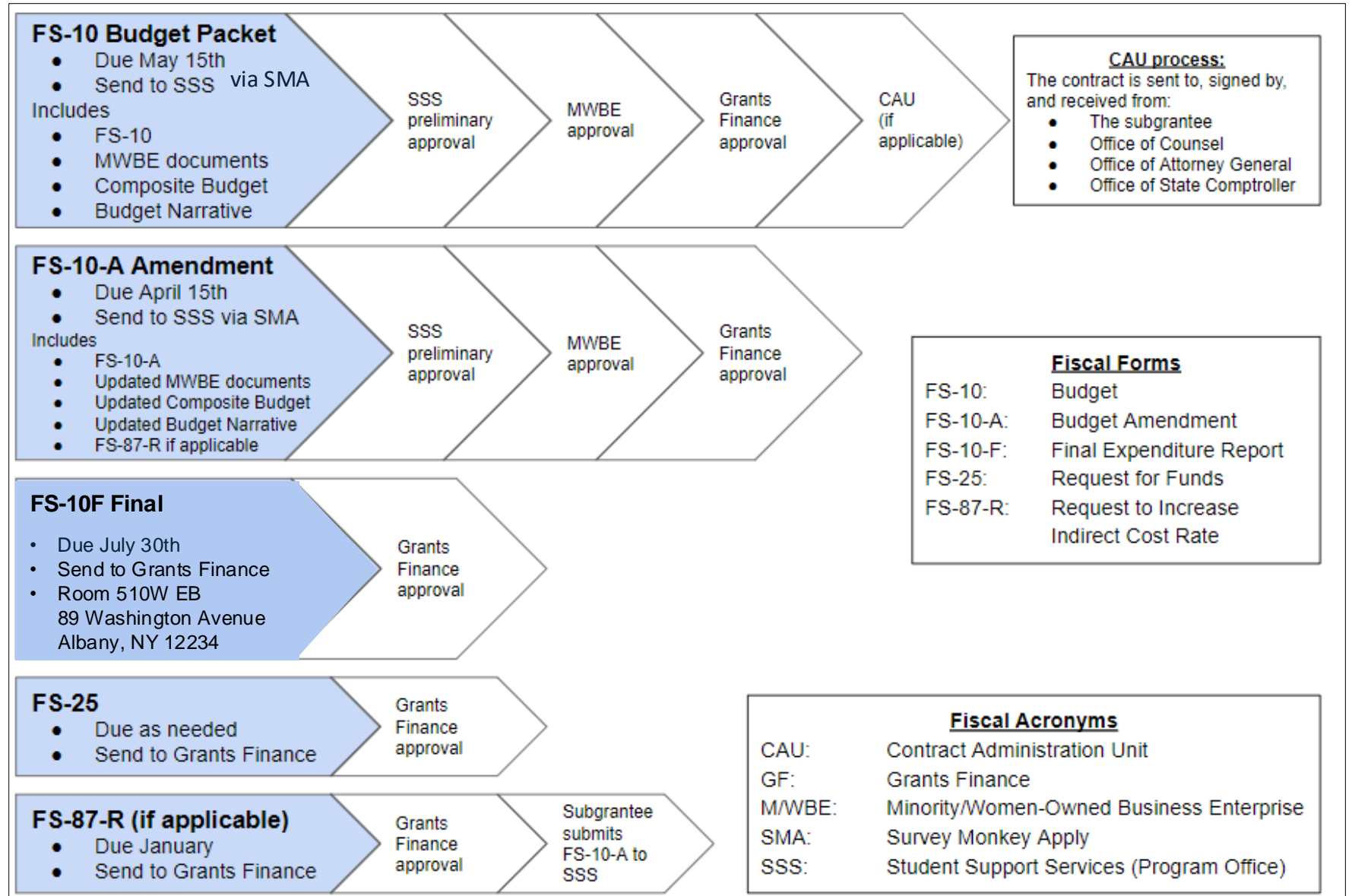
# Due Dates

FS-10 Budget Packet  
May 16th

FS-10A Amendment  
April 18th

FS-10F Final  
July 31st

Distribute fiscal flow  
chart to fiscal staff



# Allowable Costs

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Purchased items must be reasonable, necessary, and aligned with program goals and objectives. Allowable costs include, but are not limited to:

- Program supplies and materials
- Stipends for student tutors
- Minor remodeling
- Transportation costs for staff
- Program evaluation
- Field trips related to program goals (updated Field Trip Proposal Request must be completed for approval)
- T-shirts for safety purposes (i.e., to quickly identify participants while on a field trip)
- Rent and utilities (proportioned)
- Limited food items may be purchased for special program activities such as cooking classes and field trips. (Program-related or while in travel status.)

# Unallowable Costs

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- Daily nutritional services and snacks.
- Rewards and incentives for participants, parents, and staff
- Student participant stipends
- Staff/participant t-shirts (except for safety – see above)
- Major remodeling
- Purchasing a vehicle
- Funding for staff time outside of the approved schedule
- Funding events/activities for non-ESD/SVP participants



# FS-10

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

PROPOSED BUDGET FOR A  
FEDERAL OR STATE PROJECT  
FS-10 (03/15)

= Required Field

**Local Agency Information**

Funding Source:	<input type="text"/>
Report Prepared By:	<input type="text"/>
Agency Name:	<input type="text"/>
Mailing Address:	<input type="text"/>
	Street
	City State Zip Code
Telephone # of Report Preparer:	<input type="text"/>
County:	<input type="text"/>
E-mail Address:	<input type="text"/>
Project Funding Dates:	Start _____ End _____

Be sure the information on the cover is correct

Funding Dates – Year 4

7/1/24-6/30/25

Project number

0640-xx-4084

# FS-10

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$89,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Program Director- (direct program cost)	0.5	\$60,000	\$30,000
Director of Curriculum (administrative Cost)	0.0429	\$116,000	\$5,000
Program Staff- 3 blue room, 3 red room	6 staff x \$25 x 12 hours x 30 weeks 6 part-time	\$9,000	\$54,000

- Add details to first column
- Use **budget narrative** to provide **detailed description**
- Make calculations as exact as possible
- Send editable, unlocked files – makes for less back and forth and speeds approval

# FS-10

PURCHASED SERVICES			
Subtotal - Code 40			\$74,300
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Required External Program Evaluation	LBP-Consulting Services	3% \$312,064 estimated	\$9,300
Afterschool SEL programming	Good Karma Yoga Studio,	\$200 x 40 sessions	\$8,000
Crisis Intervention and Behavioral Programming	ABC Co.	50,000 per annual contract	\$50,000
Professional Development- to be determined by staff need, could include	First Aid by Red Cross, Restorative Practices-Justice Center	2% of grant of 350,000	\$7,000

- Fill out completely
- Do not leave spaces empty – fill in all cells
- Include possible providers if not known
- Make a calculation of cost column simple

# Budget Amendments

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**Need only be submitted for budget changes that require prior approval as follows:**

- Personnel positions, number and type
- Equipment items having a unit value of \$5,000 or more, number and type
- Minor remodeling
- Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by **more than 10 percent or \$1,000, whichever is greater**
- Any increase/decrease in the total budget amount

# Budget Amendments

## Documents needed to complete a Budget Amendment

- FS-10A
- **Updated** budget narrative
- **Updated** composite budget
- **Updated** MWBE Goal Calculation Worksheet and cover letter
- Other MWBE documents as needed

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

PROPOSED AMENDMENT FOR A  
FEDERAL OR STATE PROJECT  
FS-10-A (03/15)

= Required Field

Agency Name: \_\_\_\_\_ county \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Code: \_\_\_\_\_ Amendment #: \_\_\_\_\_

Project Number: \_\_\_\_\_

Contract #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**INSTRUCTIONS**

- Submit the original and two copies directly to the same State Education Department office where budget was mailed. DO NOT submit this form to Grants Finance.
- This form need only be submitted for budget changes that require prior approval as follows:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- Amendment # at top of this page must be completed.
- If extra room is needed for explanations, expand the rows using the row breaks on the left.
- Do not use the FS-10-A for requesting a project extension.

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, & accurate, & the expenditures, disbursements, & cash receipts are for the purposes & objectives set forth in the terms & conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance:  Logged  Approved

# Budget Amendments FS-10A

Include detail on narrative. Less detail on FS-10A.

## Budget Narrative

EXPLANATION (Provide same detail as required in FS-10 Budget)
Increase funds in Code 40 to add new vendor, Art Studio to provide additional pottery programming due to student interest. Increase funds to YMCA to provide additional staff member 2 days a week. Decrease contract with Kids Space as they are providing 2 workshops instead of 3.

## FS-10A

SUBTOTAL	EXPLANATION (Provide same detail as required in FS-10 Budget)	SUBTOTAL INCREASE	SUBTOTAL DECREASE
15 - Professional Salaries			
16 - Support Staff Salaries			
40 - Purchased Services	Add Art Studio 50 students x \$40 = \$2,000 Increase YMCA 9,500 Decrease Kids Space 2,250	\$9,250	

Subtotal columns can only have one amount in them.

# Budget Narrative

- Do not repeat what is on your FS-10 or FS-10A. **Expand upon them.**
- Fill out the Program Information and Key Personnel charts fully.
- This can be a living document. Add information for each amendment and budget.

ESD/SVP BUDGET NARRATIVE				
PROGRAM INFORMATION				
PROJECT #	0640 - Year – 4xxx			
PROGRAM NAME				
DATE				
AWARD AMOUNT	ESD:	SVP:	TOTAL:	
TARGET NUMBER OF STUDENTS	ESD:	SVP:	TOTAL:	
KEY PERSONNEL				
Identify the required ESD/SVP personnel, their salary, and budget category.				
POSITION	NAME First, Last	FTE	Annualized Rate of Pay and Salary	BUDGET CATEGORY
Program Director				
Independent Evaluator				
Describe <b>IN DETAIL</b> how expenditures are:				
<ul style="list-style-type: none"> <li>• reasonable and necessary</li> <li>• primarily targeted to the provision of direct services to students</li> <li>• cost-effective and purposeful</li> <li>• used to support program goals and objectives.</li> </ul>				
BUDGET CATEGORY	DESCRIPTION OF ACTIVITIES (Must include more detail than the FS10.)			
Code 15 Professional Salaries				
Code 16 Support Staff Salaries				
Code 40 Purchased Services				
Code 45 Supplies and Materials				

# Composite Budget

EXTENDED SCHOOL DAY/SCHOOL VIOLENCE PREVENTION (ESD/SVP) COMPOSITE BUDGET  
Attachment 8

Applicant Name and Project Number:						
(NYSED Use Only) Applicant Number:						
Budget Category	Budget Code	Column A FS-10 Budget Amount	Column B Direct Service by Lead Applicant	Column C Administrative Cost	Column D Evaluation Cost	Column E Professional Development Cost
1 Professional Salaries	15	0	0	0	0	0
2 Support Staff Salaries	16	0	0	0	0	0
3 Purchased Services	40	0	0	0	0	0
4 Supplies & Materials	45	0	0	0	0	0
5 Travel Expenses	46	0	0	0	0	0
6 Employee Benefits	80	0	0	0	0	0
7 SUBTOTAL (of Lines 1-6)		0	0	0	0	0
8 Indirect Cost	90	0	0	0	0	0
9 BOCES Services	49	0	0	0	0	0
10 Minor Remodeling	30	0	0	0	0	0
11 Equipment	20	0	0	0	0	0
12 GRAND TOTAL (Lines 7-11)		0	0	0	0	0
13 Students Served in ESD Program		0	0	0	0	0
Student Served in SVP Program		0	0	0	0	0
Total Award Requested:		0	0	0	0	0
Amount allocated to ESD program:		0	0	0	0	0
Amount allocated to SVP program:		0	0	0	0	0
14 ESD Cost Per Student		#DIV/0!				
15 Percentage of Budget			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

- Amounts taken from current FS-10 or **FS-10A**
- 15% minimum direct services provided by Lead Applicant.
  - Program Director is considered direct service.
  - Program space rental is direct service.
  - School usage fees are direct service.
- These costs are not direct service
  - Administrative cost – 5%
  - Evaluation cost – 3%
  - Professional Development cost – 5%



# Composite Budget – Administrative Costs

Administrative costs include costs for staff who do not provide direct service to participants but whose cost can be identified and directly associated with the program.

1. The cost of a principal who is required to remain in the building during program hours.
2. Audit or fiscal employees. (Fiscal Manager, Data Manager, Clerk, Bookkeeper)
3. Staff whose role is strictly oversight of program and staff. (COO, Executive Director)
4. Indirect Costs

Attachment 2

Applicant Name and Project Number						
ESD/ED Use Only: Applicant Number		Column A	Column B	Column C	Column D	Column E
Budget Category	Budget Code	PS-10 Budget Amount	Direct Service by Lead Applicant	Administrative Cost	Evaluation Cost	Professional Development Cost
Professional Salaries	15	0	0	0	0	0
Support Staff Salaries	16	0	0	0	0	0
Purchased Services	40	0	0	0	0	0
Supplies & Materials	45	0	0	0	0	0
Travel Expenses	46	0	0	0	0	0
Employee Benefits	80	0	0	0	0	0
SUBTOTAL (of Lines 1-6)		0	0	0	0	0
Indirect Cost	90	0	0	0	0	0
BOCES Services	49	0	0	0	0	0
Minor Remodeling	30	0	0	0	0	0
Equipment	20	0	0	0	0	0
GRAND TOTAL (Lines 7-11)		0	0	0	0	0
Students Served in ESD Program		0				
Student Served in SVP Program		0				
Total Award Requested		0				
Amount allocated to ESD program		0				
Amount allocated to SVP program		0				
ESD Cost Per Student		#DIV/0!				
Percentage of Budget			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**Instructions:**  
 sum A: Insert year one budget amounts from the PS-10 budget form.  
 sum A ( Line 13): Insert number of students to be served. Cost per student must not exceed \$1,600. Applies only to Extended Day applications.  
 sum B: Insert budget amounts attributed to direct services provided by the lead applicant. Must be at least 10% of annual budget.  
 sum C: Insert budget amounts for administrative cost. Must not to exceed 5% of annual budget.  
 sum D: Insert budget amounts for evaluation cost. Must not to exceed 3% of annual budget.

# M/WBE Goal Calculation Worksheet

REQUIRED FOR ALL BUDGETS (FS-10) AND BUDGET AMENDMENTS (FS-10A)

- The Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for the grant.
- For the ESD/SVP grant the applicant's M/WBE goal amount will be 30% of their discretionary non-personal service budget.
- The calculator helps identify and provide allowances for the exclusion of certain qualified expenditures from the M/WBE goal.

**Complete updated Goal Calculation Worksheet and Cover letter with each FS-10 and FS-10A submission**

## M/WBE Goal Calculation Worksheet

(This form should reflect current budget totals)

RFP # and Title: \_\_\_\_\_

Applicant Name and Project Number: \_\_\_\_\_

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget for each year of the grant. Discretionary non-personal service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services - CBO and Non-Profit Partnerships (from CBO and Non-Profit Partnership Sheet)		
6.	Indirect Costs		
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		

# M/WBE Goal Calculation Worksheet

REQUIRED FOR ALL BUDGETS (FS-10) AND BUDGET AMENDMENTS (FS-10A)

**Current year FS10 amounts**  
or  
**Current year FS-10A adjusted amounts**

FS-10 Budget Summary – Grand Total

FS-10 Code 15

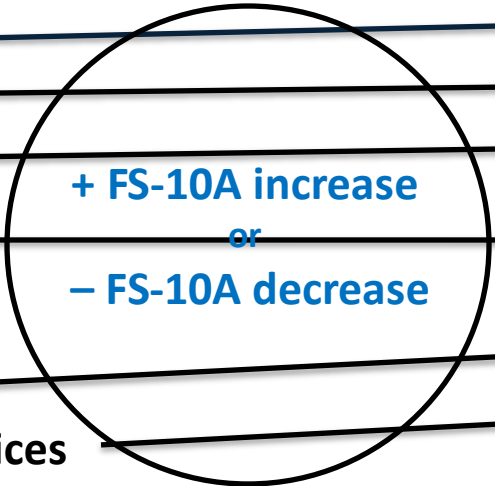
FS-10 Code 16

FS-10 Code 80

Portion of Purchased Services –  
CBO and Non-Profit Partnership Form

FS-10 Code 90

Rent/Lease/Utilities from Purchased Services



**M/WBE Goal Calculation Worksheet**  
(This form should reflect current budget totals)

RFP # and Title: \_\_\_\_\_  
Applicant Name and Project Number: \_\_\_\_\_

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget for each year of the grant. Discretionary non-personal service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services - CBO and Non-Profit Partnerships (from CBO and Non-Profit Partnership Sheet)		
6.	Indirect Costs		
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		

# M/WBE - items excluded from calculation

**Some costs can be excluded from the M/WBE Goal Amount**  
**These include:**

2. Professional Salaries of the Lead Organization
3. Support Staff Salaries of the Lead Organization
4. Fringe Benefits of the Lead Organization
5. Portion of Purchased Services- CBO and Non-Profit Partnerships
6. Indirect Costs of the Lead Organization
7. Rent/Lease/Utilities of the Lead Organization

**M/WBE Goal Calculation Worksheet**  
 (This form should reflect current budget totals)  
 RFP # and Title: \_\_\_\_\_

Applicant Name and Project Number: \_\_\_\_\_

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget for each year of the grant. Discretionary non-personal service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	<b>Total Budget</b>		
2.	<b>Professional Salaries</b>		
3.	<b>Support Staff Salaries</b>		
4.	<b>Fringe Benefits</b>		
5.	<b>Portion of Purchased Services - CBO and Non - Profit Partnerships (from CBO and Non-Profit Partnership Sheet)</b>		
6.	<b>Indirect Costs</b>		
7.	<b>Rent/Lease/Utilities</b>		
8.	<b>Sum of lines 2, 3, 4, 5, 6 and 7</b>		
9.	<b>Line 1 minus Line 8</b>		
10.	<b>M/WBE Goal percentage (30%)</b>		<b>0.30</b>
11.	<b>Line 9 multiplied by Line 10 =M/WBE goal amount</b>		



# M/WBE Purchased Services – CBO and Non-Profit Partnership

**This form is used to report purchased services costs with Partner Organizations and non-profit CBOs to be excluded from the M/WBE Goal Amount**

Applicant Name: \_\_\_\_\_ Project # \_\_\_\_\_

For the purposes of the ESD/SVP grant, the Portion of Purchased Services – CBO and Non-Profit Partnership exclusion applies to the expenses of any approved consortium and partner organizations as well as any non-profit CBOs. To approve the exclusion of these costs on the M/WBE Goal Calculation worksheet, the following information is needed.

## PURCHASED SERVICES

Subtotal – Code 40 (Total dollar amount on original FS-10)			
Provider of Services	Proposed Expenditure (Total dollar amount listed on original FS-10)	Is there a signed <b>partnership</b> agreement?	Is this a non-profit CBO?
		If one or both are YES, the organization is allowed as an exclusion. Add to line 5.	
		If both are NO, the organization is not allowed as an exclusion. Do not add to line 5.	

**Purchased Services subtotal (code 40) from FS-10 or FS-10A adjusted amount**

# M/WBE Utilization & Notice of Intent (NOI) Forms

**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name \_\_\_\_\_ Telephone/Email: \_\_\_\_\_/\_\_\_\_\_  
 Address \_\_\_\_\_ Federal ID No.: \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_ RFP No.: \_\_\_\_\_

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____

PREPARED BY (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 2 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.**

NAME AND TITLE OF PREPARER: \_\_\_\_\_ (print or type)  
 TELEPHONE/E-MAIL \_\_\_\_\_  
 DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 UTILIZATION PLAN APPROVED YES/NO DATE \_\_\_\_\_  
 NOTICE OF DEFICIENCY ISSUED YES/NO DATE \_\_\_\_\_  
 NOTICE OF ACCEPTANCE ISSUED YES/NO DATE \_\_\_\_\_

M/WBE 100

**M/WBE SUBCONTRACTORS AND SUPPLIERS -- NOTICE OF INTENT TO PARTICIPATE**

**INSTRUCTIONS:** Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Authorized Representative of Bidder/Applicant's Firm \_\_\_\_\_ Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm \_\_\_\_\_  
 Date: \_\_\_\_\_

**PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**

Name of M/WBE: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City, State, ZIP Code \_\_\_\_\_ E-mail: \_\_\_\_\_

**BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**

DESIGNATION: \_\_\_\_\_ MBE Subcontractor \_\_\_\_\_ WBE Subcontractor \_\_\_\_\_ MBE Supplier \_\_\_\_\_ WBE Supplier

**PART C - CERTIFICATION STATUS (CHECK ONE):**  
 \_\_\_\_\_ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).  
 \_\_\_\_\_ The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

**THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**

The estimated dollar amount of the agreement \$ \_\_\_\_\_ Signature of Authorized Representative of M/WBE Firm \_\_\_\_\_  
 Printed or Typed Name and Title of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

M/WBE 102

- ✓ Fill out all forms completely
- ✓ Sign and date.

If Utilization and/or NOI remain the same, you may reuse forms from previous year but please **resubmit**.

# FS-25: Request for Funds

- **Submit FS-25 Requests for Funds only when reimbursement for expenditures is required**
- Use whole dollar amounts
- May be submitted until the payments reach 90% of the approved project.

Monitor spending in relation to target enrollment

Do not request excess funds if your enrollment is low

You may owe back funds due to reduction

# Programming Information

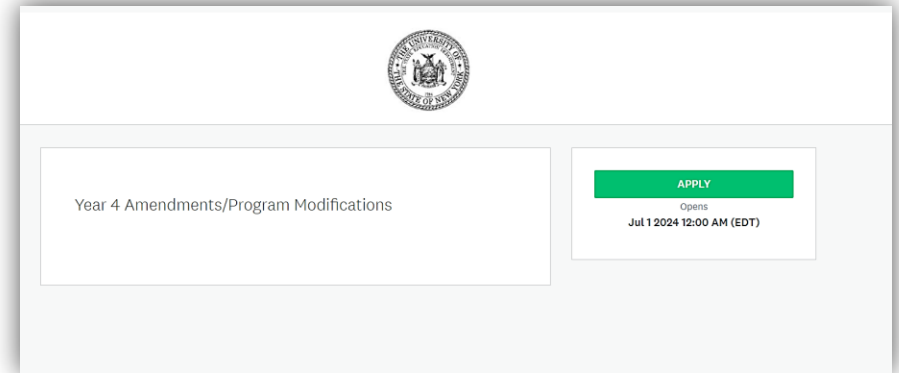
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- Program Modifications
- Field Trips
- Required Reporting
- Monitoring



# Program Modifications

- Needed if significant programmatic changes are proposed
- Some require a budget amendment, some do not
- Complete and submit via **Survey Monkey Apply**
- Provide:
  - Up-to-date contact info
  - Currently approved practices, modification requests, etc.
- **Your independent evaluator should be aware of your program mod request and approval**
- **Tip – email ESDSVP to alert us that you've submitted a program mod**



# Field Trips

- Grant-funded field trips need pre-approval from Princella and Jason
- Forms can be submitted during budget approval or up to **30 days** prior to scheduled trip
- Trips are required to have an educational focus and measurable outcome
- Grantees may be asked to submit evidence of learning as described on your form

**ESD/SVP Field Trip Form**

Program Name:	██████████
Project Number:	0640-24-xxxx
Proposed Field Trip Destination(s):	Metropolitan Museum of Art
Date(s) of Field Trip:	5/14/2025
Number of students:	55
Objective(s) of the Field Trip:	Students will be able to explore and analyze various artistic styles, historical contexts, and cultural significance of selected works from diverse periods and regions at the Metropolitan Museum of Art (MET). By the end of the visit, students will demonstrate their understanding by identifying and discussing at least three distinct pieces, connecting each to broader historical, cultural, or artistic themes. Additionally, they will reflect on how art serves as a lens for understanding cultural identity and human experience.

Complete the following tasks by providing information about using ESD/SVP funds for field trips. As a reminder, here are the program requirements for the ESD/SVP Grant:

*ESD: Provide extracurricular enrichment activities, including, but not limited to, athletics, academic enrichment, social-emotional learning, art, music, drama, academic tutoring, mentoring, community services, and related programs that will increase student achievement<sup>i</sup> and contribute to school violence prevention.*

*SVP: School safety activities include goods and services to provide safe corridors, diversity programs, collaboration with law enforcement agencies or community-based organizations, metal detectors, intercom systems, and other intra-school communication devices, devices to increase the security and safety of program personnel and students.*

The ESD/SVP RFP states that field trips should have an educational focus<sup>ii</sup> and a measurable outcome<sup>iii</sup>.

# Required Reporting

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- Mid-Year, Annual, and Student Participation Roster
- Remember the importance of the **accuracy** of reporting as you are self-reporting
- Separate town halls will be scheduled before reporting deadlines for support

# Monitoring



## Risk identified through:

Required reporting compliance

Programmatic/Fiscal Concerns

Evaluator Findings



## Desk v. On-Site Monitoring

Desk: programs that are potentially at risk

On-Site: programs that are at risk



## Timeline

Desk Monitoring: January – March 2025

Site Monitoring: April – June 2025

# Desk Monitoring



January through March of 2025 (notified December '24)

Grantees identified through risk matrix – score of 4 or 5

Document submission indicating progress with:

- Program Operations
- Fiscal Requirements
- Personnel
- Program Environment/Climate
- Independent Evaluation
- Collaborative Partnerships

# On-site Monitoring



April – June of 2025 (notified February '25)

Grantees identified through risk matrix – score of 6 or higher

Document and on-site program review indicating progress with:

- Program Operations
- Fiscal Requirements
- Personnel
- Program Environment/Climate
- Independent Evaluation
- Collaborative Partnerships

# Upcoming: Town Hall and MYR

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**Next Town Hall topic: Preparing for your  
Mid-Year Report (early January '25)**



**Upcoming reporting due date:**

**Mid-Year Report: January 31st, 2025**

# Upcoming: Due Dates document

2024-2025 Due Dates/Deadlines		
Item	Date	Send to
SACC Registration/Site Information	ASAP	<a href="#">Survey Monkey Apply</a>
Year 4 Mid-Year Report	January 31, 2025	Survey Monkey (link will be shared at a later time)
Year 4 FS-10As and Program Modifications (DEADLINE)	April 18, 2025	<a href="#">Survey Monkey Apply</a>
Year 5 FS-10, Budget Narrative, M/WBE Package, and Composite Budget	May 16, 2025	<a href="#">Survey Monkey Apply</a>
Year 4 Participant Roster	July 15, 2025	SharePoint (link will be shared at a later time)
MWBE Compliance Report	July 31, 2025	Email: <a href="mailto:MWBEgrants@nysed.gov">MWBEgrants@nysed.gov</a>
FS-10F Long Form	July 31, 2025	Mail to: Grants Finance Office
Year 4 ESD/SVP Final Program Report	September 15, 2025	<a href="#">Survey Monkey Apply</a>

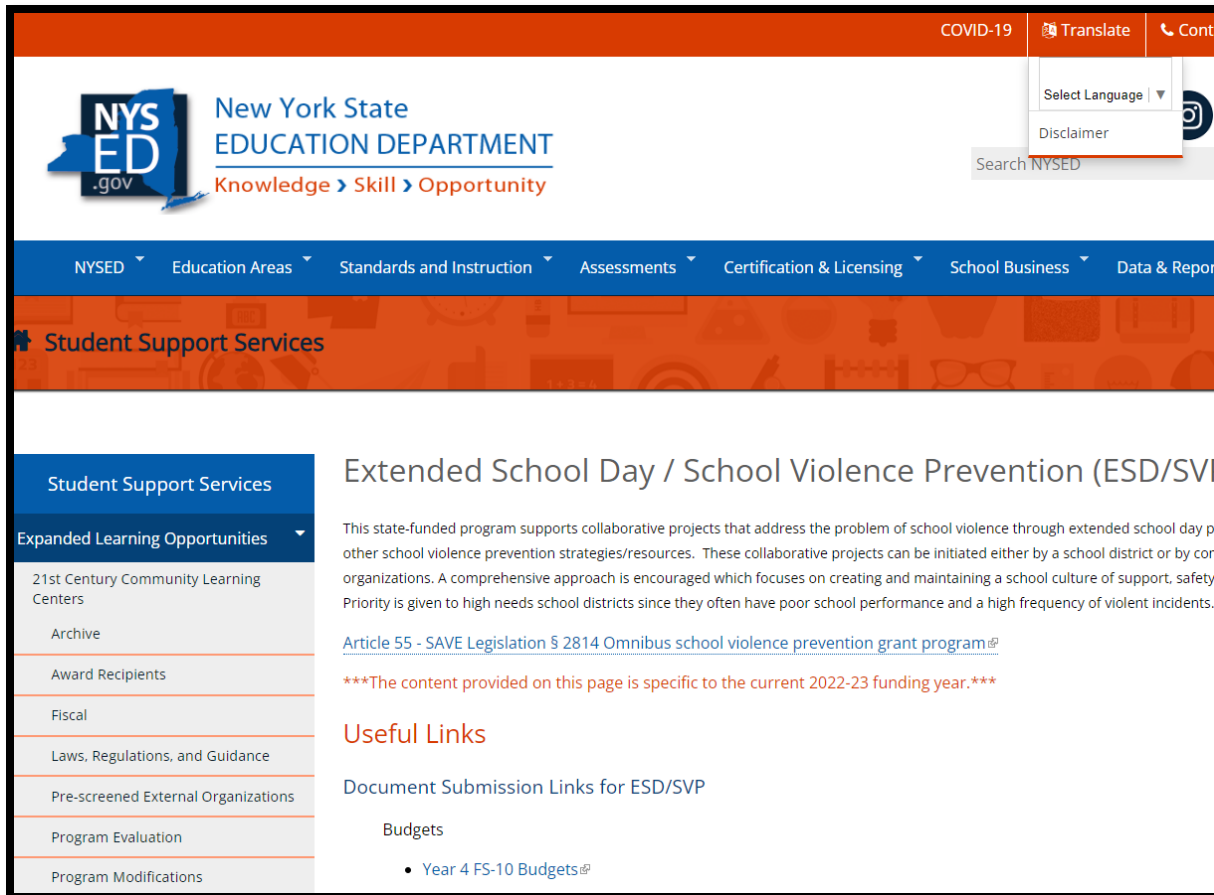


# Upcoming

## Updated ESD/SVP Website!

One Stop Shop for important information including:

- Links to SMA for budget and report submission
- Grants Finance Forms
- ESD/SVP Field Trip Form
- Required Reporting Templates
- Target Student Numbers Reference Document
- Additional resources will be added



The screenshot displays the NYS ED website interface. At the top, there is a navigation bar with links for COVID-19, Translate, and Contact. The main header features the NYS ED logo and the text "New York State EDUCATION DEPARTMENT" with the tagline "Knowledge > Skill > Opportunity". Below the header is a secondary navigation bar with categories like NYSED, Education Areas, Standards and Instruction, Assessments, Certification & Licensing, School Business, and Data & Reports. The main content area is titled "Student Support Services" and features a sidebar with a menu including "Student Support Services", "Expanded Learning Opportunities", "21st Century Community Learning Centers", "Archive", "Award Recipients", "Fiscal", "Laws, Regulations, and Guidance", "Pre-screened External Organizations", "Program Evaluation", and "Program Modifications". The main content area displays the title "Extended School Day / School Violence Prevention (ESD/SVP)" and a paragraph describing the program. Below this, there is a link to "Article 55 - SAVE Legislation § 2814 Omnibus school violence prevention grant program" and a note: "\*\*\*The content provided on this page is specific to the current 2022-23 funding year.\*\*\*". A section titled "Useful Links" includes "Document Submission Links for ESD/SVP" and "Budgets", with a sub-link for "Year 4 FS-10 Budgets".

# Summary

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- **Please refer to provided resources to help complete budget documentation**
- **Program Modifications and Budget Amendments are submitted via SMA; be clear and concise**
- **Field Trips need prior programmatic approval**
- **Monitoring starts soon – grantees selected based on risk assessment**
- **Be sure to submit ACCURATE reports**





New York State  
EDUCATION DEPARTMENT  
Knowledge > Skill > Opportunity

## Contact and Grant Information

[ESDSVP@nysed.gov](mailto:ESDSVP@nysed.gov)

[Extended School Day/School Violence Prevention \(ESD/SVP\) | New York State Education Department](#)

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# Questions?