

INSTRUCTIONS TO COMPLETE YOUR 07-08 GRANT DOCUMENT

Please follow these steps:

1. Page 1 (Grant Agreement - Whereas), first paragraph, enter the name and address of the grantee.
2. Page 1 (Grant Agreement - Whereas), fourth paragraph, insert your total allocation amount (use commas and decimal points).
3. Page 2, Section 5, insert your total allocation amount (use commas and decimal points).
4. Signature Page – You must submit three signature pages (one for each of three grant copies) with original signatures and dates. In the signature block, type or print the name, title and date of each person below that person's signature.

Appropriate signatures include:

- a. Grants with non-governmental agencies must contain two signatures. These two signatures must be by: 1) the president or vice president of the board of your organization, and 2) the secretary or assistant secretary, the treasurer or assistant treasurer. **“Chairman of the Board” is not an allowable title/signature.** If a person other than these offices signs the signature page, that person must be specifically authorized to sign by the corporation's board of directors. The authorization for that person to sign and a copy of the corporate bylaws, resolution or statutes must be attached to the grant.
 - b. Grants with counties – At least two county commissioners or the county executive must sign the grant.
5. Rider 1, Payment Provisions, first paragraph, insert your total allocation amount (use commas and decimal points).
 6. Rider 2, Work Statement Section I – One of the contract signers' initials indicating agreement is required. No further explanation is needed in Section I.
 7. Rider 2, Work Statement Section II, complete each item. Estimate the number of full-time equivalent (FTE) staff used to complete each core service listed on the “Estimated Full-Time Equivalency Totals” page. The total FTEs for all items on the “Estimated Full-Time Equivalency Totals” page must equal the total FTE for all personnel listed on the Family Support Services portions of the budgets in Rider 3. These numbers need to be listed as percentages. A half-time person should be listed as .50 and a full-time person as 1.00.

If the CCIS is purchasing child care services and/or family support services through a sub-grant as described in Work Statement Section II #9, prepare an additional

estimated full-time equivalency page for each sub-grantee. Place that page behind the page for the Child Care Information Services (CCIS) agency.

8. Rider 3, Budget – Your grant for FY 2007-2008 includes the following budgets in Rider 3:

Rider 3A	Budget Low Income – Low Income Families
Rider 3B	Budget Former TANF –Former TANF Families
Rider 3C	Budget TANF – TANF Families
Rider 3D	Budget Summary

Each of the budgets in Rider 3 includes family support services and direct services for each population. The total budgets of Rider 3 must equal your total grant amount. In order to reduce the risk of error, **use whole dollars in all budgets**. If the number is \$.01 - \$.49, round down; round up if it is \$.50 or higher.

Family Support Services – costs for each budget is provided. Within the family support service of each budget, indirect costs are limited to 2 percent for the total of each fund. Please include all audit costs applicable to the grant in Rider 3A.

Service – When completing the direct service portion of each budget, use the Group setting Preschool MCCA Full-Time rate as the average daily rate. If any adjustment needs to be made to get to the service budget amount, use decimal portions of children. The information on teen parent set-aside is included on Rider 3A only.

Budget Summary – Rider 3D – The top portion provides a summary of each budget form you prepare. The bottom portion summarizes how much SERVICE ONLY money is in each county by fund.

9. Rider L. These forms must be signed by an authorized representative of your agency to signify an understanding of the information contained in the Rider. Even if they are not applicable, you need to record the name of your agency and sign the form.
10. FORM PA 778. (This form not attached) relates to Rider 5, paragraph Q, Contractor's Responsibility to Employ Welfare Clients. This information is not part of the grant package. FORM PA 778 will not be sent to you until the contracting process is complete and all signatures have been affixed to the Grant Agreement. When you complete Form PA 778, return it to the regional office as a separate document. If you have questions about the completion of this form, please contact the Bureau of Employment and Training Programs at 717-787-8613.
11. We suggest you have a second person review your grant document paying particular attention to the budget forms and checking the math calculations. A common error is neglecting to type or print the names of the people who sign the grant.
12. Submit 8 copies of your grant (two with original signatures) to your regional office. Copies of the grant **MUST NOT** be stapled. Clip them together please.