

CHICAGO COOK WORKFORCE PARTNERSHIP

WORKFORCE INNOVATION and OPPORTUNITY ACT

PY'15 BUDGET COMPLETION INSTRUCTIONS

Effective with the WIOA regulations, the following requirement is to be followed for the all proposed budgets:

1. **Minimum of 20% of the proposed WIOA share of costs must be used for Work Based Training, which includes (i) summer employment opportunities and other employment opportunities available throughout the school year, (ii) pre-apprenticeship programs, (iii) internships and job shadowing, and (iv) on-the-job training and paid work experience opportunities. Additional guidance regarding work based training will be given once final regulations are issued by the federal government.**

YOUTH BUDGET SUMMARY- Form 1

This Youth Budget Summary Form-1 is included with the intentions of reducing the number of budget revisions that may occur during the PY'15 contract period. All of the detailed line items from the Budget Recap Form 1A will be summarized into three categories on this Budget Summary Form-1:

- Other Program costs
- Direct Training
- Supportive Services

- A. Applicant: Name of agency submitting proposed budget.
- B. FEIN #: The Internal Revenue Service (IRS) assigns a 9-digit Federal identification number to every organization employing one or more individuals. Indicate the Applicant's FEIN number in the space provided. Should an agency have questions concerning its identification number, call the IRS at (800) 829-1040.

All other information on this form is linked to the various other budget forms.

Once the Budget Form-1A is completed and the budget totals in form 1 and 1A match, then an authorized signature can be applied to the Budget Summary Form 1.

YOUTH BUDGET SUMMARY- Form 1A

The purpose of this form is: 1) to summarize, by item of expenditure, the total budget of a program or project to be funded in whole or in part with Workforce Innovation and Opportunity Act (WIOA) funds; and 2) to specify the share of total cost charged to the WIOA program and the share of total cost charged to other matching or supplemental funding sources. Note: The electronic version of the budget forms should automatically transfer the personnel and fringe benefits amounts from the linked Form 2 and non-personnel amounts for the individual line items from the linked Form 3.

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Please show both the expenses that will be paid for with WIOA funds and those that will be paid for with other share. Numbers are to be rounded to the nearest dollar.

- A. Applicant - Name of Sub Grantee. Auto populates from Budget Summary Form 1
- B. FEIN # - Federal Employer Identification Number. Auto populates from Budget Summary Form 1
- C. Vendor Code # - Completed by The Partnership.
- D. Program - Name of funding source and program type. Auto populated by the Partnership.
- E. CFDA # - Federal Catalog number of funding source.
- F. Contract Period – July 1, 2015 to June 30, 2016.
- G. Proposed Budget – Linked cell to Total Youth Budget on form.
- H. Budget Summary for WIOA 2015 - Column (1): Item of expenditure -The required information has already been provided in this column. Applicant proposed budgets are limited to the accounts listed on the Budget Summary.

Personnel Costs - salaries, overtime, salary adjustments and bonuses.

Fringe Benefits - term life insurance, worker's compensation, health insurance, unemployment insurance, dental plan, medicare, pension (401K) etc.

Operating/Technical Costs – See the Chart of Accounts tab in the budget workbook for a detailed list of costs that can be included in this item.

Professional and Technical Services - consultants/subcontractors.

Materials and Supplies - stationery and office supplies, tools, materials and supplies, books and related material.

Equipment Costs – office equipment and furnishings, telephone networks, information technology equipment, reproduction and printing equipment, and motor vehicles.

OMB 2 CFR Section 200 defines Equipment as an article of non-expandable tangible personal property having a useful life of more than one (1) year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the organization for financial statement purposes or \$5,000. All equipment should be placed in this line (this includes items under \$1,000.00 such as Laptops, cameras, etc.).

Equipment purchases with a cost per single item of \$1,000 or greater or an aggregate amount of \$5,000 or greater (for example 6 computers at \$900 each) or greater requires prior approval.

Indirect Costs – The applicant’s share of indirect costs associated with an indirect cost plan approved by the federal government, or the applicant’s indirect cost allocation plan. If an indirect cost plan is approved by the federal government, the document reflecting the approval and the approved rate must be attached with this proposed budget submission.

Other (Please specify) - expenses that do not fit in the other account categories.

Stipend – Fixed amount established in advance for a set period of time paid periodically under a work based program.

Customized Training – Expenses for training designed to meet the special requirements of an employer or group of employers. A training expenditure may not be more than 50% of the total training cost. The employer must agree to hire WIOA participants upon completion of the training.

Occupational Bridge Programs – Bridge programs prepare adults with limited English skills to enter and succeed in credit-bearing postsecondary education and training leading to career-path employment in high-demand, middle-and high- skilled occupations. The goal of bridge programs is to sequentially bridge the gap between the initial skills of individuals and what they need to enter and succeed in postsecondary education and career-path employment. For additional guidance, refer to DCEO WIA Policy Letter No. 07-PL-40 Change 1.

On-the-Job Training (OJT) – Payments made to public, not-for-profit, and private sector employers for training costs authorized pursuant to an OJT contract.

Work Experience – Expenses related to work experiences that are planned, structured learning experiences that take place in a workplace for a limited period of time. They may include activities such as paid/unpaid internships as well as job shadowing. This item is consolidated to include both Work Experience Wages and Taxes.

Academic Remediation/ Pre-vocational Services – All payments made to a training institution or training provider for classroom instruction in academic remediation or short-term pre-vocational services which would normally be classified as an intensive service. For additional guidance, refer to DCEO WIA Policy Letter No. 07-PL-40 Change 1.

Incentives- An incentive is a set amount given for participation/ completion of an activity. Identify if the incentive is for training or non-training purposes.

Supportive Services Training Related – Costs of public transit passes, uniforms, physicals, childcare, etc. for participants who are enrolled in training courses.

Supportive Services Non Training– Costs of public transit passes, uniforms, physicals, childcare, etc. for participants who are not enrolled in training courses.

Refer to the Chart of Accounts tab in the budget form workbook if you are unsure how to categorize a specific cost, or call The Partnership.

Column (2): Total Program Cost - Add columns (3) and (4) to derive the amount of the total budget for the program or project. Note: The electronic version of the budget forms should automatically transfer the personnel and fringe benefits amounts from the linked Form 2 and non-personnel amounts from the linked Form 3.

Column (3): Other Funding Share of Cost - Summarize by budget line item the share of the project's cost which will be funded with matching or supplemental public or private funds. Note: The electronic version of the budget should automatically populate this column.

Column (4): WIOA Share of Out of School & Total Youth Cost - Summarize by budget line item the WIOA Program Year 2015 budget allocation for this program or project. Note: The electronic version of the budget forms should automatically transfer the personnel and fringe benefits amounts from the linked Form 2 and non-personnel amounts from the linked Form 3.

BUDGET PERSONNEL- Form 2 and PERSONNEL 2A

The purpose of this form(s) is to estimate the total personnel costs the applicant expects to incur in operating its WIOA 2015 project, and to provide a brief summary of job responsibilities for each budgeted position. If the entire personnel budget won't fit on one form, please use Personnel 2A.

A. Applicant – Automatically populates.

- B. Program – Automatically populates.
- C. Contract Period – Automatically populates.
- D. FEIN: Automatically populates.

Column (1): Position/Title - List all positions separately.

Column (2): Employee Name – Provide employee name. If no employee is currently identified, enter “Open” with an estimated start date for the position.

Columns (3) and (4): Months and Rate - For each position listed in Column (1) indicate the number of months to be funded and the corresponding salary rates (expressed monthly). If there are different rates for the same position, list each position and rates one under another.

Column (5): % of Time Spent on Program - Often an employee spends only a fraction of his or her time on the WIOA funded project because they are engaged in other applicant projects. Please indicate for each employee to be funded in Program Year 2015 the percentage (%) of time that will be spent on this project. If the employee is part time, please show the percentage (%) of the hours they work on this project out of the total hours they work. Note that the proposed percentage should be supported by your agency’s Cost Allocation Plan (CAP).

Column (6): Total Program Cost – Automatically calculated.

Column (7): WIOA Share - For each position listed, please indicate the amount of total salary cost (Column 6) to be paid with WIOA funds for Out of School. Round to the nearest whole dollar.

Column (8): Brief Summary of Job Responsibilities - Describe briefly the duties and responsibilities associated with each position listed in Column (1). Note: Case Managers or equivalent titled employees must show % of time spent on case management.

Line (9): Positions/Salaries Subtotals – Automatically calculated.

E. Fringe Benefits and Total Personnel Costs: Both the federal and state governments require employers to pay various employee taxes and contributions. These taxes and contributions, along with certain fringe benefits that a sub grantee may wish to offer its employees, are WIOA eligible expenses. The share of fringe costs to be borne by WIOA must be reasonably proportional to the share of the salary costs borne by WIOA. Please estimate these various costs on the form where indicated. You must have written organizational policies to support those costs.

Line (10): F.I.C.A. and Medicare - Federal Insurance Contribution Act tax otherwise known as the Social Security Tax and Medicare.

Line (10a): The Social Security Tax is computed every payroll period as 6.2% of total payroll, up to \$118,500 per employee (2015).

Line (10b): The Medicare Tax is computed every payroll period as 1.45% of total payroll per employee year.

For further information regarding the F.I.C.A., contact the Internal Revenue Service at 800-829-1040 or refer to Publication 15 - Circular E. Calculate the WIOA share of the total F.I.C.A. cost for the annual value of the contract in columns (5) and (6) respectively.

Line (11): State Unemployment Insurance - It is likely that your organization is liable for Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline at (312) 793-1905. In Columns (5) and (6) show respectively the share of this total to be borne by WIOA and the total State Unemployment Insurance Cost.

Line (12): State Worker's Compensation Insurance - This insurance is computed at a rate determined by the employee's type of business or organization. How often an employer must pay worker's compensation is based on the size of its insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at 800-622-4123 for technical assistance in this matter. In Columns (5) and (6) show respectively the share of this total to be borne by WIOA and the total State Worker's Compensation Insurance cost.

Lines (13-14): Other - Please list any other employer expenses or benefits the agency will offer its employees. Most non-profit agencies do not have to pay the Federal Unemployment Tax, which is computed every payroll period as 6% of total payroll up to \$7,000 per employee per year. This rate is subject to change and will be determined by the Internal Revenue Service. Check with the IRS at (800) 829-1040 to determine if your agency is exempt. An agency should also check with CCWP to determine whether additional benefit(s) it wishes to offer are WIOA eligible expenses. In Columns (6) and (7) show the total cost and the WIOA share for each benefit listed.

Line (15): Subtotal Fringe Benefits – Automatically calculated.

Line (16): Total Personnel Costs – Automatically calculated.

Non-Personnel Budget - Form 3

The purpose of this form is to estimate and justify the non-personnel line item amounts shown on the Budget Summary Form 1A. If the entire Line Item Description does not fit on Form 3, please complete additional forms as necessary.

A. Applicant – Automatically populates.

- B. Program – Automatically populates.
- C. Contract Period – Automatically populates.
- F. FEIN #: Automatically populates.

Column (1): Item of Expenditure - The non-personnel descriptions specified on the Budget Summary Form 1A which are applicable to this project.

Column (2): Total Program Cost - Indicate the total amount of funds budgeted for each item of expenditure specified in Column (1).

Column (3): WIOA Share of Cost - Indicate the share of the total cost listed in Column (3) that will be paid from WIOA for Out of School. Note that the proposed WIOA Share of Cost should be supported by your agency's Cost Allocation Plan (CAP), as applicable.

Column (4): Brief Line Item Description and Justification - Each amount of budgeted funds listed in Column (4) must be justified. Include a brief description of the expenditures included in each line item. Calculations including quantities and unit costs will be fully outlined in the budget narrative.

Line (5): Totals – Automatically calculated.

NEXT STEP

PLEASE BE SURE TO COMPLETE THE NARRATIVE TO FURTHER SUPPORT THE NON-PERSONNEL ITEMS OF EXPENDITURE, **INCLUDING OPERATING/TECHNICAL COSTS.** AFTER COMPLETION OF THIS STEP, YOU ARE FINISHED WITH THE COMPLETION OF THE BUDGET FORMS.

Insurance - The Partnership has established minimum insurance requirements for applicants awarded federal or state funds. If all insurance requirements have not been met, the Partnership will withhold reimbursement from an applicant until such requirements are met. The types of insurance required include worker's compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. The Partnership reserves the right to require additional types of insurance, if deemed necessary.

Local Transportation - The maximum automobile allowance for applicant staff is **\$0.575 per mile** (2015). An applicant may reimburse staff at a lower rate if they choose.