



**George E. Pataki**  
*Governor*

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
*Commissioner*

## **Local Commissioners Memorandum**

### **Section 1**

<b>Transmittal:</b>	06-LCM-11
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	October 13, 2006
<b>Subject:</b>	Funding for Intensive Case Services for Noncompliant Families
<b>Contact Person(s):</b>	Wendy DeMarco - (518) 486-6106
<b>Attachments:</b>	Attachment A: Allocations Form 1: Program Narrative Form 2: Budget Form for Intensive Case Services for Noncompliant Families Form 3: Budget Form for Intensive Case Services for Families Not Fully Engaged Attachment B: Budget Instructions
<b>Attachment Available On – Line:</b>	X

### **Section 2**

#### **I. Purpose**

The purpose of this Local Commissioners Memorandum (LCM) is to provide local social services districts (LSSD) with information regarding the availability of funds to develop or expand programs to provide intensive case services to sanctioned and other at-risk families who are eligible for TANF-funded non-assistance services to identify and address factors that may contribute to noncompliance and secure engagement in appropriate work and work preparation activities. This LCM also includes instructions describing the plan submission and approval process for LSSDs to receive their respective allocations, a description of program goals and expected outcomes, and the corresponding reporting requirements. Allocations will be made available to districts beginning October 1, 2006 contingent upon OTDA plan approval.

#### **II. Background**

The Deficit Reduction Act of 2005 and the interim final TANF rule published by the Department of Health and Human Services on June 29, 2006 require the State and local districts to meet effectively higher federal work activity standards as of October 1, 2006. Therefore, it has become increasingly important for districts to facilitate full engagement in appropriate work activities for all individuals who are able to participate. The SFY 2006-07 final budget agreement included \$15M to allow LSSDs to provide intensive case services to eligible families in receipt of Temporary Assistance (TA) who are

noncompliant with federal work requirements. Research studies and recent LSSD outreach efforts have indicated that some individuals who are sanctioned for noncompliance with work requirements can face multiple, unidentified barriers to participation that have prevented the individual from fully engaging in appropriate work activities. This \$15M is intended to allow LSSDs to implement new strategies and/or enhance current efforts to engage individuals who are noncompliant with work requirements through the provision of targeted, intensive case services, including intensive outreach efforts, comprehensive assessments and support services, home visits where appropriate, and/or additional scheduled office visits to address individual and family issues. Such activities may be useful in identifying and addressing any factors that are contributing to the individual's inability to fully engage in work activities.

### **III. Description of Services Sought**

#### **A. Program Goals**

Programs funded through this initiative will provide intensive case services to assist TANF-eligible recipients who are noncompliant with federal work requirements become fully engaged in appropriate work or work preparation activities. The funding is intended to provide new targeted resources to enable each LSSD to develop or expand programs through the provision of additional intensive case services to facilitate a noncompliant individual's engagement in appropriate work or work preparation activities. For example, LSSDs or community based organizations could invest the funds to support home visits or other enhanced outreach efforts to provide the opportunity to thoroughly explain program requirements and conduct a more in-depth assessment of a family's circumstances, including the identification of potential barriers to program participation, so that necessary services may be provided.

#### **B. Eligible Participants**

Funds provided through this initiative cannot be used to provide TANF assistance as described in 06-ADM-08. Participants must be eligible to receive TANF-funded non-assistance services and must be in receipt of TANF (case types 11 or 12) or Safety Net MOE (case type 16 or 17 with state charge code 63 or 64), and includes 2-parent families eligible for TANF-funded non-assistance as described in 06-LCM-9.

#### **C. Allowable Services**

All services provided with these funds must meet the definition of TANF non-assistance services. Projects approved by OTDA should enhance current LSSD efforts to fully engage eligible recipients who are subject to penalty for noncompliance with work requirements. At least 80% of each LSSD's allocation must be used to support services targeting eligible recipients who are subject to penalty or in sanction status for failure to comply with work requirements, and districts may use their entire allocation to serve this eligible population. Additionally, LSSDs are permitted to use up to 20% of their allocation to serve eligible participants in families who are not currently subject to penalty, but who are not fully engaged in countable work activities including recipients who may be working part time.

Services supported with these funds may include, but are not limited to:

- Enhanced case management and outreach services to ensure that temporary assistance

recipients fully understand work requirements and the impact of noncompliance on the family's ability to become self-sufficient;

- In-depth assessment to thoroughly investigate a family's potential barriers to self-sufficiency
- Home visits and other outreach efforts to identify appropriate services to assist them to comply;
- Provision of service navigation and enhanced case management to support a family's ability to remain compliant with multiple requirements and systems;
- Provision of information to clarify the reason for sanctions, the impact of the sanction on the family's grant and the methods for curing the sanction;
- Development of a plan to bring the family into compliance, including information on community-based services that may help to address the family's needs and help to bring the family into compliance; and,
- Services that support the ability of the individual to participate in work or work preparation activities. These services may include, but are not necessarily limited to: provision of a job coach, employer outreach or client mentoring to enable those who are working to increase hours of employment, and expanded evaluations by a medical professional.

Such services may be provided through mailed notices, office appointments, home visits, telephone contacts with families, or some combination of these and other measures, including the use of community based organizations to support outreach efforts. LSSDs are required to use alternative means for contacting families, such as telephone contacts or home visits, if the family does not respond to written notices requiring them to attend an office appointment. Approvable program plans are also required to include the provision of enhanced case management services following successful client contact.

LSSDs that intend to use these funds to support home visits should review the requirements outlined in 18 NYCRR 351.28 and 95 ADM 24 to ensure the process that is developed is consistent with State requirements. For example, home visits should generally be scheduled in advance consistent with the applicable requirements.

#### **IV. Funding/Allocations**

The \$15M has been allocated based on a LSSD's share of family cases receiving temporary assistance which include an individual who is subject to sanction or sanctioned for failure to comply with work requirements as a percentage of all such cases statewide and are included in **Attachment A**. District allocations are available beginning October 1, 2006 to provide services consistent with a plan approved by OTDA. In the event that LSSDs decline or are denied participation due to non-approval of submitted plans, funds may be available for reallocation. OTDA expects that any funds available for reallocation will be reallocated to those districts with the most comprehensive or innovative approved projects. Claims must be submitted to OTDA by July 31, 2007. The claiming deadline may be extended for an additional period of time contingent upon re-appropriation authority in the SFY 2007-08 Budget.

#### **V. Plan Format**

LSSDs must submit plans consisting of a Program Narrative and Budget Form(s) to OTDA for approval. OTDA staff will review the submission to determine that services and costs are directly related to the provision of allowable program services and activities to eligible participants.

## **A. Program Narrative (Form 1)**

Program narrative should not exceed 5 pages in 12-pitch font using standard one inch margins. The narrative should be as comprehensive as possible, and should address each of the following:

- List the specific goals of the project (including anticipated number of families to be served for **each** targeted population) and a description of the services and activities that will be provided to each targeted group of eligible participants.
- Describe the basis of need for the proposed funds and why existing services are inadequate to meet the needs of the targeted group of eligible recipients.
- Describe the families targeted for services through this initiative and explain the process for identifying participants who will be targeted for this initiative.
- Identify the operating entities involved with this initiative and demonstrate their organizational experience and past accomplishments in providing program services to the target group.
- List each provider and list project staff and duties.
- Include an implementation timeline.

If districts opt to serve families who are not currently subject to penalty, but who are not fully engaged in countable work activities with up to 20% of their combined allocation, the program narrative should distinctly address the requirements described above for each targeted population.

## **B. Budget Form (Forms 2 and 3)**

The budget form(s) should identify staff and services to be funded through the project and the estimated cost. (See Attachment B for instructions regarding budget preparation.) Administrative costs associated with these projects cannot exceed 15% of the LSSD allocation and the overall budget must not exceed the LSSD's allocation. Additionally, a LSSD may use no more than 20% of the funds to provide services to eligible participants in families who are not subject to penalty but who are not fully engaged in work activities. If LSSDs opt to serve both eligible populations, a separate budget form must be completed for each. The combined budgets should not exceed the total allocations included in Attachment A.

## **VI. Project Submission Process and Deadline**

Complete proposals must be submitted by **November 27, 2006** in order to be eligible for funding under this initiative. LSSD allocations are available beginning October 1, 2006, for completed and approved plans. Completed proposals may be e-mailed to Wendy DeMarco at [Wendy.Demarco@otda.state.ny.us](mailto:Wendy.Demarco@otda.state.ny.us) or mailed to the following address:

Ms. Wendy DeMarco  
New York State  
Office of Temporary and Disability Assistance  
40 North Pearl Street, 11<sup>th</sup> floor  
Albany, New York 12243-0001

## VII. Outcome Measures and Reporting Requirements

In order to measure program performance and evaluate eligibility for any additional funds that may become available, districts participating in the program will be required to report quarterly the following to OTDA for **each** target population:

- Number of families targeted
- Number of targeted families contacted, including contact method(s)
- Outcome for each contacted family:
  - Number of families successfully engaged
    - Compliance activity
    - Working/participating to capacity Y/N?
  - Number of families not successfully engaged
- Number of cases closed, including reasons for closing:
  - Unable to locate
  - Requested case closed
  - Closed due to income
  - Other

Districts will receive more detailed reporting instructions with plan approval.

## VIII. Claiming Instructions

Those local districts that have their plan approved will claim reimbursement for their expenditures using the following instructions.

The salaries, fringe benefits, non-personal services, overhead and contractual costs incurred for activities performed for this project should be accumulated in the F-17 function on the Schedule D, DSS Administrative Expenses Allocation and Distribution by Function and Program (LDSS-2347) and carried forward to the LDSS-3274 form entitled Schedule D-17, Distribution of Allocated Costs to Other Reimbursable Programs. These expenditures should be reported in a column labeled as Intensive Services on the appropriate lines.

These expenditures will support an LDSS-3922, Reimbursement Claim for Special Projects that is also labeled as Intensive Services in the project name box.

Those expenditures that meet the TANF definition for Program Costs should be reported in the Non-Administration Costs Column on the appropriate lines. The expenditures that are considered to be administrative under the TANF definition should be reported in the Administration Costs Column on the appropriate lines. These administration expenditures are subject to the 15% federal limitation on the use of TANF funds for administration of the program. All claims for reimbursement must be submitted by July 31, 2007.

The local district must sign the certification on the LDSS-3922 and submit it to:

Bureau of Financial Services  
Office of Temporary and Disability Assistance  
40 North Pearl Street, Claims Unit 14C  
Albany, New York 12243

Questions of a fiscal nature can be directed to the OTDA Bureau of Financial Services by contacting:

Regions 1-4, Carolyn Oleyourryk at 1-800-343-8859, extension 4-7549.

Email: [Carolyn.Oleyourryk@otda.state.ny.us](mailto:Carolyn.Oleyourryk@otda.state.ny.us)

Region 5, Michael Borenstein at (631) 854-9704.

Email: [Michael.Borenstein@otda.state.ny.us](mailto:Michael.Borenstein@otda.state.ny.us)

Region 6, Marian Borenstein at (212) 961-8250.

Email: [Marian.Borenstein@otda.state.ny.us](mailto:Marian.Borenstein@otda.state.ny.us)

**Issued By:**

**Name: Russell Sykes**

**Title: Deputy Commissioner**

**Division/Office: Division of Employment and Transitional Supports**

## Funding for Intensive Case Services for Noncompliant Families

**06 LCM-11**

District	District Share of \$12 M (80% of funding)	District Share of \$3 M (20% of funding)	Total Allocation
ALBANY	\$108,917	\$27,229	\$136,146
ALLEGANY	\$44,265	\$11,066	\$55,332
BROOME	\$108,350	\$27,087	\$135,437
CATTARAUGUS	\$18,178	\$4,544	\$22,722
CAYUGA	\$32,923	\$8,231	\$41,154
CHAUTAUQUA	\$109,484	\$27,371	\$136,855
CHEMUNG	\$58,443	\$14,611	\$73,054
CHENANGO	\$8,537	\$2,134	\$10,671
CLINTON	\$41,997	\$10,499	\$52,496
COLUMBIA	\$11,656	\$2,914	\$14,570
CORTLAND	\$23,282	\$5,821	\$29,103
DELAWARE	\$5,701	\$1,425	\$7,127
DUTCHESS	\$56,742	\$14,186	\$70,928
ERIE	\$710,347	\$177,587	\$887,933
ESSEX	\$15,059	\$3,765	\$18,824
FRANKLIN	\$19,029	\$4,757	\$23,786
FULTON	\$11,940	\$2,985	\$14,925
GENESEE	\$13,357	\$3,339	\$16,697
GREENE	\$16,760	\$4,190	\$20,950
HAMILTON	\$4,284	\$1,071	\$5,354
HERKIMER	\$13,925	\$3,481	\$17,406
JEFFERSON	\$25,551	\$6,388	\$31,938
LEWIS	\$8,253	\$2,063	\$10,317
LIVINGSTON	\$24,416	\$6,104	\$30,520
MADISON	\$5,701	\$1,425	\$7,127
MONROE	\$556,090	\$139,023	\$695,113
MONTGOMERY	\$7,686	\$1,922	\$9,608
NASSAU	\$171,300	\$42,825	\$214,125
NIAGARA	\$110,618	\$27,655	\$138,273
ONEIDA	\$83,964	\$20,991	\$104,955
ONONDAGA	\$234,534	\$58,633	\$293,167
ONTARIO	\$37,460	\$9,365	\$46,825

## Funding for Intensive Case Services for Noncompliant Families

**06 LCM-11**

District	District Share of \$12 M (80% of funding)	District Share of \$3 M (20% of funding)	Total Allocation
ORANGE	\$69,502	\$17,376	\$86,878
ORLEANS	\$17,327	\$4,332	\$21,659
OSWEGO	\$28,386	\$7,097	\$35,483
OTSEGO	\$8,253	\$2,063	\$10,317
PUTNAM	\$4,851	\$1,213	\$6,063
RENSSELAER	\$91,620	\$22,905	\$114,525
ROCKLAND	\$35,759	\$8,940	\$44,698
ST. LAWRENCE	\$22,148	\$5,537	\$27,685
SARATOGA	\$4,567	\$1,142	\$5,709
SCHENECTADY	\$48,519	\$12,130	\$60,649
SCHOHARIE	\$7,970	\$1,992	\$9,962
SCHUYLER	\$11,373	\$2,843	\$14,216
SENECA	\$5,985	\$1,496	\$7,481
STEUBEN	\$86,232	\$21,558	\$107,790
SUFFOLK	\$229,430	\$57,357	\$286,787
SULLIVAN	\$27,535	\$6,884	\$34,419
TIOGA	\$21,014	\$5,253	\$26,267
TOMPKINS	\$22,148	\$5,537	\$27,685
ULSTER	\$34,908	\$8,727	\$43,635
WARREN	\$8,537	\$2,134	\$10,671
WASHINGTON	\$7,970	\$1,992	\$9,962
WAYNE	\$20,730	\$5,183	\$25,913
WESTCHESTER	\$266,860	\$66,715	\$333,574
WYOMING	\$7,119	\$1,780	\$8,899
YATES	\$5,985	\$1,496	\$7,481
REST OF STATE	\$3,793,476	\$948,369	\$4,741,845
NEW YORK CITY	\$8,206,524	\$2,051,631	\$10,258,155
NEW YORK STATE	\$12,000,000	\$3,000,000	\$15,000,000



## Intensive Case Services for Noncompliant Families Budget Instructions

Please use the following as a guide to complete the budget(s). Districts who intend to serve both eligible populations must complete a separate budget form for each population to be served. Form 2 is to be completed for services to eligible recipients who are subject to penalty for noncompliance with work requirements for whom up to 100% of allocated funds may be dedicated. Form 3 is to be completed for services to eligible participants in families who are not currently subject to penalty, but who are not fully engaged in countable work activities for whom up to 20% of allocated funds may be dedicated. Planned costs must be directly related to the delivery of the program, services and activities that will take place. If costs for the program are being shared, identify the other funding source(s) and explain the methodology used to allocate costs among funding sources.

### Direct Costs

- A. Staff Salaries: List the annual salaries of the staff that will be working on the project, the corresponding percentages of their time spent and the estimated cost to the project. Describe briefly in the Budget Narrative the roles of the staff titles listed. Provide an explanation of any anticipated changes or exceptions in staffing patterns and/or annual salary costs during the plan period.
- B. Fringe Benefits: Briefly explain the calculation of fringe benefits. Fringe benefits include social security, workers' compensation, unemployment insurance, disability insurance and any insurance programs the applicant organization provides. If budgeted fringe benefits represent an exception to standard policy, please explain the basis.
- C. Contracted Services: This category includes institutions, individuals, or organizations external to the social services district which have entered into an agreement with the social services district to provide any services outlined in or associated with the plan, and whose services are to be funded under the project. All such agreements are to be by bona fide written contract and a copy of each must be attached. If details are not known, include a brief narrative of each contracted service to be provided, indicating the organization/individual selected, anticipated outcomes and projected budget (using form 2 or 3, as appropriate, based on the population to be served by the contracted service.) Once subcontracts are obtained, they must be submitted to OTDA.
- D. Staff Travel: Staff travel costs should be budgeted in line with standard agency travel policy or New York State Comptroller guidelines. Travel costs are reimbursed at state rates (i.e., personal car mileage rate is \$.445 per mile). Only travel costs for personnel listed under Staff Salaries are acceptable. Consultant or sub-contractor's travel expenses should be included in Contracted Services. Any exceptional staff travel costs must be justified in the Budget Narrative. No out of state travel costs are allowed unless specifically detailed and approved. All non-local destinations for travel must have prior Department approval.
- E. Equipment: Equipment required to meet the contract objectives may be either purchased or rented, whichever is more economical. Equipment is tangible personal property having a useful life of more than one year and an acquisition cost of \$500 or more per unit. Title to all equipment purchased under this contract rests with OTDA upon acquisition. At the completion of the project, such property must be disposed of in accordance with the instructions of OTDA. An inventory of all equipment

purchased must be kept. Justification for any exceptional equipment purchases and/or rental costs must be provided in the Budget Narrative.

F. Space/Utilities: This section includes real estate rental and utility costs. Justification for any exceptional space or utilities must be provided.

G. Other Operating Expenses: List other items not included under any other category, such as supplies, postage, printing/photocopying, advertising, and telephones. Any type of expense outside of the categories listed above and any exceptional dollar amounts must be explained in the Budget Narrative.

#### H. Indirect Costs

An indirect rate of up to 15% of total direct costs may be charged with proper supporting documentation. If the agency has an approved indirect cost rate agreement with the federal government, it may use the agreement to document its indirect/overhead costs and must attach a copy of the federal agreement to the proposal. If the agency does not have a federally approved indirect cost rate, it must provide either another State agency approved rate or a Certified Public Accountant (CPA) approved rate applicable to the period of the project. The approval letter, in either case, must state the base to which the rate is applied (personal services, total direct costs, modified total direct costs, etc.), must be signed by either an official of the State agency or the CPA, and must be attached to the proposal.

- Any cost that is budgeted completely or partially as a direct cost may not be part of the budgeted indirect costs. Also, the indirect rate may not include any portion of costs that are assignable to other federal, state or provider agency programs. In such cases, a properly modified rate will be determined by the provider agency and approved by the responsible State agency.

In the absence of either a federally-approved or a State agency/CPA developed indirect cost rate, all indirect/overhead costs should be included in the appropriate direct cost categories.

### **Restrictions on the Use of Funds**

The following costs are not allowed:

- Advertising costs, except for recruitment of personnel or procurement of scarce items;
- Capital expenditures for improvement or acquisition of facilities;
- Entertainment costs, including social activities or cost of alcoholic beverages;
- Interest costs incurred by provider agencies;
- Costs of organized fund raising;
- Medical costs;
- Costs for attendance at conferences or meetings of professional organizations, unless attendance is necessary in connection with the project; costs for preparation of continuation agreements and other proposal development costs;
- Costs associated with the payment of fines; and
- Costs associated with planning and coordination studies.

**Program Narrative for Intensive Case Services for Noncompliant Families**

District Name: \_\_\_\_\_

Contact Name and number: \_\_\_\_\_

I. List the specific goals of the project and describe the services and activities that will be provided to eligible participants **subject to penalty for noncompliance with work activities**, including a description of the methods that will be used to contact households and the case management services that will be provided following contact. Include anticipated number of families to be served.

- If applicable, list the specific goals of the project and describe the services and activities that will be provided to eligible participants **not subject to penalty but not fully engaged in countable work activities**, including a description of the methods that will be used to contact households and the case management services that will be provided following contact. Include anticipated number of families to be served.

II. Describe the basis of need for the funds and why existing services are inadequate to meet the needs of targeted individuals **subject to penalty for noncompliance with work activities**.

- If applicable, describe the basis of need for the funds and why existing services are inadequate to meet the needs of eligible participants **not subject to penalty but not fully engaged in countable work activities**.

**III. Identify the provider or district staff involved with this initiative and describe their experience providing program services to TA recipients.**

**IV. List project staff and duties for each provider or district staff providing services to families subject to penalty for noncompliance with work activities.**

- **If applicable, list project staff and duties for each provider or district staff providing services to families not fully engaged in countable work activities.**

**V. Describe implementation timeline to provide services to families subject to penalty for noncompliance with work activities.**

- **If applicable, describe implementation timeline to provide services to families not fully engaged in countable work activities.**

**Program Narrative for Intensive Case Services for Noncompliant Families**

District Name: \_\_\_\_\_

Contact Name and number: \_\_\_\_\_

I. List the specific goals of the project and describe the services and activities that will be provided to eligible participants subject to penalty for noncompliance with work activities, including a description of the methods that will be used to contact households and the case management services that will be provided following contact. Include anticipated number of families to be served.

- If applicable, list the specific goals of the project and describe the services and activities that will be provided to eligible participants not subject to penalty but not fully engaged in countable work activities, including a description of the methods that will be used to contact households and the case management services that will be provided following contact. Include anticipated number of families to be served.

II. Describe the basis of need for the funds and why existing services are inadequate to meet the needs of targeted individuals subject to penalty for noncompliance with work activities.

- If applicable, describe the basis of need for the funds and why existing services are inadequate to meet the needs of eligible participants not subject to penalty but not fully engaged in countable work activities.

**III. Identify the provider or district staff involved with this initiative and describe their experience providing program services to TA recipients.**

**IV. List project staff and duties for each provider or district staff providing services to families subject to penalty for noncompliance with work activities.**

- **If applicable, list project staff and duties for each provider or district staff providing services to families not fully engaged in countable work activities.**

**V. Describe implementation timeline to provide services to families subject to penalty for noncompliance with work activities.**

- **If applicable, describe implementation timeline to provide services to families not fully engaged in countable work activities.**

**Intensive Case Services for Noncompliant Families Baseline Budget Form**

District Name: \_\_\_\_\_

\_\_\_\_ Local Department of Social Services      \_\_\_\_ Provider Agency: \_\_\_\_\_

<b>Budget Categories</b>			
Staff Salaries			
Staff Title	Annual Salary	Percentage of Time Spent On Project	Estimated Cost to Project
A1.			
A2.			
A3.			
A4.			
A5.			
A6.			
A7.			
A8.			
A9.			
A10.			
<b>A11.</b> Total Estimated Staff Salaries Chargeable To This Project (Lines A1 through A10.)			
<b>B.</b> Staff Fringe Benefits Rate Against A11	Total Staff Salaries (line A11)	Fringe Rate: _____%	
<b>C.</b> Contracted Services*			
<b>D.</b> Staff Travel			
<b>E.</b> Equipment			
<b>F.</b> Space/Utilities			
<b>G.</b> Other Operating Expenses			
<b>H.</b> A-87 Costs (costs allocated to A-87 will result in a federal and local share)			
<b>Total (A - H)</b>			

\* If the LDSS plans to subcontract with a local provider agency, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

**Budget Narrative** – please provide a brief narrative for categories A through G. Use additional pages as needed.

**Intensive Case Services for Under-engaged Families Baseline Budget Form**

District Name: \_\_\_\_\_

\_\_\_\_\_ **Local Department of Social Services**      \_\_\_\_\_ **Provider Agency:** \_\_\_\_\_

<b>Budget Categories</b>			
Staff Salaries			
Staff Title	Annual Salary	Percentage of Time Spent On Project	Estimated Cost to Project
A1.			
A2.			
A3.			
A4.			
A5.			
A6.			
A7.			
A8.			
A9.			
A10.			
<b>A11.</b> Total Estimated Staff Salaries Chargeable To This Project (Lines A1 through A10.)			
<b>B.</b> Staff Fringe Benefits Rate Against A11	Total Staff Salaries (line A11)	Fringe Rate: _____ %	
<b>C.</b> Contracted Services*			
<b>D.</b> Staff Travel			
<b>E.</b> Equipment			
<b>F.</b> Space/Utilities			
<b>G.</b> Other Operating Expenses			
<b>H.</b> A-87 Costs (costs allocated to A-87 will result in a federal and local share)			
<b>Total (A - H)</b>			

\* If the LDSS plans to subcontract with a local provider agency, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

**Budget Narrative** – please provide a brief narrative for categories A through G. Use additional pages as needed.