



# OCDE Funding Implementation Form

|   |  |   |  |   |
|---|--|---|--|---|
| <b>Funding Dates:</b>   | New <input type="checkbox"/><br>Renewal <input type="checkbox"/> | <b>Type of Funding:</b> Grant <input type="checkbox"/><br>Entitlement <input type="checkbox"/>    | Contract <input type="checkbox"/><br>Other <input type="checkbox"/>  | <b>Check one:</b> OCDE Lead <input type="checkbox"/><br>OCDE Subcontractor <input type="checkbox"/> |
| <b>Program Leadership:</b>  | <b>Division(s)/Unit(s):</b>                                      |   | <b>Pseudo/Cost Center:</b>   |   |
| <b>Program Team:</b>  |  |   | <b>Evaluator:</b>  |   |
| <b>FUNDING DETAILS:</b>   |  |   |  |   |
| <b>1. Title of Program:</b>   |  |   |  |   |
| <b>2. Funding Agency:</b>   |  |   |  |   |
| <b>3. Amount of Funding (per year and overall total):</b>   |  |   |  |   |
| <b>4. Indirect Rate to OCDE:</b> %  |  | <b>5. Are carry over funds allowed?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  | <b>Restrictions:</b>  |
| <b>6. Matching Funds:</b> In-Kind:  |  | Cash:   | <b>Match Tracking Methods Required:</b>  |   |
| <b>PROGRAM DETAILS:</b>   |  |   |  |   |
| <b>7. Program Description (services/program activities):</b>  |  |   |  |   |
| <b>8. Partners:</b>   |  |   | <b>9. Subcontractors:</b>  |   |
| <b>DELIVERABLES:</b>  |  |   |  |   |
| <b>10. Program Deliverables:</b>  |  |   | <b>Subcontractor Deliverables:</b>   |   |
| <b>REPORTING:</b>   |  |   |  |   |
| <b>11. Program Report Schedule:</b><br>Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> |  |   | <b>Fiscal Report Schedule:</b><br>Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> |   |
| <b>BUDGET:</b>  |  |   |  |   |
| <b>12. Budget Line Items:</b>   |  |   | <b>Non-Allowable Expenses:</b>   |   |
|   |  |   | <b>Billing/Invoicing Methods:</b>  |   |
| <b>STAFFING:</b>  |  |   |  |   |
| <b>13. Paid Staffing (List Names and FTEs):</b>   |  |   | <b>In-Kind Staffing (List Names and FTEs):</b>   |   |
| <b>NOTES:</b>   |  |   |  |   |
| <b>14. Special Considerations and Additional Notes:</b>   |  |   |  |   |