**MOA EZ WORK PLAN & BUDGET**

### Information, Instructions and Examples

The Memorandum of Agreement (MOA) EZ is specifically designed for Tribes that receive relatively small allocations; if multiple activities are planned, a more complex contract package should be requested. If employee and/or travel expenses are planned, the MOA EZ Work Plan & Budget Form cannot be utilized. However, if your proposal will include employee and/or travel expenses, contact our office toll-free at 1-800-566-2381 for the appropriate contracting package and forms.

The MOA EZ Program Work Plan and Budget are included on a one-page form, the 400.1EZ. The Work Plan Section 5a Service Code Number is left blank and is for NCIDC use only. The Budget Section is limited to one line item for non-personnel only. The following is an example of how to complete the Program MOA EZ Work Plan and Budget Sections of Form 400.1EZ when a single activity is planned:

**WORK PLAN SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. MOA #**  **20-CSBG-444** | **2. MOA Amount**  **$ 1,320.00** | **3. MOA Term Dates:**  **From: 01-01-2020**  **Thru: 12-31-2020** | **5. Service Code Number,**  **Planned Number of Clients to be Served,**  **Planned Number of Households to be Served;** | | |
| **4. IDENTIFIED NEED/PROBLEM, PLANNED GOAL**  **AND SUBCATEGORY SERVICES** | | | **a** | **b** | **c** |
| **Service**  **Code** | **Planned # of**  **Clients to**  **be Served** | **Planned # of**  **Households to**  **be Served** |
| **TRIBAL SERVICES**: **Increase or preserve neighborhood quality-of-life resources**  *(Provide a Brief Description of Project Activities.)*  Purchase and distribution of backpacks for the Tribe’s youth. | | | (NCIDC USE ONLY)  SRV 2K | 10 | 7 |
| **6.** Planned Number of Volunteer Hours  (Enter “0” if none.) | | | B3A1 | # of Volunteer Hours | 10 |

**Recipient Name and Address**

Use the name and address exactly as they appear on the Face Page of the approved Memorandum of Agreement (no abbreviations). If your mailing address has changed, please send NCIDC a formal notice of change signed by the Recipient's authorized signatory. Indicate contact person, their phone number, e-mail address and FAX number.

**Work Plan Section**

Complete items **1 MOA #, 2 MOA Amount** and **3 MOA Term Dates**, exactly as they appear on the Face Page of the approved MOA.

***4. Identified Need/Problem, Goal and Service Code*** *–* Use this section to provide a brief description of projected activities

***5. Service Code, Projected Number Of Clients Served and Households Served***

*5a) Service Code Number* – Leave blank, for NCIDC USE ONLY.

*5b) Planned # of Clients Served* - Enter the planned number of individuals to be served through the project.

*5c) Planned # of Households Served* - Enter the planned number of households served out of the individuals planned to be served through the project, A household is one or more people living in the same home.

Example of reporting data for individuals and households.

Number served in the program:

Family 1 = 1 child

Family 2 = 1 child

Family 3 = 2 children

Family 4 = 1 child

Family 5 = 2 children

Family 6 = 1 child

Family 7 = 2 children

In this hypothetical youth services report, there would be 10 individuals (children) and seven households served.

You must report all the individuals served, as well as the number of households served, with CSBG funding.

***6. Number of Volunteer Hours***

*6) Total Number of planned Volunteer Hours* - enter the planned number of volunteer hours you believe will be donated to your project. If you plan to have none, enter zero

**BUDGET SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | COST CATEGORY | **CSBG FUNDS** | **OTHER FUNDS**  **(If applicable)** | **TOTAL** |  |
|  | (Non-Personnel Only) | $1,320 | 0 | $1,320 |  |
|  | **TOTAL** | $1,320 | 0 | $1,320 |  |
|  | Description of Planned Expenditures: | | | |  |
|  | Backpacks for the Tribe’s youth. | | | |  |
|  |  | | | |  |

*1. CSBG Funds -* In Column (1) enter the amount that appears on the NCIDC STD. 213 Face Page the Tribal allocation amount.

2. *Other Funds -* In Column (2) enter the amount of other program funds when CSBG funds will be utilized in addition to a program budget. If no other program funds will be utilized enter 0.

3. *Total -* In Column (3) enter the total by adding Column (1) to Column (2). You will arrive at this total amount.

4. *Description of Planned Expenditures -* In Column (4) provide a brief description of the planned expenditures in conjuncture with the services provided.

The following is an example of how to complete the Program MOA EZ Budget Section of Form 400.1EZ when CSBG funds will be utilized in addition to a program budget:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | COST CATEGORY | **CSBG FUNDS** | **OTHER FUNDS**  **(If applicable)** | **TOTAL** |  |
|  | (Non-Personnel Only) | $1,320 | $4,790 | $6,110 |  |
|  | **TOTAL** | $1,320 | $4,790 | $6,110 |  |
|  | Description of Planned Expenditures: | | | |  |
|  | Food and supplies for the Tribe’s Senior Lunch Program. | | | |  |
|  |  | | | |  |

**Authorized Signature Section**

*Authorized Signature -* An original signature of the authorized signatory is required to certify the Work Plan & Budget Form.

*Name & Title -* Print the name and title of the authorized signatory signing this request.

*Date -* Enter the date the Work Plan & Budget Form was signed.

Emergency Services, supportive services, vouchers, food boxes, office supplies and other program expenses are some of the eligible activities for the MOA EZ.

If you have any questions regarding a particular program activity and whether it is allowable, please do not hesitate to call Cheyanne Souza at (707) 445-8451 extension 12 or use our toll free number: 1-800-566-2381.

Please remember that this is a cost reimbursement program.