**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 Subcategory Code Number is left blank and is for NCIDC use only. The Work Plan Section 6a Planned Number of Volunteers; please provide the planned total number of volunteers during the program year. If there will be none, enter zero. The Work Plan Section 6b planned number of volunteer hours; Please provide the planned total number of volunteer hours during the program year. If there will be none, enter zero. 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 and no other Tribal program funds are to be utilized:

**WORK PLAN SECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. MOA #****15-CSBG-444** | **2. MOA Amount****$ 1,320.00** | **3. MOA Term Dates:****From: 01-01-2015****Thru: 12-31-2015** |  **5. Subcategory Code Number,****Planned Number of Clients to be Served, Planned Number of Client Contacts** |
| **4. IDENTIFIED NEED/PROBLEM, PLANNED GOAL****AND SUBCATEGORY SERVICES** | **a** | **b** | **c** |
| **Subcategory****Code****Number** | **Planned # of****Clients to****be Served** | **Planned #****of Client Contacts** |
| **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) | 25 | 25 |
| **6.A Planned Number of Volunteers****(Enter “0” if none*.) We will have 2 volunteers.*** | 2.3.A | # of Volunteers: | 2 |
| **6.B Planned Number of Volunteer Hours****(Enter “0” if none.)** ***Each volunteer will work 10 hours.*** | 2.3.B  | # of Volunteer Hours: | 20 |

**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. |  |
|  |  |  |

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. |  |
|  |  |  |

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 17 or use our toll free number: 1-800-566-2381.

Please remember that this is a cost reimbursement program.