# California State Preschool Program Quality Rating Improvement System Block Grant Budget Narrative

**Fiscal Years 2025–27**

**Grant Period:** July 1, 2025, through June 30, 2027

Each applicant for the California State Preschool Program (CSPP) Quality Rating Improvement System (QRIS) Block Grant fiscal years (FY) 2025–27 Request for Applications (RFA) must submit a Budget Narrative detailing the planned expenses for their grant award. The amounts listed in this Budget Narrative should match those reported in the associated Budget Worksheet.

**Instructions:** In each narrative section, provide details and justification for each expenditure category, and include information about roles, time allocation, and salary and benefits of the lead agency staff, equipment and supplies, travel, incentives, indirect costs, site block grants, and a clear description of services to be contracted. Items and services included in this Budget Narrative must be allowable and approved in coordination with the CSPP QRIS Block Grant FY 2025–27 RFA. Reference the RFA Overview and Instructions for more details. For questions, contact the California Department of Education’s (CDE’S) Quality Counts California (QCC) Team at QCC@cde.ca.gov.

**Lead Agency:** [Insert Lead Agency Name]

| **Agency** | **Name** | **Email** | **Phone Number** |
| --- | --- | --- | --- |
| Program Lead |       |       |       |
| Fiscal Lead |       |       |       |

## **Grant Award:** [Insert grant award total for FY 25–26]

### Personnel

a. The specific responsibilities of each lead agency position directly participating in quality improvement activities as described in their application

b. The title of each position

c. The role of each position to support quality improvement activities

d. The agency that funds each position

e. The time or full-time equivalent (FTE) of each position

f. The salary for each position

**Note: Personnel should be employees of the Lead Agency. Outside personnel should be accounted for via the Contractual category.**

| **Budget Category** (Quality Improvement or Rating) | **Position**(Title) | **Description**(Role, description of responsibilities, for coaches – which tier are they serving) | **% FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Personnel:

Insert text here. Text box will expand to include all inserted text.

**Personnel** **Total:** [Insert personnel total]

### Benefits

1. Fringe benefit percentages for all personnel in the project, by agency
2. The basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Position**(Title) | **Justification for Cost** | **Total** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |

Use the text box below to add any additional information relating to Benefits:

Insert text here. Text box will expand to include all inserted text.

 **Benefits Total:** [Insert benefits total]

### Materials and Supplies

1. An estimate of materials and supplies needed for the quality improvement activities for the consortium, by nature of expense or general category (for example, instructional materials, office supplies)
2. The basis for cost estimates or computations, including unit number of each supply or material

| **Budget Category** (Quality Improvement or Rating) | **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Materials and Supplies:

Insert text here. Text box will expand to include all inserted text.

**Materials and Supplies Total:** [Insert materials and supplies total]

### Travel

1. The purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success
2. Purpose of each trip
3. An estimate of the number of trips
4. An estimate of costs for each trip
5. Any additional basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Title of Event or Activity** | **Purpose** (include the title of person[s] attending the event or activity) | **Number of Trips** | **Cost per Trip** (include basis for cost and whether the cost is an estimate) | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Travel:

Insert text here. Text box will expand to include all inserted text.

**Travel Total:** [Insert travel total]

### Equipment

1. Justification and need for any equipment to be purchased
2. Purpose of the equipment to be purchased
3. The type of equipment to be purchased
4. The estimated unit cost for each item to be purchased
5. Any additional basis for cost estimates or computations

Note: The CSPP QRIS Block Grant funds can be used to purchase equipment with a unit cost up to $5,000. Equipment being purchased for a participating site must be identified in a site improvement plan. Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.

| **Budget Category** (Quality Improvement or Rating) | **Item** | **Purpose** | **Owner/ Agency**(include the entity purchasing the equipment, as well as the entity using the item, if applicable) | **Cost of Item** | **Number of Items** | **Item Description** (include product details including make and model, if applicable) | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

Use the text box below to add any additional information relating to Equipment:

Insert text here. Text box will expand to include all inserted text.

**Equipment Total:** [Insert equipment total]

### Contractual

1. The purpose of any contract and its relation to the project
2. The products to be acquired or the professional services to be provided
3. The agency that will be responsible for the contract
4. The estimated cost per expected procurement
5. For professional services contracts, the amounts of time to be devoted to the project, including the costs to be charged to the grant award
6. Any additional basis for cost estimates or computations

Note: Indirect fees may only be charged on the first $25,000 of any subcontract. For example, if the grantee has a subcontract for $100,000, the grantee may only charge indirect fees on the first $25,000 of that contract. See Chapter 3.06 B of the California State Contracting Manual for more information (found at <https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/State-Contracting>).

| **Budget Category** (Quality Improvement or Rating) | **Contractor/ Vendor Name** | **Purpose of Contract** (include a description of services to be provided) | **Justification of Costs** (include hourly rates of vendor personnel, going rate for services, etc.)  | **Length of Contract** (include anticipated start date of contract activities and status of contract [currently in place, in negotiations, not started]) | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Contractual:

Insert text here. Text box will expand to include all inserted text.

**Contractual Total:** [Insert contractual total]

### Other

* 1. Purpose of expenditure
	2. Other item by major type or category (for example, communications, printing, postage, equipment rental)
	3. Cost per item
	4. Any additional basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Item or Service** | **Description of Item or Service** | **Justification of Cost** | **Total** |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |

Use the text box below to add any additional information relating to Other:

Insert text here. Text box will expand to include all inserted text.

**Other Total:** [Insert other total]

### Funds to CSPPs

1. Description of the types of support provided to encourage participation in the QRIS, the purpose of each support, and the estimated unit cost
2. Description of the types of support provided to contracting agencies of CSPPs, including LEAs, for activities that support, improve, and maintain quality and assess access to quality across programs and communities to support equity, the purpose of each support, and the estimated unit cost
3. Description of the types of support provided to contracting agencies of CSPP FCCHENs for activities that support, improve, and maintain quality and assess access to quality across programs and communities to support equity, the purpose of each support, and the estimated cost
4. Description of direct supports provided to CSPP sites, classrooms, educators, or administrators of CSPP sites. The purpose of each support, the estimated unit cost, and the data used to determine the support and the type of support (monetary or equipment)
5. Description of incentives to CSPP sites, classrooms, educators, or administrators of CSPP sites. The purpose of each incentive, the estimated unit cost, and the data used to determine the incentive and the type of incentive (monetary or equipment)

| **Budget Category** (Quality Improvement or Rating) | **Incentives/Supports** (include the nature of the incentive/support [monetary, materials, etc.]) | **Purpose** | **Recipient** (include the level at which the incentive will be administered [site level, administrators, teachers] and the tier level of the recipients) | **Incentive/Support Cost** | **Number of Incentives/Supports** | **Total** | **Release Date** (include the quarter in which the Site Block Grants will be distributed) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |        |       |        |
|       |       |       |        |        |        |       |        |

Use the text box below to add any additional information relating to Incentives:

Insert text here. Text box will expand to include all inserted text.

**Funds to CSPPs:** [Insert total for funds to CSPPs]

### Total Direct Costs

* 1. The sum of expenditures, across all budget categories in Personnel and Operations

**Total Direct Costs:** [Insert total direct costs]

### Indirect Costs

1. Total indirect cost, including the grantee’s approved rate and which categories the indirect is being applied to

**Indirect Costs:** [Insert total direct costs]

| **Budget Category**  | **Approved Indirect Rate for Lead Agency** | **Total** |
| --- | --- | --- |
| **Funds to CSPP** |       |       |
| **Quality Improvement Activities** |       |       |
| **Rating Activities** |       |       |

Use the text box below to add any additional information relating to Indirect:

Insert text here. Text box will expand to include all inserted text.

**Total Funds\*:** [Insert Total Funds of all categories]

**\*Must be equal to total grant award**

## **Grant Award:** [Insert grant award total for FY 26–27]

### 1. Personnel

a. The specific responsibilities of each lead agency position directly participating in quality improvement activities as described in their application

b. The title of each position

c. The role of each position to support quality improvement activities

d. The agency that funds each position

e. The time or full-time equivalent (FTE) of each position

f. The salary for each position

**Note: Personnel should be employees of the Lead Agency. Outside personnel should be accounted for via the Contractual category.**

| **Budget Category** (Quality Improvement or Rating) | **Position**(Title) | **Description**(Role, description of responsibilities, for coaches – which tier are they serving) | **% FTE** | **Base Salary** | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Personnel:

Insert text here. Text box will expand to include all inserted text.

**Personnel** **Total:** [Insert personnel total]

### 2. Benefits

a. Fringe benefit percentages for all personnel in the project, by agency

b. The basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Position**(Title) | **Justification for Cost** | **Total** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |

Use the text box below to add any additional information relating to Benefits:

Insert text here. Text box will expand to include all inserted text.

 **Benefits Total:** [Insert benefits total]

### 3. Materials and Supplies

a. An estimate of materials and supplies needed for the quality improvement activities for the consortium, by nature of expense or general category (for example, instructional materials, office supplies)

b. The basis for cost estimates or computations, including unit number of each supply or material

| **Budget Category** (Quality Improvement or Rating) | **Item** | **Purpose** | **Unit Cost** | **Number of Units** | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Materials and Supplies:

Insert text here. Text box will expand to include all inserted text.

**Materials and Supplies Total:** [Insert materials and supplies total]

### 4. Travel

a. The purpose of the travel, how it relates to quality improvement goals, and how it will contribute to project success
b. Purpose of each trip
c. An estimate of the number of trips
d. An estimate of costs for each trip
e. Any additional basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Title of Event or Activity** | **Purpose** (include the title of person[s] attending the event or activity) | **Number of Trips** | **Cost per Trip** (include basis for cost and whether the cost is an estimate) | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Travel:

Insert text here. Text box will expand to include all inserted text.

**Travel Total:** [Insert travel total]

### 5. Equipment

a. Justification and need for any equipment to be purchased
b. Purpose of the equipment to be purchased
c. The type of equipment to be purchased
d. The estimated unit cost for each item to be purchased
e. Any additional basis for cost estimates or computations

Note: The CSPP QRIS Block Grant funds can be used to purchase equipment with a unit cost up to $5,000. Equipment being purchased for a participating site must be identified in a site improvement plan. Unit cost includes all costs required to make the item serviceable, such as taxes, freight, installation costs, site preparation costs, etc.

| **Budget Category** (Quality Improvement or Rating) | **Item** | **Purpose** | **Owner/ Agency**(include the entity purchasing the equipment, as well as the entity using the item, if applicable) | **Cost of Item** | **Number of Items** | **Item Description** (include product details including make and model, if applicable) | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

Use the text box below to add any additional information relating to Equipment:

Insert text here. Text box will expand to include all inserted text.

**Equipment Total:** [Insert equipment total]

### 6. Contractual

a. The purpose of any contract and its relation to the project
b. The products to be acquired or the professional services to be provided
c**.** The agency that will be responsible for the contractd. The estimated cost per expected procuremente. For professional services contracts, the amounts of time to be devoted to the project, including the costs to be charged to the grant award**.**f. Any additional basis for cost estimates or computations

Note: Indirect fees may only be charged on the first $25,000 of any subcontract. For example, if the grantee has a subcontract for $100,000, the grantee may only charge indirect fees on the first $25,000 of that contract. See Chapter 3.06 B of the California State Contracting Manual for more information (found at <https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/State-Contracting>).

| **Budget Category** (Quality Improvement or Rating) | **Contractor/ Vendor Name** | **Purpose of Contract** (include a description of services to be provided) | **Justification of Costs** (include hourly rates of vendor personnel, going rate for services, etc.)  | **Length of Contract** (include anticipated start date of contract activities and status of contract [currently in place, in negotiations, not started]) | **Total** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Use the text box below to add any additional information relating to Contractual:

Insert text here. Text box will expand to include all inserted text.

**Contractual Total:** [Insert contractual total]

### 7. Other

a. Purpose of expenditure

b. Other item by major type or category (for example, communications, printing, postage, equipment rental)

c. Cost per item

d. Any additional basis for cost estimates or computations

| **Budget Category** (Quality Improvement or Rating) | **Item or Service** | **Description of Item or Service** | **Justification of Cost** | **Total** |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |

Use the text box below to add any additional information relating to Other:

Insert text here. Text box will expand to include all inserted text.

**Other Total:** [Insert other total]

### 8. Funds to CSPPs

a. Description of the types of support provided to encourage participation in the QRIS, the purpose of each support, and the estimated unit cost
b. Description of the types of support provided to contracting agencies of CSPPs, including LEAs, for activities that support, improve, and maintain quality and assess access to quality across programs and communities to support equity, the purpose of each support, and the estimated unit cost
c. Description of the types of support provided to contracting agencies of CSPP FCCHENs for activities that support, improve, and maintain quality and assess access to quality across programs and communities to support equity, the purpose of each support, and the estimated cost
d. Description of direct supports provided to CSPP sites, classrooms, educators, or administrators of CSPP sites. The purpose of each support, the estimated unit cost, and the data used to determine the support and the type of support (monetary or equipment)
e. Description of incentives to CSPP sites, classrooms, educators, or administrators of CSPP sites. The purpose of each incentive, the estimated unit cost, and the data used to determine the incentive and the type of incentive (monetary or equipment)

| **Budget Category** (Quality Improvement or Rating) | **Incentives/Supports** (include the nature of the incentive/support [monetary, materials, etc.]) | **Purpose** | **Recipient** (include the level at which the incentive will be administered [site level, administrators, teachers] and the tier level of the recipients) | **Incentive/Support Cost** | **Number of Incentives/Supports** | **Total** | **Release Date** (include the quarter in which the Site Block Grants will be distributed) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

Use the text box below to add any additional information relating to Incentives:

Insert text here. Text box will expand to include all inserted text.

**Funds to CSPPs:** [Insert total for funds to CSPPs]

### 9. Total Direct Costs

a. The sum of expenditures, across all budget categories in Personnel and Operations

**Total Direct Costs:** [Insert total direct costs]

### 10. Indirect Costs

a. Total indirect cost, including the grantee’s approved rate and which categories the indirect is being applied to

**Indirect Costs:** [Insert indirect costs]

| **Budget Category**  | **Approved Indirect Rate for Lead Agency** | **Total** |
| --- | --- | --- |
| **Funds to CSPP** |       |       |
| **Quality Improvement Activities** |       |       |
| **Rating Activities** |       |       |

Use the text box below to add any additional information relating to Indirect:

Insert text here. Text box will expand to include all inserted text.

**Total Funds\*:** [Insert total funds of all categories]

**\*Must be equal to total grant award**

California Department of Education, January 2025