### NEGOTIATION ADMINISTRATIVE COST FORM

### FY2022 Negotiations Request for Fund Codes 667 and 343

Click in shaded areas below to type.

**Agency Name:**

**County:**

**Grant Title:** Adult Education Professional Development System

**Director Name:**

**Grant Contact:**

**Grant Amount Requested:**

**Total Administrative Cost Amount Requested:**

**Total Administrative Percentage Requested**:

As defined by AEFLA and [EDGAR](https://www.sec.gov/edgar.shtml) 34 Part 463, Subpart C (§463.25, §463.26), ***not less*** than 95% of funds must be spent on adult education direct services and literacy activities and ***not more*** than 5% of funds may be spent on administrative costs. Please note:

1. Per AEFLA, administrative costs are allowable costs related to the planning and administration of the grant and include 100% of state approved indirect costs charged to the grant (*budget line ten*).
2. 100% of *budget lines one and three* will be considered administrative, along with the associated fringe benefits on *budget line five*. ACLS can only approve administrative salaries that directly support the grant. Administrators who provide direct services (e.g., development, delivery, and follow-up of PD activities for AE practitioners) need to account for those hours on line two. All hours must be accounted for through time and effort reporting. The administrative costs for sub-grantees (*budget line six*) must also be included as part of the total administrative cost. 100% of *budget line nine* costs are also considered administrative.
3. AEFLA Sec. 233 states that professional development (PD) expenses (*budget line eight*) are administrative expenses and part of the 5% cap. DESE has further defined administrative PD expenses to include non-SABES and non-Network conference registration fees and travel expenses, including out of state travel.
4. Programs may negotiate on an individual basis to determine an adequate level of funds for non-instructional purposes (i.e., administrative costs) by submitting this Negotiation Administrative Cost Form along with their continuation applications. Please keep in mind that the approved indirect cost rate (*budget line ten*) is part of the allowed administrative cost. Programs requesting to spend more than 5% of their grants on administrative costs must apply anew each year.

**Instructions to Initiate the Negotiations Process:**

1. For each fund code, complete and submit this Negotiation Administrative Cost Form (Negotiations Request) with your online portal continuation application materials.
2. Submit a copy of your budget narrative or other document in which you identify all proposed budget line items and amounts that are administrative costs and all that are non-administrative costs. For all personnel, include salaries and position descriptions with all functions and job responsibilities and the percent of time dedicated to each job function and/or responsibility.

**Note: It is at the discretion of the Massachusetts Department of Elementary and Secondary Education to determine the appropriate administrative cost percentage on a case-by-case basis.**

**Justification:**

In the space below, provide a written narrative to justify this request for administrative costs greater than 5% of the grant award amount. Include specific references to explain each of the following:

* why an amount greater than 5% is requested;
* ways your agency will be hindered in accomplishing the project goals and objectives if only 5% of the administrative costs are allowed in the grant.

**Type your justification in the space immediately below:**

Authorized Signatory:       Title:

Typed Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_

**For ACLS use only: Approved**  **Denied**

**Administrative Cost Percentage (%) Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Review: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grants Management Office: (if applicable)**

DESE Grants Fiscal Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_