

Maryland Family Network, Inc.

Request for Proposals to Operate a Patty Center-Family Support Services

Target areas: Unserved and underserved jurisdictions of Maryland

Issue Date: November 1, 2024

Funding Partners: Maryland State Department of Education, U.S. Department of Health & Human Services

Section 1: Summary of Opportunity

Maryland Family Network (MFN), the state-wide intermediary overseeing the network of Patty Center-Family Support Services, on behalf of its public and private funders, solicits proposals from organizations to develop and operate a Patty Center-Family Support Services. MFN will fund multiple lead agencies, each proposing to establish a Patty Center-Family Support Services in a Maryland community/region with families of children birth until 5 years (4 years, 11 months) and/or expectant parents with an interest and need to participate in the programs offered at a Patty Center-Family Support Services.

Agencies interested in applying to operate a Patty Center-Family Support Services under this Request for Proposal (RFP) must:

1. Have existing fiscal infrastructure and readiness
2. An identified site for operations
3. Experience in providing family-child programming.

Agencies will be required to meet fiscal and programmatic reporting requirements. Agencies are expected to begin programmatic implementation within 12 months of the signed contract. The first year of funding can be used for planning and development to foster successful implementation of a Patty Center-Family Support Services. MFN funding support will consist of a \$330,000 annual award. This funding is provided through State Funds from the Maryland State Department of Education (MSDE). Agencies are encouraged to solicit other funding opportunities, such as the Federal Child Based Child Abuse Prevention (CBCAP) grant. For the application, lead agencies shall plan a budget based on a \$330,000 award. Available funding (\$330,000) can be used for direct programming, staff recruitment and purchasing supplies and materials. Funding cannot be used for large capital improvements, unauthorized expenses, or the purchase of vehicles.

The following are prerequisite requirements for an organization (or their identified fiscal sponsor) to meet when applying to operate a Patty Center-Family Support Services:

- Be in a strong financial position for fiscal sustainability based on analysis of the organization's financial statements.
- Be able to provide, with the grant application, copies of the last two certified annual entity-wide financial audits, including related management letters and the most recent interim financial statement. Include a single award audit for each year if applicable.
- Agree to meet the contractual obligations related to collaboration with MFN regarding program management, training, technical assistance, monitoring, peer review, and evaluation.
- Have prior program experience that indicates the ability and capacity to operate a family support

center and to fulfill fiscal and programmatic reporting requirements.

- Have incorporated input from and secured the support of key community stakeholders, such as county government, community-based organizations and groups, and potential program participants who reside in the community to be served.
- Have or secure workers' compensation and liability insurance and enforce policies that limit liability exposure.
- Have identified adequate space for the provision of all proposed in-person Patty Center-Family Support Services, using the MFN square footage recommendation as a guide and describing how all required services will be provided in the proposed space.
- Eligible jurisdictions and/or communities are those that lack sufficient services or resources to improve family and child outcomes as identified through a community needs assessment, can be in a Title 1 school area, or are located in communities with low scores on the social vulnerability index. Unserved and underserved communities are those lacking basic support, resources and access to opportunities for families with young children. The focus is on improving family and child outcomes.

Applicants will be selected through a competitive process coordinated by MFN utilizing this Request for Proposals (RFP) and a review panel comprised of experts in fields related to community-based family support services. The ranking tool to be used by the review panel is listed in Appendix 1. Proposals must demonstrate a compelling need for a Patty Center-Family Support Services in the targeted community and address plans for the creation and operation of a Patty Center-Family Support Services that will have broad community support from key stakeholders. MSDE shall have a final review for the location of new Patty Center-Family Support Services.

Section 2: Patty Center-Family Support Services Description

Patty Center-Family Support Services (formally known as Family Support Centers) are community-based programs designed for expectant parents and parents and caregivers with children from ages birth to age 5 (four years, eleven months). Patty Centers create a warm, welcoming family centered environment which provides or links families to services. The centers build on the Strengthening Families Protective Factors (<https://cssp.org/our-work/project/strengthening-families/>) by promoting nurturing and competent parenting, the physical and mental health of parents/caregivers and children, family economic success, and full growth and development of children.

The centers support:

- Parents/Caregivers to meet or exceed their goals related to family life.
- Parents/Caregivers to meet or exceed their goals related to family economic success. And
- Young children to develop fully physically, socially, emotionally, and cognitively, preparing them to enter school ready to learn.

Patty Center-Family Support Services work collaboratively within their communities to support families in thriving. For instance, some existing Centers partner with the local Department of Social Services (DSS) offices in the provision of education and employment services for parents. Some centers work closely with area high schools, functioning as an alternative education or external diploma site. Centers may be part of Judith P. Hoyer Early Learning Hub Partnerships. Programs may connect with Early Head Start, Head

Start, or other early childhood settings. Centers may connect with their local community college for adult education, English language classes, and workforce development services. Centers are expected to link participants to local and available high quality Pre-K environments when available.

Proposals must reflect an understanding of the core tenets of Family Support and describe how programs continually identify and acknowledge family strengths and establish a formal process of building upon them.

Proposals must include assurances that participants can access various community resources through the centers, even though some may be incongruent with the personal beliefs of either the sponsoring agency or any member of its staff. This includes providing or referring for medical and reproductive health care and other services and assuring that funds will not be used to teach or promote a particular philosophy or belief.

Section 3: Patty Center-Family Support Services Program Components

Maryland Family Network has identified four essential Core Cluster Service areas aligned with the Strengthening Families Protective Factors:

1. Community Connections
2. Parent/Caregiver Capacity Building
3. Coordinated Family Supports
4. Early Childhood Development

There are required services in each of the Core Cluster areas that centers are required to offer for families. These services are provided in the chart below along with optional services that Patty Center-Family Support Services can provide.

Core Cluster Area	Required Service	Optional Services
<ul style="list-style-type: none"> Community Connections 		<ul style="list-style-type: none"> Information & Referral (fielding calls from the larger community and providing resource information.) Basic Needs Support (ex. Food assistance, diaper distribution, direct financial aid) Community Based workshops/classes Community Events (for the purpose of recruitment) Field Trips
<ul style="list-style-type: none"> Parent/Caregiver Capacity Building 	<ul style="list-style-type: none"> Evidenced Based Parent Education 	<ul style="list-style-type: none"> Employment Readiness/ Workforce Development Health Education Adult Education (GED/ABE/ESOL) Teen Parent Program (Alternative High School program) Parent Leadership Development
<ul style="list-style-type: none"> Coordinated Family Support 	<ul style="list-style-type: none"> Case Management / Resource Coordination Adult Mental Health Family Advocacy 	<ul style="list-style-type: none"> Home Visiting
<ul style="list-style-type: none"> Early Childhood Development 	<ul style="list-style-type: none"> Infant Toddler Program Parent And Child Time (PACT) Children’s Mental Health 	<ul style="list-style-type: none"> Playgroups Family Literacy Activities

Services may be provided at the center, in the home, or virtually; others may be arranged on a contractual or referral basis with other community agencies. Some operating centers have co-located with other health and social service agencies to ensure efficient service provision.

Section 4: Key Dates and Timeline:

Quarter 1	
Review of RFPs Submitted November 1 – January 31	February 2025, 2026, 2027, 2028, 2029
Announcement of Awardees	April 2025, 2026, 2027, 2028, 2029
Quarter 2	
Review of RFPs Submitted February 1 – April 30	May 2025, 2026, 2027, 2028, 2029
Announcement of Awardees	July 2025, 2026, 2027, 2028, 2029
Quarter 3	
Review of RFPs Submitted May 1 – July 31	August 2025, 2026, 2027, 2028, 2029
Announcement of Awardees	October 2025, 2026, 2027, 2028, 2029
Quarter 4	
Review of RFPs Submitted August 1 – October 31	November 2025, 2026, 2027, 2028, 2029
Announcement of Awardees	December 2025, 2026, 2027, 2028, 2029

Section 5: Required Proposal Elements and Pre-proposal Information.

5A: Pre-proposal submission of a Letter of Intent

There is no requirement for a Letter of Intent. **A Pre-Proposal Meeting will be held on the second Friday of each month at 10:00 am beginning December 14, 2025.**

Please email dyorks@marylandfamilynetwork.org for a link to the meeting that will be provided the day before the requested meeting date.

5B: Title Page and Transmittal Letter

Exhibit A in this RFP is the Title Page that must be included with the submission.

Submissions may be emailed at any time during the rolling RFP process. Email proposal and supporting documents to [FSC RFP application@marylandfamilynetwork.org](mailto:FSC_RFP_application@marylandfamilynetwork.org).

Applications will be reviewed quarterly in February, May, August and November.

A brief transmittal letter must be prepared on the applicant’s business stationery and be signed by an individual authorized to bind the organization to all statements, including services and prices contained in the proposal. Please include the name and contact information for both the project manager and fiscal contact. The letter should clearly state the address of the proposed FSC site and the neighborhood in which the center will be located, the amount of funding requested, and the numbers to be served broken down into the following:

- Parents/Caregivers of children birth through 59 months of age.
- Children from birth through 59 months of age; and
- Expectant parents

5C. Technical Sections – unless specifically mentioned, there are no page requirements.

Executive Summary (1 page): This section should be a clear and concise one-page summary of other sections of the proposal. It should include:

- A description of the applicant;
- A definition of the community assets that need to be addressed;
- A statement of what the applicant hopes to accomplish;
- An outline of the activities and services to be provided;
- The projected total number of families to be served; and
- The total project cost

Project Narrative (recommended length for this section is 10 to 12 pages): This section should include the following:

- Background/assets/needs statement;
- Proposed approach;
- Experience of the applicant, and staffing; and
- Collaborative partnerships may be described in this section; however, collaborative agreements demonstrating partnerships should be submitted as part of the appendices with attached memoranda of understanding and or letters of support.

Community Assessment and Needs: This section should:

- Describe the targeted neighborhood or community to be served by the center, identifying the geographic, physical, economic, social, institutional, and other characteristics of the center's target areas relevant to the need for family support services;
- Describe current community strengths and services for families with young children as well as challenges and or barriers that exist in the targeted community.
- Provide a general description of the target population that clearly demonstrates an understanding of people's strengths, needs, and potential barriers to success; and
- Provides statistics, trends, and outcomes for the target population with reference to all data cited. One free resource for data is the Casey Family Programs community opportunity map.

Proposed Approach: This section should:

- Describe how the proposal was developed;
- Include a description of any input solicited from prospective participating families and other community partners;
- Explain how the proposed services will address the identified need;
- Describe the core cluster services you propose to offer and how they will be provided;
- Identify subcontractors and other collaborators and describe the services they will provide;
- Detail the personnel expected to be hired;
- Address the ways that family outreach and recruitment will be accomplished;
- Describe what kinds and how many participants will access which services and how often
- Provide plans for how participants will access the center, such as in-person by walking, public transportation or ride share services, and virtually. Purchasing of a vehicle is not permitted within

this grant funding however renting/leasing vehicles may be permitted. Any projected transportation expenses must be itemized in the budget; and

- Provide assurances that participants will be able to access community resources whether or not they are congruent with the personal beliefs of either the sponsoring agency or any member of its staff; that the center will provide or refer participants for health care, family planning upon request, and other services, and that funds will not be used to teach or promote a particular philosophy or belief.

Experience of Applicant: Describe the applicant's:

- Prior program and new program development experience;
- Areas of expertise;
- Awards it has received;
- Personnel policies that reflect compatibility with family support principles;
- fiscal management capacity;
- Relationship to the community; and
- Provide evidence that the applicant can provide culturally relevant services and is otherwise capable of providing high-quality, highly desired services.

Personnel

Indicate the proposed positions (with associated number of hours) and type of personnel (qualifications and job functions) to be used in the development and operation of the center. Upon request, MFN will provide sample job descriptions for positions recommended as essential. Also, indicate whether any portion of a position will be in-kind from a collaborating agency, including the applicant's agency. Any proposed use of subcontractors or independent consultants should be detailed in this section.

Space Plan

Indicate the intention of using the current space available or, if providing new space, provide details of the site and space, including square footage. The recommended minimum size of a FSC is 3,000+ square feet, including dedicated child development space, staff workspaces, private meeting space, a kitchen/food preparation space, and multipurpose spaces to meet a variety of program needs such as classes, support groups, and meetings. In addition to the above, access to outdoor play space or a playground adjacent to the center or in close proximity is required;

Commitment to Diversity, Equity, Inclusion and Antiracism

MFN seeks to advance diversity, equity, and inclusion and be an antiracist organization. It is essential for systems and services to be respectful, equitable, inclusive, and welcoming of individuals, families, and groups and strive to include diverse points of view in decision-making and service provision. Applicants should describe their commitment to advancing diversity, equity, and inclusion and being an antiracist organization through its systems, practices, and services.

Section 6. Required Financial Information

Exhibit B: Use this template to:

- Indicate costs for projected total operational costs of the center;
- Include any additional sources of income and in-kind commitment supporting the center's operations, especially those for space and other facility costs, initial renovations, transportation, staffing, and delivery of services through collaborative agreements;
- Identify specific sources, amounts or value, term of financial commitments, and allowable uses of matching funds available;
- Include supporting narrative related to the proposed approach and personnel as detailed in the technical section of the proposal; and
- Specify contractual agreements required by the applicant, if any.
- NOTE: Overhead or indirect cost rate may not exceed 10% of the budget.

Application Checklist

- Title Page (Appendix A)
- Executive Summary (1 page)
- Project Narrative
 - Community Assessment/Need
 - Proposed Approach
 - Applicant Experience
 - Personnel
 - Space
 - DEI
- Budget - [CLICK HERE TO DOWNLOAD BUDGET WORKBOOK](#)
 - C-125
 - C-125A
 - Budget Narrative
 - Staff Salary Worksheet
- Audit
 - 2 most recent certified annual audit reports

Exhibit A

PATTY CENTER-FAMILY SUPPORT SERVICES GRANT PROPOSAL

Offered By:
(Legal Name of Applicant Agency for Contract (if awarded))
Address of Applicant:
Federal I.D. Number:
Primary Phone:
Fax:
Email:
Proposed Name of FSC:
Address of Proposed Center:
Square Footage of Proposed Center (overall):
Square footage of Proposed Child Development Space:
Total Operations Funding Requested:
Application prepared by: (Name)
(Title) (Phone #)
Authorized Signatory of Contract: (Name)
(Title) (Phone #)
Date:

Appendix 1 Review Panel Ranking Tool (For MFN use and provided for Informational Purposes Only)	Points
Title Page and Transmittal Letter: Q1. Reviewer's Name: Q2. Organization/Agency Name on Application	N/A
Executive Summary: Q3. Completed in Full Q4. Includes description of applicant Q5. Includes description of community assets and needs Q6. The applicant describes: Services to be provided; Total project costs; Overall goals of what the agency would like to accomplish	20
Proposal Narrative: Q7. The applicant identifies the background/assets and needs of the proposed community. Q8. There is evidence that service delivery is aligned with community needs (i.e., location, hours). Q9. The applicant clearly describes their proposed approach to service delivery. Q10. The applicant provides a description of collaboration between partners (e.g., description in proposal narrative, MOUs, collaborative agreements). Q11. Applicant used statistics, trends and outcomes related to the target population.	15
Proposal Narrative: Community Assessment and Needs: Q12. Identifies the geographic, physical, economic, social, and other characteristics of the Center's target community. Q13. Describes community strengths and services. Q14. The applicant describes and understands the community's challenges and barriers. Q15. The applicant describes targeting population(s) to address disproportionality.	15
Proposed Approach: Q16. Application describes description of input solicited. Q17. Application describes how services proposed will address identified needs. Q18. Applicant describes appropriate space planning and access to the Center. Q19. Applicant describes equitable access to community resources.	20
Experience of Applicant: Q20. Applicant has described prior experience working with families and children and/or experience with new program development. Q21. Applicant has demonstrated ability to provide culturally relevant services to families and children.	10
Staffing: Q22. Project is appropriately staffed. Q23. The organizational chart reflects the project staff and/or contractors described in the proposal.	5
Budget Q24. Budget, personnel, and equipment are aligned with the project. Q25. Budget narrative includes a description of funding related to the operation of a Patty Center-Family Support Services. Q26. Financial controls are in place. Q27. Project costs are related directly to project/program activities.	15
Total Possible Score	100
Q25. Do you recommend funding this project? YES/NO With or without conditions?	N/A
Q26. Summarize issues of concern requiring further follow up. Clarification or further information:	N/A

MARYLAND STATE DEPARTMENT OF EDUCATION
GRANT BUDGET C-1-25

Step 1
Step 2
Step 3
Step 4
Step 5

ORIGINAL GRANT BUDGET		AMENDED BUDGET #		REQUEST DATE	
GRANT NAME		GRANT RECIPIENT NAME			
MSDE GRANT #		RECIPIENT GRANT #			
REVENUE SOURCE		RECIPIENT AGENCY NAME			
FUND SOURCE CODE		GRANT PERIOD	FROM	TO	

Step 6
Step 7
Step 8
Step 9
Step 10

CATEGORY/PROGRAM	BUDGET OBJECT						BUDGET BY CAT./PROG.
	01 - SALARIES & WAGES	02 - CONTRACT SERVICES	03 - SUPPLIES & MATERIALS	04 - OTHER CHARGES	05 - EQUIPMENT	08 - TRANSFERS	
201 Administration							
Prog. 21 General Support							0.00
Prog. 22 Business Support							0.00
Prog. 23 Centralized Support							0.00
202 Mid-Level Administration							
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin. & Supv.							0.00
203-205 Instruction Categories							
Prog. 01 Regular Prog.							0.00
Prog. 02 Special Prog.							0.00
Prog. 03 Career & Tech Prog.							0.00
Prog. 04 Gifted & Talented Prog.							0.00
Prog. 07 Non Public Programs							0.00
Prog. 08 School Library Media							0.00
Prog. 09 Instructional Staff Dev.							0.00
Prog. 10 Guidance Services							0.00
Prog. 11 Psychological Services							0.00
Prog. 12 Adult Education							0.00
206 Special Education							
Prog. 04 Public Sch Instr. Prog.							0.00
Prog. 06 Educ. Prog. In State Institution							0.00
Prog. 07 Non Public Programs							0.00
Prog. 09 Instructional Staff Dev.							0.00
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin & Superv.							0.00
207 Student Personnel Serv.							0.00
208 Student Health Services							0.00
209 Student Transportation							0.00
210 Operation of Plant							
Prog. 30 Warehousing & Distr.							0.00
Prog. 31 Operating Services							0.00
211 Maintenance of Plant							
212 Fixed Charges							0.00
213 Food Services							0.00
214 Community Services							0.00
215 Capital Outlay							
Prog. 34 Land & Improvements							0.00
Prog. 35 Buildings & Additions							0.00
Prog. 36 Remodeling							0.00
Total Expenditures By Object	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Step 11

Step 12

Step 13 Finance Official Approval				
	Name	Signature	Date	Telephone #
Step 14 Supt./Agency Head Approval				
	Name	Signature	Date	Telephone #
Step 15 MSDE Grant Manager Approval				
	Name	Signature	Date	Telephone #

Complete C-1-25 Worksheet

- Step 1 Enter the Original Grant Budget Amount
- Step 2 Enter the Grant Name
- Step 3 Enter the MSDE Grant Number
- Step 4 Enter the Revenue Source
- Step 5 Enter the Fund Source
- Step 6 Enter the Amended Budget Number and the Request Date
- Step 7 Enter the Grant Recipient Name
- Step 8 Enter the Grant Recipient Number
- Step 9 Enter the Recipient Agency Name
- Step 10 Enter the Grant Period
- Step 11 Use line 214 "Community Services" to enter the new proposed budget amounts from the C-1-25 A worksheet in the appropriate columns.
- Step 12 The total that populates Column **Budget by Cat. /Prog.** should match the budget total (using the Excel spreadsheet)
- Step 13 Grantee Project Manager Approval Affix Sponsoring Agency Finance approval.
- Step 14 Finance Official
- Step 15 MSDE Grant Manager

REQUEST BUDGET AMENDMENT C-1-25 A

Step 1 ORIGINAL GRANT BUDGET		AMENDED BUDGET #	0	REQUEST DATE	1/0/1900	Step 6
Step 2 GRANT NAME		GRANT RECIPIENT NAME				Step 7
Step 3 MSDE GRANT #		RECIPIENT GRANT #				Step 8
Step 4 REVENUE SOURCE		RECIPIENT AGENCY NAME				Step 9
Step 5 FUND SOURCE CODE		GRANT PERIOD	FROM	TO		Step 10

Provide the name of the Category/Program under the appropriate Object, e.g., Administration/General Support under 05 Equipment.

EXPENDITURES BY OBJECT AND CATEGORY/PROGAM	CURRENT APPROVED BUDGET	ADJUSTMENTS		NEW AMENDED BUDGET
		Increase (+)/Decrease(-)		
01 SALARIES AND WAGES	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
02 CONTRACTED SERVICES	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
03 SUPPLIES AND MATERIALS	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
04 OTHER CHARGES	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
05 EQUIPMENT	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
08 TRANSFERS	0.00	0.00		0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Total Expenditures By Object	\$0.00	\$0.00		\$0.00

THIS REQUEST MUST BE ACCOMPANIED BY A REVISED GRANT BUDGET FORM (C-1-25) AND GRANT CHANGE REQUEST FORM (C-1-25 B).

Step 12 Grantee Project Manager Approval				
	Printed Name	Signature	Date	Telephone #
Step 13 Finance Official				
	Printed Name	Signature	Date	Telephone #
Step 15 MSDE Grant Manager				
	Printed Name	Signature	Date	Telephone #
Step 14 Superintendent / Agency Head				
	Print Name	Signature	Date	Telephone #
Step 15 MSDE Grant Manager				
	Print Name	Signature	Date	Telephone #

C-1-25 A Worksheet Request Budget Amendment

- Step 1 Enter the Original Grant Budget Amount
- Step 2 Enter the Grant Name
- Step 3 Enter the MSDE Grant Number
- Step 4 Enter the Revenue Source
- Step 5 Enter the Fund Source Code
- Step 6 Enter the Amended Budget Number and the Request Date
- Step 7 Enter the Grant Recipient Name
- Step 8 Enter the Grant Recipient Grant Number
- Step 9 Enter the Recipient Agency Name
- Step 10 Enter the Grant Period
- Step 11 In the "Current Approved Budget" column, enter current budget amounts next to the appropriate line items. Insert/delete lines as necessary. Enter any adjustments (+/-) that are being requested into the "Adjustments Increase/Decrease" column. **The "New Amended Budget" column and horizontal totals will calculate/formulate.**
Note that the "New Amended Budget" for the Salaries \$ Wages Line must tie to the Salary Detail Worksheet.
- Step 12 Grantee Project Manager Approval
- Step 13 Finance Official Approval
- Step 14 Superintendent/Agency Head Approval (MFN representative would sign here)
- Step 15 MSDE Grant Manager Approval

**Maryland Family Network
Family Support Center/EHS Budget Sheet
Salary Budget Detail Worksheet**

Step 1
Step 2
Step 3

Center Name:	
Grant/Program	
Contract Period:	

Position/Title	Incumbent (Last Name and First Initial)	Equivalent Full-Time Annual Wage	% of Full- Time	#of Months Employed	Total Salary to Be Paid	Salary Budgeted for This Program
A	B	C	D	E	F	G
Step 4	Step 5	Step 6	Step 7	Step 8	\$0	Step 9
					\$0	
					\$0	
					\$0	
Total					\$0	

Salary Detail Worksheet

Complete Salary Detail Worksheet

Step 1 Enter Center Name

Step 2 Enter Grant/Program (i.e., Family Support Center or Planning Grant)

Step 3 Enter the Contract Period (i.e., July 1 – June 30, 2023 or contract dates)

Step 4 Enter the Position Title for each position that is a part of this program budget request in Column A

Step 5 Enter the name of the person (incumbent) currently filling the job. If it is vacant, please enter "TO BE NAMED" in Column B

Step 6 Enter the annual full-time-equivalent wages (FTE) for each person in Column C. Example: If someone works half-time and is paid \$10,000 per year, the FTE salary is 2 times \$10,000, or \$20,000. If the secretary is paid at an FTE rate of \$16,000, but only works 75% of the time, the secretary will be paid \$12,000 for the year.

Step 7 Enter the percent of full-time employment for each position in Column D

Step 8 Enter the number of months that this position is expected to be filled during the budget period in Column E

Step 9 Total Salaries in Column F total automatically. Please be sure to verify that the totals match your records.

Step 10 Enter the Amount of each Person's salary budgeted for this program in Column G. Total of the Column will populate automatically.