

City Council Discretionary Award
 EXHIBIT A – Scope of Work and Budget Breakdown

Name of Org.	EIN	MOCS Award #	Award Amount	Source	Council Member
Purpose of Funds:					
SAMPLE FORM					

A. SCOPE OF WORK / PROGRAM DESCRIPTION SUMMARY

	Service/Program/Event Name each Service/Program/Event your award will provide and describe its related activities. (Please note: for all programs and events on Parks property, you will need to obtain a permit from the <u>permits office</u> .)	Location Name the Parks property where each Service/Program/Event will take place and use landmarks and natural features to describe where in the park.	Date State specific dates (or date range) and times to the best of your knowledge.
Ex.	<i>children’s sports clinic - instructors will teach 6 sessions of basic soccer skills and sportsmanship to children ages 7-14</i>	<i>Forest Park – Victory Field soccer fields</i>	<i>Evenings of 7/9, 7/23, 8/6, 8/20, 9/3, 9/17</i>
1			
2			
3			
4			
5			
6			

SAMPLE FORM

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Please describe how these services/programs/events support the broader Purpose of Funds in the gray box on the top of the first page.

SAMPLE FORM

Please describe how these services/programs/events support the mission of NYC Parks. (Our mission is to plan resilient and sustainable parks, public spaces, and recreational amenities, build a park system for present and future generations, and care for parks and public spaces.)

Please describe how your Scope of Work will produce beneficial outcomes in the community.

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B. MATERIALS/SUPPLIES – Will you be seeking reimbursements for Materials/Supplies? YES NO

List only items that will be purchased and used by your organization, not purchased by or on-behalf of a subcontractor. Please note: Materials/Supplies purchased for resale are not eligible for reimbursement (merchandise, ticket sales, farm stand items, etc.). In addition, costs of insurance, Parks permits, stipends, grant payments, office rent, utilities, and phone bills will not be reimbursed without prior agency approval.

	Item Description	Justification describe how this item ties into your Scope of Work (section A)	Cost
1			
2			
3			
4			
5			
6			
7			
Total Cost of Materials/Supplies			

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C. STAFFING – Will you be seeking reimbursements for Staffing? YES NO

List only staff that are employees of your organization who will perform the Services/Programs/Events detailed in your Scope of Work (section A). Consultants should be listed under Section D - Subcontractors.

	A	B	C	D	E	F
	Name and Title Description of Work/Deliverables performed by the employee	Hourly Rate	Hours Worked	Salary (B x C)	FRINGE (if applicable)	Cost (D +E)
1						
2						
3						
4						
5						
Total Cost of Staffing						
(Indirect administrative and executive level salaries cannot exceed 10% of the total award)						

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D. SUBCONTRACTORS - Will you be hiring Subcontractors or Consultants? YES NO

List all subcontractors you will hire using the award. Cost should include all amounts paid to the subcontractor including labor and materials that will be used by them. If you are hiring subcontractors, you must also fill out the Exhibit B form and provide your written subcontractor agreement. Subcontractors cannot perform any work unless their Exhibit B Form has been approved by the Agency and City Council Finance Division. You will be notified by the Agency once the form is approved.

	Name of Subcontractor	Tax ID#	Description of Work or Service	Cost
1				
2				
3				
4				
5				
6				
Total Cost of Subcontractors (cannot exceed 30% of total award)				

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E. TOTAL COSTS

$$\begin{array}{l} \textit{Total Cost} \\ \textit{Materials/} \\ \textit{Supplies} \end{array} + \begin{array}{l} \textit{Total Cost} \\ \textit{Staffing} \end{array} + \begin{array}{l} \textit{Total Cost} \\ \textit{Subcontractors} \end{array} = \boxed{} = \begin{array}{l} \textit{Award} \\ \textit{Amount} \end{array} \boxed{}$$

I hereby certify that the above information is accurate, and reflects costs needed in order to provide the above Scope of Work - Programs and Services, and these programs and services are covered under the City Council Award's approved Purpose of Funds.

Name _____

Title _____

Email _____

Phone _____

Date _____

SAMPLE FORM