



WAGEES FORMAL Proposal Form PY 2015-2016

| Section 1. Proposer Contact Information | | |
|--|---|---|
| 1.1 | Organization Name | |
| 1.2 | Contact Person | |
| 1.3 | Address | |
| 1.4 | City, State, Zip | |
| 1.5 | Telephone # | |
| 1.6 | E-Mail Address | |
| 1.7 | Program Name | |
| Section 2. Proposer Target Area & Planned to Serve | | |
| 2.1 | Parole Region | <input type="checkbox"/> Region I <input type="checkbox"/> Region II <input type="checkbox"/> Region III |
| 2.2 | Target Counties | |
| 2.3 | # of Parolees Planned to Serve | |
| 2.4 | Funds Requested | |
| Section 3. Proposer General Organizational Information | | |
| 3.1 | Eligible Organization Type | <input type="checkbox"/> 501(c)(3) Community Based <input type="checkbox"/> 501(c)(3) Faith Based <input type="checkbox"/> Indian or Native American Entity |
| 3.2 | Year Established | |
| 3.3 | Annual Operating Budget | |
| 3.4 | Organizational Mission | |
| 3.5 | Organizational Development Level | Which best describes your current organizational development level? <input type="checkbox"/> Novice – Loosely defined organization structure with few written policies <input type="checkbox"/> Moderate – Defined organizational structure with basic written policies <input type="checkbox"/> High – Clearly defined organizational structure with comprehensive written policies |
| Section 4. Required Screening Questions | | |
| 4.1 | Is your organization willing to participate in technical assistance/capacity building/training activities provided by the LCCL and CDOC (travel sometimes required)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.2 | Is your organization willing to be accountable to performance standards, implementing | |

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| | procedures related to program eligibility, case management, and tracking of participation information and performance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.3 | Is your organization willing to utilize the LCCL's online case management data management system for participant's enrolled into the project? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.4 | Is your organization willing to utilize the online fiscal accounting system for grant expenditures and in-kind contributions(if any)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.5 | Is your organization willing to participate in a partnership development process that results in linkages with CDOC and other organizations that serve parolees (i.e. pre-release program, community re-entry specialists, employment and training navigators, ATP, TASC, Behavior Health Social Workers, and other FCBOs)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.6 | Is your organization willing to have all employees, contractors and volunteers who have direct contact with parolees under this grant submit to a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proposal Narrative | |
| Please be sure your response can be clearly and fully viewed when printed. Only narrative that can be viewed when printed will be reviewed and scored. | |
| | Section 5. Demonstrated History & Ability to Meet Performance Measures (30 points maximum): This category will evaluate the proposers' experience in providing services similar to those being proposed, based on the demonstrated performance and management capability of the proposing organization. |
| 5.1 | Describe your organization's history working with parolees in the county or counties you propose to serve. |

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| 5.2 | <p>Describe your organization's current relationship, linkages, collaboration or partnerships with key entities (i.e. law enforcement, corrections, parole, schools/higher education, local workforce investment boards, etc.) that demonstrate a current connection and focus on serving this population.</p> |
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5.3

Describe the types of outcomes and performance your organization has achieved with participants in your program.

5.4 Describe the qualifications and experience of staff or contractors that will be involved in this project.

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| 5.5 | If any of the employees, contractors or volunteers proposed under this grant are currently under criminal justice supervision please state who, the remaining time on parole and parole officer. If none, please clearly state so. |
| 5.6 | Have you ever had any grants or contracts for the same or similar services you are proposing here revoked, not renewed or otherwise terminated for lack of performance or mismanagement? If yes, please explain. If no, clearly state so. |

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| | Section 6. Program Design (20 points maximum): This category will evaluate how clearly the proposal addresses services as required in the RFP. Proposers should articulate how the activities will help achieve the desired results with respect to the performance measures |
| 6.1 | Employment Strategies: Please describe in reasonable detail the activities you are proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce. |

6.2 Training & Education Strategies: Please describe in reasonable detail the activities you are proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.

6.3

Mentoring Strategies: Please describe in reasonable detail the activities you are proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.

6.4 Other Allowable Activity Focus: Please describe other allowable activities your program design will incorporate into this program. The LCCL recognizes that there other allowable activities you may provide and the intent of this section is to highlight the primary allowable activities that are integral to the overall program design.

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| | <p>Section 7. Case Management & Performance Metrics (20 points maximum): Case management is required to effectively administer and document the needs, status, progress and results of the activities and services provided to project participants. Case management is a time intensive service and proposers should take into account the complex and challenging needs of the participants this funding intends to serve. This category will evaluate the proposing organization's ability to provide case management services (which includes intensive case management).</p> |
| 7.1 | <p>Describe your organization's experience providing case management to the same or similar populations.</p> |
| 7.2 | <p>What is your organization's case management oversight process? How does your organization ensure that the required documentation is correct and that participant records are up-to-date?</p> |
| 7.3 | <p>Is each participant assigned one case manager member or does your organization use a team of case managers to document participant information and assist the participant in problem solving? Please describe your approach.</p> |

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| 7.4 | How frequently do case managers meet with participants? How will you ensure routine and on-going contact with participants is maintained? |
| 7.5 | Describe how you will work with individuals who need routine case management versus those who have higher needs due to severe or multiple barriers and need intensive case management (intensive case management is defined as needing multiple face to face contacts per week over an extended period of time)? |
| 7.6 | <p>The following are the minimum performance requirements for the relevant activities offered (See RFP Guidance for details):</p> <p>Enrollment Rate: 100% Placement Rate: 60% Retention Rate: 50% Credential Participation Rate: 30% Credential Attainment Rate: 50% Recidivism Rate: 20%</p> <p>What challenges or advantages does your organization anticipate in attaining or exceeding these performance measures?</p> |

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| | Section 8. Cultural/Target Population Competency (20 points maximum): This category will evaluate the extent to which the proposed program meets the needs and interests of parolees. |
| 8.1 | Describe how your organization reflects the culture of the community you intend to serve. |
| 8.2 | How does your organization ensure that the services provided are accessible and relevant to the needs of parolees and the community? |

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| 8.3 | Describe your organization's experience serving within the unique context of the community you intend to serve (i.e. rural, urban, specific minorities, unique community challenges and opportunities, etc.) |
| 8.4 | Describe any other cultural/group competency your organization possesses relevant to promoting successful engagement and outcomes. |
| Section 9. Program Costs (10 points maximum): This category will evaluate the costs associated with the proposed program in relation to what is being offered and local needs. | |
| 9.1 | What is the average cost per participant? \$ (Total funds requested divided by the total number of planned participants). |

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| 9.2 | Please provide an explanation and justification of any unusual costs or special equipment needs. |
| 9.3 | Please make sure that all proposed activities are adequately funded in the budget submitted. If necessary, please explain any special arrangements used to reduce costs, or special circumstances affecting costs. |
| 9.4 | Please list and describe any collaborations, partnering arrangements and/or other funding that will be used to leverage your organization's ability to provide the proposed services. |

Budget Summary

| Cost Category | | To Be Funded by Grant | In-Kind Contributions (Not Required but Encouraged) |
|---|--|--------------------------|--|
| Salaries, Wages and Fringe Benefits | | | |
| 1 | Staff Salaries and Wages | \$ | \$ |
| 2 | Participant Salaries and Wages (Work Experience) | \$ | \$ |
| 3 | Fringe Benefits - Payroll Taxes (Employer) | \$ | \$ |
| 4 | Fringe Benefits - Group Insurance | \$ | \$ |
| 5 | Fringe Benefits - Other | \$ | \$ |
| | Total Salaries, Wages and Fringe Benefits | \$ | \$ |
| Participant Program Expenses | | | |
| 6 | Direct Program Expenses (i.e. incentives or stipends but NOT food) | \$ | \$ |
| | Total Participant Program Expense | \$ | \$ |
| Facility Expenses | | | |
| 7 | Facility Lease / Rent | \$ | \$ |
| 8 | Facility Maintenance | \$ | \$ |
| 9 | Communication Expense | \$ | \$ |
| 10 | Utilities | \$ | \$ |
| | Total Facility Expenses | \$ | \$ |
| Supplies, Equipment (Under \$5000/unit) & Capital Expenditures | | | |
| 11 | Educational Materials/Curriculum | \$ | \$ |
| 12 | Postage | \$ | \$ |
| 13 | Printing & Duplication | \$ | \$ |
| 14 | Office Supplies | \$ | \$ |
| 15 | Equipment / Lease / Other | \$ | \$ |
| 16 | Other | \$ | \$ |
| 17 | Capital expenditures (over \$5000 per unit) | \$ | \$ |
| | Total Supplies, Equipment and Capital Expenditures | \$ | \$ |

| Travel & Training Expense | | | |
|--|--|----|----|
| 18 | Travel- Lodging Actual Expense | \$ | \$ |
| 19 | Travel- Per Diem, Meals & Incidentals | \$ | \$ |
| 20 | Training & Tech Assist. - Technical Training for Program Staff | \$ | \$ |
| 21 | Training - Participant Training & Tuition Costs | \$ | \$ |
| 22 | Training & Tech Assist. - Travel / Capacity Building | \$ | \$ |
| 23 | Staff Planning / Development / Meetings | \$ | \$ |
| 24 | Travel-Mileage | \$ | \$ |
| Total Travel and Training Expense | | \$ | \$ |
| Insurance / Bonding / Professional & Special Services | | | |
| 25 | General Insurance (Liability, Bonding, etc.) | \$ | \$ |
| 26 | Contract services (Accounting, Legal, Auditor, etc.) | \$ | \$ |
| 27 | Other indirect costs (20% max) * | \$ | \$ |
| Total Insurance, Bonding, & Professional & Special Services | | \$ | \$ |
| Outreach & Recruiting Costs | | | |
| 28 | Outreach Meetings | \$ | \$ |
| 29 | Advertising Costs | \$ | \$ |
| Total Outreach & Recruiting Costs | | \$ | \$ |
| Supportive Services | | | |
| 30 | Direct Support Service Expense (bus passes, work clothing, work tools, etc.) | \$ | \$ |
| Total Supportive Services | | \$ | \$ |
| Total Requested / Total In-Kind | | \$ | \$ |

* Indirect costs must be substantiated with a reasonable cost allocation methodology that can be documented for reimbursement submittal. Simply charging 20% of total without substantiation will be treated as an unallowable expense.

Budget Narrative

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Budget Narrative Continued

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**WAGEES Project
Enrollment Plan
2015-2016**

In the tables below please estimate the projected number of participants that will be enrolled each month and cumulatively. It is expected that the bulk of enrollment will be in the first 15 months to provide at least three months of direct services to the last enrolled participants. The cumulative total number must match item 2.3 in Section 2 above.

2015

| Month | 1/15 | 2/15 | 3/15 | 4/15 | 5/15 | 6/15 |
|------------------|------|------|------|------|------|------|
| Monthly Total | | | | | | |
| Cumulative Total | | | | | | |

2015

| Month | 7/15 | 8/15 | 9/15 | 10/15 | 11/15 | 12/15 |
|------------------|------|------|------|-------|-------|-------|
| Monthly Total | | | | | | |
| Cumulative Total | | | | | | |

2016

| Month | 1/16 | 2/16 | 3/16 | 4/16 | 5/16 | 6/16 |
|------------------|------|------|------|------|------|------|
| Monthly Total | | | | | | |
| Cumulative Total | | | | | | |

CERTIFICATION OF PROPOSAL CONTENT BY AUTHORIZED REPRESENTATIVE

The proposal organization's official certifies that he/she is a duly authorized representative of the proposing organization and is fully authorized to submit and sign proposals; that the data contained herein are accurate, complete and current; that any revisions to price or cost information cannot change without written agreement from the Latino Coalition for Community Leadership; that the organization is fully capable of fulfilling its obligations under this proposal as stated herein.

Organization

Name & Title of Authorized Representative

Signature

Date