



## WAGEES Proposal Form PY 2017-2018

| 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 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"/> Non-Profit Community Based <input type="checkbox"/> Non-Profit Faith Based<br><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?<br><input type="checkbox"/> Novice – Loosely defined organization structure with few written policies<br><input type="checkbox"/> Moderate – Defined organizational structure with basic written policies<br><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   |   |

|  |  |
|--|--|
|  | 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 and CDOC's online case management data system for participant's referred and 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, First Alliance, 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  |
| <b>Proposal Narrative</b>  |  |
| <b><i>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.</i></b> |  |
|  | <b>Section 5. Demonstrated History &amp; Ability to Meet Performance Measures</b> (30 points maximum):<br>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 or a similar population in the county or counties you propose to serve.   |

|     |   |
|-----|---|
| 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 parolees or a similar population.</p> |
|-----|---|

|     |   |
|-----|---|
| 5.3 | Describe the types of outcomes and performance your organization has achieved with parolees or similar populations in your program. |
|-----|---|

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

|     |   |
|-----|---|
| 5.5 | Please state and describe the rationale for any parole populations (i.e. those convicted of arson, homicide, sex offenses) that your organization will choose not to serve.                       |
| 5.6 | Have you ever had any grants or contracts for the same or similar services you are proposing here terminated or received notice of non-renewal? If yes, please describe. If no, clearly state so. |

|     |  |
|-----|--|
|     | <b>Section 6. Program Design</b> (20 points maximum): This category will evaluate how clearly the proposal addresses services as required in the RFP Guidance. 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/coordiante 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/coordinate 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/coordinate under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.

6.4

Other Allowable Activity: Please describe any other activity or service that your program will emphasize or that play a critical aspect of your program strategy.

|     |   |
|-----|---|
|     |   |
|     | <p><b>Section 7. Case Management &amp; Performance Metrics</b> (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 parolees this funding intends to serve.</p> |
| 7.1 | Describe your staff's experience providing case management to the same or similar populations.  |
| 7.2 | 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?  |
| 7.3 | 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.  |

|     |   |
|-----|---|
| 7.4 | How frequently do case managers meet with parolees? How will you ensure routine and on-going contact with parolees 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><b>Enrollment Rate: 100% Placement Rate: 60% Retention Rate: 50% Credential Attainment Rate: 50% Recidivism Rate: 20%</b></p> <p>What challenges or advantages does your organization anticipate in attaining or exceeding these performance measures?</p> |

|     |  |
|-----|--|
|     | <b>Section 8. Cultural/Target Population Competency (20 points maximum):</b> 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 and/or life experience of the parolees 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?   |

|   |  |
|---|--|
| 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/target group competency your organization possesses relevant to promoting successful engagement and outcomes.  |
| <b>Section 9. Program Costs</b> (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? \$<br>(Total funds requested divided by the total number of planned participants).   |

|     |  |
|-----|--|
| 9.2 | Please how our organization will manage cash flow to ensure uninterrupted services under this cost-reimbursement grant.  |
| 9.3 | Please make sure that all proposed activities are adequately funded in the budget submitted. If necessary, please explain any special arrangements or circumstances affecting costs. |
| 9.4 | Please describe any circumstances that may negatively impact your ability to provide the full scope of services proposed (i.e. potential loss of other grant funding or revenue).    |

## WAGEES Budget Summary

FY 7/1/2017 - 6/30/2018

| Agency:                                     |  |                                       |  |
|---|--|---------------------------------------|--|
| Cost Category                               |  | Budget Narrative Required             |  |
|   |  | To Be Funded by CDOC-<br>WAGEES Grant | In Kind Contributions<br>(Not Required,<br>but Encouraged) |
| <b>SALARY, WAGES AND FRINGE BENEFITS</b>    |  |                                       |  |
| 1   | Staff Salaries & Wages                     |                                       |  |
| 2   | Participant Wages - Work Experience        |                                       |  |
| 3   | Fringe Benefits - Payroll Taxes (Employer) |                                       |  |
| 4   | Fringe Benefits - Group Insurance          |                                       |  |
| 5   | Fringe Benefits - Other                    |                                       |  |
| <b>Total Salary, Wages &amp; Fringe</b>     |  | \$                                    | \$   |
| <b>PROGRAM EXPENSES</b>                     |  |                                       |  |
| 6   | Direct Program Expenses                    |                                       |  |
| 6.1   | Employer Reimbursement Program             |                                       |  |
| 6.2   | Incentives                                 |                                       |  |
| 6.3   | Contracted Service Providers               |                                       |  |
| 6.4   | Program Supplies                           |                                       |  |
| 6.5   | Transportation                             |                                       |  |
| 7   | Curriculum / Educational Materials         |                                       |  |
| 8   | Participant Training and Tuition           |                                       |  |
| 9   | Direct Support Expenses                    |                                       |  |
| 9.1   | Clothing / Uniform Assistance              |                                       |  |
| 9.2   | Housing Assistance                         |                                       |  |
| 9.3   | Small Tools Assistance                     |                                       |  |
| 9.4   | Transportation Assistance                  |                                       |  |
| <b>Total Program Expenses</b>               |  | \$                                    | \$   |
| <b>OUTREACH &amp; RECRUITING</b>            |  |                                       |  |
| 10  | Community Outreach                         |                                       |  |
| 11  | Advertising & Promotion                    |                                       |  |
| <b>Total Outreach &amp; Recruiting</b>      |  | \$                                    | \$   |
| <b>STAFF DEVELOPMENT AND TRAVEL</b>         |  |                                       |  |
| 12  | Technical Training for Staff               |                                       |  |
| 13  | Staff Development Planning / Meetings      |                                       |  |
| 14  | Travel - Transportation & Lodging Expense  |                                       |  |
| 15  | Travel - Per Diem, Meals & Incidentals     |                                       |  |
| 16  | Travel - Mileage & Parking                 |                                       |  |
| <b>Total Staff Development &amp; Travel</b> |  | \$                                    | \$   |
| <b>CAPACITY BUILDING</b>                    |  |                                       |  |
| 17  | Capacity Building                          |                                       |  |
| 17.1  | Capacity Building Equipment                |                                       |  |



|                                |                            |           |           |
|--------------------------------|----------------------------|-----------|-----------|
| <b>17.2</b>                    | Capacity Building Training |           |           |
| <b>17.3</b>                    | Capacity Building Services |           |           |
| <b>Total Capacity Building</b> |                            | <b>\$</b> | <b>\$</b> |

| <b>FACILITY EXPENSES</b>       |                       |           |           |
|--------------------------------|-----------------------|-----------|-----------|
| <b>18</b>                      | Facility Lease / Rent |           |           |
| <b>19</b>                      | Facility Maintenance  |           |           |
| <b>20</b>                      | Communication Expense |           |           |
| <b>21</b>                      | Utilities             |           |           |
| <b>Total Facility Expenses</b> |                       | <b>\$</b> | <b>\$</b> |

| <b>SUPPLIES &amp; EQUIPMENT</b>       |                        |           |           |
|---------------------------------------|------------------------|-----------|-----------|
| <b>22</b>                             | Postage                |           |           |
| <b>23</b>                             | Printing & Duplication |           |           |
| <b>24</b>                             | Office Supplies        |           |           |
| <b>25</b>                             | Equipment / Lease      |           |           |
| <b>26</b>                             | Supplies - Other       |           |           |
| <b>Total Supplies &amp; Equipment</b> |                        | <b>\$</b> | <b>\$</b> |

| <b>INSURANCE, BONDING, PROFESSIONAL SERVICES, &amp; INDIRECT EXPENSES</b> |   |           |           |
|---|---|-----------|-----------|
| <b>27</b>   | General Insurance (Liability, Bonding, etc.)  |           |           |
| <b>28</b>   | Professional Services<br>(Accounting, Legal, Auditing, IT Support)                      |           |           |
| <b>29</b>   | Other Indirect Costs / Admin Overhead<br>Expenses not otherwise classified<br>(20% max) |           |           |
| <b>30</b>   | Capital Expenditures<br>(Requires Prior Approval)                                       |           |           |
| <b>Total Ins, Prof Svc, Indirect Exp.</b>                                 |   | <b>\$</b> | <b>\$</b> |
| <b>GRAND TOTALS</b>   |   | <b>\$</b> | <b>\$</b> |

- 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

**Budget Narrative Continued**

[Empty rectangular box for budget narrative content]

**WAGEES Project  
Enrollment Plan  
2017-2018**

In the tables below please estimate the projected number of participants that will be enrolled each month and cumulatively. The cumulative total number must match item 2.3 in Section 2 above.

**2017**

| Month            | 7/17 | 8/17 | 9/17 | 10/17 | 11/17 | 12/17 |
|------------------|------|------|------|-------|-------|-------|
| Monthly Total    |      |      |      |       |       |       |
| Cumulative Total |      |      |      |       |       |       |

**2018**

| Month            | 1/18 | 2/18 | 3/18 | 4/18 | 5/18 | 6/18 |
|------------------|------|------|------|------|------|------|
| 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