



*Strengthening ☉ Leading ☉ Transforming*

**WAGEES Proposal Form FY 2022-2023**

(Responses to questions should be submitted through our [online application](#))

Section 1. Proposer Contact Information		
1.1	Organization Name	
1.2	Employer Identification Number (EIN)	
1.3	Contact Person	
1.4	Address	
1.5	City, State, Zip	
1.6	Telephone #	
1.7	E-Mail Address	
1.8	Program Name	
Section 2. Proposer Target Area & Planned to Serve		
2.2	Target Area	
2.3	# of Participants 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 <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	<p>Which best describes your current organizational development level?</p> <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
<b>Section 4. Required Screening Questions</b>		
4.1	Is your organization willing to participate in technical assistance/capacity building/training activities provided by the LCCL and CDOC (travel generally 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 program? <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 eligible participants (i.e. pre-release program, community re-entry specialists, employment and training navigators, Behavior Health Social Workers, and other CFBOs)? <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 eligible participants under this grant submit to a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Proposal Narrative</b>		
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.		
	<b>Section 5. Demonstrated History &amp; Ability to Meet Performance Measures</b> (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. The target population of eligible parolees and people on inmate status are referred to as Participants throughout. If the work discussed is with similar populations please state so and describe.	
5.1	Describe your organization's history working with participants in the target area you propose to serve.	

5.2	Describe your organization's current relationship, linkages, collaboration or partnerships with key entities (i.e. other local community and faith based organizations, training providers, law enforcement, corrections, parole, schools/higher education, local workforce investment boards, etc.) that demonstrate a connection and focus on serving participants.
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, volunteers or contractors that will be involved in your program design.
5.5	If any of the employees, contractors or volunteers proposed under this grant have previous criminal justice involvement please state who and describe the strengths and benefits you believe this kind of experience will add to the program.
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.
	<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	<b>Employment Strategies:</b> Please describe in reasonable detail the activities and services your organization is proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.
6.2	<b>Training &amp; Education Strategies:</b> Please describe in reasonable detail the types of training and educational strategies your organization is proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.
6.3	<b>Mentoring Strategies:</b> Please describe in reasonable detail the activities and services your organization is proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.

6.4	<p><b>Other Allowable Activity/Service Focus:</b> Please describe in reasonable detail the activities and services your organization is proposing to deliver under this strategy. Responses must include the expected performance measure(s) the proposed activities will produce.</p>
	<p><b>Section 7. Case Management &amp; Performance Metrics (20 points maximum):</b> 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.</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>
7.4	<p>How frequently do case managers meet with participants? How will you ensure routine and on-going contact with participants is maintained?</p>
7.5	<p>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 intensive support over an extended period of time to remediate the identified issue)?</p>
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%</b>  <b>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>
	<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 participants.</p>
8.1	<p>Describe how your organization reflects the culture of the target area you intend to serve.</p>

8.2	How does your organization ensure that the services provided are accessible and relevant to the needs of the participant and the target area?
8.3	Describe your organization's experience serving within the unique context of the target area 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? \$ (Total funds requested divided by the total number of planned participants).
9.2	Please provide an explanation and justification of any unusual costs or any anticipated 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 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).

	<b>Section 10. COVID Addendum</b> (0 points maximum): This category is optional and provides space for proposers to describe crisis management plans and operational adjustments related to the pandemic.
10.1	Please describe any operational, staffing, or program design adjustments that will be made in response to COVID-19. *
10.2	What is your organization's crisis management plan to meet grant deliverables while accommodating statewide public health orders? *

**WAGEES Program  
Enrollment Plan  
2021 - 2022**

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.

<b>Month</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
<b>Monthly Goal</b>								
<b>Cumulative Total</b>								

**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.

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Organization

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Name & Title of Authorized Representative

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Signature

Date