

# YEAR-ROUND YOUTH PROGRAM PROPOSAL NARRATIVE

**General Proposal Information:** The following format will be used when submitting a proposal. Each question must be answered. If the proposal is a combination of In-School and Out-of-School services, please clearly identify services specific to each program. All information should be for year one funding only.

## General Program Operation

1. Describe your organization's experience **and** performance in providing services for in-school and/or out-of-school youth. Please include any innovative services provided during the past three years. (Maximum 1 page).
2. Describe where and when program oversight services will take place. (All services must be ADA accessible. Locations will be monitored to ensure accessibility.)
3. How many youth do you propose serving? Provide a comprehensive outreach and recruitment strategy for the targeted population in the targeted counties.
4. Provide an explanation as to why this program is needed in proposed area(s) of service. Are there similar programs/services provided in the proposed service area? If so, explain how this proposal differs from those programs.
5. Demonstrate availability of year- round services.

## Program Activities and Designs

6. Provide a detailed description of the program design.
7. Answer the following questions pertaining to the specific program elements:
  - a. Tutoring/Study Skills:
    - Who will be the provider of basic skill remediation?
    - If services are provided by an outside source, describe how progress will be monitored.
    - How will you incorporate basic skills remediation into your program design?
  - b. Alternative School:
    - How will the need for alternative education be identified?
    - What dropout prevention strategies will be provided?
    - How will progress and/or goal achievement be monitored and documented?
  - c. Work Experience Opportunities:
    - Describe your recruitment strategy for employers.
    - Describe how you will determine appropriate participant placement.
    - Describe your evaluation process for work sites.
    - Identify the job readiness criterion a participant must meet prior to placement in a work experience.
    - Describe how work experience hours will be assigned to participants.

- Describe your definition of successful completion of the element.
  - Describe how wages for participants will be determined.
  - How will you ensure expenditure of **20%** of funds, as required, on work experience activities?
- d. Occupational Skills Training:
- Describe the activities, projects and/or services that will provide youth with career guidance/exploration.
  - Describe your method for fiscal oversight for in-school and out-of-school training and support services.
- e. Supportive Services:
- Describe how the need for supportive services will be determined.
- f. Mentoring:
- Describe how mentoring activities will be developed and mentors will be selected.
- g. Comprehensive Guidance and Counseling:
- Identify guidance and counseling services available in the area(s) you selected to serve.
  - Describe your process for referral of guidance and counseling services.
- h. Identify the method to provide information on the following topics to participants:
- Labor Market Information
  - Entrepreneurial Skills
  - Leadership Development
  - Job Readiness
  - Financial Literacy
  - Career Exploration
  - Independent Living
- i. Transition to Post-Secondary Education and Training:
- What approach will be utilized to prepare participants for the transition into post-secondary training?
- j. Follow-up Services:
- What method will you use to maintain contact with participants after exiting from the program?
8. Describe your entities/organization's methods in assessing skills, strengths, and obstacles of youth.
9. What methods will be used to expose participants to the services of the One-Stop Career system?
10. Incentives (see definition) are allowed for in-school and out-of-school youth. If applicable, describe in full detail the proposed incentive plan. Please include the amount of the incentive, how incentives are earned, and how incentives will be provided to the youth.

## **Performance**

11. Include the strategy used to assist youth in achieving the following that goals are tracked by federal performance measures and/or data validation:

- a) Placement in Employment/Education/Training
- b) Employment is training related
- c) Retention in Employment/Education/Training
- d) Employment with Self-sustaining wage
- e) Obtaining a Credential
- f) Ensuring Measurable Skill Gains

## **ATTACHMENTS**

Please attach the following items as supplements to the questions as identified above.

**Program Attachment 1:** Attach a list of partnership with other agencies/organizations assisting with services provided by this proposal. Identify their role.

**Budget Attachment 1:** A detailed description of supplies, materials, and instructional aides to be purchased. The total of these items should be reflected in the budget worksheet under C: Materials/Supplies/General Office Materials and Supplies.

**\*Due to limited funding, purchasing equipment will not be approved. Single purchases that exceed \$1,500.00 and have a life of one year or longer must have prior approval of TENCO.**

## **Administrative Budget Narrative**

**In addition to the completion of the detailed budget form, please address each of the following in the below format:**

1. Provide the official name of the organization applying for WIOA funds.
2. Identify the individual(s) responsible for the fiscal and programmatic portions of the program. Please list their name (if known), their title, and if they will be paid as part of the contract or their contributions to the program will be considered in-kind.
3. Identify the EEO officer of the organization.
4. List in-kind services (amount included) to be provided by the organization for the proposed program.
5. For audit purposes, specify the total amount of federal funding received by the bidding organization.
6. List most recent agency audit findings and corrective measures taken to improve operations (Attach Audit)
7. Describe how shared/indirect costs are determined, if applicable.
8. How is payroll calculated (hourly/salary) and how often will staff and/or participants of the program be paid?
9. If proposed staff is not 100% WIOA funded, identify other funding source and describe job descriptions of non-WIOA time. How will WIOA time be monitored and tracked?
10. Describe your experience in tracking grant funding.

## Staff Job Description

Complete a *separate* form for each staff position being requested for WIOA funding. Include WIOA requested funding and funding from other sources. One person may perform more than one job up to 40 hours per workweek.

I. **JOB TITLE:** \_\_\_\_\_ # of Individuals: \_\_\_\_\_

### II. SPECIFIC DUTIES:

- 1.
- 2.
- 3.
- 4.
- 5.

### III. POSITION INFORMATION:

- A. Total hourly or monthly rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_
- B. Is this position full-time, or part-time, for this agency?
- C. What percentage of time for this position will be charged to WIOA? \_\_\_%
- D. If person is a full-time employee and not funded 100 percent by WIOA, what other job duties will be assigned?
- E. Will this position perform WIOA services for a 12-month period? \_\_\_\_\_  
If not, please explain \_\_\_\_\_
- F. What is the normal number of hours per week for this position? \_\_\_\_\_
- G. What are the normal hours of operation for this position? \_\_\_\_\_ to \_\_\_\_\_
- H. Days of the week the individual will work: \_\_\_\_\_

**TENCO Workforce Development Board  
WIOA Youth Services  
Detailed Program Budget Proposal**

**A. STAFF COSTS:**

**Salaries:**

| Position                       | Salary/Hourly | Month/Weeks | % WIOA  | = | \$                |
|--------------------------------|---------------|-------------|---------|---|-------------------|
| _____                          | \$ _____      | X _____     | X _____ | = | \$ _____          |
| _____                          | \$ _____      | X _____     | X _____ | = | \$ _____          |
| _____                          | \$ _____      | X _____     | X _____ | = | \$ _____          |
| <b>Staff Salaries Subtotal</b> |               |             |         |   | <b>= \$ _____</b> |

**Fringe Benefits**

|  |   |                          |                 |
|--|---|--------------------------|-----------------|
| FICA @ 7.65% (.0765)                   | X | \$ _____ (Total Wages) = | \$ _____        |
| Retirement                             |   | _____                    | \$ _____        |
| Health Insurance                       |   | _____                    | \$ _____        |
| Life Insurance                         |   | _____                    | \$ _____        |
| Worker's Compensation                  |   | _____                    | \$ _____        |
| Medicare                               |   | _____                    | \$ _____        |
| Unemployment                           |   | _____                    | \$ _____        |
| Other                                  |   | _____                    | \$ _____        |
| <b>Salary/Fringe Benefits Subtotal</b> |   |                          | <b>\$ _____</b> |

**Staff Travel Costs**

*(Buses/vans must be the most economical means of transportation)*

Total Miles \_\_\_\_\_ X .44 (Rate Per Mile) = \$ \_\_\_\_\_

Other Travel Costs:

Type \_\_\_\_\_ Amount \_\_\_\_\_ \$ \_\_\_\_\_

**A. STAFF COST TOTAL**      \$ \_\_\_\_\_

\* Travel costs not related to meeting contract guidelines and/or participant needs, must be pre-approved by TENCO, i.e. conferences, trainings, etc. Travel rates may change quarterly.

**B. SPACE/OFFICE COSTS:**

**Facility**

|                             |         |   |        |   |              |   |                 |
|-----------------------------|---------|---|--------|---|--------------|---|-----------------|
| 1. Name of Facility/Address | Cost/Mo | X | # Mos. | X | % WIOA Usage | = | Cost            |
| _____                       | _____   |   | _____  |   | _____        | = | \$ _____        |
| _____                       | _____   |   | _____  |   | _____        | = | \$ _____        |
| <b>Facility Subtotal</b>    |         |   |        |   |              |   | <b>\$ _____</b> |

**Utilities**

|                           |         |   |        |   |              |   |                 |
|---------------------------|---------|---|--------|---|--------------|---|-----------------|
| 2. Utilities              | Cost/Mo | X | # Mos. | X | % WIOA Usage | = | Cost            |
| _____                     | _____   |   | _____  |   | _____        | = | \$ _____        |
| _____                     | _____   |   | _____  |   | _____        | = | \$ _____        |
| <b>Utilities Subtotal</b> |         |   |        |   |              |   | <b>\$ _____</b> |

|                         |         |   |        |   |              |   |          |
|-------------------------|---------|---|--------|---|--------------|---|----------|
| 3. Phone/Postage/Copies | Cost/Mo | X | # Mos. | X | % WIOA Usage | = | Cost     |
| _____                   | _____   |   | _____  |   | _____        | = | \$ _____ |
| _____                   | _____   |   | _____  |   | _____        | = | _____    |
| _____                   | _____   |   | _____  |   | _____        | = | _____    |

**B. SPACE/OFFICE COST TOTAL**      \$ \_\_\_\_\_

**C. MATERIALS/SUPPLIES:**

**General Office Materials/Supplies**

| Item  | Quantity | Purchase Price | or | Rental Price | = | Cost     |
|-------|----------|----------------|----|--------------|---|----------|
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |

(Include itemized list of all anticipated purchased materials and supplies along with percent (%) of WIOA usage).

**General Office Materials/Supplies Subtotal**      \$ \_\_\_\_\_

**Participant Supplies**

| Item  | Quantity | Purchase Price | or | Rental Price | = | Cost     |
|-------|----------|----------------|----|--------------|---|----------|
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |
| _____ | _____    | _____          | or | _____        | = | \$ _____ |

**Participant Supplies Subtotal**      \$ \_\_\_\_\_

**C. MATERIALS/SUPPLIES COST TOTAL**      \$ \_\_\_\_\_

**D. EDUCATIONAL EXPENSES:**

*\*No participant may receive more than \$6000.00 for educational expenses during a fiscal year – July 1, 2026 – June 30, 2027. This includes tuition, fees, books, supplies, transportation and/or child care.*

**Post-Secondary Tuition and Books – IN-SCHOOL ONLY**

|                            |   |             |   |               |   |             |
|----------------------------|---|-------------|---|---------------|---|-------------|
| Tuition/Books or Fees Cost | X | # Semesters | X | #Participants | = | <i>Cost</i> |
| _____                      | X | _____       | X | _____         | = | \$ _____    |

**Supportive Services: Transportation/Child Care**

*Please estimate supportive services as TENCO will pay supportive services based on individual participant need and policy limitations.*

| <i>Type of Support</i>            | <i>Amount requested</i> | X | <i># of Youth</i> | = | <i>Cost</i> |
|-----------------------------------|-------------------------|---|-------------------|---|-------------|
| <u>Transportation</u>             | _____                   | X | _____             | = | \$ _____    |
| <u>Child care</u>                 | _____                   | X | _____             | = | \$ _____    |
| <u>Required Training Supplies</u> | _____                   | X | _____             | = | \$ _____    |

*Supportive Services Subtotal* = \$ \_\_\_\_\_

**D. EDUCATIONAL EXPENSE COST TOTAL = \$ \_\_\_\_\_**  
(See Attached Board Policy)

**E. WORK EXPERIENCE**

**Paid Work Experience**

|                          |   |                          |   |                                |   |                    |
|--------------------------|---|--------------------------|---|--------------------------------|---|--------------------|
| <i># Of Participants</i> | X | <i>Est. Hourly Wages</i> | X | <i># hours per participant</i> | = | <i>Total Wages</i> |
| _____                    | X | _____                    | X | _____                          | = | \$ _____           |

**Participant Fringe Benefits**

1. FICA @ .0765 x \$ \_\_\_\_\_ (Total Wages) = \$ \_\_\_\_\_
2. Worker's Compensation \_\_\_\_\_ rate x total wages = \$ \_\_\_\_\_

*Participant Fringe Subtotal* = \$ \_\_\_\_\_

