# **Navigator Agency Application Form**

GVP RFQ 2021

**Instructions:** Applications will be accepted beginning on Thursday, October 7, 2021. Applications will be accepted on a rolling basis and evaluated on a first-come, first served basis, through the application deadline, Thursday, December 30, 2021.

This application must be filled out completely, and all required attachments must be included in the application submission. Applications must be e-mailed to Ccampbell@rochesterworks.org. Please use the subject line “GVP RFQ Navigator Agency Application”.

**Note:** This application form is for currently selected WIOA Youth Navigator Agencies only. If you are applying as a Qualified Community Service Provider (QCSP), you must use the Qualified Community Service Provider (QCSP) Application Form.

1. Organization Name:

2. Did you achieve at least 90% of your WIOA Youth Navigator enrollment goal during Program Year 2020 (7/1/2020–6/30/2021)? (Yes/No)

a. If no, please explain:

3. Is your WIOA Youth Navigator program currently fully staffed?

a. If no, please explain, along with a description of your plan to achieve full staffing:

4. Please list the addresses of all current service locations for your WIOA Youth Navigator program:

5. In addition to the participants already served under your WIOA Youth Navigator program, how many Gun Violence Prevention (GVP) program participants do you propose to serve (please give a number in multiples of 27)?

6. Please list the addresses of the locations where you propose to serve the additional GVP program participants:

7. Please list the ZIP codes from which you plan to recruit the additional GVP program participants:

8. Please complete the following table indicating numbers of participants that you propose to recruit by ZIP code. (You may enter zeros for ZIP codes from which you do not plan to recruit.)

|  |  |
| --- | --- |
| **ZIP Code** | **# of Participants** |
| 14605 |  |
| 14606 |  |
| 14608 |  |
| 14609 |  |
| 14611 |  |
| 14613 |  |
| 14615 |  |
| 14619 |  |
| 14621 |  |
| All other ZIP codes |  |
| **Total** |  |

9. Please describe in detail your outreach plan for recruiting eligible participants:

10. Please describe in detail your plan for serving eligible participants and placing them in unsubsidized employment. You should specifically mention any of the 14 WIOA Youth program service elements that you will provide with GVP funding, and how you will provide those services. You should also detail any training (including ITA and OJT) services, paid work experiences, supportive services, incentives, or stipends that you plan to provide, including numbers of participants to be served:

11. Please indicate whether you intend to co-enroll program participants in the WIOA Youth program, and if so, approximately how many:

13. Please describe in detail any referrals that you intend to make to outside agencies for services not provided under this grant, including numbers of participants to be served:

14. Please describe measures that you will take to conduct outreach and provide services to eligible participants while keeping your staff, participants, and the community-at-large safe from the spread of communicable diseases, such as COVID-19:

15. Please complete the budget form on the following page.

**Name, Title, and Signature of Authorized Signatory**

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Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## **Budget Form**

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|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name:  |  | **Requested Funds** **do not include matching or in-kind funds here** |  |
| Staff Salaries |  |
| Staff Fringes |  |
|  **Total Staff Costs** |  |
|  |  |
| Rent |   |
| Utilities |   |
| Supplies |   |
| Telephone |   |
| Insurance |   |
| Postage |   |
| Copy/Printing |   |
| Contracted Services  |   |
| Mileage @ current IRS rate |   |
| Staff Training/Development |  |
| Equipment\* |   |
| Supportive Services |  |
| Admin Costs—capped at 10% |   |
|  **Total Operating Costs** |  |
|  |  |
|  **Total Funds Requested** |  |

*\*Equipment becomes the property of RochesterWorks, Inc. and NYSDOL. Provide a detailed list of planned equipment purchases.*

**Note:** Total funds requested must not exceed $60,000 per navigator.