

Attachment A

2020 SYEP Work Experience Proposal Form

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2020 SYEP Work Experience Proposal – Detail

SECTION I (*not to exceed 5 pages in total*)

Organization Applying (*formal organization name and address*)

Employment Activity Name

Actual Employment Site/Location (*address including zip code*)

Number of Youth to Serve

Age 14-15

Youth Job Title(s)

Youth Job Description

Please attach formal job description on company/agency letterhead.

Employment Description Overview (*no more than 3 sentences to include summary with theme, and primary employment activity outcome – i.e. Documentary/Video; Business Plan*)

Employment Activity (*in detail, include actual work, enrichment, curriculum, financial literacy, when, where, and how it will be delivered*)

Employment Portfolio (*no more than 3 sentences to include summary of what will be included in the Employment Portfolio– i.e. Resume, Work Permits, letters of recommendation, report card and/or certificates/awards*)

Frequency and How participants will be paid (*please note this is a short-term experience - youth are to be paid weekly or bi-weekly only – attach payment schedule. If employment activity proposes an entrepreneurial or product sale component you must include policy on how any profits will be utilized or dispersed.*)

Describe policy on attendance, appearance, behavior, and grievance

Describe policy on transportation

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Identify team members, their roles, and any formal partnerships including leveraged resources (*resumes of known staff and/or job descriptions should be attached along with credentials of partner staff*)

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Overview of organization (*include qualifications to operate proposed employment, such as experience, staffing, and financial capability – ability to administer a **reimbursement-based** contract*)

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Unique or Special Requests (*i.e. skills, interests, aptitude or other – NO assurance is made by funder*)

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Primary (Program) Contact (*name, title, address, telephone, fax, email*)

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Administrative Contact, if different from above (*name, title, address, telephone, fax, email*)

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Fiscal Contact, if different from above (*name, title, address, telephone, fax, email*)

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Incorporated Organization

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Organization Type

Private-for-profit: <input type="checkbox"/>	Not-for-profit: <input type="checkbox"/>	501c3: <input type="checkbox"/>	M/WBE:
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Or

Public: <input type="checkbox"/>	Other:
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Does the organization have an Affirmative Action Plan?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Has the organization ever filed for bankruptcy?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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If yes explain:

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Has the organization ever had to repay funds to a government unit due to a questioned or disallowed cost?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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If yes explain:

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List date of last independent audit:

Name and address of audit firm

Number of years in operation in Monroe County

Are Employment Work Site(s) accessible to the disabled? (*parking, building entrance, corridors, and restrooms*)

Yes: No:

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2020 SYEP Work Experience Proposal – Schedule

SECTION II (*not to exceed 3 pages*)

Employment Activity Name

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Pre-Employment Activity (*i.e. orientation, parent meeting – date, time, and location*)

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Week 1 (*date, day, hours, location, activity/task*)

Example: 7/11, M, 1:00 PM - 5:00 PM, RochesterWorks! N. Goodman, Interest Inventory

Week 2 (*date, day, hours, location, activity/task*)

Week 3 (*date, day, hours, location, activity/task*)

Week 4 (*date, day, hours, location, activity/task*)

Week 5 (*date, day, hours, location, activity/task*)

Week 6 (*date, day, hours, location, activity/task*)

Additional activity (*i.e. make-up, post-employment activity*)

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Miscellaneous (*additional and pertinent information not included above*)

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Report Card Findings 2019 (*please address any findings from most recent report card*)

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Budget Instructions and Forms

- The total project budget must **not exceed \$2,378 per youth**.
- Proposals must include all completed Budget Forms (see A-2).
- Detail must be provided in the Budget Narrative/Justification for each item requested by itemizing the cost that comprises each total cost. Costs which are prorated must be supported by a cost allocation plan showing requested funds paying only its share of the costs for that item. **Administrative costs are not to exceed 10% of entire budget.**
- A copy of any agreement (i.e. audit, accounting fees, etc.) that substantiates contracted items may be requested by RWI.
- Justification and reasonableness of costs will be considered when evaluating proposals.
- Contracts will be held to the most current approved budget and cannot exceed the award amount. Budget amendments may be allowed. All requests for amendments must be submitted for approval to RochesterWorks, Inc. prior to expenditure. All requests will require a written, detailed explanation and RochesterWorks, Inc. will provide a written approval before action can be taken. Failure to follow these guidelines may result in disallowed costs.

Budget Categories

Staff Costs: Include requested staff wage(s) and related fringe benefits.

Operating Costs: Include requested costs associated with TANF youth services. *Administrative costs are not to exceed 10% of entire budget.*

Participant Costs: Include requested participant wages and fringes

Example of line item inclusion with determination/explanation (these are examples only):

Staff Wages: 50% of staff salaries

Staff Fringe Benefits: 19.5% of salary includes FICA and medical

Rent, Utilities, Telephone: They may be listed based on square footage of SYEP participant locations

Supplies: May be listed as required supplies to run the program- benefitting the participants and direct staff

Contracted Services: Payroll fees -

Mileage: Staff travel to include visits to worksites, homes, schools and training sites will be reimbursed at organization mileage rate of up to \$1,000, match/in-kind thereafter.

Other: Costs like bus passes, museum tickets, field trips, participant trainings – include description of cost per unit/activity, justification, etc.

Admin Costs: Administrative costs are not to exceed 10% of entire budget.

	Requested Funds
Staff Costs	
Operating Costs	
Participant Costs	
Total Budget	

Requested Funds (Wages)	Direct Costs*
Staff Wages	
Staff Fringe Benefits	
Total Staff Costs	
Rent	
Utilities	
Supplies	
Telephone	
Insurance	
Postage	
Copying/Printing	
Contracted Services	
Mileage	
Other (include itemized list)	
Admin** (capped at 10%)	
Total Operating Costs	
Participant Wages (\$11.80/hr.)	
Participant Fringes (all required deductions)	
Total Participant Costs***	
Total	
Total Requested Funds**	

Participant Costs***

Participant Wages #	Participants @ \$11.80 per hour X 20 hours/week X 6 weeks = \$
Participant Fringe Benefits: Social Security, Medicare, Worker’s Compensation, and Unemployment Insurance are mandatory. Optional benefits include Health Insurance, Retirement, Disability Insurance, and other = \$	

* **Direct Costs:** Staff, consultant, and non-staff costs attributed to employment activity operation and not associated with finance and human resource administration. Rent, utilities, and telephone are only considered if applicable to space leased/rented by agency to operate employment activity. Supplies, postage, and copying/printing directly assigned to employment and employment activities are considered direct costs, as well as, increased insurance necessary for the operation of employment and employment activities.

** **Admin Costs:** Staff, consultant, and non-staff costs used expressly for financial and human resource administration to support the employment activity. Supplies, postage, and copying/printing are only applicable as used to support these functions. In addition, resources used to execute the preparation and delivery of employment activity and post-employment activity reports to management and funder(s) are considered Admin costs.

Staff Wages

Position Title	# Positions	Full-Time Equivalent Salary per Week	# of Weeks	% of Time to Program	Program Total Salary	Amount Charged as Direct Cost
Total Staff Wages					\$	-

Staff Fringe Benefits

Fringe Benefits	Rate (%)	Base	Amount	Amount Charged as Direct Cost
F.I.C.A				
Worker's Compensation				
Health Insurance				
Retirement				
Disability Insurance				
Unemployment Insurance				

Other Medicare				
Other				
Total Youth Fringe Benefits				\$ -

Youth Fringe Benefits

Fringe Benefits	Rate (%)	Base	Amount	Amount Charged as Direct Cost
F.I.C.A				
Worker's Compensation				
Health Insurance				
Retirement				
Disability Insurance				
Unemployment Insurance				
Other Medicare				
Other				
Total Youth Fringe Benefits				\$ -

NARRATIVE/JUSTIFICATION

For each line item in the Budget Forms (staff and operating), provide a narrative description of the costs in sufficient detail to describe what is being charged to the budget, at what rates, and for what activities. Provide a cost allocation plan for expenses that are charged to more than one funding source.

STAFF WAGES (provide an explanation of salaries that are tied to staff that will support this employment activity)

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STAFF FRINGE BENEFITS (fringe benefits should be budgeted with the organization's standard fringe benefit policy. If budgeted fringe benefits represent an exception to standard policy, please explain)

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RENT (provide an explanation of costs needed to support this employment activity)

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UTILITIES (provide an explanation of costs needed to support this employment activity)

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SUPPLIES (provide information on the type of supplies with an explanation of costs needed to support this employment activity)

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TELEPHONE (provide an explanation of costs needed to support this employment activity)

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INSURANCE (provide an explanation of costs needed to support this employment activity)

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POSTAGE (provide information on the type of supplies with an explanation of costs needed to support this employment activity)

COPYING/PRINTING (provide information on the type and amount of copying/printing with an explanation of costs needed to support this employment activity)

CONTRACTED SERVICES (for all subcontracts relating to employment activities, attach a copy of the subcontract. When subcontracting details are not known include a brief narrative of each service to be subcontracted, with whom subcontracting will be implemented, the anticipated outcomes, and the projected budget.)

MILEAGE (provide information on the reasons for travel and mileage reimbursement)

OTHER (please provide a detailed list of additional items and how they relate to employment activities such as participant training, field trips, bus passes, etc.)

ADMIN COSTS (CAPPED AT 10%) (please provide a detailed list of what is included in the admin cost and how they relate to program activities. Include Indirect Cost Agreement if applicable.)

MISCELLANEOUS INFORMATION (include additional explanation or detail not included in above)

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