



**Youth Ready Chicago  
Hub Application  
Cover Page**

**Agency Application Information**

Legal Name of Applicant Agency	Federal Employer Identification Number (FEIN)		
Administrative/Mailing Address	Ward	Community Area	
Executive Director	Executive Director's Phone Number		
Executive Director's Fax Number	Executive Director's Email Address		
Contact Person for Proposal	Contact Person's Phone Number		
Contact Person's Fax Number	Contact Person's Email Address		

**Type of Organization (check one)**

<input type="checkbox"/>	Not-for-Profit Agency	<input type="checkbox"/>	For-Profit Agency	<input type="checkbox"/>	Governmental Agency
<input type="checkbox"/>	Other, if yes Description:				

**Amount Requested: \$** \_\_\_\_\_

**Agency Statement of Certification**

This proposal has been duly authorized by the governing body of the proposed. The proposed activities, dates, availability of resources, staff, cost, and all statements made are true and correct. The applicant will comply with all rules and regulations of the funding agency and will revise this proposal if necessary.

\_\_\_\_\_  
Authorized Signer's Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signer's Title

\_\_\_\_\_  
Date Signed



## **A. Selection Criteria**

### **1. Previous Contracting Experience**

Applicants will demonstrate their previous experience contracting with the city of Chicago, and/or other governmental entities or funders, successfully administering grants of similar size and complexity to the one they are applying for through this application.

### **2. Previous Programmatic Experience**

Applicants will demonstrate a familiarity with the following subject areas; The Workforce Investment Act youth program model, youth summer employment programming and youth workforce development practices. Successful applicants will be able demonstrate deep knowledge in one of the above areas as evidenced by the previous or current operation a successful youth employment program.

### **3. Administrative/Fiscal Capacity**

Applicants will demonstrate the ability to assume and meet all payroll, fiscal and IT requirements of the Youth Ready Chicago and summer jobs program models including a familiarity with cost allocation plans. Administrative capacity will also take into account staffing, supervising, program or worksite monitoring experience and capacity, and any previous experience in distributing and collecting customer satisfaction surveys.

This will be demonstrated through previous successful experience with federal and/or state funded grant programs.

### **4. Geographic Location**

The success of the Youth Ready Chicago program depends on hubs and worksites being located throughout the City of Chicago.

## **B. Formatting**

Submitted proposals must adhere to all of the following requirements:

Submit **one** complete set of the proposal containing original signatures in blue ink signed by an authorized representative of the organization will be marked "Original". Proposals must adhere to the following guidelines.

- Recycled paper
- 8 1/2 x 11 letter size
- Double-sided printing
- Bound on the left side
- One inch margins
- Double-spaced
- 11-point font

**Additionally, the entire proposal must also be submitted in its entirety to:**

**[youthreadychicago@cityofchicago.org](mailto:youthreadychicago@cityofchicago.org)**

## **C. Application**

**Executive Summary**

In two pages or less, please provide an executive summary of your organization’s overall mission, history operating youth and job training programs and fiscal capacity.

**1. Previous Contracting Experience**

- 1) Describe your experience in managing youth and/or workforce development programs or contracts of comparable size and scope.
  - a) Identify number of years providing workforce development or similar services
  - b) Describe your organization’s executive management structure and experience
- 2) Identify the main person responsible for this project and explain his or her experience (and attach resume).
- 3) List three references with knowledge of your organization’s workforce development experience, including name, organization, title, phone and email address.
- 4) Please attach a table outlining all of your current grants

Name of program	Source of funding (please be as specific as possible)	Grant Amount	Grant start/end dates	Data tracking software used

Expand as needed.

**2. Previous Programmatic Experience**

**Program Models**

- 1) Please describe your existing (or previous) youth workforce development experiences.
- 2) What program methodology or strategies influence your program’s goals and design?
- 3) Do your services strive to serve a specific population, geographical area or industry sector? If yes, which ones?
- 4) How do you measure success and by those measurements how successful have your youth programs been? Why or why not?
- 5) What is your experience providing or monitoring employment program in green industries?

## **Target Population and Recruiting**

- 1) Describe your overall strategy for identifying the following youth populations to participate in this program:
  - Lack basic literacy skills (reading below grade level 8.9);
  - Have dropped out of school;
  - Are pregnant/parenting teens;
  - Are gang affiliated;
  - Are living in Temporary Assistance to Needy Families (TANF) households;
  - Are non-custodial fathers of children in low-income households;
  - In foster care;
  - With disabilities;
  - Involved with the juvenile justice system (those on probation or parole);
  - With limited English speaking ability. or
  - Who identify as being gay, lesbian, or bi-sexual, transgender or questioning.
- 2) How are youth identified by your organization, include a description of your recruitment activities, outreach and initial determination of potential program participants?
- 3) Youth who are out of school should be a primary focus of your targeted youth workforce. What specific recruitment and service ideas will you implement to reach this population?
- 4) Describe your experience providing access to or actual summer employment opportunities.
- 5) Describe your strategies for identifying and placing participants in appropriate employment. Be specific.
- 6) What will be your strategy for recruiting worksites and ensuring proper levels and quality of supervision?
- 7) Please provide a list of potential employers outside of your organization that you plan to outreach to and the number of jobs you pledge to secure.

## **Supportive Services**

- 1) Describe what supportive services your agency is capable of providing or coordinating for youth (for example childcare, transportation, clothing or uniform needs) and how these services have been or will be funded.
- 2) What kinds of relevant youth workforce development training will your organization provide? Please list the type of training, duration and instructor qualifications.

### **Program Monitoring and Youth Retention**

- 1) How do you retain youth who may have multiple barriers to employment in your programs?
- 2) How do you resolve disputes, address complaints, and provide overall program support to ensure youth and employers satisfaction and gains?
- 3) How will you ensure and encourage worksites assigned to you provide a high quality youth employment experience that include proper supervision?

### **3. Administrative and Fiscal Capacity**

#### **Implementation Plan**

1. The Department of Family and Support Services (DFSS) expects contracts to begin June 1, 2009. Services should be in place and operational by that date or shortly after. Please describe your organization's ability to be operational as of that date.
2. Provide a detailed implementation plan identifying the key activities and corresponding timeframes for the project.

#### **Staff Qualifications**

Describe the program's staffing plan. Include positions and resumes for supervisory and line staff that would work in the proposed activities (including Business Services), staff to youth ratios, and staff areas of responsibility as related to the outlined program.

- Site Monitor
- Youth Supervisor
- Youth Worker (for hubs with worksites only)
- Instructor for training/tutoring/basic skills training (as applicable).

If your application includes worksites, please also include job descriptions for all youth jobs and the associated supervisors.

#### **Technology**

Describe your organization's current technological capacity. Respondents should address the following in their response:

- Your organization's internet connection speed
- Software currently used throughout your organization

#### **Programmatic Monitoring**

Describe the process for internal monitoring to ensure program quality. Be specific.

#### **Fiscal Capabilities**

Does your agency currently or intend to sub-contract the payroll portion of this program to a third party? If yes, who and what qualifications will you use to determine their ability to meet payroll. If you currently contract with a payroll provider, what are their current

qualifications?

How does your organization intend to meet the youth payroll obligations given the reimbursement nature of this contract? What resources will be leveraged? What safety nets are in place?

Describe your organization's accounting procedures and system of oversight. Please identify what journals are maintained, frequency of trial balances and bank reconciliations, person(s) responsible for complete key tasks and method for disbursements.

If staff or other costs charges to this budget will be shared between one or more funding sources, please detail the overall cost allocation plan for sharing costs, including the method of allocating shared costs.

If you are WIA provider, please attach a copy of the current Cost Allocation Plan (CAP). For guidance on preparing a cost allocation plan, please refer to: [http://wdsc.doleta.gov/sga/pdf/FinalTAG\\_August\\_02.pdf](http://wdsc.doleta.gov/sga/pdf/FinalTAG_August_02.pdf) (Note: The cost allocation information is in chapter II-8)

Has the organization ever been declared seriously deficient in the operation of a grant? If so, explain.

Attach a copy of the organization's most recent audit.

#### **4. Geographic Location**

Describe the physical location of the service site(s). Respondents should include the following in their response:

- Accessibility to public transportation

Describe the accessibility of the project site(s) and compliance with American with Disabilities Act (ADA) requirements. Identify any accommodations that the proposed site may require to become compliant with ADA. Explain the organization's plans to continually assess and comply with ADA requirements.

**Each respondent must submit a complete line-item budget and budget narrative.**

#### **D. Budget Pages**

As part of this application, please submit the following information and forms:

- The budget narrative to this application;
- The budget summary form;
- The personnel budget form;
- The non-personnel budget form; and

Each respondent must submit a complete line-item budget and budget narrative for

1. **Budget Narrative:** Please prepare a budget narrative containing an overall justification of each cost category. The narrative should explain why this level and type of funding is needed for the project. This explanation should address (a) the reasonableness of the cost, (b) the necessity of the cost and (c) a description of how the cost is allocated. The narrative should also clearly identify the source and amount of any leveraged funding that will support the project.
2. **Budget Summary:** The Budget Summary should contain total program costs including requested and leveraged funds by the following categories: a) Personnel b) Fringe Benefits c) Work Experience d) Operating and Technical e) Professional and Technical Services f) Materials and Supplies g) Equipment h) Other I) Profit

When calculating budgets respondents should be mindful of the following fiscal requirements:

- a. Auditing: All respondents who spend \$500,000 or more in federal awards will be required to obtain an audit as required by OBM Circular A-133. Respondents should contact their auditor as soon as possible in order to accurately project the cost of the audit for inclusion in their budget. The portion of the audit allocated to this contract should be no more than the percentage of this funding source as it relates to the total funding awarded to this organization.
  - b. Insurance: The City of Chicago's Comptroller's Office has established minimum insurance requirements for respondents awarded federal or state funds. If all insurance requirements have not been met, the City Comptroller will withhold reimbursement from a respondent until such requirements are met. The types of insurance required include: worker's compensation, general liability (and, if applicable), a fidelity bond; automobile liability; and professional liability. The City Comptroller reserves the right to require additional types of insurance, if deemed necessary.
  - c. Local Transportation: The automobile allowance for respondent's staff is the same as the allowance for City employees, 48.5 cents per mile. The 'per person' reimbursement cannot exceed \$200 per month.
3. **Personnel Salary Budget:** This form provides a detail listing of all personnel assigned to the project and the corresponding personnel costs. Please list each position with the corresponding annual salary in the "rate" section.

#### ***GUIDELINES FOR COMPLETING PERSONNEL SALARY BUDGET***

(1) Position Title:

List all positions connected to the program (even those for which the salary will be paid exclusively with non-Youth Ready Chicago funds). If you are hiring youth to work as site supervisors, please list them on this budget page.

(2) Employee Name:

Enter the name of the current employee. If currently vacant, enter "vacant" and indicate the number of vacancies for each position.

(3) "No".:

Enter the number (quantity) of positions for each job title.

(4) Rate:

Enter the annually salary rate for each position. If there are different rates of pay for the same position, list all the rates separately.

(5) % of Time on Program:

Indicate for each employee connected to the program, the percentage of time anticipated to be spent on the program.

6) Total Cost (Column 3 x 4 x 5 = 6)

Indicate for the program the total cost of each position (for vacancies, multiply the rate by number of vacancies to calculate the total cost).

(7) Youth Ready Chicago Share:

Indicate the amount of total salary cost to be paid with Youth Ready Chicago funds.

(8) Summary of Job Responsibilities:

Briefly describe the duties and responsibilities associated with each position listed in Column 1.

(9) Totals:

Total Columns (6) and (7). Enter the Youth Ready Chicago share from column 7 on the Budget Summary Page.

Fringe Benefits: These taxes and contributions, along with certain fringe benefits that a respondent may wish to offer its employees, are eligible to be paid with Youth Ready Chicago funds.

(10) FICA:

Federal Insurance Contribution Act tax which includes the Social Security and Medicare Taxes. For further information regarding the FICA tax, contact the Internal Revenue Service at (800) 829-1040 or refer to Publication 15-Circular C.

#### Social Security

Row A - Indicate the total amount and the percentage share to be paid in Social Security taxes. To be computed every payroll period at 6.20 percent of total payroll, up to \$172,200 per employee per year.

#### Medicare Taxes

Row B - Indicate the total amount and the WIA share to be paid in Medicare taxes. To be computed every payroll period at 1.45 percent of total payroll per employee per year.

#### (11) State Unemployment Insurance

Most agencies are liable for Unemployment Insurance. For further information, go the Illinois Department of Employment Security website at <http://www.ides.state.il.us/employer/uitax/default.asp>. Indicate the total cost and Youth Ready Chicago share for state unemployment insurance. Show the calculation.

#### (12) Worker's Compensation Insurance

Computed at a rate determined by the employee's type of business or organization. How often an employer must pay worker's compensation is based upon the size of its insurance premium. All respondents are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for technical assistance in this matter. Indicate the total cost and WIA share for Worker's Compensation Insurance. Show the calculation.

#### (13) & (14) Other

List any other employer expenses or benefits the respondent will offer its employees. Most non-profit agencies do not have to pay the Federal Unemployment Tax (computed every payroll period as .8 percent of total payroll up to \$7,000 per employee per year). This rate is subject to change and will be determined by the Internal Revenue Service. To determine exemption status call the IRS at (800) 829-1040. Indicate the total cost and WIA share for any other fringe benefits. Show the calculation.

#### (15) Total Fringe Benefits Cost

Add lines (10) through (14) to obtain the total and percentage share for fringe benefits. Enter the percentage fringe benefit share on the Budget Summary Page.

(16) Total Personnel Costs

Line 9 plus line 15.

**4. Non-Personnel Costs:** This form provides an estimate of the total non-personnel costs the respondent expects to incur in operating one year of the program and details these costs by line items. Please classify the non-personnel costs into the following categories:

- Operating/Technical Costs
- Professional and Technical Services
- Materials and Supplies
- Equipment Costs
- Other Program Costs
- Profit

The purpose of this form is to estimate the total non-personnel costs the respondent expects to incur in operating one year of its WIA Program and to provide a summary of the line items for each budgeted account. (Use as many sheets as necessary.)

**(1) Item of Expenditure:** The Non-Personnel Budget will capture the individual items for each non-personnel expenditure. Please classify your non-personnel costs into the following cost categories:

Youth Wages: The Youth Ready Chicago Program sets all youth wages at \$9.00 per hour for 2009. The work experiences must meet the criteria outlined in WIA Regulations at 20 CFR Part 664.460. Examples include paid internships, paid job shadowing and paid community services.

Youth Supervisor Wages: All youth supervisors should be paid at least \$10.00 per hour in 2009.

Operating/Technical Costs: This category includes proposed costs of accounting, auditing (if anticipating expending \$500,000 or more in federal funds), legal, publications, rental of property, rental of equipment/services, repair/maintenance of property, repair/maintenance of equipment, utilities, telephone, local transportation, postage, advertising, technical meeting costs, general liability insurance, reproduction, dues, promotions, memberships, messenger service.

Professional and Technical Services: Includes consultants or out-sourced services and subcontracts including costs for an ADA accessibility survey. Respondents using sub-contractors to provide direct service must identify each sub-contract and their estimated proposed total budget.

Materials and Supplies: Includes stationery and office supplies, tools, materials and supplies, books and related material.

Equipment Costs: Costs for purchase or rental of any office machinery, furniture and furnishings, equipment, and communication devices.

Supportive Services:

Other Program Costs: Expenses that do not fit into any other account category.

Profit: Applicable to for-profit entities only. May not exceed 10% of the total other cost categories.

- (2) Total Cost: Enter the total amount for each item of expenditure for the summer program.
- (3) Youth Ready Chicago Cost: Total amount for each item of expenditure that will be allocated to this program enter only if different than the total cost.
- (4) Line Item Description and Justification: Provide a brief description that justifies the Youth Ready Chicago share of these costs.
- (5) Total: Total expenditure for each line item on the Budget Summary

### **GUIDELINES FOR COMPLETING NON-PERSONNEL COSTS**

The purpose of this form is to estimate the total non-personnel costs the respondent expects to incur in operating one year of its WIA Program and to provide a summary of the line items for each budgeted account. (Use as many sheets as necessary.)

1. Item of Expenditure: The Non-Personnel Budget will capture the individual items for each non-personnel expenditure. Please classify your non-personnel costs into the following cost categories:

Work Experience: Examples include paid internships, paid job shadowing and paid community services. (Youth only)

Operating/Technical Costs: This category includes proposed costs of accounting, auditing (if anticipating expending \$500,000 or more in federal funds), legal, publications, rental of property, rental of equipment/services, repair/maintenance of property, repair/maintenance of equipment, utilities, telephone, local transportation, postage, advertising, technical meeting costs, general liability insurance, reproduction, dues, promotions, memberships, messenger service.

Professional and Technical Services: Includes consultants or out-sourced services and subcontracts including costs for an ADA accessibility survey. Respondents using sub-contractors to provide direct service must identify each sub-contract and their estimated proposed total budget.

Materials and Supplies: Includes stationery and office supplies, tools, materials and supplies, books and related material.

Equipment Costs: Costs for purchase or rental of any office machinery, furniture and furnishings, equipment, and communication devices.

Other Program Costs: Expenses that do not fit into any other account category. (Youth programs may include Supportive Service requested funds in this line item.)

- (6)** Total Cost: Enter the total amount for each item of expenditure.
- (7)** WIA Share of Cost: Total amount for each item of expenditure that will be allocated to this program.
- (8)** Line Item Description and Justification: Provide a brief description that justifies WIA's share of these costs.
- (9)** Total: Total expenditure for each line item on the Budget Summary (Form C)