Illinois Department of Human Services

Division of Family and Community Services

Office of Community and Positive Youth Development

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

«PROVIDER INSERT NAME»

PROGRAM AND SPENDING PLAN

**Due Date**

**June 30, 2014**

MUST BE SUBMITTED ELECTRONICALLY TO

ASHLEY HOOKS WILLIAMS AT:

DHS.CYEP@ILLINOIS.GOV

The subject line of your e-mail **must** include the name of your agency (or acronym) and “Community Youth Employment Program Info”. Example: ABC Agency Community Youth Employment Program Info. Please do your best to incorporate everything into ONE document.

If you have any questions, please contact Ashley Hooks Williams at 312-793-4637 OR

**DHS.CYEP@Illinois.gov**

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

«PROVIDER INSERT NAME» - Contact Information

|  |  |
| --- | --- |
| **Agency Name:** | FEIN:  |
| Address:  | City:  | State:  | Zip:  |
| Agency Website:  |

|  |
| --- |
| **Executive Director**:  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Program Director:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Additional Program Contact:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Fiscal Contact:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

Please include this form for EACH Subcontractor.

Contact Information - Subcontractor

|  |  |
| --- | --- |
| **Agency Name:**  | FEIN:  |
| Address:  | City:  | State:  | Zip:  |
| Agency Website:  |

|  |
| --- |
| **Executive Director**:  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Program Director:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Additional Program Contact:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

|  |
| --- |
| **Fiscal Contact:**  |
| Address:  | City:  | State:  | Zip:  |
| Phone/Cell:  | Fax:  | Email:  |

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

**Additional Subcontractor Information**

Please include this form for EACH Subcontractor.

**What is the amount of the subcontract?**

**Please provide a brief description *(up to 500 words)* of the services to be provided under the subcontract.**

**Program Services at Subcontractor Site**

Please provide the information below for the sub-contractor regarding their activities planned for the full FY15 grant year.

[ ]  Attach a copy of the Executed Subcontract Agreement

[ ]  Attach a copy of Subcontract Budget and Narrative

(If more than one subcontract is utilized, please copy the form from above and paste HERE – as needed.)

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

**Targeted Communities**

The Grantee shall recruit and provide work-readiness training to eligible youth located in      *[CITY OR CHICAGO NEIGHBORHOOD(S)]*.

Work-readiness activities will take place at       *[ADDRESS]*.

|  |  |
| --- | --- |
| Description of Target Population |  |
| Number of Proposed Days Open  |  |
|  | Per Week |  |
|  | Per Month |  |
| Proposed Enrollment |  |
| Proposed Daily Attendance |  |
| Proposed Youth Attendance Hours |  |

**Targeted Youth Population**

What targeted population(s) (in-school youth 16-21, or out of school youth 16-24) will be served through this grant? Complete the Chart Below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Type | Anticipated Number of Youth to be served | Average Number of weeks in Project | Average Number of hours worked per week | Total Number of hours on work readiness |
| Work Experience Projects for In-School Youth (16-21) |       |       |       |       |
| Work Experience Projects for Out-of-School Youth (16-24) |       |       |       |       |
| Community Gardens Eligible Youth (16-24) |       |       |       |       |

Provide detail of the proposed community youth employment and training program design.

**Worker Trainee Placement Information**

List the employers that will be a worksite or those you will reach out to for job placements; include your organization if it will be a placement site. Provide the number of jobs by employer you plan to secure in the chart below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employer** | **Sector** | **Secured Placements (Yes/No)** | **Contact Name and Telephone #** | **# of Slots** | **ADA Accessible (Yes/No)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

Describe your strategy for recruiting worksites and ensuring proper levels of quality supervision.

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

**Timeline**

Anticipated Start Date: July 1, 2014

Anticipated End Date: September 30, 2014

Describe program implementation timeline. Feel free to add tasks, as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task | Estimated Number | Person Responsible | Estimated Start Date | Estimated End Date |
| Participant Recruitment |       |  |       |       |
| Participant Enrollment |       |  |       |       |
| Participant Work-Readiness Training |       |  |       |       |
| Participant Worksite Placement |       |  |       |       |
| Participant Completion |       |  |       |       |
| Worksite Recruitment |       |  |       |       |
| Worksite Pre-placement Monitoring |       |  |       |       |
| Worksite Program Monitoring |       |  |       |       |
| Grantee Staff Training |       |  |       |       |
| Grantee Staff Reporting |       |  |       |       |
|  |  |  |  |  |
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|  |  |  |  |  |

Comments:

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

**«PROVIDER» Budget**

|  |  |  |
| --- | --- | --- |
| **Line item or Cost Category Description** | **Grant budget amount** | **proposed budget match amount** (if applicable) |
| **Youth wages**(min. 70% of total) |  |  |
| **Program services** (max. 30% of total) |  |  |
| * **Case management**
 |  |  |
| * **Employer outreach & recruitment**
 |  |  |
| * **Supportive services**
 |  |  |
| **Administrative**  |  |  |
| **Contractual**  |  |  |
| **Other** |  |  |
| **Total Cost** |  |  |

Reimbursement is not available for purchase of fixed equipment more than $1,000. Typical examples for administrative/indirect are administrative personnel, rent, utilities, building maintenance, local telephone, equipment maintenance, management and general and accounting. For purposes of this program, it is requested that direct costs be those directly associated with the delivery of program services. These may include labor, program supplies, space for services, etc. Classification of costs are subject to interpretation by the Department. Federal Circulars can be referenced for assistance: OMB Circular A-21, “Cost Principles for Educational Institutions” A-87 “Cost Principles for State, Local ...Governments”, A-122 “Cost Principles for Non-Profit Organizations.”

2014 COMMUNITY YOUTH EMPLOYMENT PROGRAM

**«PROVIDER» Budget Narrative**

Provide a budget narrative for each line item of the budget. Each line item must have a narrative explanation or justification stating the method used in determining the amount allocated to each line item, why and how funds are to be utilized. Include your basis for determining administrative/indirect and direct program services. A budget submitted without narrative explanation or justification of each line item will be considered incomplete.

Note: While it is permissible for more than one funding source to share the costs of a given service, it is not permissible for two funding sources both to reimburse the same cost of a service. Double claiming is prohibited even if the combined sources do not exceed the expenditures.

|  |  |  |
| --- | --- | --- |
| **Youth – Wages and Benefits** | **Amount Requested** | **Matching Funds** (if provided) |
| Minimum 70% of total Wages and benefits (FICA and Worker’s Comp.) paid to youth. Show detail as to how calculated—number of youth, hourly wages of $9/hour, number of hours per week, number of weeks.  |  |  |
| **Detailed Explanation/Justification:**Number of Youth:      Pay Rate: $9.00 per hourFICA (%):      Work Comp.(%):      Other (define below)(%):           Hours Per Week:      Number of Weeks:      Total #of Hours Per Youth on Work Readiness:       |

|  |  |  |
| --- | --- | --- |
| **Program Services** | **Amount Requested** | **Matching Funds** (if provided) |
| Maximum 30% of the total grant funds may be budgeted for program services. Includes, but is not limited to, the delivery of services related to youth employment that provides direct linkages to academic and occupational learning, employer coordination and recruitment, and youth supportive services that may include transportation, child care, work-related attire, physicals and background checks. |  |  |
| **Detailed Explanation/Justification:** |

|  |  |  |
| --- | --- | --- |
| **Administrative Cost** | **Amount Requested** | **Matching Funds** (if provided) |
| Includes, but is not limited to the grant management, accounting; budgeting; financial and cash management; procurement and purchasing; property management; payroll; and audit costs. It is expected that Direct Administrative costs will represent a small portion of the overall program budget.  |  |  |
| **Detailed Explanation/Justification:** |

|  |  |  |
| --- | --- | --- |
| **Contractual Services** | **Amount Requested** | **Matching Funds** (if provided) |
| Costs to be incurred via contract or sub grant. List and describe purpose of each contract/sub grant and how you will follow your procurement guidelines. Explain how each item is needed for the achievement of project objectives. |  |  |
| **Detailed Explanation/Justification:** |

|  |  |  |
| --- | --- | --- |
| **Other Costs** | **Amount Requested** | **Matching Funds** (if provided) |
| Use for all direct costs not clearly covered in the lines above. Include a detailed list describing all other costs not included in the above lines including the amount for each item. |  |  |
| **Detailed Explanation/Justification:** |