



County of Erie

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ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

**ERIE COUNTY YOUTH BUREAU
2014/2015 STSJP
GRANT APPLICATION PACKAGE
RFP #1404VF**

THIS PACKAGE INCLUDES:

- 2014/2015 Grant Funding Guidelines and Eligibility
- 2014/2015 Review Process
- 2014/2015 Key Dates & Application/Notification Timeline
- 2014/2015 Funding Categories
- 2014/2015 Award Requirements
- 2014/2015 Program Proposal Checklist
- Program Proposal Cover Page
- Program Narrative Outline
- 2014/2015 Program Budget
- 2014/2015 Budget Narrative

An electronic version of this application is available online at www.erie.gov

Erie County Youth Bureau 2014/2015 Grant Funding Guidelines

Introduction

The purpose of this Request for Proposals (RFP) is to solicit applications to the Erie County Youth Bureau for 2014/2015 (April 1st, 2014 – March 31st, 2015) alternative to detention programs. These awards are designed to promote positive youth development and address long-term juvenile delinquency prevention within Erie County. All grants are made by the Erie County Youth Bureau and Department of Social Services consistent with the 2014 Erie County budget and available funds. These funds are awarded to local agencies targeting at-risk youth ages 10-19 years of age.

Mission

The mission of the Erie County Youth Bureau is to serve youth and families through positive youth development, advocacy, delinquency prevention and intervention programs that strengthen families and communities.

Eligible Applicants

Eligible applicants are current 501(c)(3) not-for-profit organizations (as determined by the IRS) located in Erie County providing services to at-risk youth in the targeted age group. Organizations must have their own 501(c)(3) status; use of other organizations' 501(c)(3) status as a "pass through" is not permitted.

All applicants must provide performance based prevention strategies that demonstrate positive youth development principles and target skills that students will use to reduce recidivism rates.

Review Process

1. All proposals will be reviewed and evaluated by an Erie County Youth Panel.
2. By submitting an application, your organization asserts that the Request for Proposals document has been reviewed in its entirety and all information is correct. Incorrect or incomplete information in a submission is a liability and not the responsibility of the Youth Bureau to correct or amend.
3. The Erie County Youth Bureau will only accept and review one program proposal per agency. This is a highly competitive process and the Erie County Youth Bureau will not be able to fund all applications.
4. Agencies, whose applications are complete, according to the enclosed checklist, will have the opportunity to present their program proposal in an interview with the Erie County Youth Panel.

Key Dates & Notification of Funding

January 27th, 2014 RFP Released

February 28th, 2014 Proposals due to the Erie County Youth Bureau by 3:00 PM
-Erie County Youth Bureau, 810 East Ferry, Buffalo, NY 14211

March 6th, 2014 Agency Interviews with the Erie County Youth Panel 810 East Ferry

March 17th, 2014 Notification of funding

Funding Categories

Due to the limited amount of funding available, programs providing services to at risk youth in the following categories will be prioritized for consideration:

1. Life Skills
2. Mentoring Programs
3. Juvenile Diversion Programs
4. Youth Employment Programs
5. Job Skills

Award Requirements

Please note that a contract from the Erie County Department of Social Services will bind a contracted agency to the program specified in the submitted proposal. The contract will also bind a contracted agency to:

- Submit a New York State Annual Assessment and Results Based Accountability “Performance Measurement Form” (approved by the Erie County Youth Bureau). These forms will be required 30 days upon completion of the program year, or April 30th, 2015.
- Submit required financial reports every three months including backup expenditure information.
- Be monitored unannounced during the course of the program to ensure safety and programmatic/fiscal accountability.
- Attend specified trainings.
- Agree to procure and maintain in force, for the duration of any contract, such insurance as is deemed appropriate by the Erie County Department of Social Services in types and in such amounts as are specified in the Erie County Standard Insurance Certificate which shall be completed and signed by the Contractor’s insurance company prior to contract execution. Said certificate need not be submitted with the RFP but will be required prior to contract execution and payment for program services.

All of this information and more will be available in the “Policies and Procedures Guide” that will be mailed to funded agencies with their 2014/2015 contract.

Erie County Youth Bureau Checklist

To be considered for funding by the Erie County Youth Bureau/Board, your package must include the following in this order:

- Program Proposal Cover Page
- Program Narrative
- Calendar of Activities
- Results Based Accountability Form (or other measurement tool)
- Program Budget
- Budget Narrative
- Board of Directors Roster
- Current 501 (c)(3) status - 1 copy only
- Most recent IRS 990 Form or Equivalent - 1 copy only
- 4 copies, AND 1 original, of entire package

- Deadline: Four copies and the original must be submitted to the Erie County Youth Bureau by **3:00 PM on Friday, February 28th, 2014**. Please contact John Kordrupel at 923-4009 (john.kordrupel@erie.gov) or Racheal Tarapacki at 923-4051 (racheal.tarapacki@erie.gov) with questions.

**Erie County Youth Bureau
Attn: 2014/2015 STSJP Proposal
810 East Ferry St.
Buffalo, NY 14211**

**Erie County Youth Bureau
2014/2015 Program Proposal Cover Page**

Name of Agency: _____

Program Name: _____

Federal ID Number: _____

Address: _____

City/State/Zip: _____

Legislative District: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Email: _____

Website: _____

Total Program Budget: \$ _____

Total Amount Requesting From ECYB: \$ _____

Print Name: _____

Signature: _____ Date: _____
(Board Chairperson/Executive Director)

Office Use Only-----

Received by: _____ ECYB Date Stamp:

- All required documentation attached**
- Missing required information:**

Erie County Youth Bureau
Program Narrative Instructions

Please note: there is an 8 page maximum for the entire Program Narrative section, please keep within each sections page limits

1. **Organization Mission:** (*Page Limit: 1 page*) Please provide a brief description of your organization's mission.

2. **Target Population:** (*Page Limit:1 page*) Please include a summary of the items below:
 - What is the capacity of this specific population your agency will be able to serve? Please be specific to this program, not as an overall agency.
 - If applicable, based on the previous year's program, please give the retention rate of your youth participants.
 - Describe what strategies the proposed program will use to attract and retain the expected number of participants.
 - Describe how attendance will be tracked. Regular attendance is expected.
 - Describe the experience your organization has serving this population.

3. **Program Description & Details:** (*Page Limit: 3 pages*) Please provide a detailed description of your proposed program. This description should include the details below. Please list them in the order requested.

Please Include:

- A detailed narrative program description that demonstrates an effective positive youth development program that will help to reduce recidivism rates.
- Program location/address.
- Provide in detail how this program will ensure that youth participate, i.e. is transportation provided? How is the attendance mandated?
- Exact days and hours of operation of the program and how they meet the needs of these specific youth in your community.
- What specific programming do you plan to implement to target these youth?
- Include a calendar or daily plan with proposed times, locations and activities.
- Describe how the program includes community service, volunteer work, enriching and educational field trips that will enrich the lives of youth who are at risk of, have been or are in the process of being incarcerated.
- Describe collaborators and community participation. How do these add value to your program?
- Explain how parent/family involvement will be fostered.
- What is the direct staff to participant ratio?
- List direct staff by name (or title if position is vacant), describe their qualifications and years working with youth.

4. Performance Measures: (Page Limit: 2 pages) It is important to quantifiably measure and report upon the performance/results of your program to review whether or not the program is being successful in achieving the outcomes desired. Doing so will allow those responsible for program design to determine if the program is effective, or if it needs to be modified in order to have a better opportunity for success.

Using the Results Based Accountability™ Model, the Erie County Youth Bureau has implemented a Performance Measurement process for each Erie County funded agency. All agencies funded in 2014/2015 will be trained in “Performance Accountability” to measure the work they do quantitatively to provide programmatic outcomes/data. Performance Accountability looks at how well a program or agency is working on three levels:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off? = Program/Agency Outcomes

- The Results Based Accountability Model (RBA) is required to be completed by all programs funded through the ECYB. This section asks for measures of the quality of your services and the performance measures and outcomes that you are helping the young people in your program to achieve. Over the past year (2013) please provide the following information:
 - If you were previously funded by ECYB, please attach your approved RBA Performance Measurement Form from the previous year.
 - If you have not used the Results Based Accountability Model, what is the specific measurement tool that you plan on using? Please attach a sample of the measurement tools being used to measure the quality of your service.
 - What factors have contributed to your performance over the past two years (the story behind program performance)?
 - What do you intend to do to improve this performance?
- Please note: A New York State Annual Assessment and RBA Performance Measurement Form (approved by the Erie County Youth Bureau), will be required 30 days upon completion of the program year, or April 30th, 2015. With the exception of our Runaway-Homeless Youth Providers, the Erie County Youth Bureau will also be requiring grade level advancement statistics for young people participating in your programs. These results will be taken into consideration for future funding.

5. Budget: Please complete the attached budget and budget narrative with as much detail as possible. Only include information for the program you are requesting funding for, not information for your entire agency.

6. Additional Forms: Please include the following forms.

- Board of Directors: Provide a list of your Board of Directors including Name, Board Position, Home Address and Phone Number, Employer’s Name, Employer’s

Address and Phone Number, and any Professional or Community Affiliations. In addition, please identify any youth members (under age 21).

- IRS 501 (c)(3) Letter of Determination: Must be current. One copy only.
- Form 990: From most recent year. One copy only.

**County Youth Bureau
2014/2015 STSJP Grant Funding
Budget Section Guidelines
RFP #1404VF**

Introduction

1. The following budget sections relate only to the program for which you are requesting funding. Do not list the agency's total budget lines.
2. The Youth Bureau must have a full financial picture for the program for which you are requesting funding. As you complete this budget section, keep in mind that you must list ALL costs associated with the program, even if you are not requesting reimbursement for those items. Requests up to \$100,000 will be considered.
3. In kind budget lines should be noted as 'In Kind' under the Budget Items column and a dollar amount attributed with the in kind service must be noted in the Total Program Budget Line.
4. Please complete each section of the budget on the form provided below. For items that are not applicable to your program, list '0' in the Total Program Budget Line.
5. Equipment purchases over \$200 and/or with a useful life of more than 2 years for which reimbursement is requested will be considered property of the Erie County Department of Social Services (ECDSS) and must be equipped with an identification tag from ECDSS upon purchase. Equipment purchases not reimbursed through ECYB will not follow the aforementioned guidelines.
6. Be sure to complete the Budget Narrative Questions at the end of this section.

**Erie County Youth Bureau
2014/2015 Program Budget**

Agency Name: _____

Fiscal Contact Name: _____

Position Title: _____

Email Address: _____

Phone Number: _____ **Fax Number:** _____

PROGRAM BUDGET SUMMARY

Program Duration: March 31, 2014 to April 1, 2015

SUMMARY OF BUDGET LINES:	ERIE COUNTY FUNDS REQUESTED:	TOTAL PROGRAM COST:
Salaries & Wages Total Cost		
Fringe Benefits Total Cost		
Contracted Services Total Cost		
Materials & Supplies Total Cost		
Transportation & Field Trips Total Cost		
Facilities Total Cost		
Other Expenses Total Cost		
FUNDING TOTALS		

1. Salaries & Wages - budgets should reflect 100% of staff time associated with the contracted program and if staff is not 100% devoted to the contracted program, you must include your methodology for justifying budgetary amounts requested. Please include job title, hourly/monthly rate X % of time in program X number of months (weeks).

Example-

Salaried position: Program Director, \$3,000/month X 50 % x 12 months = \$18,000

Hourly position: Program Aide, \$10/hour X 20 hours/week X 48 weeks = \$9,600

POSITION/TITLE:	SALARY (specify annual, monthly or hourly):	PERCENT (%) OF TIME IN THIS PROGRAM:	NUMBER OF MONTHS OR WEEKS IN PROGRAM	TOTAL PROGRAM COST:
Salaries & Wages Sub-Total				

2. Fringe Benefits- Please include position title, benefit amount X number of months X percent of time in program. Each agency is required to list FICA, Worker Compensation, Disability Insurance and agency portion only of Health Insurance (if applicable) for each employee listed under the Salaries & Wages section.

Fringe benefits may not exceed 25% of the salaried costs.

Example-

Program Director: \$600/mo X 75% X 10 months = \$4,500

POSITION/TITLE:	FRINGE BENEFIT COST:	PERCENT (%) OF TIME IN THIS PROGRAM:	NUMBER OF MONTHS OR WEEKS IN PROGRAM	TOTAL PROGRAM COST:
Fringe Benefits Sub-Total				

3. Contracted Services- Please include company name/organization and job title/service provided; per hour/month rate X % of time in program X number of months.

Example-

Literacy Company, 2 Program Presenters, 2 X \$500/month X 75% X 10 months = \$7,500
 ABC Accountants Inc., agency audit, \$2,500/annually X 25% program share = \$625

CONTRACTOR AND SERVICES PROVIDED:	CONTRACT COST:	PROGRAM TOTAL COST:
Contracted Services Sub-Total		

4. Materials & Supplies- Please include all program supply costs whether reimbursement is requested or not i.e. consumable and non-consumable items, office supplies, maintenance supplies, academic and recreational supplies, other program supplies, etc.

Example- 100 math journals @ \$5.00 each = \$5,000

MATERIAL AND SUPPLIES:	PRICE PER UNIT:	NUMBER OF UNITS REQUESTED:	PROGRAM TOTAL COST:
Materials & Supplies Sub-Total			

5. Transportation & Field Trips - Please include means of transportation if renting buses, cost per ticket, etc. If you are claiming costs associated with a vehicle owned by the organization and/or mileage costs incurred by employees, you must list the percentage of time the vehicle or employee is charged to this program.

Example-

1 bus rental to Buffalo Museum of Science = \$250

25 entrance tickets to Buffalo Zoo X \$5.00/each = \$125

Van insurance, \$5,500 annually X 50% (amount of time for youth program) = \$2,750

DESCRIPTION OF EVENT/FIELD TRIP (include cost per item/number of youth attending, if applicable):	PROGRAM TOTAL COST:
Transportation & Field Trips Sub-Total	

6. Facilities - Please include who you pay the expense to and for what purpose, i.e. facility rent, utilities and/or maintenance costs; average amount of bill X months X percentage charged to program cost. Be certain to only request reimbursement for months you are actually operating this program and for the percentage this program uses such expense (i.e. an After School Program would only charge 10 months since no program runs in July and August). Note- Estimates are appropriate for this budget, but sufficient backup will be required when submitting expenditure reports.

Example-

National Grid- electric bill; \$400 X 10 months X 50% of time for this program = \$2,000

Philadelphia Insurance Co. – insurance; \$800 monthly X 10 months X 15% = \$1,200

FACILITIES/OPERATION EXPENSES:	TOTAL MONTHLY COST:	PERCENT (%) OF TIME IN PROGRAM:	PROGRAM TOTAL COST:

PROGRAM BUDGET NARRATIVE
(Limit to one (1) page or less)

Please answer the following questions:

1. Does this program charge any fees to program participants? Please note - a funded agency **may not charge a fee** for programs or activities supported by state aid administered through the New York State Office of Children and Family Services and the Erie County Youth Bureau.
2. What percentage of this funding request is considered direct costs associated with the program?
3. What is the agency's cost per student for this program?
(the total cost of the program divided by the number of program participants)
4. Please describe your agency's funding history with the Erie County Youth Bureau in the past three (3) years. Include the type of funding (YDDP, Primetime, etc.), the amount of the award and for which years this funding was received.

*** End of RFP ***

