**Westchester Workforce Funders Collaborative**

**Economic Mobility and Career Pathways Grant**

Save completed proposal and required attachments as a single PDF document. Submit via email

to [jeanette@perch-advisors.com](mailto:jeanette@perch-advisors.com) with the subject line “WWFC Proposal (organization name).   
**DEADLINE IS MARCH 4, 2020 5 P.M.**

**PROPOSAL**

|  |  |  |
| --- | --- | --- |
| Legal Name of Organization |  | |
| Also Known As |  | |
| Address, City, State, Zip |  | |
| Organization’s website |  | |
| Executive Director |  | |
| Executive Director Phone |  | Email |
| Primary Contact (if different), include title |  | |
| Contact Phone |  | Email |
| Board Chair/Head of Governing Body |  | |
| Date of IRS Exemption |  | EIN# |
| Date of application |  | |
| Total annual operating budget of the organization |  | |
| Project Name |  | |

|  |  |
| --- | --- |
| Application Date |  |
| Projected start and end dates |  |
| Grant Request | $ |
| Total Project Cost | $ |

**Using a 12-point font, and not exceeding 10 pages, provide program purpose, project description and budget narrative. Your proposal should clearly state what you propose to do, why you’re proposing to do it, who will benefit, and how they’ll benefit.**

*Refer back to the RFP (link) and ensure that your proposal narrative addresses all program goals and priority areas. Using clear, concise language, answer the following questions. Please be as specific as possible.*

1. Describe the workplace skills problem or opportunity your program/project addresses. Provide specifics about the problem or opportunity and explain your choice of industry sector. Describe what you intend to achieve with this grant support. Briefly provide any evidence-based research, past experience, or demonstration projects that support your selection of methods. How is the project innovative?
2. Describe the activities of the project, including staffing and timeline.
   1. Explain with specificity who will benefit, how many will benefit, and how they will benefit.
   2. Describe project partners and their roles. (A signed Memorandum of Understanding is required of all partners.)
   3. Who will staff the project? Briefly describe their experience managing partnerships.
   4. Provide a proposed project timeline and the sequence of activities.
3. Describe how you will assess your program/project and its impact. You will be asked to report on these in your interim and final reports.
   1. How will you know if the project is succeeding?
   2. What will you be measuring, how, and why? Describe your system for tracking data and how you generate outcomes reports.
   3. What is your definition of success for this project?
4. Provide a summary of your organization and explain why it is suited to undertake this project. Provide a summary of the partner organization(s) and why they are suited to this project. Briefly explain the background to forming the partnership/collaboration. When describing employer/sector partner, provide background on your organization’s relationship with this employer/sector partner, and the job commitment the employer is making, including commitment to wages, ongoing career advancement, benefits, additional training. Describe how the employer will track success.

**Required attachments (not included in page limit):**

1. Resumes or CV for key staff/personnel
2. Signed Memorandum of Understanding from business and community-based partners
3. Current Board of Directors roster with professional affiliations
4. Current board approved organizational budget
5. Current (2018 or later) GAAP Audited Financial Statements or if a GAAP is not available, a current Balance Sheet/Income Statement
6. Most recent IRS Form 990 (if most recent is not available on GuideStar) or electronic notice

BEGIN NARRATIVE HERE (pages will be added as you write):

**PROPOSAL BUDGET INSTRUCTIONS**

Your budget provides the evaluators clear information on:

* What it costs your organization to implement the proposed program/project
* Funds/resources your organization already has in hand/committed to support the proposed program/project
* Funds your organization must secure
* How the Westchester Workforce Fund grant, if awarded, will be used

Your budget needs to be for the period of time that the grant will run.

**There are three parts of your proposal budget submission: the Budget Table, the Additional Revenue Detail Table, and the Budget Narrative.**

1. **The Budget Table**

* On line 2 of the Budget Table, please fill in the amount you are requesting from in the “requested” column, and be sure to include that amount in your calculations.
* “Personnel Services” refers to staff time expenses spent on program; include here consultants, if applicable.
* “Other than Personnel Services” refers to all other expenses and must relate specifically to the program for which you are seeking funding, not general administrative costs.

**Administrative costs:** Administrative costs are allowed up to 15% of total program/project costs. Administrative costs include such things as general administration and management expenses (e.g. management staff salaries and benefits), infrastructure costs (e.g. rent and utilities, equipment depreciation, technical licenses), and other costs that are incurred for the benefit of all the programs within the organization (e.g. marketing costs, fundraising expenses), not just the program you’re seeking funding for.

1. **The Additional Revenue Detail Table**

Use this table to provide detail on the revenue sources you listed on lines 1, 3 and 4 of Budget Table.

1. **The Budget Narrative**

After completing the Excel Budget Table and the Additional Revenue Detail Table, provide a Budget Narrative.

**BUDGET TABLE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Project Revenue** | **Requests pending/funds to be raised for this project** | **Funds already committed to this project** | **Total project revenue** |
| 1 | Government\* |  |  | $0 |
| 2 | Westchester Workforce Fund (WWF) |  |  | $0 |
| 3 | Other Foundations\* |  |  | $0 |
| 4 | Corporations\* |  |  | $0 |
| 5 | Individual Contributions |  |  | $0 |
| 6 | Board Contributions |  |  | $0 |
| 7 | Fundraising Events |  |  | $0 |
| 8 | Membership Income |  |  | $0 |
| 9 | Endowment Income |  |  | $0 |
| 10 | Fees/Earned Income\* |  |  | $0 |
| 11 | Other Income\* |  |  | $0 |
| **12** | **Total Project Revenue** | **$0** | **$0** | **$0** |
|  | | | | |
|  | **Project Expenses** | **Where WWCF funds will be utilized** | **Where other funding will be utilized** | **Total** |
| **Personnel Services\*** | | | | |
| 13 |  |  |  | $0 |
| 14 |  |  |  | $0 |
| 15 |  |  |  | $0 |
| 16 |  |  |  | $0 |
| 17 |  |  |  | $0 |
| 18 |  |  |  | $0 |
| 19 |  |  |  | $0 |
| 20 | Benefits and Payroll Taxes |  |  | $0 |
| **21** | **SUBTOTAL Personnel Services** | **$0** | **$0** | **$0** |
| **Other than Personnel Services** | | | | |
| 22 |  |  |  | $0 |
| 23 |  |  |  | $0 |
| 24 |  |  |  | $0 |
| 25 |  |  |  | $0 |
| 26 |  |  |  | $0 |
| 27 |  |  |  | $0 |
| **28** | **SUBTOTAL Other than Personnel Services** | **$0** | **$0** | **$0** |
| **29** | **SUBTOTAL Project Costs** Personnel Services + OTPS | **$0** | **$0** | **$0** |
| 30 | Administrative costs (up to 15% project subtotal) |  |  |  |
| **31** | **Total Project Expenses** | **$0** | **$0** | **$0** |
| **32** | **TOTAL Revenue less Expenses** |  |  | **$0** |

**The following information must be completed by all applicants.**

**2. ADDITIONAL REVENUE DETAIL TABLE (table is expandable, add rows if needed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenue source: corporation, foundations, government grants** | **Requested amount still pending** | **Amount awarded and in hand** | **Amount to be allocated to this project** | **Award start/end dates** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **BUDGET NARRATIVE**

* Include a description of all line items marked with an asterisk on the Budget Table form.
* Indicate how earned income and in-kind support will be generated. (Example of in-kind: use of off-site space or outside staff for which you are not paying.)
* If yours is an all-volunteer organization or project, provide the value of the volunteer hours. Refer to the Independent Sector website: <https://www.independentsector.org/resource/the-value-of-volunteer-time/>
* For expenses, describe how costs for a particular item were determined.

Example: Workshop supplies: 10 participants @ $5 per individual for 10 workshops = $500.

**BEGIN BUDGET NARRATIVE HERE:**

Provide information on your board governance and organizational demographics.

**Governance**

Are there two or more paid staff members who are voting members of the board?

Yes \_\_\_ No \_\_\_

Are any of the organization’s officers, board members, or highly compensated employees related to each other?

Yes \_\_\_\_ No \_\_\_\_

Is any officer, board member, or highly compensated employee related to officers or employees of independent fundraisers under contract to the organization?

Yes \_\_\_\_ No \_\_\_\_

*If you answered yes to any of the above questions, please attach an explanation.*

Does your organization have a conflict of interest policy in compliance with the New York Nonprofit Revitalization Act?

Yes \_\_\_\_ No \_\_\_\_

Is your organization listed on GuideStar?

Yes \_\_\_\_ No \_\_\_\_

*If No, please include a copy of the most recent IRS letter determining your tax status.*

What percentage of your Board gives to the organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the Organizational Demographics table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Number of Professional Staff | Number of Support Staff | Number of Volunteers | Number of Board Members | Percent of Population Served |
| Asian/Asian-American |  |  |  |  |  |
| Black/African-American |  |  |  |  |  |
| Hispanic/Latino |  |  |  |  |  |
| Native American |  |  |  |  |  |
| White, Non-Hispanic |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |

**Signatures**

**I have reviewed this proposal and believe it to be accurate.**

Signature of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Board Chair or head of governing body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_