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| **2014 SYEP/SOOP Project Proposal – Detail** | | | | |
| SECTION I (*not to exceed 5 pages in total*) | | | | |
| **Organization Applying** (*formal organization name and address*)**:** | | | | |
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| **Project Name**: | | | | |
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| **Actual project site/location** (*address including zip code*): | | | | |
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| **Number of youth to serve**: | | | | |
| **14-15 year olds**: | | | **16-20 year olds**: | |
| **Project description overview** (*no more than 3 sentences to* *include**summary with theme, and primary project outcome – i.e. Documentary/Video; Business Plan*): | | | | |
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| **Project activity** (*in detail,* *include actual work, enrichment, curriculum, when, where and how it will be delivered*): | | | | |
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| **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 project 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**: | | | | |
|  | | | | |
| **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*): | | | | |
|  | | | | |
| **Overview of organization** (*include qualifications to operate proposed project, such as experience, and staffing and financial capability – ability to administer a* ***reimbursement-based*** *contract*): | | | | |
|  | | | | |
| **Unique or special requests** (*i.e. skills, interests, aptitude or other – NO assurance is made by funder*): | | | | |
|  | | | | |
| **Primary contact** (*name, title, address, telephone, fax, email*): | | | | |
|  | | | | |
| **Project contact**, if different from above (*name, title, address, telephone, fax, email*): | | | | |
|  | | | | |
| **Formal contact**, if different from above (*name, title, address, telephone, fax, email*): | | | | |
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| **Fiscal contact** (*name, title, address, telephone, fax, email*): | | | | |
|  | | | | |
| **Incorporated organization**: | | | | |
| **Yes****:** | | **No****:** | | |
| **Organization type**: | | | | |
| **Private-for-profit**: | **Not-for-profit**: | **501c3**: | | **Other**: |
| **Or** | | | | |
| **Public**: | | **Other**: | | |
| **Does organization have an Affirmative Action Plan?** | | | | |
| **Yes**: | | **No**: | | |
| **Has the organization ever filed for bankruptcy?** | | | | |
| **Yes**: | | **No**: | | |
| **If yes explain**: | | | | |
| **Has the organization ever had to repay funds to a government unit due to a questioned or disallowed cost?** | | | | |
| **Yes**: | | **No**: | | |
| **If yes explain**: | | | | |
| **Does the organization have the capacity to repay a disallowed or questioned audit cost?** | | | | |
| **Yes**: | | **No**: | | |
| **If no explain**: | | | | |
| **Does the organization have sufficient cash on hand for start-up of project (at least initial payroll period)?** | | | | |
| **Yes:** | | **No:** | | |
| **If no explain:** | | | | |
| **List date of last independent audit**: | | | | |
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| **Name and address of audit firm**: | | | | |
|  | | | | |
| **Number of years in operation in Monroe County**: | | | | |
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| **Project Site(s) are accessible to the disabled** (*parking, building entrance, corridors, and restroom(s)*): | | | | |
| Yes:  No: | | | | |

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| **2014 SYEP/SOOP Project Proposal – Schedule** |
| SECTION II (*not to exceed 3 pages*) |
| **Project Name:** |
|  |
| **Pre-Project Activity** (*i.e. orientation, parent meeting – date, time, and location*): |
|  |
| **Week 1** (*date, day, hours, location, activity/task*): |
| i.e.; 7/7, M, 1:00PM - 5:00PM, RochesterWorks! N. Goodman, Interest Inventory |
| **7/7 Mandatory Kick-Off Event for all projects/youth. Details with contract development.** |
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| **Week 2** (*date, day, hours, location, activity/task*): |
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| **Week 3** (*date, day, hours, location, activity/task*): |
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| **Week 4** (*date, day, hours, location, activity/task*): |
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| **Week 5** (*date, day, hours, location, activity/task*): |
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| **Week 6** (*date, day, hours, location, activity/task*): |
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| **Additional activity** (*i.e. make-up, post-project*): |
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| **Miscellaneous** (*additional and pertinent information not included above*): |
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| **2014 SYEP/SOOP Project Proposal – Budget** | | | |
| SECTION III (*not to exceed 8 pages – use whole dollars*) | | | |
| **Project Name**: | | | |
|  | | | |
| **Summary:** | | | |
|  | **Requested Funds** | **Matching Funds** (monetary contribution) | **Total Funds** |
| **Staff Costs** |  |  |  |
| **Operating Costs** |  |  |  |
| **Participant Costs** |  |  |  |
| **Total Budget** |  |  |  |
| **For Requested Funds, complete the corresponding pages**. | | | |
| **For Matching Funds, specify detail here including source of funds**: | | | |
|  | | | |
| **Include source and detail of any Non-Monetary Contributions here**: | | | |
|  | | | |

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| **Requested Funds:** |  |  |
|  | **Direct Costs\*** | **Indirect Costs\*\*** |
| **Staff Salaries** |  |  |
| **Staff Fringe Benefits** |  |  |
| **Total Staff Costs** |  |  |
| **Rent** |  |  |
| **Utilities** |  |  |
| **Supplies** |  |  |
| **Telephone** |  |  |
| **Insurance** |  |  |
| **Postage** |  |  |
| **Copying/Printing** |  |  |
| **Contracted Services** |  |  |
| **Mileage** |  |  |
| **Staff Training/Development** |  |  |
| **Other (**include itemized list**)** |  |  |
| **Total Operating Costs** |  |  |
| **Participant Wages** ($8.00/hr.**)** |  |  |
| **Participant Fringes (**all required deductions**)** |  |  |
| **Total Participant Costs\*\*\*** |  |  |
|  |  |  |
| **Total Requested Funds** |  |  |
|  | | |
| **\* Direct Costs**: Staff, consultant and non-staff costs attributed to program operation and not associated with finance and human resource administration. Rent, utilities, and telephone is only considered if applicable to space leased/rented by agency to operate program. Supplies, postage, copying/printing directly assigned to program and program activities are considered direct costs, as well as, increased insurance necessary for the operation of program and program activities. | | |
| **\*\* Indirect Costs**: Staff, consultant and non-staff costs used expressly for financial and human resource administration to support the program. 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 program and post-program reports to management and funder(s) are considered indirect costs. | | |
| **\*\*\*Total Participant Costs,** will be replaced with stipend amount of $600 per participant if project is selected and funded by City of Rochester/Summer of Opportunity.  **Our preference is to provide  wages,  stipends, or  no preference** | | |

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| **Position Title** | **# Positions** | **Full-Time Equivalent Salary per Week** | **# of Weeks** | **% of Time to Program** | **Program Total Salary** | ***Amount Charged as Direct Cost*** | ***Amount Charged as Indirect Cost*** |
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|  |  |  | **Total Salaries:** | |  |  |  |

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| **Staff Fringe Benefits** | **Rate (%)** | **Base** | **Amount** | ***Amount Charged as Direct Cost*** | ***Amount Charged as Indirect Cost*** |
| **F.I.C.A.** |  |  |  |  |  |
| **Worker’s Compensation** |  |  |  |  |  |
| **Health Insurance** |  |  |  |  |  |
| **Retirement** |  |  |  |  |  |
| **Disability Insurance** |  |  |  |  |  |
| **Unemployment Insurance** |  |  |  |  |  |
| **Other**: |  |  |  |  |  |
| **Other**: |  |  |  |  |  |
|  | **Total Staff Fringe Benefits** | |  |  |  |

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| --- | --- | --- | --- |
|  | **Amount** | ***Amount Charged as Direct Cost*** | ***Amount Charged as Indirect Cost*** |
| **Total Requested Staff Costs:** |  |  |  |

**Participant Costs\*\*\*:**

|  |
| --- |
| **Participant Wages: #**       **Participants @ $8.00 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 = $** |

\*\*\* Will be replaced with stipend amount of $600 per participant if project is selected and funded by City of Rochester/Summer of Opportunity

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| **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 SALARIES**(*provide an explanation of salaries that are tied to staff that will support this project*): |
|  |
| **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*): |
|  |
| **RENT** (**p***rovide an explanation of costs needed to support this project*): |
|  |
| **UTILITIES** (*provide an explanation of costs needed to support this project*): |
|  |
| **SUPPLIES** (*provide information on the type of supplies with an explanation of costs needed to support this project*): |
|  |
| **TELEPHONE** (*provide an explanation of costs needed to support this project*): |
|  |
| **INSURANCE** (*provide an explanation of costs needed to support this project*): |
|  |
| **POSTAGE** (*provide information on the type of supplies with an explanation of costs needed to support this project*): |
|  |
| **COPYING/PRINTING** (*provide information on the type and amount of copying/printing with an explanation of costs needed to support this project*): |
|  |
| **CONTRACTED SERVICES** (*for all subcontracts relating to program 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*): |
|  |
|  |
| **STAFF TRAINING/DEVELOPMENT** (*provide a brief description of training and explanation of costs needed to support this project*): |
|  |
| **OTHER** (*please provide a detailed list of additional items and how they relate to program activities*): |
|  |
| **Miscellaneous Information** (*include additional explanation or detail not included in above*): |
|  |