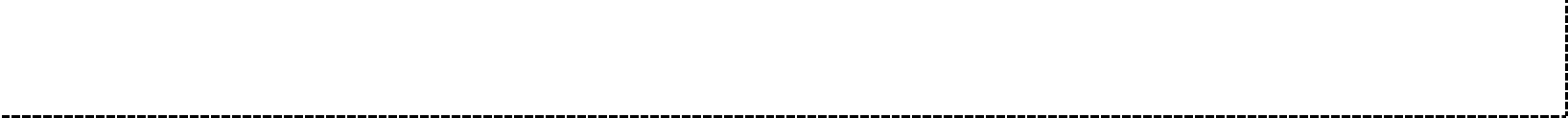
Chautauqua County Youth Development Program Funding Narrative

|  |  |
| --- | --- |
| Name of Organization: |  |
| Program Name: |  |
| Organizational Mailing Address: |  |
| Executive Director: |  |
| Executive Director’s Phone Number: |  |
| Executive Director’s E-mail Address: |  |
| Program Contact: |  |
| Program Contact’s Phone Number: |  |
| Program Contact’s E-mail Address: |  |
| Agency Website: |  |
| Federal Employer ID# (FEIN): |  |
| Is agency debarred/suspended from receiving funds/doing business with the Federal government? |  |
| Is agency a non-profit or unit of government? |  |
| If non-profit, please provide 501(c)(3) not-for- profit entity ID # and date established as such: |  |



**The following outline MUST be followed, and every subsection included in the narrative, in the order listed below.**

Needs Statement

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| Describe the conditions, problems and community needs (as they relate to youth) that the program aims to address. |
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Target Population Served and Goals

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| **Description**  Identify the following: Target population; geographic areas to be served; zip codes to be served; and capacity for service. |
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| **Special Populations**  Describe how you will accommodate participants with special needs, language translation and cultural differences, including interpreter/language translation services. |
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| **Capacity**  Indicate the proposed number of individuals or families to be served at a given time as well as the total number of individuals or families to be served throughout the program year. Describe what strategies will be used to attract and retain participants,  and how attendees will be tracked. |
| Number of individuals or families to be served at a given time |
| Total number of individuals or families served throughout the program year. |
| **Experience**  Describe the experience the agency has working with the target population, including past accomplishments and reasons why it is equipped to assist the group. |
|  |
| **Impact**  How will the program impact the target population? |
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| Describe how your agency fosters and encourages youth to use their voice to  participate in the community at large, effect positive social change and serve as a role model to other youth. |
|  |

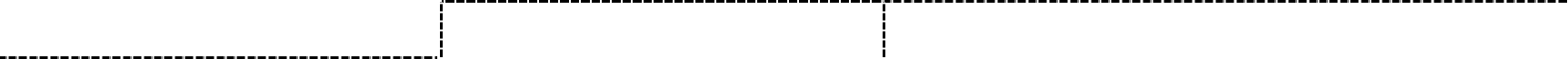
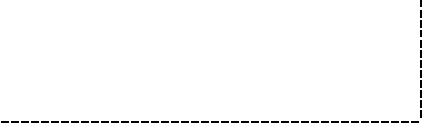
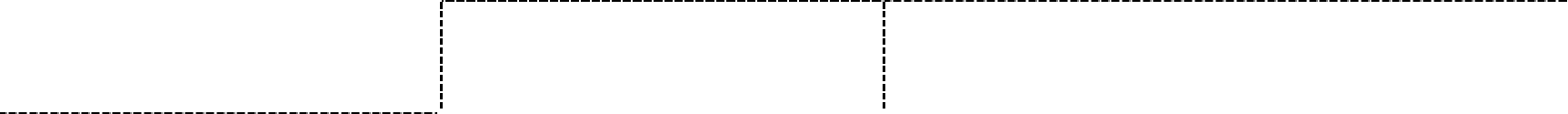
Program Information

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| **Program Summary**  Provide a brief description of the program including the agency name and mission, program name, population served, and key program features. |
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| **Start of Program Operations**  Describe your agency’s ability to implement and staff the program in a timely manner, including provision of services, effective the date noted in the RFP |
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Program Plan

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| **Program Narrative**  Please provide a program narrative that contains the following information:   * How will the program service youth in high-need and underserved neighborhoods and what specific elements of the program will target the needs of this population? * How will the program seek to engage and partner with the surrounding community? In what ways will this engagement serve to mutually benefit and strengthen both the agency and community? * Will enriching or educational field trips will be provided? * Staff-to-participant ratio |
|  |
| **Program History**  Please explain if this is a pilot program. If not, please describe how long this program has been operating and what is new and/or different about your program this year  compared to previous years. What have you learned from previous challenges and successes? |
|  |
| **Availability**  Provide information about your days and hours of program delivery. Please describe if this program will be offered during extended hours (evenings, weekends), (encouraged  but not required). Please also include the length of time youth will participate. Please provide a program calendar/schedule as an attachment. |
|  |
| **Location(s) of Service**  Provide information on program location. |
|  |
| **Membership Fees**  Please provide information on whether membership fees are collected. If membership fees are collected, please attach a fee schedule and describe the system in place to  ensure that all youth have access to services regardless of ability to pay for services (this may include scholarships, tiered fee schedules and/or waiver policies). |
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| **Safety**  Describe the safety plan the program has in place for keeping youth safe while participating in programming, including security protocols, sign-out policy, open doors or locked, visitor policy, and any other information related to your program safety plan. Also include how this information is communicated to staff and the resources (trainings,  equipment, etc.) available to staff regarding emergency response and basic first aid. | | | |
|  | | | |
| **Program Staffing**  Please provide detailed information on program staffing, including job titles, responsibilities, qualifications, and supervisor job title. | | | |
| Job Title | Responsibilities | Qualifications | Supervisor Job Title |
| **Professional Development**  Describe all mandatory or optional professional development opportunities, including trainings, available to program staff. | | | |
|  | | | |
| **Collaboration**  Describe any and all partnerships, collaborations or networks in place to meet participant needs and/or create comprehensive positive youth development  opportunities. | | | |
|  | | | |
| **Program Difference**  Provide any other information that you feel would distinguish your agency’s approach to the delivery of the requested services, including any prior experiences and  successes. | | | |
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Participant Outcomes and Performance Measures

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| **Quality Improvement**  Explain how you will implement a plan for compliance, outcomes, and quality improvement. Include how poor performance will be addressed when requested by the Youth Bureau or when the outcomes of the program fail to be achieved. |
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| **Youth Satisfaction**  Describe your programs mechanism for evaluating the satisfaction of the youth who participated in the proposed program and how it will be recorded, reviewed and used for program improvement. |

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| **Monitoring**  Describe the monitoring that will occur within the program to ensure that services are stated are being provided and in a safe and healthy environment. Please include who within your agency will be responsible for monitoring, how often the monitoring will  take place and how it will be documented. |
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| **Data Collection**  Describe how you collect program data, including specific procedures, tools and frequency |
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Budget

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| --- | --- | --- |
| Describe the various line items contained in the Chautauqua County Youth Bureau  Program Budget. All items should be described in sufficient detail to enable reviewers the ability to determine if the costs are reasonable and allowable. | | |
|  | | |
| Describe how your agency monitors and verifies the accuracy and sufficiency of its billing system to assure all claims made are proper and that adjustment is sought  when issues are identified. Describe how your agency achieves reporting requirements and contract compliance. | | |
|  | | |
| **Funding Sources**  List funding sources and pending/approved award amount (proposed program only). | | |
| **Funder** | **Funding Status Pending/Approved** | **Amount** |

ATTACHMENTS



1. Sample Copy of the Contract or Agreement of Service with Terms and Conditions
2. Chautauqua County Minimum Insurance Requirements