

**Request for Proposals**

 **for**

**Re-Entry Workforce Development Demonstration Program**

**FY’18 Appropriation**

**Issued by**

**Commonwealth Corporation**

**RESPONSES DUE:** October 24, 2017 by Midnight

Upload electronic submission to the following link:

[**https://commcorp.tfaforms.net/328719**](https://commcorp.tfaforms.net/328719)

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**Re-Entry Workforce Development Demonstration Program**

**FY’18 APPROPRIATION**

**REQUEST FOR PROPOSALS**

Section One: Grant Program Goals & Funding Availability

1. ***About the Initiative:*** The Re-Entry Workforce Development Demonstration Program is an initiative of Executive Office of Labor and Workforce Development Secretary Rosalin Acosta in support of Governor Baker’s effort to improve workforce outcomes among individuals returning to their communities after incarceration (i.e. returning citizens). This state-funded initiative is administered by Commonwealth Corporation on behalf of the Executive Office of Labor and Workforce Development. This grant program is funded through a General Appropriation Act in the Fiscal Year 2018 State Budget (7003-0150).

***Example*** Program Continuum of Services



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The purpose of these funds is to provide employment services to the target population in order to help advance their participation in job training, coaching and placement activities. We are seeking to provide funding to existing, successful programs that currently provide a continuum of services necessary for the target population to secure unsubsidized employment. We are not seeking to support new program development. Given the relatively short duration of these funds, it is not expected that these funds will provide the whole continuum of services necessary for an individual to transition to the community, receive job training and supportive services and obtain unsubsidized employment. However, applicants must demonstrate that the services they propose to provide will advance the participants served so that they are further along in the continuum by the end of the grant period. Applicants must 1). Provide an outline of the continuum of services for the program (see above example diagram), 2) identify the specific program component of the continuum of services you propose to use the grant funds to support 3) identify the outcomes to be attained by individuals enrolled in the program component of the continuum and 4) explain how this outcome will advance the participants along the continuum to unsubsidized job placement. Participants may be existing participants that have already received some services or new participants who have not yet received services. Additionally, applicants must propose to provide the same set of services with the same intended outcome to all proposed participants.

1. ***Funding Availability & Grant Award Amount:*** $125,000 is available for this grant program. Applicants may not request more than $42,000.
2. ***Allowable Costs:***  Funds may be used for costs associated with delivering education and training activities, and other services to prepare participants transitioning from a department of correction or house of correction, for success in the targeted occupation(s), optimize opportunities for participant learning and career development, and help to achieve placement for participants. Funds may be used to support the following:
* Outreach, recruitment, assessment and selection
* Support services needed to ensure participants’ success, such as transportation, child care, uniforms and tools
* Training delivery, including classroom and formal on-the-job training
* Stipends for participating in training and work experience
* Staff time for partnership and program coordination, job development, case management and data entry

**Section Two: Eligible Lead Applicants & Partners**

1. ***Eligible Applicants:*** Eligible lead applicants include:
	* Community-based organizations
	* Non-profit education, training or other service providers
	* One-Stop Career Centers,
	* Post-secondary institutions

Lead applicants must have an ongoing program that has demonstrated positive outcomes for court-involved youth in the community or returning citizens reentering the community, including placement in support services, education, training, and employment services. Applicants must provide evidence demonstrating the capacity to serve more individuals then would be possible without the funding.

1. **Required Referral Partners:** Eligible lead applicants must demonstrate that they have a relationship with an organization that has access to and will provide referrals to the program. This partner must sign a Memorandum of Agreement or letter of support. These organizations must include at least one partner from the following categories:
	* House of Correction
	* Department of Corrections
	* Office of Corrections
	* Department of Probation
	* Department of Parole
2. **Business Partners:** Successful applicants will demonstrate that they have relationships with businesses to broker job placements for participants after they have completed the entire continuum of services. Applicants should include specific names of businesses they plan to work with to secure unsubsidized employment for their participants upon successfully completing the entire continuum of services. Please note that we do not anticipate that applicants will provide the entire continuum of services to participants with these grant funds. However, applicants must demonstrate that they have these business relationships for the eventual placement of participants. Additional evidence of such existing relationships may include, a signed MOA, signed letters of support, data related to your success in placing participants in the past including specific businesses that have hired your participants, or data about current vacancies at business partners.
3. **Recommended Workforce Development System Partners:** Workforce Development Boards and One Stop Career Centers have developed relationships and service models with Reentry Partners in many parts of the state, including Department of Correction and Houses of Correction facilities.  These models often include "behind the wall" pre-employment support programs, direct referrals and case management upon release and additional job placement and education/training activity to assist individuals in obtaining unsubsidized employment as quickly as possible.

Section Three: Training Program Design Requirements

1. ***Target Populations:*** Applicants funded under this grant will serve individuals who come from the following populations:
	* Court-involved youth/young adults (to age 24)
	* Individuals in a Department of Correction facility or transitioning back to the community.
	* Individuals in a House of Corrections facility or transitioning back to the community.
2. ***Program Design Requirements:*** Grant awards will support organizations that are providing all, or some of the following services that will serve as a continuum to ensure successful transition of the target population, job training and coaching and job placement.
* Provide training that addresses the employers’ workforce needs, prepare participants for success in the targeted occupation(s), optimizes opportunities for participant learning and career development, and will support participants’ placement in the target occupation(s). This may include:
* Basic education, including ABE, GED, ESOL, math, computers/technology contextualized to the industry and occupation(s)
* Vocational training
* Post-secondary education and credentialing
* Apprenticeship
* On-the-job training
* Paid work experience
* Engage employers in identifying job openings, participating in program design and/or delivery
* Assign a job developer who is responsible for active outreach to and engagement with employers to identify and secure unsubsidized job placements in the target occupation(s) for program participants
* Provide support services to participants including transportation and childcare to alleviate barriers to completion and unsubsidized employment
* Provide case management and maintain case notes for each participant; case management services must include connecting with other service providers/reporting partners such as probation/parole officers and clinicians or mental health provider.

Section Five: Administrative Requirements

1. ***Participant Level Data Reporting Requirements*:** Grantees will not be required to enter data into a prescribed data entry system. However, grantees must have the capacity to provide participant level data to Commonwealth Corporation along with their quarterly reports, using data and report formats from the applicant’s existing data system. Data must include basic demographics, services received and outcomes achieved.
2. ***Program Progress Reporting Requirements:*** Grantees will be required to submit the following narrative reports using templates supplied by Commonwealth Corporation:

Quarterly Reports: These reports will be due quarterly and will include an update and reflection on progress in meeting performance measures, a participant level data report, and reporting the project’s successes and challenges.

Final Report: This report will be submitted at the end of the contract period and will document what was achieved through the investment of these funds, inform future funding practices and provide information that could be used more generally among organizations doing similar work. The format for this report will be provided to grantees after a contract is awarded.

1. ***Program & Fiscal Monitoring:*** Commonwealth Corporation is responsible for ensuring that organizations receiving grant funds:
2. have the fiscal and program systems needed to meet all relevant federal and state requirements;
3. meet the terms of the grant award outlined in the contract with Commonwealth Corporation;
4. provide quality services to program participants; and
5. expend grant funds only for allowable activities.

To fulfill this responsibility, Commonwealth Corporation will periodically request and review documentation related to the grantee organization and grant expenses and activities. Additional information will be provided after a contract is awarded.

1. ***Technical Assistance:*** Each grantee will be assigned a Commonwealth Corporation Program Manager and must assign a main point of contact at their organization who is accountable for the grant. The Commonwealth Corporation Program Manager will be available to support grantees through the duration of the grant, answering questions about operational issues as well as providing technical assistance to ensure grantees meet their performance outcomes.
2. ***Payment:*** Funds will be disbursed on a cost reimbursement basis. Grantees will be required to submit invoices on a quarterly basis using an invoice template, supplied by Commonwealth Corporation. Grantees will only be reimbursed for expenses incurred during the period of the contract. Grantees are required to maintain and submit, upon request, back-up documentation for expenses.
3. ***Project Terms and Conditions*:**  Grantees will be required to abide by Commonwealth Corporation’s Standard Contract Terms and Conditions which will be provided during contract negotiation. Applicants may review these terms and conditions prior to submitting an application by contacting Theresa Rowland at trowland@commcorp.org to request a copy. In addition, all final contracts are subject to negotiation of a final statement of work.

Section Seven: Submission Schedule & Instructions for Submission

1. ***Submission Schedule***

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| **Activity** | **Date** |
| Request for Proposals Released | September 19, 2017 |
| Deadline to Submit Written Questions | October 16, 2017 |
| All Answers to Written Questions Posted on Website | October 19, 2017 |
| Applications Due | October 24, 2017 |
| Applicants Notified of Status | Mid-Late November 2017 (tentative) |
| Anticipated Contract Start Date | December 1, 2017 (tentative) |
| Contract End Date | June 30, 2018 (tentative) |

1. ***Clarification Period*:** Questions about this grant program will be accepted in writing from September 19, 2017 through October 16, 2017. Please submit questions to Theresa Rowland at trowland@commcorp.org. All questions will be responded to and posted on Commonwealth Corporation’s website at [www.commcorp.org](http://www.commcorp.org). Applicants can sign up at [**https://commcorp.tfaforms.net/328718**](https://commcorp.tfaforms.net/328718) to receive email notifications when new responses are posted. However, all potential applicants are advised to check the Commonwealth Corporation’s website periodically for additional information and updates until submissions are due.
2. ***Application*** ***Submission Instructions*:** Grant Application Packages are due on October 24, 2017 by midnight. Please upload your submission electronically to the following link: [**https://commcorp.tfaforms.net/328719**](https://commcorp.tfaforms.net/328tuesdwethurs719). In order to upload your submission, you will need to complete a form that provides the following information: (1) the **Name** of the lead applicant organization, (2) the lead applicant organization’s **Federal Employer ID Number**, (3) the lead applicant organization’s **Department of Unemployment Assistance ID Number**, (4) the **Total Program Funds Requested**, and (5) the lead applicant organization’s **Primary Contact Person** (to be notified upon decision of grant award).

Applicants should review all components prior to uploading in order to ensure they have completed all of the required information. Narrative forms must be submitted in MS Word file format. Budgets must be submitted in MS Excel file format. Signed documents or letters of commitment must be scanned and submitted in the form of a single PDF file. Should you encounter any submission issues, please contact Theresa Rowland at trowland@commcorp.org or 617-717-6928.

1. The following documents make up the required components of the Grant Application Package. Failure to provide any of the documents or materials listed below may result in the disqualification of the application.

**Attachment 1: Application Summary Form**

This form provides Commonwealth Corporation with summary level information about the proposed program. You may adjust the spacing as needed to accommodate your answers. This form should be the title page of your Grant Application Package.

**Attachment 2: Program Application Narrative Form**

This form provides a list of questions that you must address in your application. Answer all the questions included on the Narrative Form. Do not change the order of the questions/sections. You may adjust the spacing in each section of the Narrative Form to accommodate your answers. Do not use a font size smaller than size 11 and margins less than one inch. The page limit for the Program Application Narrative Form is 10 pages.

**Attachment 3: Budget & Budget Narrative Forms**

Attachment 3a and 3b are the Budget and Budget Narrative Forms. These are included as a separate MS Excel Workbook labeled “Re-Entry FY’18 Application Budget.” You must submit a detailed budget request using the provided forms. The budget will also become the financial basis for any grant award, and for making cost reimbursement payments over the course of the project. Commonwealth Corporation reserves the right to modify application budgets prior to and/or after grant award.

**Attachment 4: Memorandum of Agreement (MOA) or Letter of Support**

A Memorandum of Agreement or Letter of Support must be included and labeled as Attachment 4. At a minimum this should articulate the relationship between the lead applicant and the referral partner. However, applicants may also include MOAs and letter of support from other partners.

**Attachment *5: Certificate of Good Standing:***All lead applicants must submit a Certificate of Good Standing from the Massachusetts Department of Revenue. This should be included in your Grant Application Package and labeled Attachment 5.

Section Eight: Proposal Evaluation Process and Criteria

1. ***Proposal Evaluation Process***: Proposals submitted in response to this solicitation will be evaluated by Commonwealth Corporation. Representatives of the Executive Office of Labor and Workforce Development may participate in this process.

 The review process will consist of the following steps:

**Step 1: Threshold Criteria Screening**

Submissions will be screened for completeness, conformity to the program requirements and timeliness of response. Submissions that are incomplete, non-conforming, or late may not be considered.

**Step 2:** **Compliance Screening**

Commonwealth Corporation will conduct an analysis to ensure all applicants are in compliance with state and federal law. Applicants are encouraged to review these criteria and ensure they are in compliance prior to submitting an application. Commonwealth Corporation will conduct the following reviews to ensure compliance:

* Ensure applicants are in good standing with the Massachusetts Department of Revenue. Commonwealth Corporation will conduct this screening by reviewing the Certificate of Good Standing (C.O.G.S) submitted in the Grant Application Package. **Please note that community colleges, public vocational technical high schools and public state universities serving as the lead applicant do not need to submit a Certificate of Good Standing.**
* Please follow this guidance when requesting and submitting a Certificate of Good Standing from the Department of Revenue:
	+ The Certificate of Good Standing from the Department of Revenue is not the same and should not be confused with a Certificate of Incorporation from the Secretary of State
	+ This is a link to a sample C.O.G.S: <http://www.mass.gov/lwd/docs/dcs/wtf/dor-cert-good-standing.pdf>
	+ C.O.G.S. must be less than six months old
	+ Please visit the Department of Revenue’s website (<http://www.mass.gov/dor/businesses/programs-and-services/certificate-of-good-standing.html> ) for more information about the C.O.G.S and to complete an online application to obtain a Certificate
	+ Applications for a C.O.G.S can take 4-6 weeks to be processed
* Ensure applicant are in full compliance with all obligations to the Department of Unemployment Assistance, Department of Industrial Accidents, and any other obligations to the Commonwealth of Massachusetts. Commonwealth Corporation will work with the Department of Unemployment Assistance to conduct this review.

**Step 3: Review Committee**

A review committee will review and score all eligible submissions. Review results will be documented. EOLWD and Commonwealth Corporation reserve the right to request additional information from any applicant to ensure that the review committee has a complete understanding of the program concept.

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| **Category** | **Point value** |
| Track record of success and qualifications/capacity of applicant and partner organizations to ensure a sufficient number of appropriate individuals are recruited and that participants are provided with the supports and services to prepare them for unsubsidized employment at the completion of the entire continuum of services (may be beyond grant period) | 25 |
| Program services that are appropriate to advance the participant on the continuum to secure unsubsidized employment | 25 |
| Track record of success and qualifications/capacity of applicant to place the target population in unsubsidized employment | 20 |
| Demonstration that the lead applicant has relationships with businesses to broker job placements for the continuum of services program participants (may be beyond grant period) | 15 |
| Budget aligns with the proposed program design and the proposed enrollments are appropriate given the expenses of the program  | 15 |

**Step 4:** All applicants will be notified of their award status by email.

1. ***Additional Evaluation Notes:*** In addition to the scoring system outlined,Commonwealth Corporation reserves the right to only consider submissions that, in our sole judgment, are complete and responsive to the solicitation’s requirements and include all required application components. Additionally, Commonwealth Corporation and the Executive Office of Labor and Workforce Development reserve the right to consider other criteria in making competitive awards among comparably qualified applicants. Commonwealth Corporation reserves the right to reject any and all applications, or to accept any and all applications, in whole or in part, if deemed to be in the interest of the Commonwealth Corporation or the Commonwealth of Massachusetts to do so. This RFP does not commit Commonwealth Corporation to award any contracts. Upon submission, all applications become the property of Commonwealth Corporation. Commonwealth Corporation is not responsible for electronic submissions that are not received by Commonwealth Corporation.
2. ***Appeals:*** Appeals of the funding decision may be filed with J.D. Larock, President, Commonwealth Corporation, 2 Oliver Street, 5th Floor, Boston, MA 02109. Appeals must be filed within fifteen days of the date of Commonwealth Corporation’s notice to unsuccessful bidders. The president may decide to hold an informal review of the decision, and may decide to grant an appeal, deny an appeal, or modify an award based on information provided during the informal review.
3. ***Audited Financial Statements and Verification of Fiscal Management Capacity****:* All applicants that are selected for an award will be required to submit a copy of the organization’s most recent audited financial statement prior to the execution of a final contract.In addition, prior to the grant award, Commonwealth Corporation staff may review an organization’s fiscal systems and internal controls to verify that the organization has the capacity to manage public grant funds and administer the program.
4. ***Project Terms and Conditions*:** Grantees will be required to abide by Commonwealth Corporation’s Standard Contract Terms and Conditions, which will be provided during contract negotiation. Applicants may review these terms and conditions prior to submitting an application by contacting Theresa Rowland at trowland@commcorp.org to request a copy. In addition, all final contracts are subject to negotiation of a final statement of work.

Section Nine: Summary of Attachments

* Grant Application Package

Attachment 1: Application Summary Form

Attachment 2: Program Application Narrative Form

Attachment 3a & 3b: Budget and Budget Narrative Forms

Attachment 1: Application form

Respond to all questions on the Application Form. You may adjust the spacing in each section to accommodate your answers. Do not delete any of the questions. Although there is no page limit for the Application Form, please limit responses only to what is necessary to answer each question sufficiently. *Please note: This symbol* ^ *identifies information which you will also need to enter on the online submission form (see Section three for Submission Instructions).*

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| **1. Project Profile: Re-Entry Workforce Development Demonstration Program**  |
| **Name of Lead Applicant Organization ^** |  |
| **Applicant Type:** Please select (⌧) the type of organization that represents the lead organization. |
| ❑ Nonprofit Education, Training, or Other Service Provider❑ One-Stop Career Center | ❑ Postsecondary institution❑ Community-Based Organization |
| **Department of Unemployment Assistance ID Number ^** |  | **Federal Employer ID Number ^** |  |
| **Lead Applicant Contact Information** |
| **Role** | **Name / Title** | **Address** | **Phone** | **Email** |
| **Primary Contact Person ^** (notified upon decision of grant award) |  |  |  |  |
| **Authorized Signatory** (authorized to commit organization) |  |  |  |  |
| **Fiscal Contact**(fiscally responsible for project funds and submitting invoices) |  |  |  |  |
| **Project Manager,** if known (contact over the course of the project) |  |  |  |  |
| **Project Summary**In the space provided below, please provide a summary of your proposed project in 400 words or less. Please keep in mind that if your organization is awarded funding, this is the project summary that will be used in public announcements.  |
|  |
| **Partners Contact Information** Please list the organizations and contact information for your partners. You may add extra lines.  |
| **Organization Type** | **Organization Name** | **Address** | **Contact Name / Title** | **Phone / Email** |
| **Referral Partner (required)** |  |  |  |  |

Part 2: Program Application Narrative Form

Use this form to describe your proposed program design. Do not exceed 10 pages, using a font 11 points or larger and with at least one inch margins. Tables, charts, figures, and appendixes are included in the page limit. The page limit does not include the other required Parts of the Grant Application Package.

1. Describe the track record and experience your organization has with the target population.
2. What barriers to employment does this population have? How will you work with participants to address these barriers?
3. Please describe the three most critical organizational relationships your organization has with other organizations that will help your organization deliver this program and provide support to the population to manage barriers and challenges. Please explain how these relationships will help you deliver this program.
4. If you are enrolling new participants in services, please describe your recruitment strategy, including a list of any organizations that will refer individuals to your program and the methods that will be used to recruit participants.
5. Describe the selection and assessment process. What criteria will be used to determine participant readiness and fit with the proposed services? If they are existing participants, how will you determine they are ready to participate in this part of the continuum of services?
6. Provide an outline of the continuum of services for the program. Applicants are encouraged to use visuals, such as a flow chart, to help reviewers understand the services and how they relate to each other. Identify and describe the specific program component of the continuum of services you propose to use the grant funds to support.
7. How many individuals will you provide services to? What are the anticipated outcomes of an individual’s participation in the proposed services? Please be as specific as possible and use SMART (specific, measurable, achievable, results-focused, time-bound) measures. How does this outcome help advance the participant on the continuum to job placement?
8. If the proposed services will not lead to job placement within the duration of this grant (June 30, 2018), how will you ensure that you will be able to continue to provide services to these participants in order for them to secure unsubsidized employment?
9. Will the program services prepare participants for specific occupations? If so, what are these occupations? If not, what are some of the common types of occupations that participants are placed in after they complete services? How do you determine which occupation is an appropriate fit for each participant?
10. Successful applicants will demonstrate that they have relationships with businesses to broker job placements for program participants. Applicants should include specific names of businesses they plan to work with to secure eventual unsubsidized employment for their participants. Additional evidence of such existing relationships may include, a signed MOA, signed letters of support, data related to your success in placing participants in the past including specific businesses that have hired your participants, or data about current vacancies at business partners.
11. Describe your staffing structure, including the staff name, title, role and FTE of each staff member that will support program participants.

Attachment 3a & 3b: Budget & Budget Narrative Forms

**General Instructions:** The proposed budget must be submitted using the following attachments provided in MS Excel file format:

1. Budget Form (Attachment 3a)
2. Budget Request Narrative Form (Attachment 3b)

***Budget Form (Attachment 3a):*** serves as a cover sheet to the Budget Request Narrative Form. While it is formatted with formulas, please check all amounts for accuracy prior to submission.

***Budget Request Narrative Form (Attachment 3b):*** outlines all of the project costs for which you are requesting grant funds. This budget should be based upon the entire requested grant duration (up to June 30, 2018).

Each line item amount should have clear and sufficient cost rationale. Applicants must complete the following columns for each line item for which they are requesting funds.

* ***Actual Cost (AC) or Cost Allocation (CA):*** Please identify whether these expenses will be charged based upon actual costs or a cost allocation plan. Please note: Applicants awarded funding will be required to provide a copy of their cost allocation plan during contract negotiations. If the cost allocation plan does not include sufficient detail or is updated on a monthly or ongoing basis, this updated information must be included along with other required back-up during specified monthly invoices. Any changes to this plan must be submitted to Commonwealth Corporation for the duration of the grant.
* ***Description of use of funds:*** Please include a description to explain how funds will be used.
* ***Calculations:*** To reduce calculation errors, please use these two columns to include the rate and unit of measurement used to calculate each line item. Instructions for specific line items are included below in the Category Instructions. Applicants may include additional detail in the ***description of use of funds*** column to explain any expenses that do not conform to the standard unit of measurement @ rate calculation format.

Please follow the Category Instructions below for completing the Budget Request Narrative Form and remember to *check all amounts* for accuracy prior to submission.

**A. Salary & Fringe**

Salary: This category is for project costs related to staff that will be performing project-related functions and will be on the payroll of the lead applicant only.

The budget should include:

* each staff person (name, if known and job title) on a separate line
* actual rates of pay each staff person will receive for compensation in the column labeled “Rate/hour”
* the quantity of hours each staff person will work on this grant in the column labeled “hours”

Grantees may not invoice Commonwealth Corporation for staff roles that are not included on the budget in the contract. Grantees may charge a higher hourly rate than the rates listed in the budget in the contract. However, grantees are responsible for ensuring that the staffing structure outlined in the contract is maintained. Commonwealth Corporation will not approve a modification to add additional funds to staffing in order for the grantee to maintain the staffing structure included in the contract. Therefore, we encourage all grantees to review any significant staff changes with Commonwealth Corporation prior to making the change to ensure an adequate staffing structure is maintained. Applicants should factor in any proposed increases over the grant period into the average hourly rate.

Fringe: This line item is for fringe benefits for internal staff. The budget should include the percentage used to calculate the actual budgeted dollar amount. The budget should also include details about the benefits included in rate and the rate associated with each benefit.

**B.** **Other Program Costs**

Travel:This category is forlead applicantstaff travel required to achieve the project goals. The budget should include a description indicating the need for the proposed travel, destinations, and mode of travel. The budget should include the mileage rate in the column labeled “rate” and the total number of miles in the column labeled “unit.” Mileage will not be reimbursed beyond the current federally approved rates.

Space Rental**:** This category is for space rental related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the actual monthly cost of rent should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Telephone & Communications**:** This category is for telephone and other communication costs related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the budget should include the actual monthly cost of telephone & communications in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Rental & Lease**:** This category is for rental or lease of office equipment necessary for implementation of the project. The budget should include a list of items to be leased. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis include the actual monthly cost of equipment rentals in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Purchase**:** This category is for equipment purchases. The budget should include a list of items to be purchased. The budget should include the cost of the item in the column labeled “rate” and the total number of units that will be purchased in the column labeled “unit.”

Postage & Mailings**:** This category is for postage and mailing related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of postage in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Publication/Print/Copying**:** This category is for publication, printing and copying related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be allocated on an actual cost basis over the duration of the grant, include the total cost of publication, printing and copying in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Meeting Expenses**:** This category is for meeting expenses related to project activity. The budget should include a description of the use of these funds. The budget should include a meeting cost rate in the column labeled “rate” and the total number of meetings that will be held over the duration of your grant in the column labeled “unit.”

Office Supplies & Materials**:** This category is for office supplies related to project activity. The budget should include a description of use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of office supplies & materials in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Marketing & Advertising**:** This category is for marketing and advertising related to project activity.

The budget should include a description of use of these funds. The budget should include the cost of the advertisement in the column labeled “rate” and the number of times you plan to run the advertisement in the column labeled “unit.”

Training Materials**:** This category is for expenses related to the purchase of training materials related to project activity. The budget should include a description of the training materials. The budget should include the cost per unit of the training materials in the column labeled “rate” and the cost per unit in the column labeled “unit.”

**C. Support Services**

Training Stipend: This category is for stipends paid to participants during their participation in classroom training. The budget should include the amount of the stipend in the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Work Experience: This category is for wages and stipends paid to participants or wage subsidies paid to employers during work experience, including on-the-job training. The budget should include a description of the type of compensation (stipend, hourly wage for internship, wages for on-the-job training) and the number of weeks of employment. The budget should include the total maximum compensation that will be paid to or in the case of a wage subsidy, on behalf of each participant under the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Transportation**:** This category is for transportation expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average amount that will be provided per participant in the column labeled “rate” and the total participants in the column labeled “unit.”

Participant Tuition & Fees**:** This category is for tuition and fees associated with training slots for one or more participants. The budget should include the cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.” Any costs that the applicant will contractually agree to pay a training provider for group instruction should not be included in this line item, and should be included in the training contractors’ line item.

Other: This category is for other expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.”

**D. Contracted Services**

Training Contractors: This category is for project costs related to training services provided to the grantee on a contract basis by individuals, organizations or companies that are subcontractors or consultants to the grantee.

If the cost of the course is negotiated at an hourly rate, the budget should include the hourly rate in the column labeled “rate” and the total number of instructional and preparation hours in the column labeled “unit.” If the cost of the course is negotiated at a course based rate, the budget should include the total cost of the course in the column labeled “unit” and the number of times the course will be offered in the column labeled “rate.” If rates vary by course, each course should be listed in a separate row. At a minimum each training provider should be listed on a separate line.

Curriculum Development Contractors: This category is for project costs related to the development of curricula. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to develop the curricula and the new courses that will be developed. The budget should include the hourly rate in the column labeled “rate” and the number of hours that will be spent developing the curricula in the column labeled “unit.”

Other Contractors:This category is for expenses related to other contracted services, including any contracted services to fulfill required staffing roles. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to perform this service. The budget should include the hourly rate in the column labeled “rate” and the quantity of hours each task will require in the column labeled “unit.” Each contractor should be listed on a separate line.

 **E. Indirect Costs** This category is for indirect costs. Indirect costs are costs incurred for common or joint objectives that are not easily identifiable to a single grant and benefit multiple programs. Grantees must apply indirect costs through the use of an approved indirect cost rate or an approved cost allocation plan. A copy of the cost allocation plan must be supplied during contract negotiations. Any changes to this plan must be submitted to Commonwealth Corporation for the duration of the grant.