



**DEPARTMENT OF
YOUTH AND
COMMUNITY
DEVELOPMENT**

Michael R. Bloomberg
Mayor

Jeanne B. Mullgrav
Commissioner

**APPLICATION for
COMMUNITY-BASED ORGANIZATIONS (CBOs) for**

THE NEW YORK CITY ADULT LITERACY INITIATIVE

RELEASE DATE: February 6, 2006

APPLICATION DEADLINE: February 27, 2006

RETURN TO: Office of Literacy
Department of Youth and Community Development
156 William Street, 4th Floor
New York, New York 10038

ATTENTION: Richard Fish, Senior Advisor

INFORMATION SESSIONS: Friday, February 10 11:00 am to 1:00 pm for providers offering services in Manhattan, Queens, and Staten Island

Friday, February 10 2:00 pm to 4:00 pm for providers offering services in Brooklyn and the Bronx

Department of Youth and Community Development
2nd Floor Auditorium
156 William Street
New York, NY 10038

TIMETABLE

- A. **Release Date:** February 6, 2006
- B. **Information Sessions:** Friday, February 10 11:00 am to 1:00 pm for providers offering services in Manhattan, Queens, and Staten Island
- Friday, February 10 2:00 pm to 4:00 pm for providers offering services in Brooklyn and the Bronx
- Department of Youth and Community Development
2nd Floor Auditorium
156 William Street
New York, NY 10038

Attendance is optional, but recommended. Due to limited seating capacity, DYCD requests that applicants attend only one session and limit attendance to one representative.

C. **Application Due Date and Time and Location:**

- Date:** February 27, 2006
Time: 5:00 pm
Location: Hand deliver applications to: DYCD Office of Literacy
Attention: Richard Fish, Senior Advisor
156 William Street, 4th Floor
New York, NY 10038

Applications received at this location after the due date and time are late and shall not be accepted. DYCD will not accept e-mailed or faxed applications.

- D. **Anticipated Contract Start Date:** July 1, 2006

PART 1 – SUMMARY INFORMATION

Applicant Name: _____

Address: _____

City	State	Zip Code
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Tax Identification #: _____

Contact Person: _____ **Title:** _____

Phone #: (____) _____ **Fax #.:(** ____) _____ **E-Mail**

Address: _____

Authorized Representative _____ **Title** _____

Signature _____ **Date** _____

Certification of Compliance with Minimum Qualification Requirements (Check each of the two minimum qualifications that applies to indicate applicant is in compliance.)

1. Tax-exempt status

Applicant is classified as a tax-exempt organization under IRC Section 501(c)(3). A copy of the certification is appended to the application.

OR

Applicant has applied for tax-exempt status under IRC Section 501(c)(3). A copy of the application is appended to the application.

2. Experience

Applicant has been providing adult literacy services continuously from July 1, 2002 to the present.

Proposed Program Option (check one ONLY):

Adult Basic Education (ABE)

Basic Education in the Native Language/
English for Speakers of Other Languages (BENL/ESOL)

Service Area (check one ONLY):

Bronx

Brooklyn

Staten Island

Manhattan

Queens

Citywide

Total Proposed Annual Enrollment: _____ **Annual DYCD Funding Request:** _____

Applicant has submitted additional applications in response to this invitation. NO YES

If yes, how many? _____

Program Site Locations

Number of sites for the offered program _____

Please complete the following information for each site. (Copy this page as needed.)

Site # _____

Name _____

Address _____

City	State	Zip Code
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Planned annual enrollment at site _____

Site # _____

Name _____

Address _____

City	State	Zip Code
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Planned annual enrollment at site _____

Site # _____

Name _____

Address _____

City	State	Zip Code
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Planned annual enrollment at site _____

PART 2: PROGRAM APPLICATION

Instructions: Applicants should provide all information required on the form provided. Limit comments to the space provided, using 1 ½ line spacing and 12-point font size. Alternatively, create a separate typed document that provides all requested information in the same order, with the same headings, and with the same space limits, line spacing, and font size as the form. All attachments should be included at the end.

Application Package Contents

The Application should contain the following materials. Applicants should utilize this section as a checklist to assure completeness prior to submitting their applications to DYCD.

The application package should include one original set and four duplicate sets of the documents listed below in the following order:

- Application: Part 1 Summary Information
- Application: Part 2 Program Application
- Certification of tax-exempt status or application for tax-exempt status
- Previous Program Performance (Attachment 1)
- Organizational Chart
- Projected Program Performance (Attachment 2)
- Resumes and/or Descriptions of Qualifications for Key Staff Positions
- Proposed Instructional Services (Attachment 3)
- Budget Forms (Attachment 4)
- Certification Regarding Substantiated Cases of Client Abuse or Neglect (Attachment 5)

For each application submitted, enclose the documents listed above in a sealed envelope and hand deliver to DYCD Office of Literacy, attention: Richard Fish, Senior Advisor. Label the envelope with the following:

- The applicant's name and address, the title of this application and the name and telephone number of the applicant's contact person.
- The name, title, and address of the authorized agency contact person.
- The program option proposed and geographic area (borough or citywide) to be served.

A. Organizational Experience

Describe the program experience of the applicant organization providing education programs for adults in Adult Basic Education (ABE), Basic Education in the Native Language (BENL), or English for Speakers of Other Languages (ESOL). Describe the program features and results that distinguish the applicant from other organizations. Describe the educational outcomes and other factors that indicate the previous program was effective. Complete Attachment 1, Previous Program Performance, showing program data for fiscal year 2005.

B. Organizational Capacity

Program staff has access to computers and the Internet for administrative purposes. **YES** **NO**

Describe the organization’s programmatic, managerial, and financial capacity to carry out the proposed program, according to Section II, Program Approach, of the Application Guidelines. Describe how the program will be integrated into the overall organization and how the organizational structure will support program staff and participants.

Attach an organizational chart showing the applicant’s organization and the offered program.



C. Program Approach

As outlined below, discuss elements of the program approach as described in Section II, Program Approach of the Application Guidelines.

C1. Target Population

Identify the target population(s) to be served. Identify the needs and discuss how the contractor will build on the strengths of each target population, including those with special needs.

C2. Program Facility

The facility will be appropriate in size and design to accommodate all program activities. **YES** **NO**

The building and space in which staff and students are housed and all facilities and equipment therein meet the local fire, health, and safety standards. **YES** **NO**

The facility is easily accessible by public transportation. **YES** **NO**

The facility meets American with Disabilities Act standards. **YES** **NO** If no, describe below alternative measures to make program activities accessible to persons with disabilities.

C3. Program Structure

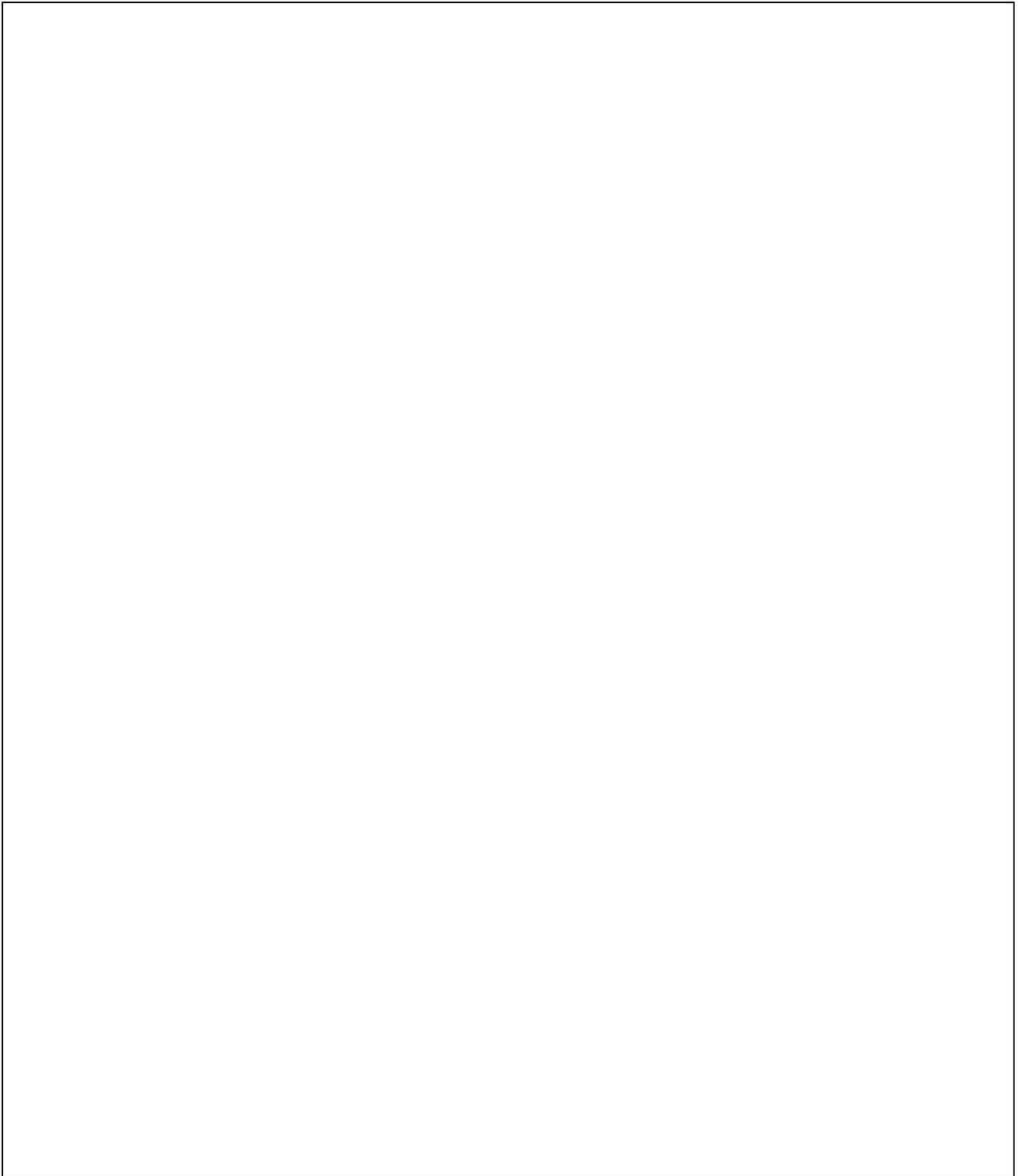
Describe procedures related to participants for the following:

C3a. Outreach and Recruitment

Describe procedures for outreach and recruitment. Specifically address partnerships with other organizations to identify eligible students. Discuss procedures for referring applicants who are not well suited for the program to other appropriate services.

C3b. Intake, Orientation, and Placement

Describe procedures. Specifically address individual goal setting, expectations for students, and learning plans.

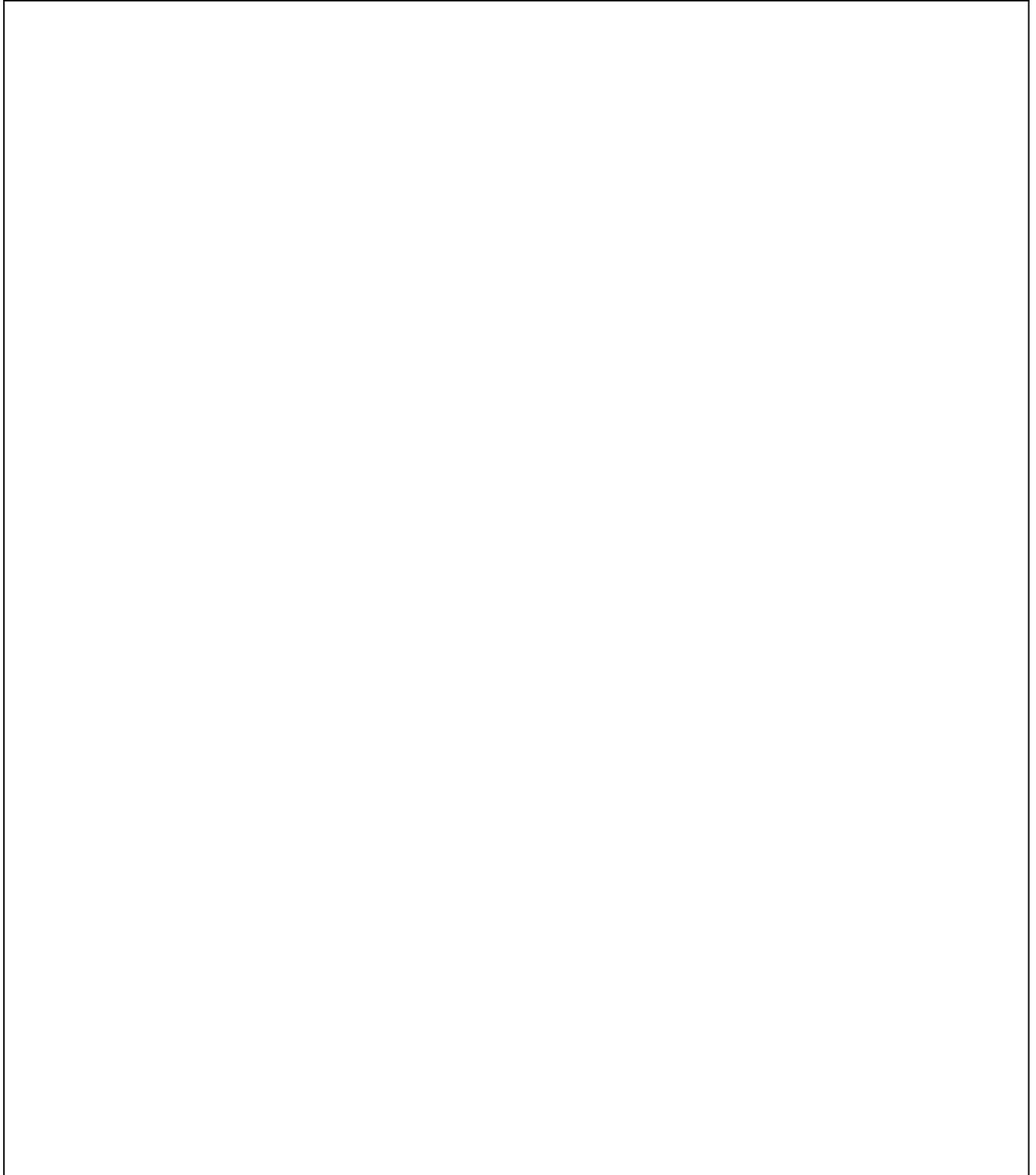


C3c. Supporting Student Achievement

Describe procedures for monitoring student attendance and intervening to support persistence. Summarize how student progress toward individual goals is assessed throughout the year. Describe procedures for testing. Complete Attachment 2, Projected Program Performance, showing projected program data for fiscal year 07. Note: Fiscal year 07 minimum performance levels have not yet been negotiated with the US Department of Education. Therefore, applicants should base their program projections on FY 06 levels. DYCD reserves the right to increase the minimum performance levels and hold successful applicants to the new, higher minimums.

C4. Instructional Methodology

Describe the educational philosophy and instructional methodology for the specific instructional type(s) to be provided and for any special populations to be served. Describe how instructional activities promote active learning. Give examples of technical aids, such as types of software that will be used in instruction.



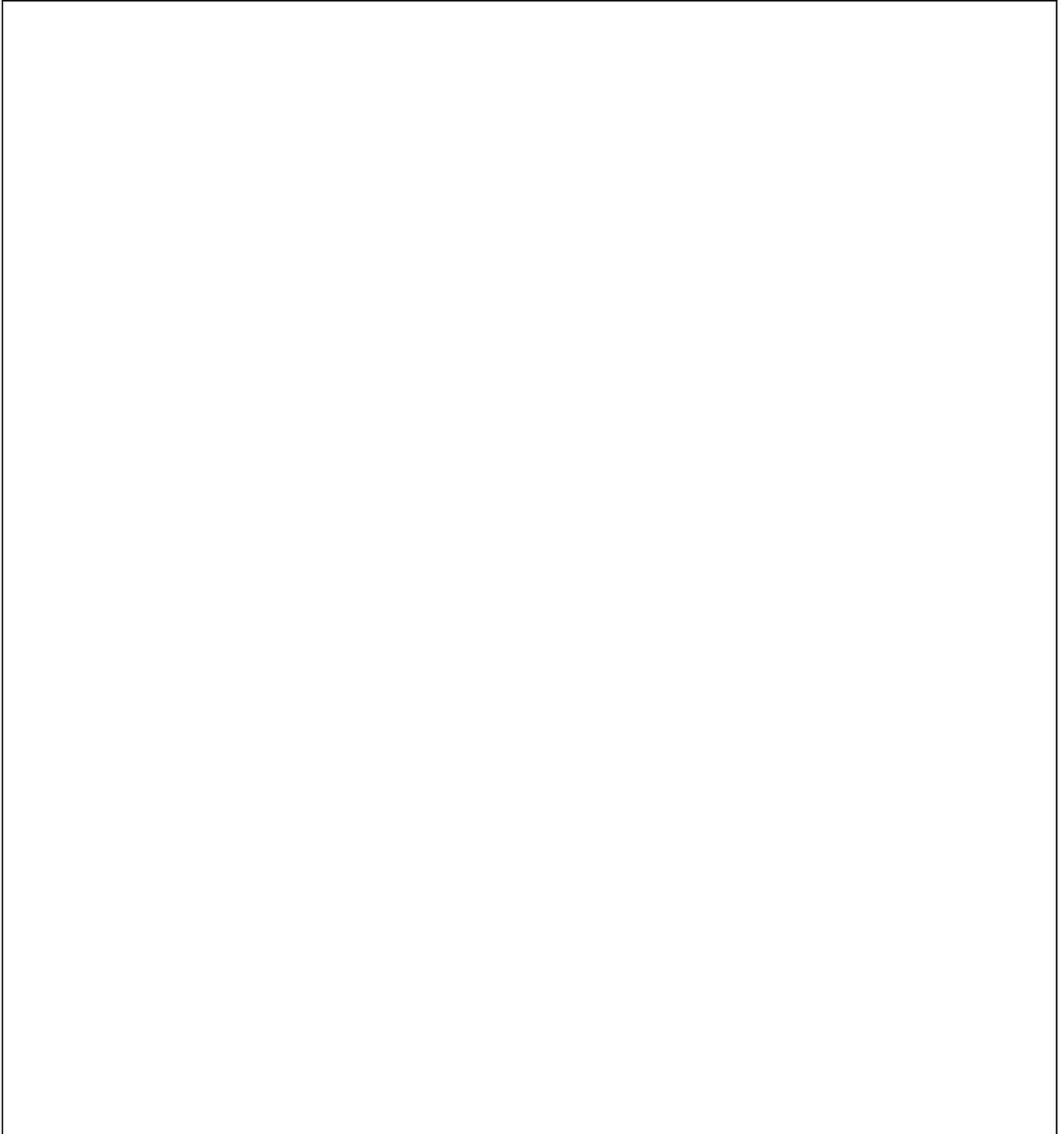
C5. Other Educational and Support Services

C5a. Other Educational Services

Summarize other educational programs offered by the applicant (such as GED instruction, family literacy, parenting programs). Summarize the education and training services used by the students but provided by other organizations. Discuss how referrals will be made and documented. Describe articulation agreements and other partnerships the applicant organization has with institutions of postsecondary education and workforce development programs. Summarize the training and educational programs for which students successfully completing the applicant’s program would qualify and procedures to assist them to continue education or training.

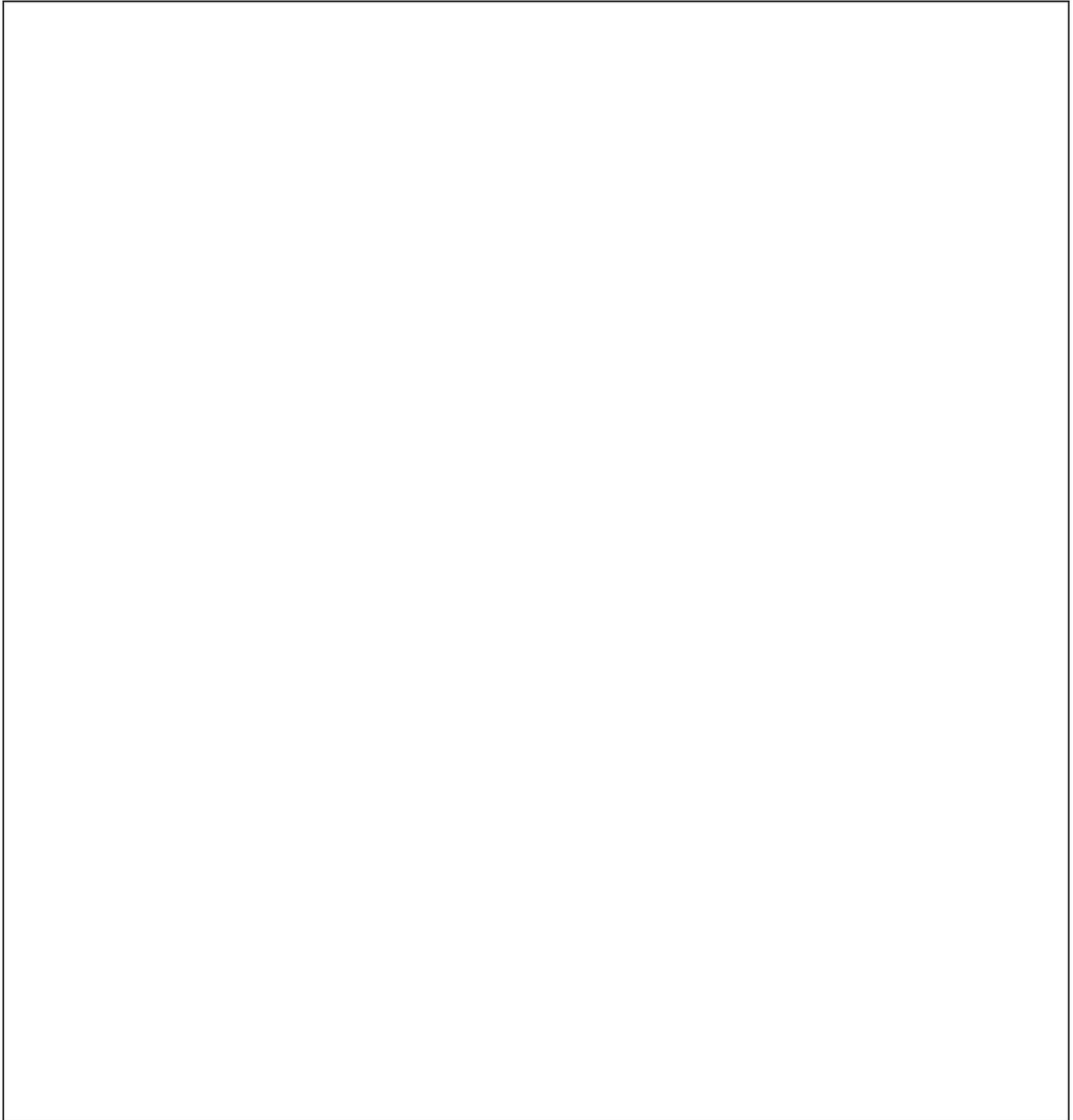
C5b. Support Services

Discuss the applicant's approach to support services such as childcare, job placement, and health services. Describe counseling and/or case management provided by the applicant organization. Describe procedures for re-engaging students who leave the program before completion.



C6. Information Management

Describe record keeping, data collection, and procedures for documenting and reporting student outcomes, including student follow-up activities. Indicate what quality control measures will be in place to assure timely, accurate, and reliable data. Summarize how data will be used and by whom to strengthen program performance and enhance student outcomes.



C7. Staffing

C7a. Staffing Pattern

Describe the specific staff, salaried and non-salaried, who will provide the services, and demonstrate that staffing is sufficient to help participants achieve the proposed outcomes.

[Empty response box for describing staffing patterns]

C7b. Staff Qualifications

Describe the credentials of staff and the appropriateness of staff skills, knowledge, and training for providing services in the relevant instructional program option and with the population to be served. Attach a job description, including qualifications that will be required, for each program director and instructional and counseling staff position. Attach resumes for personnel already identified for positions. Demonstrate that all individuals who will be part of the program will provide the services in a manner that is sensitive to the characteristics of the target population.

C7c. Staff Development

Describe the plan for staff development.

[Empty response box for staff development plan]

C8. Proposed Instructional Services: Attachment 3

Using the chart provided (Attachment 3), indicate the projections for number of classes, times of day scheduled, number of tutorials and labs, number of instructional hours and numbers of students for ABE, BENL, ESOL, ESOLB, and Math.

D. Budget Forms and Instructions

Using Attachment 4, submit a proposed budget by completing each category as directed on the chart and according to the instructions. Using page 3 of Attachment 4, project the number of instructional hours for each type and level of instruction to be offered.

The total NYCALI budget may not exceed the following limits:

for ABE (6-8.9),¹ BENL (6-8.9), ESOL :

- \$70 per instructional hour is the base funding.
- \$4 per instructional hour may be added for instructional hours provided by full-time teachers with benefits.

for ABE (0-5.9), BENL (0-5.9), ESOL IB/ IIB/ IIIB, Math (0-5.9):

- \$74 per instructional hour is the base funding.
- \$4 per instructional hour may be added for instructional hours provided by full-time teachers with benefits.

E. Other Documents

Complete and submit the Certification Regarding Substantiated Cases of Client Abuse or Neglect (Attachment 5).

¹ Figures in parentheses refer to grade level of participating students.

PREVIOUS PROGRAM PERFORMANCE

Program Name _____

INDICATOR	FY 05
a. Number and percent of students promoted from one instructional level to another	BE # _____ % _____ ESOL # _____ % _____
b. Number and percent of students post-tested	BE # _____ % _____ ESOL # _____ % _____
c. Number and percent of program exitors* who identified “entered employment” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
d. Number and percent of program exitors* who identified “retained employment” as a goal and achieved that goal*	BE # _____ % _____ ESOL # _____ % _____
e. Number and percent of program exitors* who identified “earned secondary credential” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
f. Number and percent of program exitors* who identified “entered post-secondary education” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
g. Number and percent of all participants who exited the program with a given goal and who responded to the survey	BE # _____ % _____ ESOL # _____ % _____
h. Number and percent of all participants who exited the program with a given goal and who did not respond to the survey	BE # _____ % _____ ESOL # _____ % _____
i. Projected number of instructional hours and percent achieved	BE # _____ % _____ ESOL # _____ % _____
j. Projected number of contact hours and percent achieved	BE # _____ % _____ ESOL # _____ % _____

*Note that the term “program exitors” refers to students who both exited the program and responded to the survey. Students who exited the program, but did not respond to the survey are not included in the count.

PROJECTED PROGRAM PERFORMANCE

INDICATOR	FY 07
a. Number and percent of students promoted from one instructional level to another	BE # _____ % _____ ESOL # _____ % _____
b. Number and percent of students post-tested	BE # _____ % _____ ESOL # _____ % _____
c. Number and percent of program exitors* who identified “entered employment” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
d. Number and percent of program exitors* who identified “retained employment” as a goal and achieved that goal*	BE # _____ % _____ ESOL # _____ % _____
e. Number and percent of program exitors* who identified “earned secondary credential” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
f. Number and percent of program exitors* who identified entered post-secondary education” as a goal and achieved that goal	BE # _____ % _____ ESOL # _____ % _____
g. Number and percent of all participants who exited the program with a given goal and who responded to the survey	BE # _____ % _____ ESOL # _____ % _____
h. Number and percent of all participants who exited the program with a given goal and who did not respond to the survey	BE # _____ % _____ ESOL # _____ % _____
i. Projected number of instructional hours and percent achieved	BE # _____ % _____ ESOL # _____ % _____
j. Projected number of contact hours and percent achieved	BE # _____ % _____ ESOL # _____ % _____

*Note that the term “program exitors” refers to students who both exited the program and responded to the survey. Students who exited the program, but did not respond to the survey are not included in the count.

PROPOSED INSTRUCTIONAL SERVICES

Program Name _____

Type of Instruction	Number of Classes				Number of Tutorials/Labs				No. of Inst. Hours	No. of Testing Hours *	No. of Students
	Morn	Aft	Eve	Wknd	Morn	Aft	Eve	Wknd			
ABE											
I. (0-1.9)											
II. (2-3.9)											
III. (4-5.9)											
IV. (6-8.9)											

BENL	Morn	Aft	Eve	Wknd	Morn	Aft	Eve	Wknd			
I. (0-1.9)											
II. (2-3.9)											
III. (4-5.9)											
IV. (6-8.9)											

ESOL	Morn	Aft	Eve	Wknd	Morn	Aft	Eve	Wknd			
I.											
II.											
III.											
IV.											
V.											
VI.											
Citizenship											

ESOL-B	Morn	Aft	Eve	Wknd	Morn	Aft	Eve	Wknd			
I.											
II.											
III.											

MATH	Morn	Aft	Eve	Wknd	Morn	Aft	Eve	Wknd			
I. (0-1.9)											
II. (2-3.9)											
III. (4-5.9)											
IV. (6-8.9)											

GRAND TOTALS											
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*Projected Instructional Hours for out-of-class testing; follow-up surveys for employment outcomes; and/or follow-up surveys for placement in post-secondary education, other education, or training.

BUDGET FORMS (page 1)

Program Name _____

	Amt. Requested FY 07	Percent of Total FY 07 Budget*	Cash Contribution	Total Budget
PERSONNEL				
Teachers				
Paraprofessionals				
Counselors				
Staff Developers				
Secretaries				
Administrators				
Other				
Fringe Benefits**				
PERSONNEL SUBTOTALS				
Other Than Personnel Services (OTPS)				
Instructional Materials				
Physical Facilities				
Equipment				
Travel				
Other Operating Costs				
OTPS SUBTOTALS				
GRAND TOTALS		100 %		

*Indicate each budget category's percent of the total proposed FY 07 budget.

**Fringe rates must not be less than 7.65 percent or exceed 30 percent of total salaries.

Budget Forms (page 2)
STAFF SALARIES

Program Name _____

I. Teachers *	Hourly Rate *	Annual Salary *	Fringe Benefits (%)	Number of Staff
1. Full Time				
2. Part Time				
3. Subtotal (1+2)				
II. Paraprofessionals	Hourly Rate *	Annual Salary *	Fringe Benefits (%)	Number of Staff
1. Full Time				
2. Part Time				
3. Subtotal (1+2)				
III. Counselors	Hourly Rate *	Annual Salary *	Fringe Benefits (%)	Number of Staff
1. Full Time				
2. Part Time				
3. Subtotal (1+2)				
IV. Administrative	Hourly Rate *	Annual Salary *	Fringe Benefits (%)	Number of Staff
1. Full Time				
2. Part Time				
3. Subtotal (1+2)				
V. Other (Specify)	Hourly Rate *	Annual Salary *	Fringe Benefits (%)	Number of Staff
1. Full Time				
2. Part Time				
3. Subtotal (1+2)				
VI. Total				Number of Staff
1. Full Time				
2. Part Time				
3.GRAND				

*Indicate hourly rate or annual salary, whichever applies. If there is more than one rate or salary, indicate range.

BUDGET WORKSHEET

Type of Instruction	Number of Instructional Hours Offered	Instructional Hour Rate	TOTAL (Column 2 x Column 3)
ABE 0-5.9 with part-time teacher		\$74	
ABE 0-5.9 with full-time teacher		\$78	
ABE 6-8.9 with part-time teacher		\$70	
ABE 6-8.9 with full-time teacher		\$74	
BENL 0-5.9 with part-time teacher		\$74	
BENL 0-5.9 with full-time teacher		\$78	
BENL 6-8.9 with part-time teacher		\$70	
BENL 6-8.9 with full-time teacher		\$74	
Math 0-5.9 with part-time teacher		\$74	
Math 0-5.9 with full-time teacher		\$78	
Math 6-8.9 with part-time teacher		\$70	
Math 6-8.9 with full-time teacher		\$74	
ESOL I-VI with part-time teacher		\$70	
ESOL I-VI with full-time teacher		\$74	
ESOL IB/IIB/IIIB with part-time teacher		\$74	
ESOL IB/IIB/IIIB with full-time teacher		\$78	
TOTAL			

BUDGET INSTRUCTIONS

1. Using the chart provided, page 1 of Attachment 4, submit a proposed budget by completing each category in the budget chart, according to the following directions.
 - a. All salary costs for teachers providing the instructional hours and other personnel who are supported by NYCALI funding must be included in the budget request.
 - b. Physical facilities costs include rent and utilities (gas, electric, and heat).
 - c. Equipment costs include purchase, rental, and maintenance.
 - d. Travel relates to local transit fares for employees of the program to and from sites other than the employees' regular worksites. This category can include any travel by employees using their personal automobiles for business. The maximum reimbursable amount is \$0.35 per mile plus tolls.
 - e. Other Operating Costs include office supplies, telephone, postage, and publications.
 - f. The "Cash Contribution" category includes all other funds which will be used to support the agency's adult literacy program including support from foundations and corporations, other government grants, contributions from individuals, and internal fund raising.

2. Using the chart provided on page 2 of Attachment 4, indicate staff salaries and benefits.
 - a. Hourly rate: indicate range of hourly rate paid to teachers, paraprofessionals, counselors, administrators, and other staff.
 - b. Annual salary: indicate range of annual salaries paid to staff in each category.
 - c. Fringe benefits: indicate the percentage of fringe benefits paid to staff in each category. Indicate the percentage of pro-rated benefits paid to part-time staff, if any (pensions, vacations, insurance, and so on). Fringe rates must not be less than 7.65 percent or exceed 30 percent of total salaries.
 - d. Item V. Other: Specify any other staff position(s).
 - e. Total number of staff: indicate the actual number of staff (headcount) for all the positions listed.

3. Using the chart provided on page 3 of Attachment 4, project the number of instructional hours for each type and level of instruction to be offered.

NYCALI is interested in expanding the number of full-time teachers working in the Initiative to improve instructional quality, program management, and continuity. Therefore, \$4 per instructional hour may be added to the base instructional hour rate for instructional hours provided by full-time instructors. A full-time instructor must teach at least 700 hours per year funded under this application and receive health insurance, sick leave, and annual leave benefits.

Full-time staff teaching a minimum of 700 instructional hours, combined with other professional responsibilities (program management, counseling) may fulfill the requirement for full-time teacher enhancement.

- a. The total NYCALI budget may not exceed the following limits:

For ABE (6-8.9), BENL (6-8.9), ESOL, Math (5-8.9):

- \$70 is the base funding for programs providing these services;
- If a teacher provides at least 700 instructional hours and is accorded benefits (health insurance, sick leave, and annual leave) that teacher is considered full-time and \$4 per instructional hour may be added for all instructional hours provided by that teacher.

For ABE (0.5.9), BENL (0.5.9), ESOL IB, IIB, Math (0-5.9):

- \$74 per instructional hour is the base funding for programs providing these services;
- If a teacher provides at least 700 instructional hours and is accorded benefits (health insurance, sick leave, and annual leave) that teacher is considered full-time and \$4 per instructional hour may be added for all instructional hours provided by that teacher.

**CERTIFICATION REGARDING SUBSTANTIATED CASES OF
CHILD ABUSE OR NEGLECT**

NYCALI Application

The City requires each organization with which it contracts for the provision of human client services to: 1) certify that no substantiated case of client abuse or neglect by any employee of the organization (including a foster parent, if applicable) occurred during the latest 12 month period; OR 2) disclose each such substantiated case and provide a brief description of the case, the date of occurrence, the level of severity, and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization. Complete the form below to certify, or disclose, as applicable.

This is to certify that no substantiated case of client abuse or neglect by any employee (including foster parents) of the organization named below has occurred during the latest 12 month period.

This is to disclose that _____ case(s) of client abuse or neglect by an employee(s) of the organization named below was/were substantiated as having occurred during the latest 12 month period. An attachment to this form provides for each substantiated case: a brief description of the case, the date of occurrence, level of severity, and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization.

Name of Organization (Print) _____

Name of Authorized Representative (Print) _____

Title of Authorized Representative (Print) _____

Signature of Authorized Representative _____

Date ____/____/____

Signature _____ Date _____