# **Qualified Community Service Provider (QCSP) Application Form**

GVP RFQ 2021

**Instructions:** Applications will be accepted beginning on Thursday, October 7, 2021. Applications will be accepted on a rolling basis and evaluated on a first-come, first served basis, through the application deadline, Thursday, December 30, 2021.

This application must be filled out completely, and all required attachments must be included in the application submission. Applications must be e-mailed to [Ccampbell@rochesterworks.org](mailto:Ccampbell@rochesterworks.org). Please use the subject line “GVP RFQ QCSP Application”.

**Note:** This application form is for Qualified Community Service Providers (QCSPs) only. If you are applying as a currently selected WIOA Youth Navigator Agency, you must use the Navigator Agency Application Form.

**Eligibility**

1. Organization Name:

2. Organization Address:

3. Please indicate whether you are a Community-Based Organization (CBO), a Faith-Based Organization (FBO), a unit of local government, or other:

4. Are you a non-profit with 501(c)(3) status? (Yes/No). If so, please attach a copy of your IRS determination letter (required Attachment 1).

5. Please list all Rochester ZIP codes in which you provide services:

6. Please complete the attached OJT Business Responsibility Questionnaire (required Attachment 2).

7. *If applying to provide program services,* please list organization name, contact name, contact phone, and contact e-mail of all employment and training partners (which may include an Institute of Higher Education; a local school district; a proprietary training provider certified or licensed by NYSED’s Bureau of Proprietary School Supervision; a unit of local government; a labor organization; an association representing private businesses, including a local chamber of commerce; a sponsor of registered apprenticeships; and/or an individual employer). You may include a letter(letters) of commitment from employment and training partner(s) as Optional Attachment 1. If you do not include letter(s) of commitment, we will contact partners to confirm their participation.

**Service Plan**

Outreach and Recruitment

8. Are you proposing to provide outreach and recruitment? (Yes/No).

*If No, skip to question #15.*

*If yes, continue with question #9.*

9. How many Gun Violence Prevention (GVP) program participants do you propose to recruit between approval of your plan and July 31, 2022?

10. Please list the ZIP codes from which you plan to recruit GVP program participants:

11. Please complete the following table indicating numbers of participants that you propose to recruit by ZIP code. (You may enter zeros for ZIP codes from which you do not plan to recruit.)

|  |  |
| --- | --- |
| **ZIP Code** | **# of Participants** |
| 14605 |  |
| 14606 |  |
| 14608 |  |
| 14609 |  |
| 14611 |  |
| 14613 |  |
| 14615 |  |
| 14619 |  |
| 14621 |  |
| **Total** |  |

12. Please describe in detail your outreach plan for recruiting eligible participants:

13. Please describe methods or tools that you will use to conduct an objective assessment to determine participant needs and make referrals for needed services:

14. Please describe any partnerships that you will have with gun violence interveners (or interrupters) and/or other anti-gun violence advocacy organizations (or whether your organization is an anti-gun violence organization). Please list the organization name, contact name, contact phone, and contact e-mail. You may include a letter(letters) of commitment from anti-gun violence partner(s) as Optional Attachment 2. If you do not include letter(s) of commitment, we will contact partners to confirm their participation.

Program Services

15. Are you proposing to provide program services? (Yes/No).

*If No, skip to question #24.*

*If yes, continue with question #16.*

16. To how many Gun Violence Prevention (GVP) program participants do you propose to provide program services between approval of your plan and July 31, 2022?

17. Please list the addresses of the locations where you propose to provide program services:

18. Please describe in detail your plan for providing appropriate workforce preparation services, case management, and adult mentoring services, leading to placement in unsubsidized employment. Please also describe the role of both your organization’s staff and your employment and training partner(s) in your service delivery model:

19. Please describe in detail how you will use any training services, including On-the-Job Training (OJT), standalone occupational skills training, customized training, and/or occupational skills training integrated with education or career services, to achieve the goal of placing eligible program participants in unsubsidized employment, including numbers of participants to be served. In doing so, be sure to describe the role of both your organization’s staff and your employment and training partner(s) in your service delivery model:

20. Please describe in detail how you will use paid work experiences to achieve the goal of placing eligible program participants in unsubsidized employment, including numbers of participants to be served:

21. Please describe in detail how you will use supportive services, incentives, and/or stipends to achieve the goal of placing eligible program participants in unsubsidized employment, including numbers of participants to be served:

22. Please describe in detail any referrals that you intend to make to outside agencies for services not provided under this grant, including numbers of participants to be served:

23. Please describe measures that you will take to conduct outreach and provide services to eligible participants while keeping your staff, participants, and the community-at-large safe from the spread of communicable diseases, such as COVID-19:

**Budget and Other Requirements**

24. Please complete the attached Programmatic and Fiscal Monitoring Assurances (Required Attachment 3).

25. Please complete the budget form on the following page.

**Name, Title, and Signature of Authorized Signatory**

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Printed Name Job Title

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Signature Date

## **Budget Form**

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|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  | **Requested Funds**  **do not include matching or in-kind funds here** |  |
| Staff Salaries |  | | | |
| Staff Fringes |  | | | |
| **Total Staff Costs** |  | | | |
|  |  | | | |
| Rent |  | | | |
| Utilities |  | | | |
| Supplies |  | | | |
| Telephone |  | | | |
| Insurance |  | | | |
| Postage |  | | | |
| Copy/Printing |  | | | |
| Contracted Services |  | | | |
| Mileage @ current IRS rate |  | | | |
| Staff Training/Development |  | | | |
| Equipment\* |  | | | |
| Other Participant Needs |  | | | |
| Admin Costs—capped at 10% |  | | | |
| **Total Operating Costs** |  | | | |
|  |  | | | |
| **Total Funds Requested** |  | | | |

*\*Equipment becomes the property of RochesterWorks, Inc. and NYSDOL. Provide a detailed list of planned equipment purchases.*