

Organization	Grant Opportunity	Document #	Document Role	Current Status
	Mohawk Valley Wheels for Work			

PROJECT/SITE ADDRESSES

Instructions:

1. Please complete all required fields.
2. If Project Statewide is "Yes", do not enter Address information. If Project Statewide is "No", Address information is required.
3. Select the **Save** button above to save your work frequently.
4. Click Forms Menu to return to the navigation links.

Name/Description:

Project Statewide

Address 1

Address 2

City

County

State

NY

Zip

Regional Council:

Agency Specific Region:

PROGRAM SPECIFIC QUESTIONS

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.

Project Title

- 1 Describe how the program will be staffed to operate a viable program. Will funds be allocated in the budget to operate/manage the program, or will services be provided in-kind?
- 2 Describe your organization including the services it provides and typical clientele. Describe and provide evidence (i.e., letter from funding agency that includes performance information) of your organization's experience and accomplishments in providing vehicles and/or loan repayment services for public assistance recipients and other low-income households. Describe accomplishments of past performance including statements of specific program outcomes from funding organizations and other reliable and verifiable sources. Organizations with current or prior successful experience operating a loan program for low-income populations are preferred. Letters of support are strongly encouraged to demonstrate this evidence.

Upload
- 3 Outline the overall program goals and objectives, including specific outcomes and detailed overview of the project design. Discuss your approach to service delivery and the steps in the case management process, including intake and assessment and how you will ensure a participant is maintaining employment, including what evidence you will require to document job status, service plan development and implementation, ongoing monitoring and evaluation, and service plan update and exit planning. Address the basis of need for the program services and explain why existing services are unavailable or inadequate to meet current needs. Include a brief description of your organization and the types of programs and services it provides. If your organization will subcontract or partner with other organizations, these agencies and their roles and responsibilities in the program must be described.
- 4 Fully describe your leveraging strategy. Priority points will be awarded to organizations who contribute non-State funds to the project, including but not limited to the applicant organization supporting project administration costs, philanthropic support, partnering with banks/financial institutions to waive fees for loan processing or provide funding for cars or services, a commitment by social services agencies to address certain car repair costs, partnering with other organizations including employers who may provide funds/other qualifying benefits, i.e. gas cards or oil changes. Leveraged funds must be quantified with a clear explanation of how the value was determined. Priority points will be awarded to organizations that are able to leverage additional resources (other than the funds awarded through this RFP) to increase program services, and that commit to serving all counties in the Mohawk Valley region (Fulton, Herkimer, Montgomery, Oneida, Otsego and Schoharie counties).
- 5 Describe your target population and catchment area and describe the methods to be used to identify, recruit and engage individuals. Priority will be given to organizations that propose to serve low-income workers in highly-distressed neighborhoods and rural areas. Statistical evidence on the local economy should be included. What arrangements have been made with your local social services district? Priority will be given to organizations that target services to recipients of public assistance. Letters of support from area social services districts to specify the expected program referral mechanism will demonstrate the expectation to serve recipients of public assistance. A letter of support for the REDC is expected to identify how the proposed Wheels program will support in demand businesses or otherwise support REDC goals.

- 6 Describe the process a WfW applicant follows to become eligible for a car. In which activities (budget counseling, defensive driving), must the applicant participate before receiving a vehicle or vehicle-related service? Include a projected timeline. If your agency has any restriction regarding the previous driving record of the participant, please outline and include any steps to rectify the issue if possible.

- 7 Clearly outline the policies that will be applied to provide low-income individuals low or no interest loans and to reduce the loan obligation if applicable. Information provided should include the role of financial institutions, if any, or other organizations to facilitate access to a car loan. Projects with loan policies that are viable and also maximize grant funds are preferred. Outline the loan amounts and repayment terms and indicate whether vehicle recipients will be required to repay all or part of the vehicle value. Which agency will be responsible for administering the loans? Indicate the lien holder and describe repossession procedures for loan defaults. If using a financial institution, outline the steps you plan to take to report payment history to credit bureaus, such as Experian.

- 8 Clearly describe if you will include services to help program participants retain employment by making necessary car repairs. Services may include those payments made by the applicant organization or partner organizations. The application must identify a policy for determining how car repairs will be considered cost-effective.

- 9 How will vehicles be obtained? Describe arrangements made with dealerships or repair shops in this effort. Are any dealerships or repair shops M/WBE certified? If donated cars are being sought, identify under what conditions they will be accepted and detail which outreach strategies will be used to secure them. Vehicles purchased for participants through the WfW program cannot exceed \$9,000 in value

- 10 Describe the other services to be offered (for example, license/registration fees, insurance, tires, financial literacy services, etc.) to support vehicle acquisition/maintenance. Indicate the dollar limits for each, in addition to any other restrictions. If a partner is involved in the services, describe their role (i.e., a credit union will offer budgeting classes for no cost).

- 11 Upload an Excel version of your budget.

Upload *

PERSONAL SERVICES - SALARY

Instructions:

- 1. Please complete all the required fields.
- 2. Select the **Save** button above to save your work frequently.
- 3. Once a Salary position has been saved successfully, select the **Add** button above to add additional Salary position.
- 4. Click Forms Menu to return to the navigation links.

Salary Detail

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

[Details](#)

Position/Title
Role/Responsibility
in Title

[Financial](#)

Annualized Salary Per Position

STD Work Week (hrs) %

% Funded %

Months Funded

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

Contractual Detail

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

[Details](#)

Contractual - Type/Description Justification

[Financial](#)

Total Grant Funds
Total Match Funds
Match % %
Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

[CATEGORY TOTAL SUMMARY](#)

TRAVEL

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Travel item has been saved successfully, select the **Add** button above to add additional Travel items.
4. Click Forms Menu to return to the navigation links.

Travel Detail

This section is used to itemize travel costs. If Travel is not applicable leave this section blank.

[Details](#)

Travel - Type/Description Justification

[Financial](#)

Total Grant Funds
Total Match Funds
Match % %
Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

[CATEGORY TOTAL SUMMARY](#)

EQUIPMENT

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the **Add** button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

Equipment Detail

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

[Details](#)

Equipment - Type/Description Justification

Purchase/Rent? *

[Financial](#)

Total Grant Funds
Total Match Funds
Match % %
Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

EQUIPMENT NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Equipment Narrative

Provide documentation regarding bids received for equipment purchases. This field can be used to reference additional documents that are submitted with the application/contract.

Provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby equipment purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of equipment only.

SPACE/PROPERTY RENT**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Rent item has been saved successfully, select the **Add** button above to add additional Space/Property: Rent items.
4. Click Forms Menu to return to the navigation links.

Space/Property: Rent Detail

This section is used to itemize costs associated with Space/Property: Rent. If Space/Property: Rent is not applicable leave this section blank.

[Details](#)

Space/Property: Rent - Type/Description

Justification

[Financial](#)

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

SPACE/PROPERTY: RENT NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Space/Property: Rent Narrative

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

SPACE/PROPERTY: OWN**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Own item has been saved successfully, select the **Add** button above to add additional Space/Property: Own items.
4. Click Forms Menu to return to the navigation links.

Space/Property: Own Detail

This section is used to itemize costs associated with Space/Property: Own. If Space/Property: Own is not applicable leave this section blank.

[Details](#)

Space/Property: Own - Type/Description

Justification

[Financial](#)

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

SPACE/PROPERTY: OWN NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Space/Property: Own Narrative

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

UTILITIES**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Utility item has been saved successfully, select the **Add** button above to add additional Utility items.
4. Click Forms Menu to return to the navigation links.

Utility Detail

This section is used to itemize costs associated with Utilities. If Utility is not applicable leave this section blank.

[Details](#)

Utilities - Type/Description

Justification

[Financial](#)

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

UTILITIES NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Utilities Narrative

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

OPERATING EXPENSES**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an operating expense item has been saved successfully, select the **Add** button above to add additional operating expense items.
4. Click Forms Menu to return to the navigation links.

Operating Expenses**Detail**

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses are not applicable leave this section blank.

[Details](#)**Operating Expenses -****Type/Description****Justification**[Financial](#)**Total Grant Funds****Total Match funds**

Match % %

Total Other funds

Line Total	\$0
Category Total	\$0

Click here to see a summary of the detail entered for this category.

| [CATEGORY TOTAL SUMMARY](#) |

OPERATING EXPENSES NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Operating Expenses Narrative

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby operating expenses of a certain amount must be justified.

OTHER EXPENSES DETAIL**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the **Add** button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

Other Expenses Detail

If Other Expenses is not applicable, leave this section blank.

[Details](#)**Other Expenses -****Type/Description****Justification**[Financial](#)**Total Grant Funds****Total Match funds**

Match % %

Total Other funds

Line Total	\$0
Category Total	\$0

Click here to see a summary of the detail entered for this category.

| [CATEGORY TOTAL SUMMARY](#) |

OTHER NARRATIVE**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Other Expenses Narrative

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby the other cost category expenses of a certain amount must be justified.

EXPENDITURE SUMMARY**Instructions:**

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						
a) Salary	\$0	\$0	%	%	\$0	\$0
b) Fringe	\$0	\$0	%	%	\$0	\$0
Subtotal	\$0	\$0	%	%	\$0	\$0
2. Non Personal Services						
a) Contractual	\$0	\$0	%	%	\$0	\$0
b) Travel	\$0	\$0	%	%	\$0	\$0
c) Equipment	\$0	\$0	%	%	\$0	\$0
d) Space/Property & Utilities	\$0	\$0	%	%	\$0	\$0
e) Operating Expenses	\$0	\$0	%	%	\$0	\$0
f) Other	\$0	\$0	%	%	\$0	\$0
Subtotal	\$0	\$0	%	%	\$0	\$0
Total	\$0	\$0	%	%	\$0	\$0
PERIOD TOTAL	\$0					

REVENUE WORKSHEET**Instructions:**

1. Please complete required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Revenue item has been saved successfully, select the **Add** button above to add additional Revenue items.
4. Click Forms Menu to return to the navigation links.

Revenue Worksheet Detail

Provide detail on the revenue amounts identified in the detail worksheets.
Complete the Form of Documentation Provided column and provide required revenue funds documentation with the application/contract package.

[Details](#)**Source of Revenue Funds****Describe Revenue Source**

(I.E. Local, State, Federal, or Private)

Form of Documentation Provided[Financial](#)**Revenue Amount**

	Line Total	\$0
	Revenue Total	\$0.00

REVENUE NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Revenue Narrative

Provide documentation regarding bids received for revenue purchases. This field can be used to reference additional documents that are submitted with the application/contract.

Provide a justification for any exceptional revenue purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby revenue purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of revenue only.

WORK PLAN OVERVIEW FORM**Instructions:**

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From To

Project Summary

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Organizational Capacity

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

OBJECTIVES AND TASKS**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
Enrollment Goal	
Objective Description	
Participants served.	

OBJECTIVES AND TASKS**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
Car Distribution	
Objective Description	
Total number of vehicles distributed to program participants, broken down by vehicle loans, vehicle down payments and vehicle grants. Ensure the total number does not reflect a duplication of services, such as participants receiving a combination of each of the above.	

OBJECTIVES AND TASKS**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Other Services Provided
Objective Description
Services to be provided during the program period.

OBJECTIVES AND TASKS

Instructions:

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Car Retention
Objective Description
Total number of individuals able to retain use of a car based on car repairs or tires provided through program.

DEFINE TASKS

Objective: Other Services Provided
Task
 Auto Club Memberships

DEFINE TASKS

Objective: Enrollment Goal
Task
 Number of participants to be served.

DEFINE TASKS

Objective: Car Distribution
Task
 Vehicle Loans

DEFINE TASKS

Objective: Car Retention
Task
 Car Repairs

DEFINE TASKS

Objective: Car Retention
Task
 Tires

DEFINE TASKS

Objective: Car Distribution
Task
 Vehicle Down Payments

DEFINE TASKS

Objective: Other Services Provided
Task
 Car Maintenance Instruction

DEFINE TASKS**Objective: Other Services Provided****Task**

Child Safety Seats

DEFINE TASKS**Objective: Car Distribution****Task**

Vehicle Grants

DEFINE TASKS**Objective: Other Services Provided****Task**

Defensive Driving Instruction

DEFINE TASKS**Objective: Other Services Provided****Task**

Driver Education and Training

DEFINE TASKS**Objective: Other Services Provided****Task**

Financial Counseling and/or Budgeting Classes

DEFINE TASKS**Objective: Other Services Provided****Task**

Months of Insurance Coverage

DEFINE TASKS**Objective: Other Services Provided****Task**

Licensing and/or Registration Fees

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.

4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:

Task:**Performance Measure Name**

Narrative

Integer

Upload

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PERFORMANCE MEASURE**Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:**Task:****Performance Measure Name**

Narrative

Integer

PRE-SUBMISSION UPLOADS**Instructions:**

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document be uploaded, a link to the Document Template will appear under the

upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated **Upload** row to upload the document as part of your application.

Quick Start Guide

Grants Gateway Quick Start Guide

Document Template: [Click here](#)

Notice of Intent to Bid

Attachment B1

Document Template: [Click here](#)

LDSS Partnership Form

Attachment B2

Document Template: [Click here](#)

Contractor Information

Attachment B3

Document Template: [Click here](#)

Contractor/Subcontractor Background Questionnaire

Attachment B4

Document Template: [Click here](#)

MWBE Staffing Plan

Attachment B5

Document Template: [Click here](#)

M/WBE—EEO Policy Statement

Attachment B6

Document Template: [Click here](#)

Subcontractor and Supplier Identification Form

Attachment B7

REDC Letter

Please upload a letter of support from the REDC

Project Definitions

Reporting Data Definitions

Document Template: [Click here](#)

SDVOB

Attachment B8

Document Template: [Click here](#)