

Montgomery County Collaboration Council for Children, Youth and Families  
 Youth & Community Programs/Out of School Time  
**PROGRAM PLAN**

Complete the plan and email to: [procurement@collaborationcouncil.org](mailto:procurement@collaborationcouncil.org)

	FY21 Requested Amount
<b>Name of Organization</b>	<b>Name of Program(s) Offered at</b>
<b>Requirements</b>	
<b>Site Assignment and Recruitment</b>	<b>Professional Development Expectations for Funded Contractors</b>
<ul style="list-style-type: none"> <li>● <b>Site Assignment:</b> Original school/community site(s) subject to change, to be determined by the program and approved by MCCC OST Program Manager/Director of Programs and availability of appropriate space</li> <li>● <b>Recruitment:</b> Organizations must be willing to recruit additional youth throughout each session to attain the program maximum and must not exclude any youth wishing to participate.</li> </ul>	<p style="margin-left: 20px;"><u><b>Direct-service staff working with youth:</b></u></p> <ul style="list-style-type: none"> <li>● Advancing Youth Development</li> <li>● Strengthening Inclusion in Youth Programs through understanding Sexual Orientation/Gender Identities Expression</li> <li>● Implicit Bias</li> <li>● Trauma Informed Care/Mental Health First Aid</li> <li>● Enrollment of individual staff members in the online CoP (<a href="http://www.youthdevelopmentnow.org">www.youthdevelopmentnow.org</a>)</li> </ul> <p style="margin-left: 20px;"><u><b>Supervisory Staff supporting Direct-Service Staff</b></u></p> <ul style="list-style-type: none"> <li>● Advancing Youth Development</li> <li>● Trauma Informed Care/Mental Health First Aid</li> <li>● First Aid/CPR</li> </ul>
<b>Program Schedule and Hours of Service</b>	
Beginning _____ until _____ (Insert Program Start and End Date) provide programming each week of program operation with a minimum of 1:10 adult to youth supervision ratio. All programs must plan for a substitute for adequate program coverage in the event of staff absences. MCCC does not cancel individual classes.	
<b>Total Program Enrollment Target Requirements</b>	
<ul style="list-style-type: none"> <li>● Each Program Activity must have a minimum of 80% of enrolled youth as regular participants attending 80% by the third week of the session to continue a class or risk cancellation of the program and budget proration.</li> <li>● Each Program must be COVID-19 compliant (State and Local County Regulations)</li> </ul>	
<b>TOTAL # of Youth to be Served by Program:</b>	

Provider Program Information		
Please complete, review and confirm your program schedule below:		
Program Location(s)	Day Scheduled	Program Name
Organizational Leadership		
Executive Director	Name of Program Accounting/Invoicing Staff	
Name:	Name:	
Work Address:	Office Phone #:	
Office Phone #:	Cell Phone #:	
Cell Phone #:	Email:	
Email:		

**Additional Information for Front-Line Staff**

**Front Line Staff**  
Staff Name(s):

**On-Site Program Manager/Supervisor**  
Name(s):

Provide Program Area(s) (check all that apply)		
<input type="checkbox"/>	STEM	<b>Program Outcomes:</b>
<input type="checkbox"/>	Academic Support	
<input type="checkbox"/>	Cooking and Nutrition	
<input type="checkbox"/>	Workplace and Career Exploration	
<input type="checkbox"/>	Performing Arts	
<input type="checkbox"/>	Visual Arts	
<input type="checkbox"/>	Social Emotional Learning	
<input type="checkbox"/>	Media Production	<b>Program Description(s):</b>
<input type="checkbox"/>	Mentoring, Leadership and Civic Engagement	
<input type="checkbox"/>	Sports, Fitness Wellness List Sports Focus:	
<input type="checkbox"/>	Other:	
Please Indicate School Level Focus (check all that apply)		
<input type="checkbox"/>	Elementary School	
<input type="checkbox"/>	Middle School	
<input type="checkbox"/>	High School	

Please List Other Program/Deliverable Dates (i.e.: events, field trips, presentations, exhibitions)

*Program Expectations if Funded*

Direct service staff should be involved in youth recruitment activities in before each program session. Share recruitment materials and dates with the MCCC Youth & Community- OST Program Manager. All materials must include the MCCC logos.

There will be virtual and as needed site-based meetings for program leaders/supervisors at the onset of and during program season. MCCC's Program staff will share details and agendas for these meetings.

Your program will receive program quality observational monitoring visits from program monitors and stakeholders (MCCC & MC Rec). The outcomes of these visits will be shared by each stakeholder respectively. You will receive a separate timeline of all reports required and their due dates with the completed contract.

**BUDGET**

Organization Name:

Program Name:

Executive Director (or other authorized person):

Telephone Number:

E-mail Address:

Finance Person:

Telephone Number:

E-mail Address:

- The budget should cover only expenses planned from **MARCH 1, 2021** through **JUNE 30, 2021**
- This budget is subject to change based on any future contract negotiation, and may be prorated due to class cancellation due to low class enrollment.
- All expenses must be justified and related to proposed program activities.
- If Collaboration Council funding only supports a portion of this program as described in your Scope of Services, please enter funding from other sources, including the name of the funding source.
- Round amounts to nearest whole number.

CATEGORY OF EXPENSE	Collaboration Council Funds	Any Other Cash Support and Funder		Program Total
		Amount	Funder	
Personnel*				
Fringe (10.98% charged)				
<b>SUBTOTAL PERSONNEL</b>				
Travel (Staff and Program)				
Supplies (Office and Program)				
Contractual Services*				
Professional Consulting Services*				
Equipment Maintenance/Rental				
Printing/Photocopying/Laminating				
Other, Specify by line item:				
Indirect (must not exceed 15%)				
Communications/telephone/internet				
<b>SUBTOTAL OPERATING EXPENSES</b>				
Professional Development Budget (details to be provided in the template below)				
<b>TOTAL BUDGET</b>				

\* Personnel, Contractual Services and Professional Consultants: The personnel line item must include funding for staff members working with the project that are employed by the organization. Contractual services are temporary, part-time workers involved in implementing program activities, and Professional Consultants are not direct services staff, but service the organization to help with the program implementation, such as trainers or presenters to the youth.

**Note:** Once the budget is approved, any changes in line items must be approved in advance. All budget revisions must occur by **April 1, 2021**. Line item changes below \$2,500 or 10%, whichever is greater, do not require prior approval.

**JUSTIFICATION OF EXPENSES**

Examples of explanation and calculation of budget justifications are found below. Please enter your own information in place of the examples provided:

**PERSONNEL**

Please account for all full-time and part-time positions that are part of the proposed program services. If the person is considered a contractor, please justify their expenses in the Contractor Services/Consultants Line Item in Operating Expenses.

Job Title	Total Number of Hours/week worked	Number of Hours/week for this program	Hourly Rate or Annual Salary	Amount Paid through this Grant
<i>Sample. 1) Program Manager</i>	<i>30 hr/week</i>	<i>3 hrs/wk for 20 wks</i>	<i>\$25 per hour</i>	<i>\$1500.00</i>
<b>TOTALS</b>				

**JUSTIFICATION FOR PERSONNEL**

Justification for Job Title 1:
Justification for Job Title 2:
Justification for Job Title 3:

How is the Fringe Rate Calculated? What rate is applied to this proposed budget?



Please note:

The Collaboration Council is the Local Management Board (LMB) for Montgomery County. The LMB's vendors follow the Maryland Solicitation Act §6-402(b)(8)

- (i) an audit by an independent certified public accountant if the gross income from charitable contributions in the most recently completed fiscal year is at least \$500,000; or
- (ii) a review by a certified public accountant if the gross income from charitable contributions in the most recently completed fiscal year is at least \$200,000 but less than \$500,000."

Total budget for your organization in FY21 cash:

FY21 cash plus in-kind: