



NEW MEXICO COALITION FOR LITERACY

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LITERACY PROJECT GRANT APPLICATION *for the 2010-2011 Program Year*

Please note: All applications must be *received* by July 20, 2010, 5 pm. There will be no exceptions. You must send *one original* and *one copy* of your grant application. **DO NOT ALTER THE CONTENT, STRUCTURE, OR FORMAT OF THIS APPLICATION IF COMPLETING IT ELECTRONICALLY FOR PAPER SUBMISSION.** Merely fill in the blanks where indicated. No special bindings, paperclips, or covers will be accepted; no electronic or faxed copies will be accepted. We will accept single staple only for each copy and all applications will be rejected that do not meet the specifications outlined herein, the cover letter, and the guidelines. You are encouraged to use certified mail, return receipt requested.

I. ORGANIZATIONAL INFORMATION:

Legal Name of Organization: _____

Mailing address: _____

Physical address (if different): _____

Does your organization have 501(c)(3) status? ____ yes ____ no

If not, who will be the sponsoring organization? _____

Mailing address of sponsor: _____

Year the literacy program was founded (not the fiscal agent): _____

Contact Person: _____

Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Amount Requested (Round to the nearest WHOLE DOLLAR AMOUNT): _____

This request is for (check one)

____ Start-up of a new program

____ Continuation of an existing program

Legislative districts in which your program is located:

State House District # ____ State Senate District # ____ US Congressional District # ____

II. PROGRAM INFORMATION:

(Check the projected focus if you are a new program and do not have the information at this time.)

1. Please check up to three categories that best describe the focus of your program:

____ Basic adult literacy

____ Pre-GED

____ ESL

____ Family Literacy

____ Workplace Literacy

____ Civics Literacy

____ Special Populations (learning disabled, immigrants, etc.)

____ Computer literacy

____ Other (please specify): _____

2. Do you serve members of the community who are not receiving WIA assistance and/or community members who are not enrolled in community college, aside from participation in a literacy program? _____

3. What percentage of the students you serve fall into each of these age groups?
(approximations are OK)

- _____ below age 16 (must be part of a family literacy program or project)
- _____ age 16 - 18 and in school
- _____ age 16 - 25 and not in school
- _____ age 25 and older

4. How many students are enrolled in your program *at this time*? _____

5. What is the total number of students you served during your last program year? _____

6. What percentage of the students you serve come from the following sources:

- _____ Referred from an ABE program
- _____ Referred from other organizations or agencies
- _____ Recruited in response to promotional efforts by your _____ organization or the
- _____ NMCL

7. Do you have a waiting list of students to be matched with tutors? _____ yes _____ no
If so, how many students are on the list? _____

8. How would you describe the extent to which your program utilizes the services of volunteer tutors?

- _____ not at all...our instructional staff are all paid
- _____ occasionally, when the need arises
- _____ volunteers are an integral part of our program

9. How many volunteer tutors are currently active in your program? (i.e. are matched with students and actively working with them) _____

10. The budget for your last program year was approximately:

- _____ N/A
- _____ less than \$2,000
- _____ \$2,000 – 5,000
- _____ \$5,000 – 10,000
- _____ 10,000 – 20,000
- _____ greater than \$20,000

11. Which of the following do you rely upon for funding for your program? (check all that apply)

- _____ NMCL grant
- _____ Local city/county funds
- _____ Local Workforce Investment Board funds
- _____ ABE funds (state or federal)
- _____ Other state or federal funds
- _____ Local fundraising events
- _____ Financial contributions from the local community (individuals and businesses)
- _____ Other (please specify):

12. Does your local city government provide any in-kind support for your program?

____ yes ____ no

If so, what kind (for example, free space in a government office or library)?

13. What days of the week, and during what hours, is your program open to the public?

14. What is your organization's mission statement? What is your organization's vision statement?

15. In what ways does your organization partner with its local library?

16. Describe the specific ways you recruit and retain students and tutors for your program (may attach separate sheet; if a new literacy program, describe your plan).

17. Describe the partnerships you have formed in your community, or plan to form, concerning the following (may attach separate sheet; whichever apply to your program):

advertising and promoting your program in the community; recruitment of students and tutors by referral; funding; and alliances with formal ABE programs or other post-secondary programs.

18. Do your organization conduct an annual financial audit by an outside accounting firm?

____ yes ____ no

19. Did your organization complete its annual 990?

____ yes ____ no

III. SERVICES PROFILE:

Indicate the number of individuals participating in each type of service *during your last program year*, from July 1, 2009 to June 30, 2010. (This may be a duplicated count in the case of students receiving more than one service.)

- | | |
|---|---|
| <input type="checkbox"/> Basic Literacy | <input type="checkbox"/> Prevocational Literacy Skills Training |
| <input type="checkbox"/> ESL/ESOL/ELL | <input type="checkbox"/> Life Skills Literacy Training |
| <input type="checkbox"/> Pre-GED | <input type="checkbox"/> Math |
| <input type="checkbox"/> Family/Intergenerational Literacy ¹ | <input type="checkbox"/> Computer Literacy |
| <input type="checkbox"/> Workplace Literacy | <input type="checkbox"/> Adult Basic Education ² |
| <input type="checkbox"/> Citizenship/Civics Literacy | <input type="checkbox"/> Prison Literacy (inmate tutors) |
| <input type="checkbox"/> Homeless Literacy | <input type="checkbox"/> Other (please specify): _____ |

IV. STUDENT/TUTOR PROFILE

Indicate the actual number of individuals receiving and delivering services for *the most recently completed program year*.

Students (receiving services):	Tutors/Teachers (delivering services):
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Gender:

- Male
 Female

Gender:

- Male
 Female

Ethnicity:

- Black
 Hispanic/Latino(a)/Chicano(a)
 White
 Native American/Alaskan
 Asian
 Native Hawaiian/Pacific Islander
 Other: _____

Ethnicity:

- Black
 Hispanic/Latino(a)/Chicano(a)
 White
 Native American/Alaskan
 Asian
 Native Hawaiian/Pacific Islander
 Other: _____

Students (receiving services):	Tutors/Teachers (delivering services):
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Age:

- <16
 16-24
 25-44
 45-59
 60+

Age:

- <16
 16-24
 25-44
 45-59
 60+

Duration of participation:

- <1 month
 1-6 months
 6 months – 1 year
 1 year – 2 years
 2 years+ _____

Service Status:

- Unpaid (volunteer)
 Paid

Other Volunteers (non-tutoring):

- Administrative, special projects,
 Board

¹ Enrollment in literacy program is concurrent with enrollment in adult basic education program.

² Must be part of a family literacy program. See: Federal Definition of Family Literacy.

V. FUNDING PROFILE:

Indicate amounts derived from any of these sources for *the most recently completed program year*.

Federal grants	_____	State grants	_____	City/County grants	_____
NMCL grant	_____	Foundations	_____	WIA/DOL	_____
Businesses	_____	Individuals	_____	Other	_____
Rotary Club	_____	Other civic organizations	_____		

Total funding amount from all sources above: _____

VI. QUALITY INDICATORS FOR LITERACY PROGRAMS:

Training Needs: Indicate your most pressing training needs by ranking the following items in order of importance to your program:

Volunteer Recruitment	_____	Workplace Literacy	_____
Student Recruitment	_____	Family Literacy	_____
Tutor Training	_____	Program Management	_____
Board Training	_____	Computer Assisted Instruction	_____
Distance Learning/Internet/Technology	_____		
Other (please specify and rank)	_____		

Tutor Training Activities:

Number of NMCL sponsored tutor trainings held during the past program year _____

Number of non-NMCL sponsored tutor trainings held during the past program year _____

Number of new tutors trained during the past program year _____

Does your program regularly provide certified ProLiteracy training to volunteers through the NMCL?

Yes ____ No ____

IF NO: List Source: _____

In-service Training and Workshop Activities:

Number of in-service workshops held for staff during the past program year _____

Number of tutors receiving in-service training during the past program year _____

Did your volunteers (tutors and board) and/or staff attend an NMCL Regional Workshop Conference or Annual Meeting during the past year?

Yes ____ No ____

If so, how many attended? _____

If not, why? _____

Indicate how your program measures learning gains (check all applicable):

____ Standardized test scores ____ Teacher/tutor assessment

____ Student self assessment ____ Advancement to other training

____ Attainment of personal goals ____ Portfolio

____ Other _____

Program Planning Tools:

Indicate which of the following are employed by your program:

____ Planning document that outlines the program’s mission, goals, and objectives that is updated at least once a year

____ Community needs assessment conducted at least once a year

____ Student goal setting process

____ Process for identifying and addressing other student needs (e.g. child care, transportation, social services, etc.)

____ Process for identifying and addressing staff development needs

- Tutor and student recruitment plan
- Financial plan
- Conflict of interest policy for board members and staff

Accreditation:

Was your program accredited by ProLiteracy America during the last program year?

Yes No

Does your program plan on seeking accreditation from ProLiteracy America during the upcoming program year?

Yes No

If not, why?

Is your program interested in becoming accredited by the NMCL during the FY10-11 program year or during some other program year?

Yes No

What about NMCL accreditation is of importance and interest to your program?

What about NMCL accreditation is not of importance and interest to your program?

VII. PROJECT INFORMATION

Please respond to one of the following:

- If you are requesting funds for general operating support for a new or existing literacy program, please attach a brief narrative (a maximum length of two pages, single-spaced) explaining each of the following:
 - 1) The need for literacy services in your particular community;
 - 2) The characteristics of the population you serve or will serve;
 - 3) The basic structural components of your program (including what services you offer or will offer, your intake process, the basic data you collect and track on students, what assessment tools you use, when you do testing of students, whether or not you do an instructional plan with students, and how you determine success with students and of your overall program);
 - 4) If you are seeking funds to expand a program to serve more students, explain how you will do this, including the number of students you expect to serve and how you will recruit them. Keep in mind that your funding request should reflect the number of students you intend to serve. For example, if you currently serve 100 students with a grant of \$10,000 from the Coalition and you propose to serve only an additional 10 students, asking for \$25,000 would not be appropriate.

- If you are requesting funds for a particular project within your overall program, such as a Workplace Literacy project or Family Literacy project, please attach a narrative (a maximum length of two pages, single-spaced) explaining each of the following:
 - 1) The need for the project;
 - 2) The characteristics of the population you propose to serve and the number of students you intend to enroll in the program;
 - 3) The overall goal of the project and any specific objectives that you will use as benchmarks in achieving that goal;
 - 4) How you will structure the project, including recruitment, intake, services to be delivered, expected outcomes, and staffing plan.

VIII. PROGRAM BUDGET

Budget Detail: Include in this chart the amounts you are requesting for each item that pertains to *your NMCL funded project or program* (not your agency’s budget if you are a community college or are affiliated with a larger organization). See the Budget Backup section that follows for an explanation of allowable costs and ranges (determined by State regulations).

Budget Item	Just Completed Program Year	Grant Request for the Coming Year
Salaries		
Benefits		
Purchased Services (can include PR)		
Supplies and Materials		
Travel (In-State)		
Overhead		
Total		

Matching Funds:

Describe the amounts and sources of your matching funds below. You need only match the **total** amount of your grant request from the above chart (not individual budget items). **You must match the NMCL grant request at a rate of 25% for both cash and in-kind.** Volunteer time can be included under ‘in-kind’ at the rate of \$20.85/hour.

Cash	_____	In-Kind	_____
Sources:	_____	Sources:	_____
	_____		_____
	_____		_____

Budget Backup: The following is a breakdown of each budget item from the Budget Detail section above.

1. Salaries – for employees involved with the funded project only:

Position Title	Salary per hour	# of hours per week	# of weeks per year	% of time on this project	Amount requested
Total					

2. Benefits - Employee benefits are limited to a maximum of 22% of total salaries.

Position Title	Salary	Benefit rate (%)	Amount requested
Total			

3. Purchased Services - Include cost of consultants, trainers, printing services, graphic design services, public relations, etc. Detail the services you expect to purchase along with the estimated cost. *Keep in mind that the NMCL offers a wide variety of technical assistance and training, including nationally certified tutor training, at no cost to funded programs. Therefore, it is highly unlikely that the NMCL will fund those costs for your program.*

Purchased Service	Justification	Amount requested
Total		

4. Supplies and Materials - Include office supplies, literacy training materials not covered by the NMCL's materials grant, software, computer equipment, etc. *Please keep in mind that the NMCL offers \$500.00 in Materials Grants (two grants per program year as NMCL funding permits) to literacy programs in New Mexico. Therefore, it is highly unlikely that the NMCL will fund those costs for your program.*

Supplies and Materials	Justification	Amount requested
Total		

5. Travel - Travel budgets cannot exceed \$1,000. Include the purpose of the travel along with the destination. The following are examples of allowable travel expenses: attendance at in-state conferences (such as the NMCL's Annual Meeting), regional in-service trainings, trips to the NMCL office in Santa Fe, and trips to other in-state literacy and adult education programs. *Please keep in mind that the NMCL covers the cost of Regional Workshop Conferences for literacy programs in New Mexico. Therefore, it is highly unlikely that the NMCL will fund those costs for your program.*

Destination/Purpose	# of miles	x \$.32 per mile	Lodging + Meals	+ Other costs	Amount requested
Total					

6. Overhead/- Rent, telephone, internet, heating, and lighting expenses are allowed.

Type of Overhead Expense	Amount requested
Total	

IX. ATTACHMENTS

Please include the following attachments with your proposal:

- 501(c)(3) letter from the IRS documenting your nonprofit status or that of your sponsoring agency;
- Financial statement from your most recently completed fiscal year, if available, showing planned and actual expenditures for each item in your budget;
- List of members of your Board of Directors or community advisory board, including terms and affiliations; include a statement of how the board is involved in supporting the literacy program, demonstrating how the board is a working one and how it is effective; attach your program’s conflict of interest disclosure statement; and evidence of an independent board of directors.
- Resumes of key personnel, or job description of a position if it is not currently filled.

X. CERTIFICATION

The information in this application was supplied by:

Printed or Typed Name	Title

I hereby certify that the attached application is true and accurate to the best of my knowledge.

Signature of Person Preparing Application	Date

Individuals authorized to sign on behalf of the applicant organization:

1. _____	2. _____
Authorized Signature	Signature of Fiscal Agent (if applicable)
_____	_____
Printed or Typed Name	Printed or Typed Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____
Date	Date

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