Welcome to the NMCL 2018 Operating Assistance Grant application. This application includes several sections to enter organization and program information followed by a file upload area for required attachments.

Below are several tips for completing your application:

- You can save your work by selecting the "Save Draft" button at the end of each section.
- To prevent applicants from answering irrelevant questions, this form is responsive, with follow up questions appearing based on selections.
- To view additional guidance for questions, hover your cursor over the small question mark box.
- You can print your application at any time by selecting the "Return to Menu" link on the upper left of all sections then selecting "Print Application."
- Please follow directions on entry restrictions (such as "numerals only"). Failure to do so will trigger a validation error after you hit "Complete" on the application and require that you return to fix it before successful submission.
- If you need additional guidance, please refer to the RFP posted at bit.ly/NMCLGrants, or write to the NMCL at info@newmexicoliteracy.org.

Required information is indicated with *

Please select your IRS tax classification. If your agency does not have 501(c)(3) status, you must have a fiscal sponsor with a 501(c)(3) classification.
 *

- ○ Applying literacy organization is a 501(c)(3)
- ● Applying literacy organization is using a fiscal agent with a 501(c)(3) classification
- ○ Other

Please complete the following questions with information about your fiscal agent.

Fiscal Agent Information

Legal Name of Fiscal Sponsor Organization *

Fiscal Sponsor Employer Identification Number (EIN) *

Is a formal fiscal contract/agreement in place and active between your organization or program and the fiscal agent? *

- ○ Yes
- ○ No

Fiscal Sponsor Contact Person

The NMCL may contact your fiscal sponsor to confirm relationship, follow-up on Grant Committee questions, or for other needs as applicable.

Prefix

First Name *

Last Name *

Title *

Contact Person Telephone (numerals only) *

Contact Person Email *

Fiscal Sponsor Mailing Address

Mailing Address Line 1 *

Mailing Address Line 2

City *

State *

Zip/Postal Code *

Fiscal Sponsor Financial Information

Does your literacy agency receive financial support from your fiscal agent? *
⦿ Yes
◯ No

Please describe amount and use of financial support (limit 100 characters) *

Does your literacy agency pay annual fees or fees based on grant awards to your fiscal agent? *
⦿ Yes
◯ No

Please describe amount or fee basis of paid to fiscal sponsor (limit 100 characters) *

Complete the following information for the applicant agency that will be delivering adult literacy

services.

Applicant Organization Contact Person

The contact person should be the person who will be administering the grant.

Prefix

First Name *

Last Name *

Title *

Contact Person Telephone
(numerals only) *

Organization Fax (numerals
only)

Contact Person Email *

Required information is indicated with *

Applicant Organization Information

Employer Identification Number
(EIN) of Applicant Organization
(numerals only) *

Name of Applicant
Organization *

Legal Name of Applicant
Organization (if different from
above)

Year the Applicant Organization
was Founded *

Applicant Organization
Telephone (numerals only) *

Applicant Organization Website

Applicant Organization General
Email

What are the applicant
organization's vision and mission
statements? (limit 150 words) *

0/150

Applicant Organization Mailing Address

Mailing Address Line 1 *

Mailing Address Line 2

City *

State *

Zip/Postal Code *

Does your organization have a
different physical address? *   ◉ Yes
                                 ○ No

Applicant Organization Physical Address

Physical Address Line 1 *

Physical Address Line 2

City *

State *

Zip/Postal Code *

Required information is indicated with *

Agency Financial Information

Please complete the following information for the <u>applicant</u> organization. Financial information in this section is for the total organization, not just literacy services.

In the prior fiscal year, did your organization have income exceeding $500,000? *

- ◉ Yes
- ○ No

Did your organization conduct an annual financial audit by an outside accounting firm for the prior fiscal year? *

- ○ Yes
- ◉ No

You indicated that your organization had income over $500,000 but did not have an audit. Please explain and indicate whether you had a waiver from the New Mexico Attorney General. The NMCL may request verification of waiver. (limit 100 words) *

0/100

Agency Cash Income Information

List your top five <u>cash</u> income sources (of any type and from any source) and amounts (numerals only) for the most recently completed fiscal year. <u>If your literacy organization had fewer than five income sources</u>: 1) enter "N/A" for remaining "Source Name" fields and 2) enter "0" for remaining "Source Amount" fields. These are required fields and limited to text or numeral entry.

Source 1 Name *

Source 1 Amount *

Source 2 Name *

Source 2 Amount *

Source 3 Name *

Source 3 Amount *

Source 4 Name *

Source 4 Amount *

Source 5 Name *

Source 5 Amount *

Agency In-Kind Income Information

The NMCL grant Review Committee is interested in in-kind support provided to your agency from any fiscal sponsor agency, government or government agency, or institution of higher education. For example, this may be contributions of goods and services, loaned space, and direct payment of expenses like a local college paying part of staff salaries or benefits. Please select all types of in-kind that apply from those sources for your agency. Hover over question boxes for examples of each type of in-kind.

Personnel Assistance: Did any of the entities above provide in-kind support for staffing? *
- ◉ Yes
- ○ No
- [?]

Personnel Assistance: Please summarize the contribution/s, source/s, and estimated value? (limit 25 words) *

0/25

Facilities: Did any of the entities above provide facilities in-kind support? *
- ◉ Yes
- ○ No
- [?]

Facilities: Please summarize the contribution/s, source/s, and estimated value? (limit 25 words) *

0/25

Equipment and Supplies: Did any of the entities above provide in-kind equipment or supplies? *
- ◉ Yes
- ○ No
- [?]

Equipment & Supplies: Please summarize the contribution/s, source/s, and estimated value? (limit 25 words) *

0/25

Goods and Services: Did any of the entities above provide in-kind goods and services. *
- ◉ Yes
- ○ No
- [?]

Goods & Services: Please summarize the contribution/s, source/s, and estimated value? (limit 25 words) *

0/25

Other: Did any of the entities above provide other in-kind support? *
- ◉ Yes
- ○ No

Other: Please summarize the

contribution/s, source/s, and
estimated value? (limit 25
words) *

0/25

Required information is indicated with *

Literacy Services Profile

Did your organization provide
adult literacy and/or English
language learning services
during the prior fiscal year? *

◉ Yes
○ No

Literacy and ESL Service Levels for the Most Recently Completed Fiscal Year

What was the total number of
adults participating in literacy
and ESL programming? Please
enter the actual number of
unduplicated students.
(numerals only, if none, enter
0) *

Please enter the actual number of individuals participating in the following programming during the most recently
completed fiscal year. Total of categories may exceed total above due to multiple services to the same
individuals. (numerals only, if none, enter 0)

Adult Literacy – Native English
Speakers *

Adult Literacy – Non-native
English Speakers *

ESL/ESOL/ELL *

Student Attrition for the Most Recently Completed Fiscal Year

This section is only about students who were active in your program in the prior completed year but did not
continue into the current year. For students who exited or became inactive in your literacy and ESL programming
during the prior fiscal year, please enter the actual number of students categorized by reason for exit. (numerals
only, if none, enter 0)

# of students who left after reaching planned achievement, such as successfully completing life goals or reaching target level gains (graduated program) *

# of students who left program prior to planned exit point, either by choice (no show, dropped) or due to personal circumstance (e.g., illness, family moved) *

Total # of Students Who Exited Program (automatically calculates)

Student Goal Outcomes for the Most Recently Completed Fiscal Year

Indicate the number of individuals who completed the following goals during your most recently completed fiscal year.

Please enter the actual number of students (numerals only). If no students attained a milestone, enter "None" or if your agency did not track an outcome, enter "Not Tracked" (note that your program must track these goals if it is awarded funding).

Completed pre-GED studies *

Completed GED studies *

Passed GED exam *

Enrolled in Adult Basic Education classes *

Enrolled in higher education program *

Became employed *

Advanced in employment *

Left public assistance (e.g., SNAP, WIC, Medicaid) *

Attained citizenship *

Improved English proficiency *

Achieved basic digital literacy
skills *

Voted or registered to vote for
first time *

Reported reading more than
before receiving literacy services
 *

Reported reading more to
child/ren *

Reported being more involved in
children's education *

Literacy Level Gains

For students who raised <u>reading skills</u>, please provide attainment levels for gains achieved during the most
recently completed fiscal year. (numerals only, if none, enter 0)

Number of individuals who
gained one level (but not
more) *

Number of individuals who
gained two levels (but not
more) *

Number of individuals who
gained three levels or more *

Total # of students making
reading level gains (calculates
automatically)

For students who raised <u>numeracy skills</u>, please provide attainment levels for gains achieved during the most
recently completed fiscal year. (numerals only, if none, enter 0)

Number of individuals who
gained one level (but not
more) *

Number of individuals who
gained two levels (but not
more) *

Number of individuals who
gained three levels or more *

Total # of students making
numeracy level gains (calculates

automatically)

Identify the standardized Assessment Instrument or Instruments that your program used to measure reading levels. Check all that apply. *

☐ Best Literacy
☐ CASAS
☐ GAIN
☐ READ
☐ TABE
☑ Other
☑ No standardized Assessment Instrument was used

You indicated use of an instrument not listed. Please name instrument (limit 50 characters) *

Please describe how reading gains were measured (limit 50 characters) *

Tutor Information for the Most Recently Completed Fiscal Year

Number of volunteer tutors * [?]

Did your organization track volunteer tutor instructional hours for adult literacy (and English language learning, if applicable)? *

◉ Yes
○ No

How many adult literacy and English language instructional hours did your volunteer tutors provide during the most recently completed fiscal year? (numerals only)

Group tutoring hours * [?]

One-to-one tutoring hours * [?]

Total (automatically calculates)

Operational Practices

For the most recently completed fiscal year, please select your most significant sources of referrals and recruitment for adult literacy and ESL services. (multiple selections allowed) *

☐ Board Member/s
☐ Church
☐ Employer/s
☐ School/s
☐ Library
☐ Newspaper
☐ Online Search
☐ Your Agency Website
☐ NMCL Website
☐ Job Fair
☐ Recruited in Response to Promotional Efforts by the NMCL
☐ Recruited in Response to Promotional Efforts by your Program
☐ Referred from ABE
☐ Referred from Friends or Family
☐ Referred from Other Organizations or Agencies
☐ Other
☐ None

Please describe quality improvement efforts for tutor training and staff professional development that were completed during the most recent fiscal year. This may include NMCL or other trainings for ESL and adult literacy, staff professional development, volunteer effectiveness training, or other efforts. (limit 200 words) *

0/200

Required information is indicated with *

Operational Support Request Information

Request is for (check one): *
  ○ Start-up of literacy programming (no existing services)
  ○ Start-up of a new project within literacy programming (and ESL, if applicable)
  ○ Continuation or expansion of existing literacy activities (and ESL, if applicable)

Enter amount requested from the NMCL. Request should be rounded to the thousand (e.g., $5,000 not $5,267) and between the minimum award amount of $1,000 and maximum award amount of $30,000. (enter whole dollars, numerals only) *

Need for Services

Indicate geography that best describes your service area. Note: Awarding of rural preference points will be determined by and at the discretion of the NMCL Review Committee. *

○ Urban Area
○ Rural Area
○ Mixed Urban/Rural Area

Community Need: Identify the geographic service area for adult literacy and ESL services, target population/s of students, and the need for services among the target population. Please support that assessment with statistics and other evidence of need particular to the community or geographic region served. (limit 200 words) *

0/200

Other Area Literacy Agencies: Provide information on whether there are other area educational service providers for adult literacy, ESL, and Adult Basic Education and what need or gap in services your organization will fill. If there are no other agencies in the area, enter "N/A." (limit 100 words) *

0/100

Program Description

Select other services or service delivery methods you anticipate providing to literacy and ESL students for the fiscal year ending June 30, 2019. (select all that apply) *

☐ Citizenship Instruction
☐ Computer Assisted Instruction
☐ Digital Education (computer literacy)
☐ Family Literacy
☐ Homeless Literacy
☐ Life Skills
☐ Math
☐ Pre-GED Instruction
☐ Prevocational Instruction
☐ Prison Literacy (delivered by non-inmate tutors)
☐ Prison Literacy (delivered by inmate tutors)
☐ Workplace Literacy
☑ Other
☐ None of the above
[?]

You indicated other services will be provide. Please list services. *

0/50

Describe proposed service details including instructional site/s and scheduling, educational design and components, screening/intake processes, tutor matching, tutoring methods, use of technology, and provision of real-life context to learning. If this is new programming, describe your plan and timing for service launch. If this is an existing program, describe plans to improve or expand services during the grant year, if applicable. (limit 500 words) *

0/500

Identify the standardized Assessment Instrument or Instruments that your program will use to measure reading levels. Check all that apply. *

☐ Best Literacy
☐ CASAS
☐ GAIN
☐ READ
☐ TABE
☑ Other
☑ No standardized Assessment Instrument was used

You indicated use of an instrument not listed. Please name instrument. (limit 50 characters) *

You indicated a Standardized Instrument is not used. Please describe how reading gains will be measured. (limit 100 characters) *

Do all literacy students receive services at no charge? *

○ Yes
◉ No

You indicated that students are not universally free. Please explain reasoning and fee structure. (limit 100 words) *

0/100

Program Soundness of Design: Describe the program's foundation of research on effective educational practices, particularly approaches for adult students who have the lowest literacy levels. Describe strategies and activities to support student persistence and retention. (limit 200 words) *

0/200

Participant and Tutor Recruitment: Describe your outreach and recruitment plans for adult literacy students and volunteer tutors. Please include types of outreach and promotion and methods and reach of recruitment. Please address

strategies for recruiting diverse student and teachers including, if applicable, special populations, such as Native Americans, veterans, or the homeless. (limit 200 words) *

0/200

Collaboration: Describe interagency coordination and partnerships your program will use. These may include recruitment partners, local businesses, nonprofits, social service agencies, educational institutions, job placement and skills development services, special interest groups, or providers of in-kind support. How do these collaborations support your work and help you meet local needs? (limit 150 words) *

0/150

Program Performance and Evaluation

Propose three objectives for the grant period, which is the fiscal year ending June 30, 2019. In formulating objectives, please align at least two objectives to clearly support the NMCL goals of 1) using one-to-one tutoring in literacy services; 2) providing basic literacy student services; and 3) increasing student literacy; and 4) improving student life accomplishments (e.g., job placement/advancement, advancing education, and getting off public assistance). Objectives should be achievable and stated in a quantifiable and measurable form (see Grant Guide for details on crafting strong objectives).

Objective 1 *

Is this one of the objectives that is aligned with the NMCL goals? *

☐ Yes
☐ No

Objective 2 *

Is this one of the objectives that is aligned with the NMCL goals? *

☐ Yes
☐ No
[?]

Objective 3 *

[?]

Is this one of the objectives that is aligned with the NMCL goals? *

☐ Yes
☐ No
[?]

Describe how your agency will measure performance, including monitoring and evaluation methods and frequency. (limit 200 words) *

0/200

Describe how your agency will ensure that the progress during the grant term is on track to attain objectives by the grant term end. (limit 200 words) *

0/200

If your program received an NMCL Operating Assistance Grant in 2017 (for the July 1, 2017 to June 30, 2018 fiscal year) and did not meet proposed goals/objectives, please provide an explanation and describe how you have revised projections or will

change the approach to meet proposed objectives for the coming fiscal year. If this question does not apply to your organization, enter "N/A." (limit 200 words) *

0/200

Capacity and Capability

Describe how the key staff managing this project have the experience, training, and/or education to provide quality adult literacy programming. Describe the agency's administrative capacity to support the program, financial tracking, and performance reporting requirements. (limit 200 words) *

0/200

Funding Use and Match

Use of Funds: Describe your agency's anticipated use of funds and how the NMCL funds will support program services. If your program was an NMCL Operating Assistance grantee in the prior fiscal year and you are requesting an increase in funding, please explain why additional funds are needed. (limit 200 words) *

0/200

Awardees must match an Operating Assistance Grant from the NMCL dollar-for-dollar, meeting a contribution requirement of 100% of actual awarded funds over the fiscal year. Match can be cash or in-kind goods and/or services.

Cash Match: For any cash contributions or payments you anticipate claiming for the NMCL operating grant match requirement, please list the source, amount, and status. For example: "Bank of America Foundation grant, $15,000, awarded" or "Individual donors for carwash fundraiser, $1,000, anticipated." If no cash match is expected, please enter N/A. (limit 100 words) *

0/100

In-Kind Match: For any in-kind contributions you anticipate claiming for the NMCL operating grant match requirement, please list the source, type, quantity (if applicable), and estimated value. For example: "Tutors, volunteer time, 100 hours, $2,469" or "Kroger market, food for tutor training, 20 lunches, $160." If no in-kind match is expected, please enter N/A. (limit 100 words) *

0/100

Required information is indicated with *

Required File Uploads

Please upload the following documents as PDF, Word, or Excel files (8.5" x 11" standard letter page size). For additional details, hover over question boxes and refer to the Grant Guide and other resources at bit.ly/NMCLGrants.

Upload a single file for your agency's financial documentation, as follows:

- If your agency filed a 990 or 990EZ: Upload your most recently submitted tax return.
- If your agency filed a 990-N (postcard): Upload your most recently submitted 990-N postcard return **plus**

year-end profit and loss statement or actual expenditures for the same year.
- If you are using a fiscal sponsor: Upload the most recent 990 of the sponsor agency.

Upload Agency Financial Documentation *   (maximum size 300MB)

Current budget for applicant organization (or budget for literacy programming for agencies with multiple program services). Please ensure the budget includes the proper year in the header or title. *   (maximum size 300MB)

A completed Board of Directors roster **for your organization's governing board of directors** using the linked spreadsheet form. Please download the roster template the roster file on NMCL's grant site, save it to your computer, complete all fields for each of your agency board members, save the file, and upload here as an attachment. **You must use this standard document**. If you have trouble downloading or using the roster, please contact info@newmexicoliteracy.org. If you do not have a governing board of trustees or directors, this form should be completed using the **governing board or trustees for your fiscal sponsor**.

Completed Board of Directors Roster *   (maximum size 300MB)

Authorization

Once an application has been submitted, the proposal is final and you will not be able to access and modify your submission. After you affirm the certifications below and click "Next," the full application will appear, after which select "Complete." The application will then go through an error check and entry validation process. You will be required to correct any errors (e.g., entering letters in a numeral only field or skipping a required entry) before the application is logged as submitted. There will be an opportunity to print your final application following validation.

By submitting your application, you hereby agree to the following certifications:

- I am an authorized representative of the applicant organization and able to bind/contract on behalf of the organization;
- I certify the information included in this application is true and accurate to the best of my knowledge;
- If using a fiscal sponsor, I confirm that fiscal agent is a qualified grant recipient and has been notified of this proposal and I further understand that the fiscal sponsor may be contacted regarding this application;
- If a current grantee, I understand that it is my responsibility to ensure that grantee reporting statistics for prior programming outcomes are accurate;
- I understand that the NMCL has the authority to determine eligibility based on the stated requirements;
- I understand that the NMCL has the authority to determine and award preference points based on their determination of the extent an agency or program meets the qualifications listed in the Grant Guide;
- I understand that an award by the NMCL is contingent upon acceptance of terms of the Operating Assistance Grant agreement that is presented in the Request for Proposals; and
- I understand and agree to abide by the NMCL's Appeal Policy and process.

By entering my name below, I am digitally signing as demonstration of agreement to the certifications above.

Name *