

Note: This is only a sample with invented details. Individual programs will have other performance measures and details based on the program

ATTACHMENT City of Cincinnati Human Services Fund – Program Design Template SAMPLE

Agency Name: XYZ Employment Agency

Program Name: Workforce Development

A. What do you want to achieve? (SMART measure).	B. What key resources are needed to achieve this measure?	C. What key activities are needed to achieve this measure?	D. How will this be measured?	E. Who is measured?	F. When/how often is this measured?	G. What do you anticipate achieving in Grant Year 1?
Individuals start job training	2 FTE staff 2 classrooms 8 volunteer mentors	6-week job training program/30 hours per week	First day attendance records	All adults who have enrolled for job training	First day of training	350 of 400 (88%) individuals start job training
Individuals receive silver-level National Career Readiness Certificate (Level 4)	NCRC assessment (\$45 per participant); online review course; 6 computer stations	Review math and reading skills during class; offer after-hours online review course	National NCRC assessment results	Participants who are initially assessed at Levels 2 & 3	Between 5 to 7 weeks of training	250 of 295 (85%) individuals receive silver-level NCRC
Individuals complete job training	2 FTE staff 2 classrooms 8 volunteer mentors	6-week job training program/30 hours per week	Program records	All participants who start training; must attend 90% of classes and complete all assignments	After 6 weeks of training	265 of 350 (76%) individuals complete job training
Individuals obtain employment that pays at least \$10/hour	2 FTE employment specialists	Employment specialists connect participants with employers who have open positions	Confirmation by new employer	All participants who complete job training	Within 6 months of completing training	212 of 265 (80%) individuals obtain employment that pays at least \$10/hour
Individuals retain employment for 12 months	1FTE Retention specialist	Retention specialist helps participants overcome issues that may result in job loss	Confirmation by employer	All participants who obtained employment that pays at least \$10/hour	12 months after obtaining employment	159 of 212 (75%) individuals retain employment for 12 months

City of Cincinnati Human Services Fund – Program Design Template

Agency Name: _____ **Program Name:** _____

What do you want to achieve? (S.M.A.R.T. measure)	What Key Resources are needed to achieve this measure?	What Key Activities are needed to achieve this measure?	How will this be measured?	Who will be measured?	When/How Often is this measured?	What do you anticipate achieving in Grant Year 1?

BUDGET
General Fund Operating Contract

Contract Period: September 1, 202_ - August 31, 202_

Contractor Name:

Program Name:

Agency FY202__ Actual Revenue: _____

	City Funds	Non-City Funds	Total
I. Personnel Costs			
A. Salary (From Line 1 of Schedule I)			
B. Fringe Benefits (From Line 2 of Schedule I)			
SUBTOTAL PERSONNEL COSTS (From Line 3 of Schedule I)			
II. Non-Personnel Costs			
A. Contractual Services (List subcontractors and identify types of services provided; also, provide a copy of the contract/agreement with each subcontractor.)			
Subcontractor 1:	\$	\$	\$
Subcontractor 2:	\$	\$	\$
Subcontractor 3:	\$	\$	\$
Subcontractor 4:	\$	\$	\$
Add rows as needed			
SUBTOTAL CONTRACTUAL SERVICES	\$	\$	\$
B. Travel – Mileage <u>only</u> within the City of Cincinnati at a rate not to exceed the current City mileage reimbursement rate.	\$	\$	\$
C. Space – Rent, utilities, telephone, building insurance (Excludes Cell Phone, Beeper, Long Distance, and Directory Assistance Service)	\$	\$	\$
D. Consumable Office and Program Supplies (Excludes food and beverage costs)	\$	\$	\$
E. Operational Expenses – Public Liability and Fidelity Bond Insurance, Printing, Postage, etc.	\$	\$	\$
SUBTOTAL NON-PERSONNEL COSTS	\$	\$	\$
TOTAL OPERATING COSTS			
	\$	\$	\$

Note: Equipment purchases such as computers, fax machines, office furniture, cellular telephones, and costs such as entertainment, food, flowers for sick employees, etc., are not eligible reimbursement expenses from the City. If you list a contractual agreement under Item II A for which reimbursement of expenses will be requested from the City, you must submit a copy of each contract agreement.