**Attachment F**

**Employment Skills Training (EST) Proposal**

Respond to each section of this attachment with detailed information demonstrating the CRP’s ability to effectively provide EST services. A completed EST Proposal shall be developed and include documentation for the EST services that will be provided at any satellite location. Each satellite location must be individually approved by VR.

**Name of Provider:**

**Proposed Satellite Location(s) for EST:**

**CARF Accreditation in Community Employment Services: Job Development, Employment Supports:**

Yes No

If no, list other accrediting body and core services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARF Accreditation in Employment Skills Training:** Yes No

**Missouri Higher Education Certification:** Yes No

**EST must include the following**:

* The cost of tuition, fees, books, supplies, uniforms, tools and equipment, licensure or certification, and other training related costs required for participation in the program
* The completion of a Monthly Progress Report
* A certificate of program completion
* Job placement assistance and retention services in the client’s chosen field of work

\*Reminder: ES, ESP, SE or job supports services will ***not*** be authorized as a separate service following

Books, tools and or supplies purchased by VR for EST remain the property of the client provided the client is receiving services through the CRP, graduates, or obtains employment.

If a client terminates training prior to completing coursework, the CRP shall promptly notify the VR counselor to arrange for the retrieval of books, tools and/or supplies.

Please document how your organization will address each of the following questions. You may answer these questions using the form provided, or you may provide this information using your organizations own letterhead.

* Describe the proposed skills training program.
* What counties will be served?
* How does it differ from what is currently available in the community?
* What is the typical length of the training?
* What is the demand/market for the service?
* Provide a description of instructor(s) credentials along with a summary of training curriculum.
* Will the training be completed “in house” and by whom? If not, please explain contractual arrangements.
* Will the training program include community based training(s), work experience(s), and/or internship(s)?
* How will quality of the training program be monitored?
* Will other funding sources be used to help support this training program? If so, what will they be?
* Describe job placement activities that will occur as a part of the skills training program.

The “Budget Summary” form should include a breakdown of the **costs per unit** for all cost categories provided. In the “Description” column, explain the costs and how the unit costs were derived. Please note: **One unit = one client.**

**BUDGET SUMMARY INSTRUCTIONS**

| Line | Direct Cost |  |
| --- | --- | --- |
| Line 1 | Personnel: | Enter total cost of salaries and wages of staff that can be identified with the service exclusively. Derive the unit cost by dividing the total costs by expected number of participants. |
| Line 2 | Fringe Benefits: | Enter the total costs of fringe benefits for the personnel. Identify the personnel fringe range (Line 2 divided by Line 1). Derive the unit cost by dividing the total costs by expected number of participants. |
| Line 3 | Equipment/  Supplies | Enter the annual amortized amount of all equipment necessary for administering the service. Provide a separate listing showing the equipment cost and expected life cycle of the equipment. Equipment is defined as non-expendable tangible personal property having a useful life of more than two years and an acquisition cost of $3,000 or more per item. If the item does not meet the $3,000 threshold, it would be classified as Supplies. Derive the unit cost by dividing the amortized total by expected number of participants.  Supplies and equipment represented in the budget summary should be exclusively used for service-related functions. Provide a brief description of any items budgeted and if necessary, a note to explain why it is essential to administering the service. |
| Line 4 | Contractual | Enter the total costs of all contracts (except those which belong on other lines such as equipment, supplies, etc.). Attach a list of contractors indicating the name of the organization, the purpose of the contact, and the estimated per unit dollar amount. Derive the unit cost by dividing the total costs by expected number of participants. |
| Line 5 | Other: | Enter the total cost of all other direct costs. Other direct costs are those that clearly do not fit under another category; however qualify as an exclusive cost of the service. List items included in this category. Derive the unit cost by dividing the total costs by expected number of participants. |
| Line 6 | Total Direct Cost | Sum of Line 1-5 |
| Line 7 | Total Indirect Cost | Enter the total cost of indirect costs. Derive the allowable indirect cost by multiplying the Total Direct Cost by the 10%. (Line 6 multiplied by 10%) |
| Line 8 | Total Cost per unit | Sum of Lines 6-7 |

**BUDGET SUMMARY**

Number of participants expected

| **Line** | **Direct Cost** | **Description** | **Unit Cost** |
| --- | --- | --- | --- |
| Line 1 | Personnel |  | S |
| Line 2 | Fringe Benefits |  | $ |
| Line 3 | Equipment/Supplies |  | $ |
| Line 4 | Contractual |  | $ |
| Line 5 | Other |  | $ |
| Line 6 | Total Direct Cost | Sum of Lines 1-5 | $ |
| Line 7 | Indirect Cost | Line 6 multiplied by 10% | $ |
| Line 8 | Total Cost per Unit | Sum of Lines 6-7 | $ |