

# Call for Proposal APPLICATION

## for the Workplace Literacy & Essential Skills Projects

**SUBMISSION DEADLINE: 12:00PM/noon (Toronto time), April 19, 2010**

Legal Name of Organization:		Agency LBS Number:	
<b>A. CORPORATE INFORMATION</b>			
Name of Signing Officer:		Title:	
Telephone No.:	Fax No.:	Mailing Address (street number and name):	
E-Mail:		City/Town:	<b>ON</b> Postal Code:
<b>A. Project Contact Information (complete only if different from above)</b>			
Name of Contact:		Title:	
Telephone No.:	Fax No.:	Mailing Address (street number and name):	
E-Mail:		City/Town:	<b>ON</b> Postal Code:
Planned Project Start Date:		Planned Project End Date:	
<b>B. TOTAL PROJECT BUDGET REQUESTED</b>			
Operating Budget:		Training Support Allowance:	
Total Employer Contribution:			
<b>C. DECLARATION</b>			
As official signing authority for the organization, I declare that the information in this application is accurate and complete.			
Name of Signing Officer:		Title:	
Signature:		Date:	

D. MANDATORY APPLICATION SUBMISSION CHECKLIST	Yes	No										
One (1) electronic copy of the completed proposal												
Two (2) <b>signed</b> original copies of the completed proposal												
One (1) original partnership letter signed by all members of the partnership												
Employer contribution to workplace literacy and essential skills projects as described in the CFP												
Project includes use of assessment tools as described in CFP												
One(1) partner to the proposal is currently under LBS contract with TCU through Employment Ontario												
E. DESCRIPTION OF PROJECT												
<p>Please provide a summary of the project. The description must consider the points listed below:</p> <ul style="list-style-type: none"> <li>- The key characteristics of the targeted clients (learners and employers) of the project</li> <li>- The proposed services/activities to achieve project outcomes</li> <li>- The proposed achievement and overall outcomes</li> <li>- The tools that will intermittently measure performance in order to systematically improve services and activities</li> </ul>												
F. PARTNERSHIPS												
List partners and describe the role and responsibilities of each partner in the project.												
G. COMMITMENT TO OUTCOMES/RESULTS There will be an independent evaluation of the initiative. Proponents are required to project expected outcomes.												
<b>Effectiveness</b>												
<i>Outcomes/expected results for individuals ( see Section 3.4- Page 6 of the CFP.)</i>												
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<i>Example for calculating PROJECTED learner outcomes. The following proposal projects that 50 learners will participate in the project.</i>												
<p>At the beginning of the project, the clients being served are:</p>												
<ul style="list-style-type: none"> <li>- 50 % (25 learners) of the total learners were not functioning at the IALS level two.</li> <li>- 50% (25 learners) of the total learners were functioning above the IALS level two but required training to better perform their job duties and/or move towards higher skilled jobs</li> </ul>												
<p>Upon completion of the project, the proposed outcomes are:</p>												
<ul style="list-style-type: none"> <li>- 80% (40 learners) of all learners report an increase in skills gain/enhancement</li> <li>- 90% of the learners (45 learners) have completed their training plan</li> <li>- 60% of the learners (15 learners) who were not functioning at IALS level two (25 learners) are now functioning above level two and are engaged in continuous learning</li> <li>- 80% of the learners (20 learners) who were functioning above IALS level two (25 learners) have gained the necessary skills to better perform their job duties and move towards higher skilled jobs</li> </ul>												
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**H . ORGANIZATIONAL PARTNERSHIP CAPACITY**

**Please provide a description of the capacity of your proposed partnership to effectively plan, deliver and manage this project. The description must consider the points listed below, and include both past experience and proposed practice.**

**Effectiveness**

1. How the proposed services align with the strategic goals of the initiative
2. Past experience that members bring to the partnership and proposed practices for the project
3. The experience the members of the partnership have in delivering literacy and essential skills training to employees/in the workplace
4. The sorts of outcomes and results the members of the partnership have achieved for employees with education and/or training and/or employment goals
5. Specific workplace literacy services/activities that members of the partnership have provided
6. How the training in the workplace will be co-managed by the training organizations and the employer, e.g. establishing a training committee and affirming company commitment
7. How the training organization and the employer will determine learner skills attainment in workplace literacy and essential skills training, and how incremental improvements will be tracked
8. The measurement and assessment tools that have been and will be used to measure and report on learner skill gain
9. The management practices that have been and will be used to track the achievement and reporting of results
10. The measurers and indicators that have been and will be used to assess/evaluate the impact of these services on employees and the workplace

**Customer Service**

1. How employee and employer feedback has and will impact the services

**Efficiency**

1. Outreach strategy to target employee populations

<b>I. OPERATING BUDGET REQUEST</b>		
<b>Categories</b>	<b>(\$) Amount</b>	<b>(\$) Employer Resource Contribution Amount **</b>
Wages (project staff and management)		
Outreach		
Marketing		
Facilities (rent/utilities including providing space for training in the workplace)		
Purchase or lease of equipment furniture directly related to the delivery of the program		
Training materials		
Other (Please specify in space below) (e.g.: covering wages of learners/employees released from work to participate in training and or training committee during working hours; providing meals and other refreshments for training that takes place after work)		
Administration		
Total Operating Budget		
Total Training Support Allowances Budget		
Total Funding Request		
<i>** The amount may be detailed and/or represented as a total amount</i>		
<b>J. ADDITIONAL INFORMATION</b>		
Please include additional information you consider important to support your proposal.		