**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**

**BREAKING BARRIERS IN EMPLOYMENT FOR ADULTS WITH**

**AUTISM PILOT PROGRAM**

**EVALUATION PROPOSAL**

**COVER PAGE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant:** |  | | | | | |
| **Requested Amount:** | | | | | | **$** |
| **Address:** | |  | | | | |
| **City & Zip Code:** | |  | | | | |
| **County:** | |  | | | | |
| **Designated Contact Person and Title:** | |  | | | | |
| **Type of Organization:** | | Government Agency  Education Entity  Private Non-Profit  Private for Profit  Other (describe): | | | | |
| **Telephone:** |  | **Email:** | |  | | |
| **IRS Tax ID**  **Number:** |  | **CA Tax ID Number:** | |  | | |
| **Approval of Authorized Representative** | | | | | | |
| **Name:** |  | | **Title:** | |  | |
| **Signature:** |  | | **Date:** | |  | |

**BREAKING BARRIERS IN EMPLOYMENT FOR ADULTS WITH**

**AUTISM PILOT PROGRAM**

**Project Narrative**

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| **PROJECT NARRATIVE:** |
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| Describe how project activities will be documented and progress will be assessed. |
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| Provide a format or example of how lessons and successes will be communicated to CWDB and other stakeholders. |
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| Describe the research design and suggested methodology that will be employed for this project. |
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| Provide an explanation of how the research design and a mixed method (qualitative and quantitative) will address the overall design and implementation of the evaluation. |
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| Provide an explanation how this design might be flexible to accommodate a coordinated evaluation approach with separate individuals and organizations participating in the project. |
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| Provide an outline of the project and the project objectives as it pertains to the suggested design and methodology, including: assurances and/or self-identified outcomes, participant confidentiality, projected timeline, monthly and quarterly deliverables, interim written work, and final products. |
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| Describe how you will ensure commencement of project evaluation by February 28, 2020 and continue to completion by March 31, 2021. Are there any time constraints on your evaluation of the project? |
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| Do you intend to perform all evaluation services for this project, or do you intend to subcontract for any of them? If so, to whom and indicate what specific services would be subcontracted? |
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| Describe coordination with the CWDB and SETA to ensure proper infrastructure is in place to facilitate participation in the evaluation. |
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| Provide any other information considered relevant to the proposal. |
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| **PROJECT TEAM:** |
| Identify the individual(s) and organizational affiliation of the evaluator and his/her experience and qualification in regards to:   * Comprehensive understanding of the workforce system, publicly funded initiatives, and public policy; * Experience working with individuals with barriers to employment; * Skill set of working with public and private stakeholders; and * Evaluation program management. |
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| Describe each team member’s experience and qualifications in regards to working with the broader workforce system including local workforce development boards, CBOs, and workforce intermediaries, and indicate if any members have a background in social justice advocacy. Include specialized expertise of any team members. |
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| Describe the function or activities each team member will provide in the project. |
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| Provide accessible URL links to, or the titles of, pertinent accredited and published applied qualitative research. |
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| Provide a statement of ability for team members to engage locally. |
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| **PROJECT COSTS:** |
| Include the following information:   * The classification of each team member anticipated to be assigned to the project and the rate per hour for each classification; * Travel costs for team members, including per diem payments, the anticipated per night charge for hotel accommodations, and other travel-related reimbursements; * Identification of other foreseeable project costs. |
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