***B. PROPOSAL NARRATIVE AND DEMONSTRATED PERFORMANCE***

**Please respond below to each question.** Please review Part II, Program Design Requirements to understand the expectations of the provision of Special In-School Youth Project Services. **(maximum 79 pts for this section)**

**(This section limited to 15 pages)**

1. Clearly describe your planned operations of an In-School Youth project and include the service strategies you will be using.

Include in this narrative;

* site address and staffing patterns (attach your organizational chart);
* the current or proposed collaboration with partners;
* service delivery strategies;
* preparing youth for postsecondary education opportunities
* link academic and occupations learning
* prepare youth for employment **(maximum 25 pts)**
1. Please describe your planned assessment process; include the tools that will be used. Describe your plan for the development of individual service strategies for youth participants. How will your service plan address the barriers of the population to be served? **(maximum 10 pts)**
2. What will your agency’s strategy be for providing work-based learning opportunities for participants? **(maximum 10 pts)**
3. Provide a description of how the fourteen (14) required youth program elements (listed in Section II.A.) will be provided in-house or through leveraged partner resources. Please list the partner and partner agreement that assures that the program element will be offered. In addition, please describe how work readiness (including prep for unsubsidized employment), basic skills training, and effective connection to employers and the AJCC services will be provided in appropriate cases. **(maximum 30 pts)**
4. Please provide your WIOA performance outcomes for PY 2022/2023. For each of the Performance Standards listed in Section II F that has been met or exceeded the proposal will receive 1 point. **(maximum 4 pts)**
* If you are a current NCCC Provider this data will be provided to you to insert in this response.
* If you are a current or past WIOA Provider from another local area please provide the most recent performance information available.
* If you are not a WIOA Provider please provide the most closely related performance outcomes for a program that you have operated.
* Also, list contact person(s), including email addresses and telephone numbers, who can verify performance information.