**EXHIBIT A WORKSCOPE**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider’s Name | Literacy Trust, Inc. | DYCD PIN: | #26021093018S |
| Executive Director | Salma Muro | Email: | salmamuro@literacytrust.org |
| Telephone: | 646-844-0720 |
| Program Name | Reading Rescue-Staten Island |
| Program Director/ Coordinator | Phylisa Wisdom | Email: | phylisawisdom@literacytrust.org |
| Cell: | 858-284-7217 |
| Provider’s Main Address | 141 West 28th Street 6 Fl |
| City | New York | State | New York | Zip | 10001 |

**Discretionary Awards for this Contract**

|  |  |  |
| --- | --- | --- |
| **MOCS ID** (Ex. FY21 5210) | **Purpose of Funds**(Use exact language as NYC’s Budget and Schedule C) | **Program Services** *Describe in detail program daily operations (Ex. After School Program servicing students from 5-12 yrs. Old. Daily scheduled activities include Homework Help for 1 hour, STEAM activities for 45 min and Basketball/Swimming for 45 min. We play organized sports on Fridays.)*  |
| 1. FY21 02638 | Funds will be used for literacy programming in Council District 51. | Reading Rescue is provided as one-to-one literacy instruction in-school (or remote) during school day (mon-fri 9-3) in 30-minute sessions, once weekly, for 12-16 weeks.  |
| 2.FY21 07295 | The initiative supports programming in each of the 51 Council Districts that provide computer based training and learning, technical skill development, improve internet access, and offer free public streaming services. | Reading Rescue is provided as one-to-one literacy instruction in-school (or remote) during school day (mon-fri 9-3) in 30-minute sessions, once weekly, for 12-16 weeks.  |
| 3.      |       |       |
| 4.      |       |       |
| 5.      |       |       |

**INITIATIVES**

|  |
| --- |
| **Select Funding Initiative – (The initiative(s) provided by Program Manager)****\*\*Select all that apply, based on the initiative(s) approved on the latest cleared list**  |
| [ ]  **A Greener NYC** | [ ]  **Access to Healthy Food and Nutritional Education** | [ ]  **Adult Literacy Initiative** |
| [ ]  **After School Enrichment Initiative**  | [ ]  **Anti-Poverty** | [ ]  **Big Brothers/Big Sisters** |
| [x]  **Boroughwide Needs Initiative** | [ ]  **CASA** | [ ]  **Census 2020** |
| [ ]  **City’s First Readers** | [ ]  **Civic Education in New York City Schools**  | [ ]  **Communities of Color** |
| [ ]  **Cultural Immigrant Initiatives** | [ ]  **CUNY Citizenship Now** | [x]  **Digital Inclusion and Literacy** |
| [ ]  **Diversity, Inclusion and Equity in Tech Initiative** | [ ]  **Educational Program for Students** | [ ]  **Food Pantries** |
| [ ]  **Green Jobs**  | [ ]  **Jill Chaifetz Helpline**  | [ ]  **Job Training and Placement**  |
| [ ]  **Key to the City** | [ ]  **LGBTQ Inclusive Curriculum** | [ ]  **Local** |
| [ ]  **NYC Clean Up** | [ ]  **Parks Equity** | [ ]  **Physical Ed and Fitness** |
| [ ]  **Speakers Initiative**  | [ ]  **Sports Training and Role Models for Success (STARS) Initiative**  | [ ]  **Step In and Stop It Initiative to Address Bystander Intervention** |
| [ ]  **Trans Equity Program** | [ ]  **Veteran’s Community Development** | [ ]  **Young Women’s Leadership Development**  |
| [ ]  **Youth Build Project Initiative**  | [ ]  **Youth** | [ ]  **LGBTQ Inclusive Curriculum** |
| [ ]  **Other (explain)**       |  |  |

**Age Group**

**[ ]  Pre- K [x]  Kinder/ Elementary School [ ]  Middle School [ ]  High School [ ]  Adult (18+) [ ]  Senior (62+)**

**Licenses**

**[ ]  SACC (School Age Child Care) Lic. #**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***List SACC license number for applicable programs (services to children) and any other applicable license and corresponding license number below:***

**Other License:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic. # :**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope of Services**

**[ ]  Neighborhood Wide [x] Borough Wide [ ]  City Wide**

**Indicate Neighborhood.** *If “Neighborhood Wide” was checked, list which neighborhood(s) your programs occur in.* **(Ex.** Bushwick, Soho**):** North Shore-Staten Island**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ONE DAY EVENTS**

**Event Date:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |       |
| **Event Contact Person** |       |
| **Contact Telephone / E-mail** |       |
| **Event Location / Description** |       |
| **Estimated Participants** |       |

**Event Date:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |       |
| **Event Contact Person** |       |
| **Contact Telephone / E-mail** |       |
| **Event Location / Description** |       |
| **Estimated Participants** |       |

**Event Date:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Type of Event** |       |
| **Event Contact Person** |       |
| **Contact Telephone / E-mail** |       |
| **Event Location / Description** |       |
| **Estimated Participants** |       |

 (Attach additional pages as needed)

**PROGRAM SCHEDULE**

|  |  |
| --- | --- |
| **Program Name** |       |
| **Site Name (Ex. PS 128)** |       |
| **Site Address** |       |
| **Program Schedule Description****(Brief description of program schedule)** |       |
| **Projected Participant Enrollment** | **Projected Daily Participant Attendance (ADA)** | **Volunteers in the program (Y/N)** |
|       |       |       |
| **Start & End Dates, Days of the Week and Hours the program is in session\***\* If programs are [ ] drop-in, [ ] by appointment or [ ] irregular, **ONLY** indicate # of sessions/week and # of hours/week |
| **Program Start Date** |       | **Program End Date** |       |
| **# of hours per week**  |       | **Sessions per week** |       |
| **Program Hours\*\*** (ex. 3 p.m.-6 p.m.) | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

\*\**Indicate program hours, and add ‘X’ underneath the days of the week that the program is in operation for the hours indicated. Use additional lines as needed.* **PROGRAM SCHEDULE**

|  |  |
| --- | --- |
| **Program Name** |       |
| **Site Name (Ex. PS 128)** |       |
| **Site Address** |       |
| **Program Schedule Description****(Brief description of program schedule)** |       |
| **Projected Participant Enrollment** | **Projected Daily Participant Attendance (ADA)** | **Volunteers in the program (Y/N)** |
|       |       |       |
| **Start & End Dates, Days of the Week and Hours the program is in session\***\* If programs are [ ] drop-in, [ ] by appointment or [ ] irregular, **ONLY** indicate # of sessions/week and # of hours/week |
| **Program Start Date** |       | **Program End Date** |       |
| **# of hours per week**  |       | **Sessions per week** |       |
| **Program Hours\*\*** (ex. 3 p.m.-6 p.m.) | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

\*\**Indicate program hours, and add ‘X’ underneath the days of the week that the program is in operation for the hours indicated. Use additional lines as needed.* **DEMOGRAPHICS**

*Provide unduplicated enrollment numbers for all activities excluding one day events.*

*All ‘TOTAL’ rows should be equal.*

|  |  |
| --- | --- |
| **Ethnicity** | **#** |
|  Hispanic/Latino(a) |       |
|  |
|  |
| Non- Hispanic/Latino(a) |        |  |
|  |
|  |
|  |  |  |
| **TOTAL** |       |  |

|  |  |
| --- | --- |
|  **Race** | **#** |
| White/Caucasian |        |
| Black/African American |        |
| Asian |        |
| Native Hawaiian / Other Pacific Islander |        |
| American Indian / Alaska Native |        |
| Other |        |
|  |  |
|  **TOTAL** |        |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ages** | **#** |  | **Borough** | **#** |  | **Gender** | **#** |
| 0-4 |        |  | Bronx |        |  | Male |        |
| 5-9 |        |  | Brooklyn |        |  |
| 10-13 |        |  | Manhattan |        |  | Female |        |
| 14-16 |        |  | Queens |        |  |
| 17-24 |        |  | Staten Island |        |  | Non-Conforming Gender |        |
| 24+ |        |  | **Citywide\*** |        |  |
|  |  | \*Please do not include citywide totals in borough totals |  |  |  |
| **TOTAL** |        |  | **TOTAL** |        |  | **TOTAL** |        |

**BUDGET**

|  |
| --- |
| **NARRATIVE OF HOW FUNDING/BUDGET WILL BE USED** (Please include every line item that has funds allocated in your **DISCRETIONARY** budget.)  |
| **Total Contract Amount:**      **\_\_\_\_\_\_\_\_** *Fill in total amount awarded in* ***Discretionary*** *funding* |
| Funds will be used for: |
| **Personnel Services** |
| **[ ]** Salaries and Wages | **[ ]** Fringe Benefits | **[ ]** Central Insurance Program (CIP)  |
| **Non-Staff Services** |
| **[ ]** Consultants | **[ ]** Subcontractors | **[ ]** Stipends |
| **[ ]** Vendors | **[ ]** Fiscal Conduit |  |
| **Other Than Personnel Services** |
| **[ ]** Consumable Supplies | **[ ]** Equipment Purchase | **[ ]** Equipment Other |
| **[ ]** Space Cost | **[ ]** Travel | **[ ]** Utilities & Telephone |
| **[ ]** Other Operational Costs | **[ ]** Van Maintenance | **[ ]** Fiscal Agent Services |

**PERSONNEL**

\*If you selected Salaries and Wages. List the names and tittles of the salaried employees allocated to this contract. In case of staff change during FY, indicate name of currently employed staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | **Title (List Internal Title & DYCD Budget Title** | **FT/PT** |  | **Full Name** | **Title (List Internal Title & DYCD Budget Title** | **FT/PT** |
|       |       |       |  |       |       |       |
|       |       |       |  |       |       |       |
|       |       |       |  |       |       |       |
|       |       |       |  |       |       |       |
|       |       |       |  |       |       |       |

**Detail of Other Operational Costs (Line 3710 in Budget)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Amount** |  | **Category** | **Amount** |
| Admissions Fees |       |  | Participant T-Shirts/Uniforms |       |
| Audit Fees |       |  | Postage |       |
| Awards |       |  | Printing |       |
| Bank Charges |       |  | Publication Fees |       |
| Computer Set Up/Wiring Costs |       |  | Sporting/Recreational/Program Supplies |       |
| General Liability Insurance |       |  | Subscription Costs |       |
| Food and Refreshments |       |  | Other (list in detail): |       |

(Attach additional pages as needed)