# PROPOSAL CHECKLIST

Please initial and include this checklist with submission

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

## Section III Narrative Documents

|  |
| --- |
|  Cover Letter |
|  Cover Sheet |
|  Executive Summary |
|  Fourteen Required Youth Program Elements Chart |
|  Past Performance and References |
|  Program Narrative |

**Section IV Financial Documents**

 Line Item Budget

 Personnel Detail

 Operational Costs

## Section V Assurances and Certifications

|  |
| --- |
|  Administrative and Monitoring Requirements |
|  Certification Regarding Non-Discrimination |
|  Certification Regarding Drug-Free Workplace |
|  Certification Regarding Lobbying |
|  Certification Regarding Debarment, Suspension and Ineligibility |
| * Concurrence of the Collective Bargaining Agent
 |
|  |

**COVER SHEET**

WIOA Title I Out-of-School Youth Provider

|  |  |
| --- | --- |
| Organization Name |  Click here to enter text.  |
| Date of Application |  Click here to enter text.  |
| Address |  Click here to enter text.  |
| City, State Zip |  Click here to enter text.  |
| Proposal Contact Person |  Click here to enter text.  |
| Phone Number |  Click here to enter text.  |
| Email Address |  Click here to enter text.  |

**TYPE OF ORGANIZATION** (check all that apply)

|  |  |
| --- | --- |
| ☐ | School District/Local Educational Agency |
| ☐ | Governmental* Federal ☐ State ☐ Local
 |
| ☐ | Community-Based Organization |
| ☐ | Private For-Profit |
| ☐ | Private Not-for-Profit |
| ☐ | Other (Specify) |

|  |  |
| --- | --- |
| IRS Number or Employer Identification Number |  Click here to enter text.  |
| Legal Authority for Organization |  Click here to enter text.  |
| Number of Years in Business |  Click here to enter text.  |

## TYPE OF PROPOSAL:

|  |  |
| --- | --- |
| ☐ | New |
| ☐ | Continuation |
| ☐ | Other (Specify) |

**COUNTIES TO BE SERVED: Lancaster**

The proposing organization certifies that, to the best of its knowledge and belief, the data supplied in this application/proposal is true and accurate. The organization agrees to comply with all local, state and federal regulations if a contract is awarded.

|  |  |  |
| --- | --- | --- |
|  |  |  Click here to enter text.  |
| Signature of Chief Administrator | Date |
|  Click here to enter text.  |  Click here to enter text.  |
|  | Typed Name | Typed Title |
| Phone number: | Click here to enter text. |  |

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

## EXECUTIVE SUMMARY

A one-page summary of your Program Narrative; text box will expand as you key in information. Limit to one page.

Click here to enter text.

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

## FOURTEEN REQUIRED PROGRAM ELEMENTS

The Workforce Innovation and Opportunity Act requires that local areas offer youth each of the fourteen elements mentioned on the attached chart. Place a check mark in the second column if you, the proposer will be providing the services. If you will not be providing the services as outlined in your proposal, you must indicate the linkages that you have developed with specific organizations to provide the services in column three. If additional space is needed, please attach a separate sheet of paper. This attachment will not count in the page limit.

|  |
| --- |
| **Fourteen Required Program Elements** |
| Required Element | * if proposing agency provides
 | If proposing agency does not provide, list who will provide and linkages developed. |
| Tutoring, study skills training | ☐ | Click here to enter text. |
| Alternative secondary school offerings | ☐ | Click here to enter text. |
| Activities that help youth prepare for and transition to post-secondary education and training | ☐ | Click here to enter text. |
| Paid and unpaid work experiences | ☐ | Click here to enter text. |
| Occupational skill training | ☐ | Click here to enter text. |
| Leadership development opportunities | ☒ | Click here to enter text. |
| Supportive services | ☐ | Click here to enter text. |
| Adult mentoring for at least 12 months | ☐ | Click here to enter text. |

|  |
| --- |
| **Fourteen Required Program Elements** |
| Follow-up services at least 12 months after completion of participation | ☐ | Click here to enter text. |
| Comprehensive guidance and counseling, as appropriate to the needs of the individual youth | ☐ | Click here to enter text. |
| Financial literacy education | ☐ | Click here to enter text. |
| Entrepreneurial skills training | ☐ | Click here to enter text. |
| Services that provide labor market and employment information about in-demand industry sectors or occupations | ☐ | Click here to enter text. |
| Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster | ☐ | Click here to enter text. |

## PAST PERFORMANCE and REFERENCES

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

1. Have you ever operated a program similar to the program described in this RFP?
	* Yes ☐ No

If yes, please provide the following information: Period of Performance: Click here to enter text. Name of Program: Click here to enter text.

Program Funded By: Click here to enter text.

Number of Participants Served: Click here to enter text. Outcomes: Click here to enter text.

1. Please provide two references for your project(s):

Organization Name Click here to enter text. Contact Name and Title Click here to enter text. Address Click here to enter text.

Phone Number Click here to enter text. Email Address Click here to enter text.

Organization Name Click here to enter text. Contact Name and Title Click here to enter text. Address Click here to enter text.

Phone Number Click here to enter text. Email Address Click here to enter text.

## PROGRAM NARRATIVE

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

Responses to the areas below must be made in accordance with the specifics listed in the applicable sections of this RFP. Use the text blocks below, to a maximum of 12 single- spaced pages.

## Previous Experience

1. Describe your organization’s mission and any previous or current experience serving youth, describing similar projects you have operated.

Click here to enter text.

1. Describe your related experience and capability to serve customers from varied backgrounds such as special populations including low-income and at-risk youth, youth with low literacy levels, youth with disabilities, youth with limited English proficiency, recipients of public assistance, single parents, ex-offenders, etc.

Click here to enter text.

1. Explain what areas of your program have been most successful in helping young people reach their education and employment goals.

Click here to enter text.

## Participants

1. How many youth do you plan to enroll in your program annually?

Click here to enter text.

1. Describe the target population(s) you will serve and provide details regarding your plans to reach the youth.

Click here to enter text.

1. What percent of dropouts do you plan to serve throughout the year? Click here to enter text.
2. Describe your plans to recruit sufficient numbers of eligible youth for the program.

Click here to enter text.

1. Describe the process you will use to determine eligibility for the program.

Click here to enter text.

1. Describe how the project will leverage resources and coordinate with partners to make the program most cost effective.

Click here to enter text.

## Priorities

Discuss each of the Youth Council’s priorities for serving out-of-school youth and the strategies you will implement in your program to meet these goals:

1. Address the issue of youth dropping in and out of the workplace by emphasizing the attainment of a GED or high school diploma;

Click here to enter text.

1. Immediately connect dropouts, under-employed and unemployed youth with the educational and workforce systems;

Click here to enter text.

1. Look to programs that demonstrate partnerships;

Click here to enter text.

1. Work with providers who are capable of meeting the common measures requirements, and who understand that obtaining in-demand work skills, education, and a job are objectives of this RFP.

Click here to enter text.

## Program Description - Components and Design

Provide a clear, detailed description of your program, being careful to include the Program Components and Program Design elements. **This section will be heavily weighted and must include a demonstration that the proposer is familiar with the requirements outlined in the RFP and the emphasis on integrating high priority occupations into all aspects of the program.**

Click here to enter text.

## Duration and Hours of Participation

Please provide the duration of your project, the average number of hours per week youth will receive services, and an estimate of the number of weeks they will be in your program. Detail the time(s) of day or week you expect youth to participate.

Click here to enter text.

## Location

Where will your program activities be located? Please confirm that your location is fully accessible to individuals with disabilities as required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Click here to enter text.

## Paid and Unpaid Work Experience

If you plan to offer paid or unpaid work experience, including internships, please provide a detailed description including time frame, hours, work to be performed, supervision, location, etc. Funds used to pay participants must be included in your budget.

Click here to enter text.

## Fourteen Required Program Elements

Provide an overview of the fourteen Required WIOA youth program elements, being careful to distinguish between the ones you will provide directly and those which you will partner with other organizations to provide. *If you want to elaborate on any information you provided in the chart on page 4, you may do so here. If you believe the information presented in the chart is sufficient, no additional information is required here.*

Click here to enter text.

## Coordination

Demonstrate your familiarity and working knowledge of area employers, post-secondary educational institutions, human, social, referral, and other service organizations. How will you partner with these and other organizations to assist young people with their goals of HSE completion/high-school graduation, employment and post-secondary education?

Click here to enter text.

## Staffing

Describe your staffing plans, including credentials and background, general duties, availability of bilingual staff, and assurance that each will meet the required background checks. Please list the individual or position who will be named as the WDB liaison.

Click here to enter text.

## PA CareerLink Services

Describe your plans to utilize the services available in the PA CareerLink® Lancaster County.

Click here to enter text.

## Tracking and participant documentation

Describe in detail your Information Technology (IT) capacity to administer reporting requirements, data collection and information transfer to the Title I provider in a timely and efficient manner. Where will participant documents be maintained? Attach your organization’s

Confidentiality Statement.

Click here to enter text.

## Outcomes

Describe how your program design will lead to the five WIOA performance outcomes: placement in employment or post-secondary education, retention, wages, credential attainment and measurable skills gain.

Click here to enter text.

## Program and Financial Management

Describe your capability and experience for operating state and federally funded programs. Identify key financial staff and outline their qualifications. Describe how you will ensure the line item contractual limits are not exceeded.

Click here to enter text.

What are your organization’s plan for managing timely billing and fiscal record retention?

Click here to enter text.

If your organization allocates costs, describe the cost allocation plan and process used by the organization to distribute both direct and/or indirect shared costs to the funding source that benefits from incurred expenditures.

Click here to enter text.

Proposer must include a statement that Proof of Required insurance found in the Contract Award Section will be issued upon selection.

Click here to enter text.

## Other

Please add any additional information that you feel will better describe your program, activities or outcomes.

Click here to enter text.

# SECTION IV LINE ITEM BUDGET

## Line Item Budget

Program Period: December 1, 2021, through June 30, 2022

Complete the **Budget Summary** with planned project expenditures for the program period(s) of this agreement. Expenditures must conform to the cost definitions for allowable administrative and program costs and activities as defined by the Workforce Innovation and Opportunity Act. Annual budget modifications may be necessary.

## Budget Detail

Complete the Payroll Detail and Operational Cost forms for the two program periods.

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

## BUDGET SUMMARY

December 1, 2021 - June 30, 2022

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FUNDS REQUESTED** | **MATCHING FUNDS** | **TOTAL** |
| **PAYROLL** |  |  |  |
| **Salaries/Wages\*** |  |  |  |
| **Fringe Benefits** |  |  |  |
| **TOTAL PAYROLL** |  |  |  |
| **OPERATIONS** |  |  |  |
| **Audit** |  |  |  |
| **Copier** |  |  |  |
| **Insurance** |  |  |  |
| **Furniture** |  |  |  |
| **Equipment Purchase\*\*** |  |  |  |
| **Equipment Rental\*\*** |  |  |  |
| **Indirect\*\*** |  |  |  |
| **Insurance** |  |  |  |
| **Maintenance and Repair** |  |  |  |
| **Materials\*\*** |  |  |  |
| **Outreach** |  |  |  |
| **Postage** |  |  |  |
| **Printing** |  |  |  |
| **Professional Services\*\*** |  |  |  |
| **Participant Wage (paid work or internships)** |  |  |  |
| **Participant Fringe (paid work or internships)** |  |  |  |
| **Staff Development\*** |  |  |  |
| **Staff Mileage and Travel** |  |  |  |
| **Subcontracted Services\*\*** |  |  |  |
| **Supplies – office** |  |  |  |
| **Supplies - participant** |  |  |  |
| **Support Services - participant\*** |  |  |  |
| **Telephone/communications** |  |  |  |
| **Other, including profit\*\*** |  |  |  |
| **OPERATIONS TOTAL** |  |  |  |
| **GRAND TOTAL** |  |  |  |

*\* Indicates Payroll Costs that must be explained in detail on following sheet.*

*\*\* Indicates Operations Costs that must be explained in detail on following sheet.*

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

# PAYROLL COST DETAILS

## December 1, 2021 - June 30, 2022

List all positions included in the total amount of salaries requested in your budget, including match funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Title or Employee Name | Annual Salary | % Charged to WIOA | Amount Charged to WIOA | Amount Charged to Match Funds |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Proposer:** | Click here to enter text. |

# OPERATIONAL COSTS

## December 1, 2021 - June 30, 2022

Itemize the item in your budget and provide a cost breakdown, including matching funds. Example:

1. Equipment purchase

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | QUANTITY | COST PER ITEM | AMOUNT CHARGED TO WIOA | AMOUNT CHARGED TO MATCH FUNDS |
|  |  |  |  |  |
|  |  |  |  |  |

# SECTION V

**FORMS, ASSURANCES AND CERTIFICATIONS**

1. **ADMINISTRATIVE and MONITORING REQUIREMENTS**

All applications for funding will be reviewed and approved by the Lancaster County Workforce Development Board. A contractual agreement authorizing the administration and operational requirements incumbent upon both parties will be negotiated.

The WDB reserves the right to conduct a pre-award review of the proposer’s administrative standards and procedures to ensure that these are in general agreement with the procedures prescribed by federal and state regulations. The WDB also reserves the right to review these procedures to ensure that they are adequate for the accountability of the funds to be distributed under the contract.

Funding of all programs is subject to the availability of funds.

The WDB reserves the right to monitor and audit all projects at any time for compliance with accounting procedures, participant utilization, equal employment opportunities and/or any other requirements mentioned in the Federal Register or as deemed necessary by the United States Department of Labor, the Pennsylvania Department of Labor and Industry and any other source of funding as required.

## CERTIFICATION

I hereby certify that the information provided in this application/solicitation is true and complete to the best of my knowledge. I further certify that, to the best of my knowledge and belief, the cost of this pricing data submitted, either actually or by specific information in writing, to the Workforce Development Board in support of this proposal is accurate, complete and current as of this date.

|  |  |
| --- | --- |
|  Click here to enter text.  |  Click here to enter text.  |
| Typed Name of Authorized Individual | Typed Title |
| Organization name |  Click here to enter text.  |  |

1. **CERTIFICATION REGARDING NON-DISCRIMINATION**

## EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

The Proposing Agency certifies no funds provided under WIOA or any other contracted funding source will be used to discriminate against any individual. All program participants regardless of disability, including persons of limited English speaking ability, will be provided equal access to all program activities and that efforts will be made to eliminate barriers to participation.

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief. No person may discriminate against an individual who is a participant in a program or activity that receives funds under this title, with respect to the terms and conditions affecting, or rights provided to, the individual, solely because of the status of the individual as a participant.

The Proposing Agency certifies that records will be maintained for purposes of equal opportunity, which include characteristics data on race, national origin, age, and disability status on applicants, participants and employees.

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Typed Name of Authorized Individual | Typed Title |
| Signature of Authorized Individual | Date |
| Organization name |  Click here to enter text.  |  |

Proposing Agency must attach a copy of their Equal Employment Opportunity and Affirmative Action Statement. The Agency’s Statement(s) must provide non-discrimination protection to applicants for employment, employees or agents, independent contractors, applicants for service, program participants or any other person because of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

Contractor certifies that it will or will continue to provide a drug-free workplace by:

* 1. Publishing a statement notifying employees that the unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited in the contractor’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;
	2. Establishing an ongoing drug-free awareness program to inform employees about
		1. The dangers of drug abuse in the workplace;
		2. The grantee’s policy of maintaining a drug-free workplace;
		3. Any available drug counseling, rehabilitation, and employee assistance programs; and
		4. The penalties that may be imposed upon employees for drug abuse violations occurrence in the workplace;
	3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1)
	4. Notifying the employee in the statement required by paragraph (1) that, as a Condition of employment under the grant, the employee will –
		1. Abide by the terms of the statement; and
		2. Notify the employer in writing of his or her conviction for a violation criminal drug occurring in the workplace no later than five calendar days after such conviction;
	5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (4) (b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.
	6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (4) (b), with respect to any employee who is so convicted –
		1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
		2. Requiring such employee to participate satisfactory in a drug abuse assistance or rehabilitation program approved for such purpose by Federal, State or Local health, law enforcement, or other appropriate agency;
		3. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6).

Drug Free Certification Page #2

* 1. The Contractor should insert in the space provided below the site(s) for the performance of work done in connection with the specific grant, if other than that address stipulated on the front of this agreement.

|  |
| --- |
| Place of Performance (Street Address, City, County, State, Zip Code) |
| Click here to enter text. |  |
| Check if there are workplaces that are not identified here. | ☐ |
| Name of Contractor |  |
| Click here to enter text. |  |
| Name and Title of Authorized Signatory |  |
| Click here to enter text. |  |
| Signature |  |
| Date |  |
|  Click here to enter text.  |  |

## CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements:

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer of employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants and contracts under grant, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact, which was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for such failure.

|  |  |
| --- | --- |
|  Click here to enter text.  |  Click here to enter text.  |
| Typed Name of Authorized Individual | Typed Title |
| Organization name |  Click here to enter text.  |  |

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY

|  |  |
| --- | --- |
| Proposer | Click here to enter text. |
| Employer Identification Number or Social Security Number | Click here to enter text. |

 The contract you are entering into involves the payment of State funds. Complete and sign the State-funded Contract Certification.

 The contract you are entering into involves the payment of Federal funds. Complete and sign the Federal-funded Contract Certification.

 X The contract you are entering into involves both Federal and State funds. Please complete and sign both verifications.

## STATE-FUNDED CONTRACT CERTIFICATION

This certificate is required by Management Directive 215.9, which implements Executive Order 1990-3. The prospective recipient of State funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, or declared ineligible from participation in this transaction by any State or Federal department or agency.

|  |  |
| --- | --- |
| Name of Contractor |  |
| Click here to enter text. |  |
| Name and Title of Authorized Signatory |
| Click here to enter text. |  |
| Signature | Date |

## FEDERALLY- FUNDED CONTRACT CERTIFICATION

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29CFR Part 98, Section 98.510, Customers’ Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160- 19211).

1. The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this certification.

|  |
| --- |
| Name of Contractor |
| Click here to enter text. |
| Name and Title of Authorized Signatory |
| Click here to enter text. |

|  |  |
| --- | --- |
| Signature | Date |

## 6. CONCURRENCE OF THE COLLECTIVE BARGAINING AGENT

To ensure the most effective development of employment and training opportunities the Contractor must obtain written acknowledgment from the appropriate bargaining agent where a collective bargaining agreement exists with the participating employer covering occupations in which training or subsidized employment is proposed. Such acknowledgment shall apply to the elements of the proposed activity which affect the bargaining agreement, such as occupations, wage and benefits.

Is the occupation, in which employment and training is to be offered, subject to a collective bargaining agreement?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | ☐ | No | ☐ |

If yes, has there been acknowledgment by the appropriate bargaining representative as to the employment and training activities associated therewith?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | ☐ | No | ☐ |

If no, please comment: Click here to enter text.

Please indicate the name, title and union affiliation of the appropriate bargaining representative.

## Bargaining Unit Information/Signature:

|  |  |
| --- | --- |
| Union affiliation: |  |
| Click here to enter text. |  |
| Name and Title of Union Representative |
| Click here to enter text. |  |
| Signature | Date |

**Contractor Signature:**

|  |  |
| --- | --- |
| Name of Contractor |  |
| Click here to enter text. |  |
| Name and Title of Authorized Signatory |
| Click here to enter text. |  |
| Signature | Date |

Collective Bargaining Page #2

## UNION COMMENTS

|  |  |
| --- | --- |
| NAME OF UNION: | Click here to enter text. |
| ADDRESS: | Click here to enter text. |
| CONTACT PERSON: | Click here to enter text. |
| PHONE NUMBER: | Click here to enter text. |
| UNION COMMENTS: | Click here to enter text. |

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program

|  |  |
| --- | --- |
| Union affiliation: |  |
| Click here to enter text. |  |
| Name and Title of Union Representative |
| Click here to enter text. |  |
| Signature | Date |