

PROPOSER'S RESPONSE PACKAGE - Proposal and Certifications

A complete proposal will consist of responses to the forms contained within this section and other exhibits identified on the Proposal Checklist. Each form/exhibit is to be completed in accordance with the instructions as contained herein. Each form must be addressed with a response, or an indication the form is not applicable (N/A) to the specific proposal. All certifications are to be on the forms provided.

Signature Sheet

(This completed form must be submitted as an attachment to the Proposer's transmittal letter offering their response to this RFP. Failure to provide this form will disqualify the Proposer's Response to this RFP).

RFP#: 2023-005 – Title I Adult and Dislocated Worker Services authorized under WIOA of 2014

Agency: Santee-Lynches Workforce Development Board (SLWDB).

Proposal Deadline: **April 27, 2023 - Time: 3:00 PM**

The undersigned submits a proposal to furnish services herein requested in a RFP during the contract period in accordance with the specifications and requirements described in the contract documents, which include by reference this Request for Proposal document. By making this offer to provide services, the Proposer warrants and represents that its offer identifies and explains any unfair competitive advantage it may have in competing for the proposed contract and any actual or potential conflicts of interest that may arise from its participation in this competition or its receipt of an award. The two underlying principles are (a) preventing the existence of conflicting roles that might bias a contractor's judgment, (b) preventing an unfair competitive advantage. If the Proposer has an unfair competitive advantage or a conflict of interest, the SLWDB may withhold award. Before withholding award on these grounds, the Proposer shall be notified of the concerns and provided a reasonable opportunity to respond.

Legal Name of Firm or Corporation _____
Telephone _____ Fax _____
E-Mail _____
Mailing Address _____
City & State _____ Zip Code _____
FEIN Number _____
DUNS Number _____

Signature _____ Date _____
Typed Name of Signature _____ Title _____

If awarded a contract and the primary contact will be other than above, indicate name, mailing address and telephone number below.

Name & Title _____
Telephone _____ Fax _____
E-Mail _____
Mailing Address _____
City & State _____ Zip Code _____
Website _____

Acknowledgement of Addenda: (If Applicable) Proposer must acknowledge receipt of addendum by indicating Addendum Number and including the date of issue: Addendum will be added to the SLCOG's website no later than April 11, 2023, 5:00 PM - www.santeelynychescog.org.

Addendum No.	Addendum Issue Date	Addendum No.	Addendum Issue Date

PROPOSAL CHECKLIST

One (1) original and five (5) copies (no fax or email) are due at the **Santee-Lynches Workforce Development Area, 2525 Corporate Way, Suite 200, Sumter, SC 29154 no later than 3:00 PM EST, April 27, 2023.** No proposals will be accepted after this date and time.

A proposal package must include:

One (1) original and Five (5) copies of:

Proposal package includes:

- Signature Sheet
- Signed Proposal Checklist (FORM 1)
- Proposal Cover Page (FORM 2)
- Organizational Information and Certifications (FORM 3)
- Historical Performance (FORM 4)
- Statement of Work Narrative (FORM 5) – **Must be limited to 20 pages.**
- Coordination with Other Programs (FORM 6)
- Administrative Capabilities (FORM 7)
- Summary of Proposer’s Qualifications (FORM 8)
- Certification Regarding Debarment (FORM 9)
- General Assurances (FORM 10)
- Drug-Free Work Place Requirement Certification (FORM 11)
- Certification Regarding Lobbying (FORM 12)
- Budget Summary Sheets (FORM 13)
- Required Documents
- Most Recent Audit or, if new, YTD Financial Statements

I certify that the above requirements are met:

Authorized Signature

Date

DO NOT WRITE IN THE SPACE BELOW – FOR USE BY WDB STAFF

This proposal ____ meets ____ does not meet the minimal threshold requirements. Additional Staff Comments:

SANTEE-LYNCHES WORKFORCE DEVELOPMENT BOARD
PROGRAM YEAR 2023
TITLE I SERVICES FOR ADULTS AND DISLOCATED WORKERS
AS AUTHORIZED UNDER WIOA
July 1, 2023 - June 30, 2024
“Proposal Cover Page”

I. PROPOSER’S IDENTIFICATION AND PROJECT SUMMARY

NAME OF ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

DUNS NUMBER _____

GRANT
SIGNATORY _____ TITLE _____

TELEPHONE
NUMBER _____ EMAIL _____

CONTACT
PERSON _____ TITLE _____

TELEPHONE
NUMBER _____ EMAIL _____

COUNTIES TO BE SERVED _____

This RFP is to fund proposals that provide services in Clarendon, Kershaw, Lee and Sumter Counties.

PROPOSED BUDGET: TOTAL AMOUNT \$ _____

TOTAL NUMBER TO BE SERVED: _____

SIGNATORY OFFICIAL: _____

(SIGNATURE REQUIRED)

ORGANIZATIONAL INFORMATION AND CERTIFICATIONS

1. Name of Organization: _____
2. Federal Employer ID No.: _____
3. Type of Proposal: ___ Cost Reimbursement ___ Fixed Price – Performance Based
4. Type of Agency:
 () Governmental () School District () Accredited Training Institution
 () Private/Non-Profit () Private/For-Profit () Public/Non-Profit
5. The proposer’s organization operates as:
 ___ an individual
 ___ a partnership
 ___ a public agency (specify): _____
 ___ a corporation incorporated under the laws of the State of: _____
 ___ other (specify): _____
6. Check to indicate if your organization is:
 ___ minority-owned enterprise
 ___ female-owned enterprise
 ___ community-based organization (CBO)
7. The bidder certifies, as explained on the attached, that:
 - a. it has no outstanding liens, claims, debts, judgments or litigation pending against it which would materially affect its programming or financial abilities to implement and carry out its proposed program;
 ___ Without Exception ___ With Exception
 - b. it, as a result of a prior contract with the Santee-Lynches Workforce Development Area (SLWDA), has no unpaid disallowed costs;
 ___ Without Exception ___ With Exception
 - c. it is current in its payment of applicable federal, state and local taxes;
 ___ Without Exception ___ With Exception
 - d. it is free and clear of any questioned or excepted audited costs or management and financial practices;
 ___ Without Exception ___ With Exception

- e. it is not currently under probation or suspension status from any regulatory agency it is governed by;
 Without Exception With Exception

- f. its costs and pricing data submitted with this proposal are representative of only those reasonable, allowable, and allocable costs necessary for carrying out its proposed program;
 Without Exception With Exception

- g. it understands and accepts the performance requirements of this RFP, and of the WIOA and its promulgated rules and regulations;
 Without Exception With Exception

- h. it has not been debarred by an action of any governmental agency;
 Without Exception With Exception

- i. it is authorized to submit this proposal in accordance with the policies of its governing body;
 Without Exception With Exception

- j. the information contained herein is true and correct to the best of its knowledge;
 Without Exception With Exception

- k. the agency is not violating Conflict of Interest terms noted in Section 3.9.3 of the “Terms and Conditions”; and
 Without Exception With Exception

- l. it has had no prior contracts with the Santee-Lynches Workforce Development Area (WDA) terminated for cause.
 Without Exception With Exception

(If any of the above questions are answered with exception, please explain in full on an attached sheet headed by the appropriate section requiring explanation.)

By my signature, I certify I am empowered to act on behalf of the proposing organization in submitting this proposal.

 Authorized Signature

 Date

 Print Name & Title

HISTORICAL PERFORMANCE DATA

LIST EXPERIENCE IN PROGRAMS FUNDED UNDER WIA, WIOA, OR OTHER SIMILAR EMPLOYMENT AND TRAINING PROGRAMS DURING THE PAST TWO YEARS. PROVIDE THE FOLLOWING INFORMATION BY DATES OF OPERATION.

	Current Year (if applicable)	Past Year(s)
Program Year:		
Title I Services for Adults and Dislocated Workers		
Other (describe)		

Describe in detail below WIOA Title I Services for Adults and Dislocated Workers provided currently or in the past:

STATEMENT OF WORK NARRATIVE

Provide a narrative description of the proposed activity/services. Address the following: **(Must be limited to 20 pages)**. Reference Section V of the RFP.

A. Service Delivery Strategies

1. Describe the proposer's strategies for conducting outreach and recruitment to potential eligible candidates to receive services through the Adult and Dislocated Worker programs. Highlight any local partner organizations that will be key in outreach and recruitment strategies and the methods the proposing organization will take to work with them.
2. Describe the provider's planned approach to marketing the program and its services to individuals.
3. Describe the process the proposing organization will take to ensure suitability of eligible participants for the Adult and Dislocated Worker Programs.
4. Describe the career, aptitude, and literacy assessments that will be used during the intake and case management process for Adult and Dislocated Worker participants to determine suitable training programs and career pathways.
5. Describe the local partners that will be critical to providing services to eligible Adults and Dislocated Workers, and how the proposing organization will work toward collaboration and reduce duplication of services.
6. Describe how the proposing organization will approach the target industries and the emerging industries identified in the Santee-Lynches LWDB Local Plan and encourage Adult and Dislocated Worker participants to move toward skills leading to demand occupations within these industries.
7. Describe the importance of the SC Works Online Services system and how the proposing organization will ensure that all data is entered in a timely and accurate manner. Please note any previous experience and success with using the Virginia Workforce Connection.
8. Describe the strategies and tracking that the proposing organization will take to meet the State's mandate that 30% (minimum) of expenditures in Adult and Dislocated Worker Programs are required to be training and supportive service activities.
9. Describe the employment placement strategies that will be implemented to ensure that Adult and Dislocated Worker participants are not only receiving training and skills to enhance their competitiveness, but also receiving assistance with connecting with local employers and job search activities.

10. Describe how the proposing organization will ensure that Adult and Dislocated Worker participants have the necessary employment skills (“soft skills”) to complete interviews and secure and retain employment.
11. Describe how the proposing organization will work with the Santee-Lynches Business Services Lead with employment placement strategies and On-the-Job Training (OJT) recruitment.
12. Describe how the proposing organization will work with the Santee-Lynches Business Services Lead to place Adults in Work Experience activities and how this will be set forth in the participant’s Individual Employment Plan.
13. Describe the organization’s record management process to ensure that participant’s information is kept in a secure environment.

B. Proposer Qualifications

1. Describe your organizational structure and how you plan to administer the proposed project. Describe previous or current experience with WIOA or similar employment-related services programs preparing participants for or placing in employment. Indicate where previous experience occurred, what programs were operated, and how many individuals were served, trained, and placed.
2. Please describe the qualities held by leadership within the proposing organization and their experience with managing WIOA programs or other employment-service related programs. Please include an updated copy of an organization chart showing the supervision and work flow from leadership through case management.
3. Please describe how the proposing organization will recruit qualified and skilled case managers to prevent turnover.
4. Describe the proposing organization’s history of meeting various contract performance goals and objectives. Please include specific examples.

C. Service Area & Operations

1. Please demonstrate your understanding of local partners, population, and geographical diversity of the Santee-Lynches Local Workforce Development Area.
2. Describe initial and ongoing training that is provided to staff to ensure at a minimum an understanding of WIOA legislation, case management tactics, SLWDB policies and procedures, customer service, and other internal processes.

3. Describe the development and management of quality control processes to ensure continuous improvement, including but not limited to, internal monitoring of participant files, performance tracking and internal monitoring of case manager's time and effort.
4. Please describe the financial systems in place to operate the programs listed in the RFP and the internal controls present to ensure all costs are allowable and expenditures are tracked for reporting purposes. Please also note the relationship of financial staff and case management/project management staff and how they will ensure all parties are knowledgeable of expenditures to operate the WIOA programs listed in the RFP.

D. Budget

1. Please include a budget narrative that addresses the following:
 - A description of how the proposed budget effectively supports the program model.
 - Include evidence in the budget of leveraged resources and in-kind contributions that will assist in meeting proposal outcomes, if any.
 - If your organization is requesting a profit and/or indirect rate, documentation to support the requested percentage must be attached.

FORM 6 – Coordination with Other Programs

COORDINATION WITH OTHER PROGRAMS

Describe how you are proposing to coordinate with other partners, programs, and agencies in the One-Stop/SC Works environment. List the programs and agencies with which coordination will be established.

STAFFING AND ADMINISTRATIVE CAPABILITIES

- A. Provide an organizational chart of the proposer.
- B. Provide the number of professional staff to be employed to provide WIOA Title I Services to Adults and Dislocated Workers.
- C. Describe the range of activities to be performed by staff.
- D. Provide information relative to the assigned staff's experience in providing services to Adults and Dislocated Workers under Title I or similar programs.
- E. Describe the proposer's accounting/financial procedures.
- F. Describe how your organization plans to comply with the required background checks for WIOA staff.

SUMMARY OF PROPOSER’S QUALIFICATIONS

A. Discuss the proposer’s knowledge and experience in dealing with South Carolina State Government, its structure, rules and policies.

B. Identify the existing staff who will work on the project. Provide resumes and job descriptions for each professional staff person who will be assigned to the project.

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to whom this proposal is submitted.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name of Organization

Name and Title of Authorized Representative

Signature

Date

GENERAL ASSURANCES

THE PROPOSER ASSURES THAT:

1. It will fully comply with the requirements of the Workforce Innovation & Opportunity Act (WIOA), all State and Federal regulations issued pursuant to the Title V, Section 5001 of the Budget Reconciliation Act of 1997, and with its funding application as approved by the Santee-Lynches Workforce Development Board. The proposer also agrees to conduct any and all activities under this agreement in accordance with all applicable Federal, State, Local Statutes, Rules, Regulations, Directives, Issuances and Ordinances in effect or promulgated during the term of this agreement, to include but not limited to the Workforce Innovation & Opportunity Act Grant; 20 CFR Part 645, WIOA Grants; OMB Circulars A-87, A-21, A-102, A-110, A-122, and A-133; revisions/amendments to such Grant and Regulations.
2. In operating programs funded under the WIOA Grant, it will administer its programs under the funding application in full compliance with safeguards against fraud and abuse as set forth in the WIOA Grant and the Final Rule; that no portion of its WIOA program will in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, age, sex, handicap, or political affiliation or belief.

ADDITIONAL ASSURANCES:

3. In operating programs under WIOA, the proposer assures and certifies that:
 - It will comply with Title VI of the Civil Rights Act of 1964. (P.L. 88-352)
 - It will comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (P.L. 91-646) which requires fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
 - It will comply with the provisions of the Hatch Act which limit the political activity of certain State and Local Government employees.
 - For grants, subgrants, contracts, and subcontracts in excess of \$100,000, or where the State has determined that orders under an indefinite quantity contract or subcontract in any year will exceed \$100,000, or if a facility to be used has been the subject of a conviction under the Clean Air Act [42 U.S.C. 1857C-8(C) (1)] or the Federal Water Pollution Act [33 U.S.C. 1319(C)] and is listed by the Environmental Protection Agency (EPA) or is not otherwise exempt, the proposer assures that: (1) no facility to be utilized in the performance of the proposed program has been listed on the EPA list of violating facilities; (2) it will notify the Santee-Lynches Workforce Development Board, prior to award, of the receipt of any communication from the Director, Office of Federal Activities, U.S. Environmental Protection Agency, indicating that a facility to be utilized for the grant is under consideration to be listed on the EPA list of violating facilities; and (3) it will include substantially this assurance, including this third part, in every non-exempt sub-grant, contract, or subcontract.
4. The Proposer also certifies that all information contained herein, in this funding application is correct to the best of his/her knowledge and belief.

5. The Proposer also certifies that as a condition to the award of financial assistance under WIOA from the Department of Labor, the Proposer assures, with respect to operation of the WIOA funded program or activity, and all agreements, or arrangements to carry out the WIOA funded program or activity, that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Innovation & Opportunity Act (WIOA), including the Nontraditional Employment for Women Act of 1991, as amended, Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; as amended; Title IX of the Education Amendments of 1972, as amended, imposed by or pursuant to regulation implementing those laws, including but not limited to 29 CFR part 34. The United States has the right to seek judicial enforcement of this assurance.

Proposer's
Organization _____

Street Address/P.O. Box _____

City, State, and Zip Code _____

Phone: _____ Fax: _____

Signature of Authorized Representative / Date

Typed Name and Title of Authorized Representative

DRUG-FREE WORKPLACE REQUIREMENTS CERTIFICATION

This certification is required by the Federal Regulations Implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned Proposer certifies it will provide a drug-free workplace by:

1. Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
2. Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the subcontractor’s policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
3. Providing each employee with a copy of the Proposer’s policy statement;
4. Notifying the employees in the Proposer’s policy statement that as a condition of employment under this subcontract, employees shall abide by the terms of the policy statement and notifying the Proposer in writing within five days after any conviction for a violation by the employee of a criminal drug abuse statute in the workplace;
5. Notifying the Board within ten (10) days of the subcontractor’s receipt of a notice of a conviction of any employee; and,
6. Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or require such employee to participate in a drug abuse assistance or rehabilitation program.

Organization Name

Signature

Date

CERTIFICATION REGARDING LOBBYING

This certification is required by the Federal Regulations Implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Agriculture (7 CFR Part 3018), Department of Labor (29 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

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

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 Congress, or an employee or a Member of Congress in connection with the awarding 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 a federal contract, grant, loan, or cooperative agreement.

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 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 this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, A Disclosure Form to Report Lobbying, in accordance with its instructions.

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 grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Name of Organization/Firm

Signature of Authorized Representative

Date

Authorized Representative's Printed Name and Title

**BUDGET SUMMARY
WIOA ADULT PROGRAM**

LINE ITEMS	TOTAL BUDGET
Staff Salaries and Fringe Benefits <i>(Complete attached Staff Benefits Chart)</i> <i>(This should not be more than 52% of the total budget)</i>	\$ _____
*Facilities Cost (space)	\$ _____
Equipment	\$ _____
Operating Expenses	
Telephone	\$ _____
Postage	\$ _____
FAX	\$ _____
Staff Travel	\$ _____
Office Supplies	\$ _____
Copying	\$ _____
Equipment Repairs and Maintenance	\$ _____
Utilities Cost	\$ _____
Other: _____	\$ _____
Total: <i>(This cannot be more than 15% of the total budget)</i>	\$ _____
Training Costs	
Tuition (ITA)	\$ _____
GED Training	\$ _____
On-the-Job Training	\$ _____
Work Experience	\$ _____
Other: _____	\$ _____
Supportive Service Costs	
Childcare	\$ _____
Transportation	\$ _____
Other: _____	\$ _____
Total: <i>(Training Costs and Supportive Service Costs)</i>	\$ _____

Staff Training/Technical Assistance Costs \$ _____
(GSA travel and expense rate will apply)

Other Direct Costs \$ _____

Profit \$ _____
(Not to exceed 8% of total budget)

****Indirect Costs** \$ _____
(Please include a copy of the Indirect Cost Plan)

GRAND TOTAL: \$ _____

**(Please indicate how you derived at this figure.)*

**** INDIRECT COSTS** - State agencies that have an approved indirect cost plan must include indirect costs as a part of their application. The amount of allowable indirect costs will be negotiated after the grant award. No services that are included in indirect costs may be direct charged. Indirect cost plans must be submitted upon award and must specify services that are included in the indirect charges.

**BUDGET SUMMARY
WIOA DISLOCATED WORKER PROGRAM**

LINE ITEMS	TOTAL BUDGET
Staff Salaries and Fringe Benefits <i>(Complete attached Staff Benefits Chart)</i> <i>(This should not be more than 52% of the total budget)</i>	\$ _____
*Facilities Cost (space)	\$ _____
Equipment	\$ _____
Operating Expenses	
Telephone	\$ _____
Postage	\$ _____
FAX	\$ _____
Staff Travel	\$ _____
Office Supplies	\$ _____
Copying	\$ _____
Equipment Repairs and Maintenance	\$ _____
Utilities Cost	\$ _____
Other: _____	\$ _____
Total: <i>(This cannot be more than 15% of the total budget)</i>	\$ _____
Training Costs	
Tuition (ITA)	\$ _____
GED Training	\$ _____
On-the-Job Training	\$ _____
Work Experience	\$ _____
Other: _____	\$ _____
Supportive Service Costs	
Childcare	\$ _____
Transportation	\$ _____
Other: _____	\$ _____
Total: <i>(Training Costs and Supportive Service Costs)</i>	\$ _____

Staff Training/Technical Assistance Costs \$ _____
(GSA travel and expense rate will apply)

Other Direct Costs \$ _____

Profit \$ _____
(Not to exceed 8% of total budget)

****Indirect Costs** \$ _____
(Please include a copy of the Indirect Cost Plan)

GRAND TOTAL: \$ _____

**(Please indicate how you derived at this figure.)*

**** INDIRECT COSTS - State agencies that have an approved indirect cost plan must include indirect costs as a part of their application. The amount of allowable indirect costs will be negotiated after the grant award. No services that are included in indirect costs may be direct charged. Indirect cost plans must be submitted upon award and must specify services that are included in the indirect charges.**

STAFF BENEFITS CHART

(A) Position	(B) WIOA Funded Base Salary Per Week	(C) WIOA % of Time	(D) # of Weeks	(Col. BxCxD) Total Cost
TOTAL STAFF SALARIES				

STAFF FRINGE CHART

Fringe	Total Cost
FICA – 7.65% x \$_____	
Health Insurance	
Worker’s Comp - ____% x \$_____	
Unemployment Insurance	
Retirement/Pension - ____% x \$_____	
Other	
TOTAL FRINGE BENEFITS	

Add Total Staff Salaries and Total Fringe Benefits and place it on the first line of the Budget Summary.

Grand Total: Salary & Fringes \$_____

BUDGET BACK-UP SHEET
For

PROCURED SUBCONTRACT SERVICES

(This form may be duplicated)

Include all subcontractors/consultants with whom you plan to enter into contractual agreements as a result of this proposed WIOA Project.

Agency Name	Contact Person	Services to be Provided	Estimated Subcontract Amount (\$)

Required Documents: Proposers are required to submit the following information with each proposal package:

- Federal Identification Number;
- List of Current Board Members of Governing Body;
- Current Fiscal Statement and Copy of Last Audit;
- Copy of Indirect Cost Plan and Approval;
- Grievance Procedures;
- Staff, Personnel, and Travel Policies;
- Charter and By-Laws of Organization;
- Evidence of Signatory Authority;
- Banking Arrangements (Bank Name, Address, Account Number);
- Cost Allocation Plan;
- Lobbying Certification;
- Fidelity Bonding Policy (and invoice showing coverage for current year); (required if awarded the contract)
- Proof of Insurance Coverage re: Liability, Errors and Omission (required if awarded the contract);
- Debarment and Suspension Certification;
- Organization's Mission and Vision Statements;
- General Assurances
- Certification of a Drug-Free Workplace;
- Cash Flow Analysis projected by-month for a minimum of nine months.