

Part IV – 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.

PROPOSAL CHECKLIST

The original and 5 copies (no fax or email) are due at the **Santee-Lynches Workforce Development Area, c/o Santee-Lynches Regional Council of Governments, 3219 Broad Street, Sumter, SC 29150 no later than 3:00pm EST, May 3, 2024.** 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:

- Signed Proposal Checklist (FORM 1)
- Proposal Cover Page (FORM 2)
- Organizational Information and Certifications (FORM 3)
- Historical Performance Data (FORM 4)
- Demonstration of Need (FORM 5)
- Statement of Work Narrative (FORM 6) – **Must be limited to 20 pages.**
- Coordination with Other Programs (FORM 7)
- Administrative Capabilities (FORM 8)
- Summary of Proposer ’s Qualifications (FORM 9)
- Certification Regarding Debarment (FORM 10)
- General Assurances (FORM 11)
- Drug-Free Workplace Requirement Certification (FORM 12)
- Certification Regarding Lobbying (FORM 13)
- Budget Summary Sheets (FORM 14)
- Most Recent Audit or, if new, YTD Financial Statements
- Site Location information: address(es) and description of training site(s)

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 2024 – YOUTH SERVICES
July 1, 2024 - June 30, 2025
“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 for year-round services to low income, out-of-school youth from Clarendon, Kershaw, Lee and Sumter Counties.

TOTAL NUMBER OF PARTICIPANTS TO BE SERVED: _____

Note: Successful Proposer must serve all carryover participants currently enrolled in the program who require services past July 1, 2024 and complete follow-up for those exited in compliance with WIOA guidelines.

PROPOSED BUDGET: TOTAL AMOUNT \$ _____

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 Performance (if applicable)	Past Performance
Program Year		
Proposed # of Youth to Serve		
Actual # of Youth Served		
# of Youth per Case Manager		
# of Participants Successfully Completed Program		
Completion Percentage Rate		
# of Participants Exited		
# Participants Entered Employment/Military		
Average hourly wage		
# Retained Employment for 12 months		
# Placed in Post-Secondary Education		
# Attained Diploma or GED		
# Attained Occupational Credential		
Cost per participant		
Average Training Length		
Other (describe)		

DEMONSTRATION OF NEED

Provide a description of the eligible population and labor market conditions of the geographic area to be served. The Act (WIOA) specifies a non-duplication clause where WIOA Funds may not be used to provide funding under the School-to-Work Opportunities Act unless the programs funded under this Act serve only those participants eligible to participate in the programs under this Act. Therefore, the need for services that are available in the Local Area must be justified as to why it is a need under WIOA. At a minimum, provide information on the following:

A. The geographic area to be served.

B. The number of eligible population residing in the area and source of data. Please review the eligibility criteria carefully. It is very important to show that the target group to serve is available in the area.

C. The occupational/employment trends that may enhance or limit the effectiveness of the program activity.

D. Describe related services that are available in the area and justify why your youth services are different from the available services.

E. Current local employment and training services available to the eligible population and gaps in existing services network.

EXECUTIVE SUMMARY AND STATEMENT OF WORK NARRATIVE

1. Abstract/Executive Summary (1-page limit)

- Provide a description of your organization.
- Demonstrate an understanding of the workforce development system in South Carolina, to include the Santee-Lynches Local Workforce Development Area.
- Outline key organizational achievement within the past three (3) years.
- Briefly describe why your organization is seeking award of this RFP and any unique or innovative aspects that may set your response apart from others.

2. Provide a narrative description of the proposed activity/service, considering the 14 required elements stated in the Act. Address the following: (Must be limited to 20 pages).

A. Define the required elements that are incorporated in the proposed program design.

B. Discuss the program design(s) that you are proposing based on the Program Design Components as specified in the Workforce Innovation & Opportunity Act. The Program Design Components are:

- Tutoring, study skills training, and instruction and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities or for a recognized post-secondary credential);
- Alternative secondary school services, or dropout recovery services, as appropriate;
- Paid and unpaid work experiences (at least 20% of total funding) that have academic and occupational education as a component of the work experience, which may include the following types of work experience:
 - Summer employment opportunities and other employment opportunities available throughout the school year;
 - Pre-apprenticeship programs;
 - Internships and job shadowing; and
 - On-the-Job training opportunities;
- Occupational skills training, which includes priority consideration for training programs that lead to recognized post-secondary credentials that align with in-demand industry sectors or occupations in the local area;
- Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;
- Leadership development opportunities, including community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors;
- Supportive services;
- Adult mentoring for the duration of at least 12 months that may occur both during and after program participation;
- Follow-up services for not less than 12 months after the completion of participation;
- Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

- Financial literacy education;
- Entrepreneurial skills training;
- Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career explorations services; and
- Activities that help youth prepare for and transition to post-secondary education and training.

C. Program Service Delivery Model

Identify the special youth population you will target in your service delivery plan.

- How will these youth be identified and on what basis will they be determined to possess barriers to employment?
- How will barriers of target youth population be addressed?
- What provisions will be made to accommodate special populations (e.g., supportive services)?
- Your organization’s plan for serving the targeted youth population should include experience and best practices. How will you market and recruit WIOA customers, including those from targeted populations which may require specialized marketing.

D. Discuss your plan for providing objective assessment, development of service strategies, on-going assessment and case management to the participants.

E. Discuss the planned follow-up procedures for 12 months.

F. Performance & Accountability

Describe your strategy to meet or exceed the WDB’s performance goals for this RFP. How will your organization manage measurement, achievement, and documentation of performance standards?

- Include specific performance targets related to State and Federal performance measures.
- Identify your proposed quarterly and annual goals for each state-mandated performance measure, and list objectives under these areas with specific measurables and deliverables.
- Identify the number of Out-of-School Youth to be served during program operation.

G. Describe the program design including hours of operation, time of activities and goals.

COORDINATION WITH OTHER PROGRAMS

Describe how the program you are proposing will coordinate with other youth service programs, and agencies that are currently serving youth. List the programs and agencies with which coordination will be established.

ADMINISTRATIVE CAPABILITIES

- A. Provide an organizational chart of the agency.
- B. Give the location of the administrative office from which the work is to be done and the number of professional WIOA staff to be employed at this site.
- C. Describe the range of activities to be performed by the WIOA staff.
- D. Provide information relative to the assigned staff's experience in conducting employment and training programs (including intake, assessment and case management), particularly for the economically disadvantaged and those with barriers to employment.
- E. Describe the agency's/organization's accounting/financial procedures. Provide a brief description of the internal controls of the agency
- F. Describe how your organization plans to comply with the required background checks for WIOA staff.
- G. Describe your organization's experience managing Federal funds.
 - Describe the internal controls of your organization to handle finances
- H. Describe how you will help ensure an efficient use of the WIOA funds while maximizing services provided for Out-of-School Youth.
- I. Describe past success with leveraging additional resources. Describe both leveraged resources whose purpose has been to ensure and maximize the delivery of services and leveraged resources whose purpose was to maximize the organization's financial resources. Also, specify additional resources to be leveraged and any in-kind contributions the organization will provide to assist in the participant's program's success.

SUMMARY OF PROPOSER’S QUALIFICATIONS

- A. Describe the agency’s/organization’s background and experience in conducting employment and training programs (i.e. Particularly for the economically disadvantaged and those with barriers to employment).
- B. Discuss the agency’s/organization’s knowledge and experience in dealing with South Carolina State Government, its structure, rules and policies.
- C. 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.
 - Describe the related experience or training of the proposed staff.
 - List the participant to counselor ratio.

**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 Regional Council of Governments. The applicant 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; that it will target educational and training services to economically disadvantaged, at-risk youth ages 16 - 21.

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 applicant 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 Regional Council of Governments, 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 Applicant also certifies that as a condition to the award of financial assistance under WIOA from the Department of Labor, the grant applicant 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 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 subcontractor 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 subcontractor’s policy statement;
4. Notifying the employees in the subcontractor’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 subcontractor 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 requires 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 YOUTH PROGRAMS**

LINE ITEMS	TOTAL BUDGET
Staff Salaries and Fringe Benefits <i>(Complete attached Staff Benefits Chart)</i> <i>(This cannot be more than 52% of the total budget)</i>	\$ _____
*Facilities Cost (space) <i>(Total Square Feet x % used for WIOA Activities)</i>	\$ _____
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>	\$ _____
**Participant Wages & Fringes	
Participant Wages <i>(# of Participants x Hourly Wage x # of Hours)</i>	\$ _____
Participant Fringe <i>(# of Participants x Fringe Amounts)</i> Fringe: \$ _____	\$ _____
Participant Incentive Payments <i>(# of Participants x \$ of Payment)</i>	\$ _____
 <i>**Note#1: Participant Wages & Fringes, Incentives, Training Costs, Supportive Service Costs together must total at least 33% of total budget.</i>	
<i>**Note#2: Requirement for Work Based Learning is 20% of the total Youth allocation and will be calculated by SLWDA staff</i>	
**Training Costs (Services could be procured or provided in-house)	
Participant Supplies	\$ _____
Tuition	\$ _____

Instructional Related Costs	\$ _____
Tutoring	\$ _____
Study Skills Training	\$ _____
Leadership Development Activities	\$ _____
Other: _____	\$ _____

Total: \$ _____

****Supportive Service Costs (Services could be procured or provided in-house)**

Childcare	\$ _____
Mentoring	\$ _____
Follow-up Services	\$ _____
Counseling	\$ _____
Other: _____	\$ _____

Total: \$ _____

***Note#1: Participant Wages & Fringes, Incentives, Training Costs, Supportive Service Costs together must total at least 33% of total budget.*

***Note#2: Requirement for Work Based Learning is 20% of the total Youth allocation and will be calculated by SLWDA staff*

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. For example: Participant Wages – Explain how many participants will be paid wages and for how many hours and how much per hour.)*

***** 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 (\$)

**Program Year 2024
 Monthly Budget Flow Projections
 PY'24 (July 1, 2024 – June 30, 2025)**

Contractor: _____

Funding Stream: Out-of-School Youth

Month	Monthly Expenditure	Y-T-D Expenditure
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

**Program Year 2024
 Monthly Participant Flow Projections
 PY'24 (July 1, 2024 – June 30, 2025)**

Contractor: _____

Funding Stream: Out-of-School Youth

Month	Monthly Participant Flow	Y-T-D Participant Flow
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		