

REQUEST FOR INCLUSION ON BIDDER'S LIST for
ACTIVITIES FUNDED THROUGH WORKFORCE
INNOVATION AND OPPORTUNITY ACT (WIOA)

Date: _____

Please Print or Type Information

Contact Person & Title: _____
Agency Name: _____
Mailing Address (Street, P.O. Box): _____
City, State, ZIP _____
Telephone Number: _____ E-mail Address: _____

Please check the following, if applicable: Minority/Women's Owned Business Educational Agency* Small Business* Community-Based Organization*

*Definitions provided in cover letter.

Check beside each area you would like to serve.

I. Overall Administrative/Other Services:

Consulting: Applicants wishing to receive consultant RFPs must complete the separate consultant checklist

One-Stop Operator: _____

Other (Specify) _____

II. Career Services

Assistance in establishing eligibility for financial aid/other services

Basic

Comprehensive and specialized assessment

Development of individual employment plan

English language acquisition

Eligibility for WIOA

Financial literacy

Follow-up

Group counseling

Individual counseling and career planning

Initial Assessment

Internships/work experiences

Outreach, intake, orientation

Job Search or Placement assistance, career counseling, business services

Labor Exchange

Out-of-area job search

Provision of employment statistics

Provision of information regarding filing U.I.

Provision of performance information/cost information as regarding service/training or assistance

Provision of supportive services information/referral

Short-term pre-vocational services

Workforce preparation

III. Adults/Dislocated Services/Training (18 years +)

Adult basic education, GED preparation, and literacy activities

Customized training

Entrepreneurial training

Incumbent worker training

Job readiness training

On-the-Job training

Skill upgrading and re-training

Training programs operated by the private sector

Transitional Jobs

Training not purchased through individual training accounts(Specify) _____

Training to serve special participant population(s) facing multiple barriers to employment (Specify) _____

Supportive Services (Specify) _____

V. Youth Services

In-School

Out-of-School

Adult mentoring

Alternative secondary school services or dropout recovery services

Entrepreneurial skills training

Financial literacy education

Follow-up services

Guidance and counseling

Labor market and employment information

Leadership development

Objective Assessment

Occupational skill training

OJT

Pre-apprenticeship Training

Preparation and transitional activities

Referral to training and educational programs

Service strategy development

Summer employment

Supportive services

Tutoring, study skills training, instruction, and dropout prevention

Work experience, internship, job shadowing

Workforce preparation & specific occupation or cluster training

Please return completed form to: Terri Morgan via mail (NWGRC, PO Box 1798, Rome, Georgia 30162-1798) or email (tmorgan@nwgrc.org).