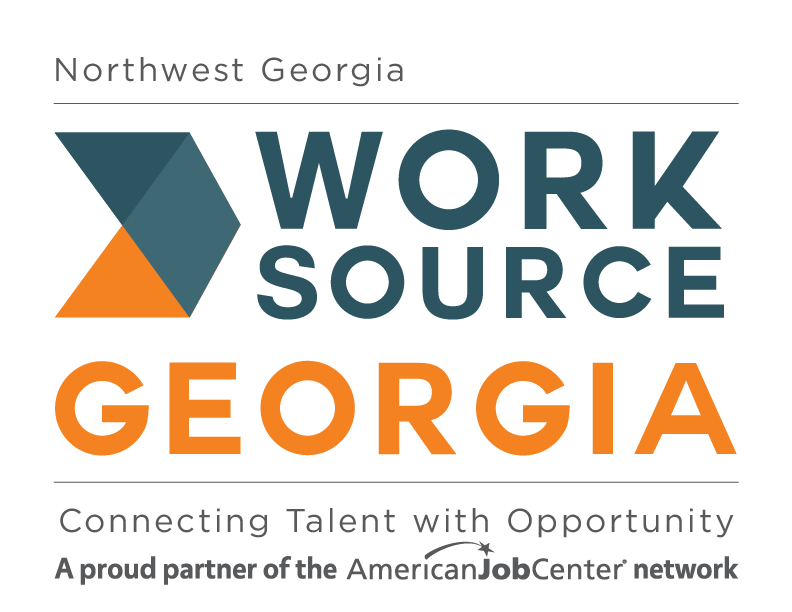
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NORTHWEST GEORGIA

WORKFORCE DEVELOPMENT BOARD

**Request for Proposal**

**One-Stop Operator**

**Workforce Innovation and**

**Opportunity Act (WIOA)**

**Release Date**

January 27, 2023

**Due Date**

February 24, 2023

*An Equal Opportunity Employer/Programs*

*Auxiliary Aids/Service Available Upon Request to Individuals with Disabilities*

*TTY/TDD 1-800-255-0056*

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***WIOA BACKGROUND***

The Northwest Georgia Workforce Development Board (WDB) is soliciting proposals in the fifteen (15) county Northwest Georgia Area from qualified organizations to perform One-Stop Operator functions. WIOA gives local Workforce Development Boards (WDBs) the authority to develop and oversee the local workforce system programs for employers and job seekers. The WDB is made up of private and public sector community leaders.

The Northwest Georgia area includes the following counties: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Polk, Pickens, Walker, and Whitfield.

The One-Stop Operator’s role is detailed below under I. One-Stop Operator Role. The primary responsibility of the One-Stop Operator is to coordinate the basic and individualized career services as well as referrals to training services available to adults, dislocated workers, and youth through the One-Stop System.

The total amount of funding available for One-Stop Operator expenses is expected to range between $100,000 and $125,000 per year, with actual amounts dependent upon allocation and availability of carryover funds. The funds will be for the period of July 1, 2023 through June 30, 2024. Based upon successful performance, the contract may be extended for a second year, July 1, 2024 through June 30, 2025, and possibly for a third year, July 1, 2025 through June 30, 2026.

The terms and conditions of this RFP may change based on WIOA legislation and applicable regulations. The successful respondent to this RFP will be expected to remain informed on WIOA regulations and requirements. For more information on WIOA, please use the following links to access relevant federal, State, and local directives/guidance:

Federal laws, regulations, guidance and other information on WIOA can be found here: <https://www.doleta.gov/WIOA/>

The Office of Management and Budget’s (OMB’s) Guidance for Grants and Agreements can be viewed here: <http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl>

State WIOA policy and guidance can be found here: [www.tcsg.edu/worksource/resources-for-practitioners/policies-guidance/](http://www.tcsg.edu/worksource/resources-for-practitioners/policies-guidance/)

Local Workforce Area information and plan can be found here: <http://www.careerdepot.org/>

***Overview – Workforce Development Board Vision and One-Stop System***

The Workforce Development Board’s vision for the Region is: ***To build a world-class workforce that enables individuals to meet the dynamic employment needs of business through customer-focused services that leverage existing resources and strategically forms and implements economic development partnerships for this purpose.*** Goals adapted to direct realization of this vision are:

1. To identify the workforce needs of businesses through the utilization of local labor market and educational data and technology and to meet those needs by emphasizing business services;
2. To provide customer-focused services (both for the employers and individuals) through the development and implementation of sector strategies and career pathways;
3. To create a unified, seamless and vital workforce delivery system by connecting core partners, economic development stakeholders, and others; formalizing agreements between the parties as appropriate; and assuring that investments are job-driven and non-duplicative;

In each workforce area there must be at least one Comprehensive One-Stop that provides access to services of each of the core programs and to other One-Stop partners. Other entities that carry out education and training programs, including Federal, State, or local programs may serve as additional partners in the one-stop system if the local board and chief elected officials approve the entity's participation. More information can be found at: <http://wdr.doleta.gov/directives/attach/TEGL/TEGL_16-16_acc.pdf> .

The comprehensive One-Stop for Northwest Georgia is located in Rome, Georgia with affiliated sites in Blue Ridge, Cartersville, Dalton, and LaFayette. All One-Stop Partners participating in the Comprehensive One-Stop for the region will be parties to the One-Stop Memorandum of Understanding (MOU). Programs that are listed as a required One-Stop Partner don’t need to be a part of the One-Stop MOU if that program is not available in the local workforce area.

Under WIOA, career services are classified into two categories: basic and individualized career services.

* Basic career services must be made available to all job seekers and include services such as labor exchange services, labor market information, job listings, and information on partner programs.
* Individualized career services under WIOA are to be provided as appropriate to help individuals obtain or retain employment. Individualized career services have been identified as an essential component with many of the basic career services provided through the one-stop partners by agreement.

It is the intent that basic and individualized career services as well as training services will be provided through the One-Stop system including at the comprehensive One-Stop or affiliated sites. Section 134(c)(2) of WIOA outlines a number of required career services to be made available at the comprehensive One-Stop facility. Many of these career services may also be provided at affiliate sites.

1. One-Stop Operator Roles

**The primary function of the One-Stop Operator is to coordinate the service delivery of One-Stop partners and service providers across the One-Stop system.** At a minimum, a One-Stop Operator will be selected to coordinate career services and/or training activities within the Comprehensive One-Stop (COS) and with service providers and partners across the Region via referrals, information sharing, reporting, or other mutually beneficial service delivery assistance.

**Specific duties of the One-Stop Operator associated with the operation of the NWGA Comprehensive One-Stop (NWGA COS) include, but are not limited to**:

* Managing daily operations and other activities to support the center
* Managing partner responsibilities defined in the Memorandum of Understanding (MOU) among partners
* Managing hours of operation
* Managing services for individuals and businesses
* Ensuring that basic services are available (labor market information, resource room assistance, etc.)
* Implementing Workforce Development Board Policies
* Adhering to all federal and state regulations and policies
* Reporting to the Northwest Georgia Workforce Development Board (WDB) on operations, performance and continuous improvement recommendations.

1. Program Requirements
2. The One-Stop Operator(s) will be required to work with a variety of service providers including those providing career services and those providing training. Most training for adults, dislocated workers, and youth that is funded by WIOA is delivered through:
3. Individual Training Accounts (ITAs) whereby the cost of tuition, books, and other training expenses are covered for participants;
4. On-the-Job Training (OJT) in which an employer is paid an agreed upon portion of paid wages for the extraordinary costs of training an individual for a particular job; or
5. Other extraordinary training options including internships, work experience, customized training, incumbent worker training, apprenticeship, and other approved training options. Detailed descriptions are provided under Section III, *Services.*
6. One-Stop Operator services will begin no later than July 1, 2023.
7. The One-Stop Operator is prohibited from:
8. Convening system stakeholders to assist in the development of the local plan;
9. Managing or significantly participating in the competition selection process for the One-Stop Operator;
10. Selecting or terminating One-Stop Operators, career services, and youth providers;
11. Negotiating local performance accountability measures; or
12. Developing and submitting budget for activities of the WDB in the area.
13. **Eligibility to bid**:
14. An entity serving as a One-Stop Operator, that also serves a different role within the One-Stop delivery system, may be selected and designated as the One-Stop Operator provided there are sufficient firewalls and conflict of interest policies and procedures in place (Reference: 20 CFR 678.620b; 20 CFR 679.430).
15. The One-Stop Operator may be a single eligible entity or a Consortium of entities. If a Consortium of entities bid, a minimum of three of the One-Stop partners described in 20 CFR 678.400 must comprise the Consortium. Additionally, the proposal must clearly demonstrate that all contractual responsibility rests solely with one legal entity serving as the fiscal agent.
16. The local Workforce Development Board may serve as the Operator with the approval of the Council of Chief Elected Officials and the Governor. Other eligible entities designated in 678.600(c)(7) may also serve as the One-Stop Operator.
17. Elementary schools and secondary schools are not eligible to be selected as the One-Stop Operator. Non-traditional public secondary schools such as night schools, adult schools, or area career and technical education schools are eligible to be operators.
18. Recruitment is a key component of this program. In addition to recruitment the successful bidder will develop promotional literature to publicize opportunities provided by the WIOA program. Public service announcements via local radio and television will be used to inform the general public regarding services available through the One-Stop system. Additionally, the successful bidder will visit and inform various community agencies and organizations of opportunities available from the WIOA program. Outreach efforts will include but not be limited to the following organizations: Technical College System of Georgia, Office of Workforce Development; Headstart Programs; Department of Family and Children Services in the service area, basic adult education classes; secondary and post-secondary school counselors; local churches; Georgia Vocational Rehabilitation Agency; local day care centers; and other social services agencies that work with the WIOA target populations.
19. The One-Stop Operator will assure that participants receiving services will be tracked through the One Stop Center (or affiliated site(s)).
20. All pertinent Workforce Development Board policies regarding service delivery must be followed. Routinely, the eligibility determination, service priority, and support policies will be used.
21. The program will emphasize strong customer service and satisfaction principles. Continuous improvement will be expected and monitored.
22. Services

The One-Stop Operator will coordinate the following services within the One-Stop Center, affiliated sites, or partner agencies:

1. Basic Career Services must be made available by the partners and, at a minimum, must include the following services, as consistent with allowable program activities and federal cost principles:
2. Determination of whether the individual is eligible to receive assistance from the adult, dislocated worker, or youth programs;
3. Outreach, intake (including worker profiling), and orientation to information and other services available through the one-stop delivery system.
4. Initial assessment of skill levels including literacy, numeracy, and English language proficiency, as well as aptitudes, abilities (including skills gaps), and supportive services needs;
5. Labor exchange services, including—

(i) Job search and placement assistance, and, when needed by an individual, career counseling, including the provision of information on in-demand industry sectors/occupations and information on nontraditional employment; and

(ii) Appropriate recruitment and other business services on behalf of employers, including information and referrals to specialized business services other than those traditionally offered through the one-stop delivery system;

1. Provision of referrals to and coordination of activities with other programs and services, including programs and services within the one-stop delivery system and, when appropriate, other workforce development programs;
2. Provision of workforce and labor market employment statistics information, including the provision of accurate information relating to local, regional, and national labor market areas, including—

(i) Job vacancy listings in labor market areas;

(ii) Information on job skills necessary to obtain the vacant jobs listed; and

(iii) Information relating to local occupations in demand and the earnings, skill requirements, and opportunities for advancement for those jobs;

1. Provision of performance information and program cost information on eligible providers of education, training, and workforce services by program and type of providers;
2. Provision of information, in usable and understandable formats and languages, about how the local area is performing on local performance accountability measures, as well as any additional performance information relating to the area's one-stop delivery system;
3. Provision of information, in usable and understandable formats and languages, relating to the availability of supportive services or assistance, and appropriate referrals to those services and assistance, including: Child care; child support; medical or child health assistance available through Georgia's Medicaid program and Children's Health Insurance Program; benefits under SNAP; assistance through the earned income tax credit; and assistance under TANF, and other supportive services and transportation provided through that program;
4. Provision of information and meaningful assistance to individuals seeking assistance in filing a claim for unemployment compensation. Such assistance includes:

(i) Providing assistance on-site using staff who are well-trained in unemployment compensation claims filing and the rights and responsibilities of claimants; or

(ii) Providing assistance by phone or via other technology, as long as the assistance is provided by trained and available staff and within a reasonable time.

1. The cost associated with providing meaningful assistance may be paid for by the State UI program, the WIOA Adult and Dislocated Worker programs, the Wagner-Peyser programs, or some combination thereof the funding sources.
2. Individualized career services must be made available if determined to be appropriate in order for an individual to obtain or retain employment. Individuals must be declared eligible to receive these services. These include the following services, as consistent with WIOA requirements and federal cost principles:
3. Comprehensive and specialized assessments of the skills levels and service needs of adults and dislocated workers, which may include:
4. Diagnostic testing and use of other assessment tools; and
5. In-depth interviewing and evaluation to identify employment barriers and appropriate goals;
6. Development of an individualized employment plan to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve his or her employment goals, including the list of, and information regarding the ETPL;
7. Group counseling;
8. Individual counseling and mentoring;
9. Career planning;
10. Short-term pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct services to prepare individuals for unsubsidized employment or training;
11. Internships and work experience that are linked to careers;
12. Workforce preparation activities;
13. Financial literacy services as described in sec. 129(b)(2)(D) of WIOA and 20 CFR 681.500;
14. Out-of-area job search and relocation assistance; and
15. English language acquisition and integrated education and training programs.
16. Follow-up services must be made available, as appropriate, and include counseling regarding the workplace for adult, dislocated worker, and youth participants who are placed in unsubsidized employment. These services must be provided for a minimum of 12 months from the first day of employment.
17. Training Services are provided to equip individuals to enter the workforce and retain employment. Examples of training services that could be provided through referral:
18. Occupational skills training that may be available through Individual Training Accounts (ITAs) or class-size training (if through agreement by the Workforce Development Board).
19. Other Training Programs
20. Work Experience (Transitional Jobs): These activities provide time-limited, subsidized work experiences in the private, non-profit, or public sectors for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history.

Work experience can be an effective solution for individuals to gain necessary work experience that they would not be able to get through other training. The goal is to establish a work history for the individual, demonstrate work success, and develop skills that lead to entry into unsubsidized employment. In work experience there is no expectation that the individual will continue his or her hire with the employer after the work experience is complete. (This program is currently not offered for adults).

1. Internship: An Internship is a short-term or part-time work assignment with a private for-profit, non-profit, or public employer designed to enhance skills learned in a classroom setting and to provide the opportunity for the application of these learned skills. Internships will occur prior to, concurrent with, or subsequent to 1) occupational classroom training, or 2) Basic Skills Training aiding the participant in applying the basic skills necessary to compete successfully in the labor market.
2. Customized Training: Customized training is designed to meet the unique needs of both job seekers and employers or groups of employers. Employers are actively engaged in the design of the training and must provide a commitment to employ all individuals upon successful completion of training. The employer must pay for a significant share of the cost of the training. Proposed WIOA 680.770 identifies the eligibility requirements for employed workers to receive customized training. (This program is currently not offered by the WDB).
3. Incumbent Worker Training: Incumbent worker training assists workers in obtaining the occupational skills necessary to retain employment or to avert layoffs and must increase the worker’s and the company’s competitiveness. Training should, wherever possible, allow the worker to gain industry-recognized skills ultimately leading to an increase in wages. An ideal incumbent worker training would be one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker’s position.
4. Apprenticeship: An Apprenticeship is a combination of on-the-job training and related classroom instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation. Apprenticeship programs are sponsored by joint employer and labor groups, individual employers, and/or employer associations.
5. Other training offered through the program may be:
6. Workplace training and cooperative education programs;
7. Private sector training programs;
8. Skills upgrading and retraining;
9. Entrepreneurial training; and/or
10. Job readiness training provided in combination with other training described above.
11. On-the-Job Training is provided at the employer’s location. Georgia Department of Labor provides this service. The Career Adviser/Case Managers will assist and refer to this source as needed.
12. Performance Measures

This is not a program whose success is based solely on the number of registrants/participants. The success of the program is based in how well the registrants/participants perform on the job and their success in long-term employment.

Each service provider is measured based on federally-established performance measures that assist in gauging the WIOA program’s success. These measures are negotiated yearly with the Technical College System of Georgia, Office of Workforce Development. The definitions of the performance measures are included in Attachment H together with the actual negotiated performance standards for Region 1.

In addition to the federally mandated performance measures, the resulting contract for the One-Stop Operator will include real-time measures related to benchmarks established during negotiations. These may include milestones such as numbers of individuals accessing services through the comprehensive or affiliate One-Stop sites as well as successful referrals to employment or training, employer contacts, marketing events, etc.

1. Award of the Contract

Evaluation Process and Award Notification

NWGRC staff will evaluate proposals and make available the evaluation and summary information of the proposals to the Proposal Review Committee. Should a meeting of the Proposal Review Committee not be possible, the WDB will review it at their meeting. The Northwest Georgia WDB and Council of Chief Elected Officials of Northwest Georgia (CCEOs) intend to select the One-Stop Operator(s) at their regularly scheduled meetings in **March 2023.** However, in the event of inclement weather, lack of a quorum or other adverse circumstances, the decision will be made as soon as feasible. Contracts will be awarded based on the decision of the WDB/CCEOs at their meetings and subsequent approval by the Northwest Georgia Regional Commission Board. The proposing agency’s official contact person will be notified of the disposition of the proposal through certified mail by May 31, 2023.

Initially, proposals will be evaluated for responsiveness using the Responsiveness Checklist in this proposal package. Only responsive proposals will be considered for funding. Responsive proposals will be evaluated for competiveness and contracts awarded using the review criteria presented in this proposal package. A contingency list will be developed specifying competitive bidders with whom contracts may be awarded should additional funds become available due to de-obligation of funds or the identification of additional program needs; or existing contracts with performing contractors may be increased to utilize these funds.

The Northwest Georgia Workforce Development Board reserves the right to accept or reject any/all bids received as qualified, to accept other than the lowest bid, to negotiate with responsive bidders for the best price, or to cancel in part or in its entirety, the request if it is in the best interests of the WDB to do so.

Conflicts of Interest

The Northwest Georgia Workforce Development Board adheres to a Conflict of Interest policy which states that if an actual or potential Conflict of Interest exists, the affected Board Member/Standing Committee Member shall recuse himself or herself from voting on the impacted topic. The member shall also bring the potential Conflict of Interest to the Board’s attention prior to the vote and shall refrain from participating in any discourse involving the impacted topic. Such disclosure shall be expressly noted in the Board’s minutes. Additionally, in the meeting minutes, the Board shall recite the nature of the actual or potential Conflict of Interest and the recusal of the impacted Board Member/Standing Committee Member with respect to the vote and discussion of the impacted topic.

In the event that a Board Member/Standing Committee Member is uncertain as to whether an actual or potential Conflict of Interest exists, the Board Member/Standing Committee Member shall notify the Board, and the remainder of the Board shall vote to determine whether an actual or potential Conflict of Interest exists.

The Northwest Georgia Workforce Development Board’s Conflict of Interest policy forbids any WDB member, Council of Chief Elected Official, Administrative Staff, NWGRC Board member/standing committee member, or other persons involved in a WIOA funded activity from (1) directly or indirectly accepting or soliciting any gratuities, favors, or anything involving more than the minimum monetary value from any person (including potential or actual suppliers, contractors, subcontractors, grant recipient, or other service providers) with whom the Board Member interacts in his/her capacity as a recipient of WIOA funds; (2) participating in the selection, award, or administration of a procurement supported by WIOA funds, in any case where the individual is aware that he or she, or any member of his or her immediate family, business partner, or any organization that employs or is about to employ any of those persons, has any financial or material interest in any organization that may be considered for an award; or (3) advocating for or cause the advancement, appointment, employment, promotion, or transfer of an Immediate Relative to any office or position administering or handling federal funds under Public Law 113-128, including without limitation, any potential or actual supplier, contractor, subcontractor, grant recipient or other service provider.

In addition, a WDB Board Member/Standing Committee Member shall not vote on a matter under consideration by a Board if such vote:

* Involves the provision of services by such Board Member/Standing Committee Member (or any entity or organization the Board member/Standing Committee Member represents, or in which he or she hold an ownership or pecuniary interest) or a Board Member’s/Standing Committee Member’s Immediate Relative; or
* Would provide a direct or indirect financial benefit to the Board member/Standing Committee Member (or any entity or organization the Board member/Standing Committee Member represents, or in which he or she hold an ownership or pecuniary interest) or a Board Member’s/Standing Committee Member’s Immediate Relative; or
* Involves any other conduct or activity determined to constitute a Conflict of Interest.

Contract Renewal Options

One-Stop Operators who demonstrate satisfactory performance may be given the opportunity to renegotiate cost and other factors for programs to be operated during Program Year 2024-2025 and Program Year 2025-2026. Specific information on satisfactory performance will be included in the contract.

1. Procedure for Submitting Proposal
2. **To apply for funding, all interested applicants must submit a proposal for review and approval using the application format included in this RFP.**  NWGRC reserves the right to refuse to read or consider any Proposal which uses a format other than this approved format.

**Please review the entire package before completing the application format.**  Detailed information regarding program requirements, goals, services to be provided, WIOA regulations, etc. should be reviewed before beginning the application.

The deadline for receiving proposals at Northwest Georgia Regional Commission (NWGRC) is **4:30 p.m. on Friday, February 24, 2023. No proposals will be accepted after this date and time.**

**Please submit one (1) original and three (3) copies of your proposal to:**

Ms. Lesia Lambert

Northwest Georgia Regional Commission

1 Jackson Hill Drive (physical address)

P.O. Box 1798 (mailing address)

Rome, GA 30162-1798

1. The original copy must be signed in a color *other than black ink* in order to determine the original.
2. Proposals must be submitted unbound, but stapled in the upper left corner with ATTACHMENT A of the proposal (CONTRACT INFORMATION SHEET) as the cover. FAXED proposals will not be accepted.
3. Technical assistance in completing this proposal will be offered at a **Bidder’s Conference to be held at 2:00 p.m. on Tuesday, February 7, 2023** in the Conference Room at Northwest Georgia Regional Commission, 1 Jackson Hill Drive, Rome, Georgia. Questions and answers regarding the RFP will be answered at the Bidder’s Conference. Written questions can be emailed to [tmorgan@nwgrc.org](mailto:tmorgan@nwgrc.org) if received by 4:30 p.m. on Monday, February 6, 2023. All other questions other than those in regard to the RFP may be asked by contacting Susan Gentry at 706-295-6485. Questions and answers arising at the Bidder’s Conference will be available upon written request or can be viewed on-line at [www.careerdepot.org.](http://www.careerdepot.org.)
4. Application Format

The ATTACHMENTS may be reproduced by the proposer. However, it is the responsibility of the proposer to ensure that all information requested on the ATTACHMENTS is included in such reproductions, that the reproductions follow the same format, and that page limitations are not exceeded.

Applications for the local WIOA funds must be assembled using the following format:

1. Contract Information Sheet

Complete and attach the Contract Information Sheet (ATTACH­MENT A).

1. Certification Regarding Debarment

Complete and attach the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction Form (ATTACHMENT B).

1. Assuranc­es

Sign and attach Assurances (ATTACHMENT C).

1. Certification Regarding Lobbying

Complete and attach Certification Regarding Lobbying (ATTACHMENT D).

1. Previous Experience Form

Complete and attach Previous Experience Form (ATTACHMENT E).

1. Description of Need

Complete and attach the Description of Need Form (ATTACHMENT F).

1. Project Information
2. Complete and attach Project Description Form (ATTAC­HMENT G).
3. Complete and attach Project Implementation Form (ATTACHMENT G-1).
4. Performance Standards
5. Contractor Affidavit and Agreement

Complete and attach ATTACHMENT I.

1. Organizational Information Form

Complete and attach Organizational Information Form (ATTACHMENT J).

1. Budget Information - ATTACHMENT K
2. All proposers must complete and attach the Detailed Budget - Year One (ATTACHMENT K-1) and a Budget Narrative For Year One - (ATTACHMENT K-2). If any costs are to be used as stand-in costs, it should be discussed in detail on the Budget Narrative, ATTACHMENT K-2. Any costs which will be funded though non-WIOA funds as the result of collaborating with other agencies should also be discussed in detail on the Budget Narrative. Complete Budget Estimate for Year Two and Year Three, (ATTACHMENT K-4).
3. ATTACHMENT K-3 contains instructions for the Detailed Budget, the Budget Narrative and Budget Estimate for Year Two and Year Three (ATTACHMENT K-4). Instructions should be followed closely to ensure that all requirements for the Detailed Budget, the Budget Narrative and, Budget Estimate for Year Two and Year Three are complete. Dollar amounts should be rounded up to the next highest whole number. Do not include cents.
4. Specific Fidelity Bonding Requirements
5. Northwest Georgia Regional Commission Grievance Procedures
6. Information Regarding Lobbying
7. One-Stop System Workflow/Logistical Model
8. Proposal Responsiveness
9. Financial Capabilities
10. Evaluation

NOTE: ATTACHMENTS TO BE RETURNED ARE:

* A – CONTRACT INFORMATION SHEET (SIGNED)
* B – CERTIFICATION REGARDING DEBARMENT (SIGNED)
* C – ASSURANCES (SIGNED)
* D – CERTFICATION REGARDING LOBBYING (SIGNED)
* E – PREVIOUS EXPERIENCE FORM
* F – DESCRIPTION OF NEED
* G – PROJECTION INFORMATION
* I – CONTRACTOR AFFIDAVIT AND AGREEMENT (SIGNED AND NOTORIZED)
* J – ORGANIZATIONAL INFORMATION FORM
* K-1 – DETAILED BUDGET FOR YEAR 1
* K-2 – BUDGET NARRATIVE
* K-4 – BUDGET ESTIMATE FOR YEAR 2 AND 3
* O – ONE-STOP SYSTEM WORKFLOW/LOGISTICAL MODEL

ATTACHMENTS H, K, K-3, L, L-1, M, N, P, Q, and R are for informa­tional purposes only. Therefore, DO NOT RETURN them with your proposal. ***However, the first 2 pages of ATTACHMENT N are to be returned if the proposer has had Lobbying activities.***

**ATTACHMENT A**

**CONTRACT INFORMATION SHEET**

**(Complete and Return as Page 1 of the Proposal**)

|  |  |
| --- | --- |
| **Legal Name of Organization:** | **Federal Employer ID:**  **DUNS Number:** |
| **Address:** | **Mailing Address (if different):** |
| **Contact Person/Title:** | **Phone:** |
| **Email Address:** | **Fax Number:** |

Has your organization provided WIOA services in the past? (If yes, complete Attachment E.)

Legal Status of Organization (check applicable): Public Private Profit Non-Profit Local Education Agency

Amount Requested: Year 1: TOTAL\_\_\_\_\_\_\_ Year 2: TOTAL\_\_\_\_\_\_\_\_\_ Year 3: TOTAL\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| PARTICIPANT PROJECT GOALS | TOTAL COUNT |
| One-Stop Registrants |  |
| WIOA Enrolled Participants |  |
| Referrals to Training |  |
| Referrals to Jobs |  |
| Workshop Participants |  |

|  |  |
| --- | --- |
| BUSINESS PROJECT GOALS | TOTAL COUNT |
| Business Contacts (One-on-One) |  |
| Career Fairs |  |
| Businesses with Specialized Recruitment/Screening/Assessments |  |
| Business Seminars |  |

Signature of Legal Signatory: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title of legal signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT B**

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, 29 CFR Part 98, Section 98.510, Recipient’s responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

(1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participa­tion in this transaction by any Federal department or agency.
2. Have not within a three year period preceding this proposal been convicted of a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining; attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

Name and Title of Authorized Representative Signature Date

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "recipient,” “person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A recipient in a covered transaction may rely upon a certification of a prospective recipient in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A recipient may decide the method and frequency by which it determines the eligibility of its principals. Each recipient may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a recipient is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a recipient in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**ATTACHMENT C**

**ASSURANCES**

The applicant assures the Northwest Georgia Workforce Development Board that projects funded under the provisions of the Workforce Innovation and Opportunity Act (WIOA, Public Law 113-128) shall be operated in compliance with the Act, Federal regulations promulgated pursuant to the Act published in the Federal Register; policies and rulings by the Governor of Georgia, the Governor's Advisory Council on Workforce Innovation and Opportunity Act, and administrative issuances by the Technical College System of Georgia’s Office of Workforce Development, and the WDB’s administrative entity. The applicant further assures that:

1. It possesses legal authority to apply for these funds; that a resolution, motion or similar action has been duly adopted or passed as an official act of the recipient's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representa­tive of the recipient to act in connection with the application and to provide such additional information as may be required.
2. It will not use WIOA funds for the company specific assessments of job applicants or employees, for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States, if the relocation results in any employee losing his/her job at the original location, including predecessors and successors in interest. WIOA providers must adhere to the restrictions regarding placement of participants during hiring freezes or layoffs.
3. It has not violated any Federal and/or State laws including but not limited to: anti-discrimination statues; labor and employment laws; environmental laws, or health and safety laws for a minimum of 24 months immediately preceding the date of signature on ATTACHMENT A of this proposal.
4. It will allow staff members to attend training sessions held by Northwest Georgia Regional Commission to familiarize the applicant's staff with WIOA provisions.
5. That this proposal is made without prior understanding, agree­ment, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment and is in all respects fair and without collusion or fraud. Collusive bidding is a violation of State and Federal law and can result in fines, prison sentences and civil damage awards.
6. The Offeror/Bidder will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014, including the Nontraditional Employment for Women Act of 1991; 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 Educational Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws. The United States has the right to seek judicial enforcement of this assurance. All eligible service and training providers receiving WIOA funds must comply fully with the provisions of 29 CFR part 2, subpart D (29 CFR 2.30), and ensure that Technical College System of Georgia Office of Workforce Development supported social service programs are open to all qualified organizations, regardless of their religious character and to clearly establish the permissible uses to which Technical College System of Georgia Office of Workforce Development support for social service programs may be put, and the conditions for receipt of such support. Providers must also ensure that Technical College System of Georgia Office of Workforce Development’s social service programs are implemented in a manner consistent with the requirements of the Constitution, including the Religion Clauses of the First Amendment. (29 CFR Part 2.30).
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties. No individual may be placed in a WIOA employment activity if a member of that person’s immediate family is directly supervised by or directly supervises that individual.

1. It will retain all records pertinent to this grant for a period of ***six (6)*** years beginning on the date the final expenditure report for the project is submitted. The aforementioned records will be retained beyond the six (6) years if any litiga­tion or audit is begun or if a claim is instituted involving the records this contract covers. In these instances, the records will be retained until litigation or audit claim has been finally resolved.
2. It will agree that any duly authorized representatives from the United States Department of Labor, the Comptroller General of the United States, the Technical College System of Georgia Office of Workforce Development, Northwest Georgia Regional Commission, the Workforce Development Board for Northwest Georgia or the Council of Chief Elected Officials of Northwest Georgia shall have access to any books, documents, papers and records which are directly pertinent to this contract for the purpose of monitoring program ac­tivities, making an audit, examination, excerpts and transcrip­tions.
3. It will furnish or submit evidence of a fidelity bond posted on those having responsibility for the expenditure of funds under the proposed contract in an amount sufficient to assure sound fiscal practices in order to assure the Federal Government, the State, and the Northwest Georgia Workforce Development Board against loss of such funds.
4. No WIOA funds will be used for religious, sectarian, or political activities, or to assist, promote or deter union organizing and it will comply with the government-wide drug free workplace requirements as codified in the DOL Regulations at 29CFR, part 98. WIOA recipients must adhere to the guidelines and restrictions as regarding Unionization/Anti-unionization Activities and Work Stoppages as stipulated in [WIOA Sec. 181 (b) (7)].
5. As recipients of WIOA Title IB adult, youth, and dislocated worker funds, local workforce areas must obtain and have posted the following certifications and assurances.

A. Certification Regarding Lobbying [29 CFR Part 93]

B. Drug-Free Workplace Requirements Certification [29CFR Part 98]

C. Nondiscrimination and Equal Opportunity Assurance [29 CFR Part 37]

D. Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions [29 CRF Part 98]

E. Standard Assurances For Non-Construction Programs

1. The information provided by the Offeror/Bidder in the request for proposal is accurate, complete, and current.
2. Prohibition on use of funds for customized or skill training and related activities after relocation. No WIOA funds provided under this CONTRACT for an employment and training activity may be used or proposed to be used for customized training, skill training, or on-the-job training or company specific assessments of job applicants or employees of a business or a part of a business that has relocated from any location in the United States, until the company has operated at that location for 120 days, if the relocation has resulted in any employee losing his or her jobs at the original location.

1. Displacement
2. Prohibition. A participant in a program or activity authorized under this CONTRACT must not displace (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits) any person currently employed by the participating employer (as of the date of the participation).
3. Prohibition on impairment of contracts. A specified activity must not impair existing contracts for services or collective bargaining agreements and no such activity that would be inconsistent with the terms of a collective bargaining agreement shall be undertaken without the prior written concurrence of the appropriate labor organization and employer concerned.
4. Other Prohibitions. A participant in a program may not be employed or assigned to a job if:
5. any other individual is on layoff from the same or any substantially equivalent job;
6. the employer has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the WIOA participant; or
7. the job is created in a promotional line that infringes in any way upon the promotional opportunities of currently employed individuals.
8. Limitation on Use of Funds
9. No funds available under this CONTRACT shall be used for employment generating activities, economic development activities, investment in revolving loan funds, capitalization of businesses, investment in contract bidding resource enters, and similar activities that are not directly related to training for eligible individuals under this CONTRACT.
10. No funds available through this CONTRACT shall be used for foreign travel the wages of incumbent employees during their participation in economic development activities public service employment, except to provide disaster relief employment, and/or expenses prohibited under any other Federal, State or local law or regulation.
11. No funds available under this CONTRACT shall be used to directly or indirectly assist, promote, or deter organizing.
12. Funds provided shall only be used for activities, which are in addition to those, which would otherwise be available in the area in the absence of such funds.
13. Programs will not impair existing contracts for services or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed, including services normally provided by temporary, part-time or seasonal workers or through contracting such services out.
14. The Proposal Offeror (bidder) shall assure that no individual in a decision making capacity (whether compensated or not) shall engage in the selection, award, or administration of the proposed job training program supported by WIOA funds if a conflict of interest, real or apparent would be involved.

Signature of Authorized Official Date

**ATTACHMENT D**

**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 an 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 or employee of any agency, a Member of Congress, and 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, "Disclosure Form to Report Lobbying," 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 grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction imposed by 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 each such failure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee/Contractor Organization Program Title

Name of Certifying Official/Title Signature Date

(More information regarding this certification is contained in Attachment N.)

\* \* \*

**ATTACHMENT E**

**PREVIOUS EXPERIENCE INFORMATION**

If your organization has provided WIA/WIOA services in the past, please provide the following information for the years indicated. If contracts were outside these dates, draw a single line through the dates listed and list most current dates and information.

If your organization has provided services in the past that are similar to the One-Stop Operator services being requested through this RFP, please provide the applicable information below. The type of previous experience that would be considered relevant includes but is not limited to: developing collaborative relationships among multiple agencies/organizations; managing or overseeing the delivery of services under complex federally-funded programs; marketing services to the general public, employers, or job seekers; or developing management protocols to ensure that organizational goals are achieved.

Offerors/Bidders who include performance outcomes for more than one agency/organization and/or for multiple programs and/or contracts for the same agency/organization must list the performance separately for each agency/organization and each contract. Offerors/Bidders who group multiple performance outcomes into a single listing risk not receiving evaluation credit for previous experience.

Offerors/Bidders are limited to ten copies of this form (ATTACHMENT E), depending on the number of performance outcomes/agencies/organizations/contracts being reported.

Prior WIA/WIOA Service Information

Agency Information:

|  |  |
| --- | --- |
| **Name of LWIA or Agency** | **Address:** |
| **Phone Number:** | **Contact Person:** |
| **Total Years of Experience with this Agency:** | **Most Recent Program Year:** |

Prior Relevant Experience Information (for services not funded through WIA/WIOA)

Agency Information:

|  |  |
| --- | --- |
| **Name of Agency Funding Relevant Service** | **Address:** |
| **Phone Number:** | **Contact Person:** |
| **Total Years of Experience Providing Relevant Service:** | **Most Recent Program Year:** |

Population Served:

If funded through WIA/WIOA, indicate the funding title and type of population served:

\_\_\_\_\_Adults

\_\_\_\_\_Dislocated Workers

\_\_\_\_\_In-School Youth

\_\_\_\_\_Out-of-School Youth

\_\_\_\_\_Younger youth

\_\_\_\_\_Older youth

\_\_\_\_\_Other- Specify: (i.e., Native American, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If funded through an agency/organization/grant other than WIA/WIOA, specify the funding source and the specific population(s) served:

Prior Performance Information:

|  |  |  |
| --- | --- | --- |
|  | Program Year: 2020-2021 | Program Year: 2021-2022 |
| Planned Number of new Customers |  |  |
| Actual Number of new Customers |  |  |
| Total numbers of referrals |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Prior Performance Information: Other Relevant Experience (not funded through WIA/WIOA)

|  |  |  |
| --- | --- | --- |
|  | Program Year: 2020-2021 | Program Year: 2021-2022 |
| Performance Outcome (Please list and describe in more detail in next section) |  |  |
| Measurable Achievement: |  |  |
| Measurable Achievement: |  |  |
| Measurable Achievement: |  |  |
| Measurable Achievement: |  |  |

Description of Prior WIA/WIOA/Other Services:

Describe the type of WIA/WIOA services previously provided as identified above. If bidder provided training services, state the length of training; setting of training (rural, metropolitan, suburban); and any additional services provided per contract (e.g., eligibility determination, remediation, support services).

If prior experience was in coordinating or managing programs/services rather than actual training, specify the activity and funding source and any associated performance outcomes. If pertinent experience with other programs rather than WIA/WIOA, please provide the activity, funding source and any associated performance outcomes.

(Up to one additional page may be used to complete the narrative portions of each ATTACHMENT E that is submitted with the proposal. Up to ten copies of the entire Attachment E can be made to report performance for multiple agencies/organizations/programs, and/or contracts. )

**ATTACHMENT F**

**DESCRIPTION OF NEED FORM**

1. List the counties the project proposes to serve (Counties of service are limited to: Bartow; Catoosa; Chattooga; Dade; Fannin; Floyd; Gilmer; Gordon; Haralson; Murray; Paulding; Pickens; Polk; Walker; and Whitfield.)

1. List the One-Stop site(s) proposed to be served by the Bidder by city. The comprehensive center will be in Rome, GA. If providing One-Stop Operator services for affiliate sites, specify location(s) by city and physical address(es) if secured. NOTE: The bidder should be aware that each entity that carries out a program or activities in the NWGA Comprehensive One Stop (COS) must use a portion of the funds available for the program and activities to maintain the One-Stop delivery system. Proportionate costs attributed to the One-Stop Operator will be assumed by the WDB for facility and associated infrastructure costs. Consequently, this will not be an expense to be included in this RFP, unless the Bidder is offering these costs as in-kind or the Bidder owns or rents the One-Stop. Otherwise, it will be negotiated as part of the Resource Sharing Agreement.
2. The WDB has determined that there is a need for One-Stop Operator services for the COS in Rome, Georgia. If you are proposing to be a One-Stop Operator for affiliate sites, please describe the need for this project and how it was identified. Explain why this need will be unmet without this project.
3. Does this project duplicate or supplant any existing programs? Yes; No

If yes, describe which programs it is supplanting or duplicating.

(Up to one additional page may be used to complete this form.)

**ATTACHMENT G**

**PROJECT DESCRIPTION FORM**

1. Project Narrative: Give an overall description of your project. Please also address if the proposal is for One-Stop Operator (OSO) function at the comprehensive One-Stop Center and/or the One-Stop Operator of the affiliated sites. (Use additional pages as needed)
2. Collaboration
3. Indicate the partners/agencies/organizations this project will collaborate with and how the operator will incorporate all required partner programs into the One-Stop. Will some partners be present via electronic access to services? If so, how will this be addressed by the One-Stop Operator? For example, who will be responsible for providing assistance with electronic access if necessary? Will training be provided to all staff on the program’s basic requirements? How will system outages/malfunctions be addressed?
4. Indicate past experience in collaborating with these organizations.
5. How will the One-Stop Operator ensure all partner agencies are collaborating and cooperating in the implementation of the partner programs and in the delivery of career services or referrals to appropriate services/training? Please address proposed training for the One-Stop Operator and cross training for one-stop partner staff.
6. How will the Operator assure compliance with federal/state/local regulations and policies by both the One-Stop Operator and the partner agencies? These regulations pertain to, but are not limited to, the following: ADA; EEO; Veterans Priority of Service; Confidentiality Requirement under Federal, State, and Local policy, WIOA Final Rule; Conflict of Interest and Code of Conduct Policies.
7. The One-Stop Operator will be involved in the development and implementation of a Memorandum of Understanding (MOU) and Resource Sharing Agreement (RSA) between the NWGA Workforce Development Board, local elected officials, and all of the One-Stop partners at the comprehensive One-Stop. If proposing for the One-Stop Operator at the comprehensive site to be located in Rome, Georgia, provide a brief description of your vision for ensuring smooth operations between multiple partners/agencies/organizations and for guiding/coordinating staff and program services towards a highly efficient, effective One-Stop system. In describing your strategies, please note that as part of the MOU, a One-Stop partner, may agree to have staff receive guidance from the One-Stop Operator regarding the provision of labor exchange or other One-Stop services. Personnel matters, however, including compensation, personnel actions, terms and conditions of employment, performance appraisals, and accountability of State Merit employees remain under the authority of their respective State agencies. Please address how difficult situations impacting customer service or the perception of the One-Stop might be handled by the One-Stop Operator. How will you address quality control or lack of partner engagement issues?
8. What is your plan for One-Stop partner meetings? How will you determine what the common mission/goals/objectives are for all partners related to the one-stop system? How will these be communicated to the frontline staff?

**ATTACHMENT G-1**

**PROJECT IMPLEMENTATION**

1. Facilities Information

Until the Comprehensive One-Stop facilities have been finalized and the resource sharing agreement in place, it is difficult to project facilities and corresponding costs. However, the proposer/bidder may describe if:

1. It is agreeable to locate staff at the One-Stop(s) when ultimately secured (one will be in Rome, Georgia)
2. The number of staff and the corresponding percentages of time staff will be located at the comprehensive One-Stop sites no later than July 1, 2023 through June 30, 2024).
3. If proposing to be the One-Stop Operator (OSO) for an affiliated site or sites, provide the proposed location of staff.
4. Project Specific Information
5. Staffing Patterns and Capabilities
6. Indicate number of staff needed for the successful operation of this project.
7. Indicate the number of existing staff to be used in the operation of this project.
8. Indicate number of staff to be hired utilizing this project’s funds.
9. Attach to this form (ATTACHMENT G-1) a job description and the minimum required qualifications for each position proposed for funding by Northwest Georgia WDB WIOA funds in implementing this project. If the bidder is also a service provider, describe how the separation of duties and lines of authority prevent conflicts with service provisions since the oversight of all partners including one’s own agency should have internal controls. (Reference organizational chart to explain). Attach to this form an organizational chart.
10. If existing staff are to be utilized and funded by this project, in whole or in part, attach resumes to this form (ATTACHMENT G-1) for each identified staff person that will contribute to this project. List which positions they will fill and the percent of their time devoted to this project. If staff is to be hired, list the position submit when the hire is made.

Position # Hours per Week % of Time Name (if applicable)

1. Do the proposed staff have:
2. Customer service experience?
3. Experience handling complaints or concerns from customers?
4. Experience in oversight of staff teams and/or developing and/or delivering technical assistance?

Please indicate and discuss the pertinent experience.

1. Address how the OSO will, in cooperation with the One-Stop partners, ensure adequate outreach for the One-Stop Center. How will target populations be reached (e.g., individuals who are low-income, dislocated workers, individuals lacking basic skills, long-term unemployed, etc.)? What types of advertising will be used to attract each customer group? How will social media be used to increase awareness of the services provided through the One-Stop? What local organizations will be contacted to offer speaking engagements, written materials, etc.
2. Performance
3. Describe what performance standards or benchmarks are proposed in addition to those in the RFP to determine the efficiency and effectiveness of the system.
4. What will be the collection or validation methodology for associated performance standards/benchmarks including those proposed and those in the RFP?
5. The OSO will be asked to implement continuous improvement of the system. The Baldrige criteria will probably be preferred. How will the OSO implement this or will there be other methods to assure continuous improvement?
6. How will the OSO measure customer satisfaction with the One-Stop system? Describe what methodologies and timeframes will be used for collecting this data from both individuals and employers. How will the results be incorporated into continuous improvement efforts?
7. Leadership and Collaboration Strategies/Expertise
8. How will the OSO ensure that all partners are contributing financially to the Center, via cash and in-kind resources as well as staff time?
9. What facilitation/leadership capabilities are evidenced by the bidder? Include qualities attributable to the organization as well as any identified key staff who will be involved in the project.

(Use additional pages as needed)

|  |  |  |
| --- | --- | --- |
| ATTACHMENT H – WIOA PERFORMANCE MEASURES | | |
| **Performance Measure** | **Group** | **Definition** |
| Entered Employment Rate Q2 post exit | Adults (18 & Older) and Dislocated Workers | The percentage of WIOA registered participants in unsubsidized employment during the 2nd quarter after exit from the program. |
| Employment Retention Rate Q4 post exit | Adults and Dislocated Workers | The percentage of WIOA registered participants in unsubsidized employment during the 4th quarter after exit from the program. |
| Median Earnings | Adults and Dislocated Workers | The median earnings of WIOA registered participants who are in unsubsidized employment in the 2nd quarter after exit from the program. |
| Credential Attainment | Adults, Dislocated Workers, Youth | The percentage of WIOA registered participants who obtain a post-secondary credential, an industry, a state or a nationally recognized credential or a high school diploma or GED during participation in a program or within 1 year after exit from the program. |
| Measurable skills gain | Adults, Dislocated Workers, Youth | Percentage of WIOA registered participant who during a program year are in education or training that leads to a recognized postsecondary credential or employment and who are achieving measurable skill gains towards those goals. |
| Placement in the 2nd Quarter | Youth | The percentage of WIOA registered participants in education or training or in unsubsidized employment during the 2nd quarter after exit from the program |
| Placement in the 4th Quarter | Youth | The percentage of WIOA registered participants in education or training or in unsubsidized employment during the 4th quarter after exit from the program. |

ATTACHMENT H (CONTINUED)

|  |  |  |
| --- | --- | --- |
| **Adult Program** | **Performance Goals 2022** |  |
| Employment Rate 2nd Quarter After Exit | 81% |  |
| Employment Rate 4th Quarter After Exit | 82% |  |
| Median Earnings 2nd Quarter After Exit | $6,700 |  |
| Credential Attainment within 4 Quarters After Exit | 71% |  |
| Measurable Skills Gain | 59% |  |
| **Dislocated Worker** |  |  |
| Employment Rate 2nd Quarter After Exit | 82% |  |
| Employment Rate 4th Quarter After Exit | 82% |  |
| Median Earnings 2nd Quarter After Exit | $8,200 |  |
| Credential Attainment within 4 Quarters After Exit | 73% |  |
| Measurable Skills Gain | 61% |  |
| **Youth** |  |  |
| Employment Rate 2nd Quarter After Exit | 76% |  |
| Employment Rate 4th Quarter After Exit | 77% |  |
| Median Earnings | $2,200 |  |
| Credential Attainment within 4 Quarters After Exit | 79% |  |
| Measurable Skills Gain | 66% |  |

**ATTACHMENT I**

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of NORTHWEST GEORGIA REGIONAL COMMISSION has registered with and is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Work Authorization User ID# (E-Verify Company ID#)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contractor Date of Authorization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Officer or Agent of Contractor Unique Entity Identifier Number(SAM)

\_\_WIOA Adult/DW/Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Public Employer

I hereby declare under the penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (ST)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Officer or Agent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title of Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**

**ON THIS \_\_\_\_\_\_\_DAY OF\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTARY PUBLIC**

**My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHMENT J**

**ORGANIZATIONAL INFORMATION FORM**

1. General Information
2. Date organization was established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this organization a corporation? \_\_\_\_\_\_YES \_\_\_\_\_\_NO

If yes, attach to this form (ATTACHMENT J) a copy of the most current corporate registration certificate  
 for the State of Georgia.

1. 1) Is this a community based organization? \_\_\_\_\_\_YES \_\_\_\_\_\_ NO

Community Based Organizations. Private nonprofit organizations which are representative of   
 communities or significant segments of communities and which provide job training services   
 (e.g., Opportunities Industrialization Centers, the National Urban League, SER-Jobs for   
 Progress, United Way of America, Mainstream, Jobs for Youth, Association of Farm Worker   
 Opportunity Programs, the Center for Employment Training, literacy organizations, agencies or   
 organizations serving older individuals, organizations that provide service opportunities,   
 organizations operating career intern programs, youth corps programs, neighborhood groups   
 and organizations, community action agencies, community development corporations, vocational rehabilitation organizations, rehabilitation facilities, agencies serving youth, agencies serving individuals with disabilities, including disabled veterans, agencies serving displaced   
 homemakers, union-related organizations, employer-related nonprofit organizations, and   
 organizations serving non-reservation Indians as well as tribal governments and native Alaskan   
 groups. Women's organizations with knowledge about or experience in non-traditional training   
 for women and are recognized in the community in which they are to provide services are also  
 considered community-based organizations. Note that governmental agencies are NOT "community-based organizations". "Educational organizations" include the public schools, the   
 vocational technical institutes, and the colleges located within the area.)

2) If you indicated “Yes”, that your organization is a community-based organization but your   
 organization is not named specifically above (i.e., United Way of America), describe how   
 your organization qualifies as community-based.

1. Provide a bank reference, including the address, phone number, contact person, and contact   
   person’s title. Also include the type(s) of account(s).
2. Federal Withholding Tax Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Georgia Withholding Taxes Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Georgia Unemployment Insurance (UI) Tax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Attach to this form, ATTACHMENT J, a letter from the organization’s CPA or Financial   
   Official, verifying that the Federal and State withholding taxes and Georgia UI taxes are   
   current.
6. Does organization have a current fidelity bond? \_\_\_\_\_ YES; \_\_\_\_\_ NO.

If yes, attach to this form (ATTACHMENT J) a copy of the current fidelity bond.

1. Is the organization a non-public postsecondary school? If yes, attach the applicable license.
2. Fiscal Controls

a. Briefly describe the accounting system and internal controls utilized in assuring fiscal accountability. Specify method of accounting used (cash/accrual/modified accrual/other).

b. Identify the source and amounts of any supplemental funds (non-WIOA funds) that will be used in providing the services planned in this proposal.

1. Audit

Provide one copy of the two most current audits of your organization, unless a current audit has been previously provided to NWGRC. If an audit has been provided to NWGRC, indicate the date it was provided and the type of audit provided. If a contractor is legally prohibited from providing an audit, this requirement will be waived, but should be so noted. Indicate if this organization is subject to the Single Audit Act.

Complete all appropriate spaces:

Audit(s) provided in this package: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Audit(s) previously provided to NWGRC on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of audit(s) previously provided to NWGRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer legally prohibited from providing audit: Yes \_\_\_\_\_ No \_\_\_\_\_

Organization is subject to Single Audit Act: Yes\_\_\_\_\_ No\_\_\_\_\_

1. Board of Directors

Attach to this form (ATTACHMENT J) a listing of the names of all members of the proposing company/agency/organization’s Board of Directors if a private for-profit or private non-profit corporation.

1. Lease Agreement

Attach to this form (ATTACHMENT J) a copy of the current lease agreement for the organization’s facilities if the organization currently leases a facility.

1. Working Capital Advance

Indicate whether this project will need an advance in order to begin operation:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the amount necessary to begin operations. Note that collateral will be required for the amount of the advance.

Amount of working capital advance requested: $

1. Worker's Compensation Insurance

a. Name of carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business License

Indicate if a city and/or county business license is required in the county(ies) of operation of this project/organization.

\_\_\_\_\_Yes; \_\_\_\_\_ No. If yes give business license number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Related Parties

Identify between the proposing agency, its staff and/or Board member(s), and another entity any business or personal relationships, jointly owned assets or other related interests which are planned to be utilized in the services to be provided in the proposed project, if applicable. Describe the nature of the relationship. (Failure to disclose related party information may result in the imposition of sanctions or other appropriate measures by NWGRC.)

1. Better Business Bureau

Indicate if the proposing agency is in good standing with the Better Business Bureau.

\_\_\_\_\_Yes; \_\_\_\_\_ No.

1. Has the proposing agency or its principles been found at fault in criminal, civil, or administrative proceedings related to its performance as a training or educational institution?

\_\_\_\_\_Yes; \_\_\_\_\_ No. Discuss:

(Up to one additional page may be used to complete this form, excluding required attachments.)

**ATTACHMENT K**

**BUDGET INFORMATION**

**(For Information Only - Do Not Return with the Proposal)**

1. Contracts awarded to State and local governmental agencies and private non-profit

organizations will be on a negotiated, direct reimbursement basis, using the format on

ATTACHMENT K-1.

2. All proposers - private-for-profit, State and local governmental agencies, and private non-profit organizations must complete ATTACHMENT K-1 and ATTACHMENT K-2 using the instructions on ATTACHMENT K-3.

3. Complete Attachment K-4 to project Year 2 and Year 3.

\* \* \*

**ATTACHMENT K-1**

**DETAILED BUDGET - Year One**

**TOTAL**

AGENCY: Begin Date: End Date: .

**NOTE: All shaded areas are to be used for subtotals. This form is to be completed by all offerors.**

| EXPENSE ITEM | A. TOTAL | B. ADMINISTRATIVE | C. PROGRAM |
| --- | --- | --- | --- |
| 1. Personnel Salaries by Position/% of Time (Sub-Total) |  |  |  |
| A. |  |  |  |
| B. |  |  |  |
| C. |  |  |  |
| D. |  |  |  |
| 2. Personnel Benefits/Type/% Base (Sub-Total) |  |  |  |
| A. Position: | XXX | XXX | XXX |
| 1. Social Security |  |  |  |
| 2. Workmen's Compensation |  |  |  |
| 3. Health |  |  |  |
| 4. Other (Specify) |  |  |  |
| B. Position: | XXX | XXX | XXX |
| 1. Social Security |  |  |  |
| 2. Workmen's Compensation |  |  |  |
| 3. Health |  |  |  |
| 4. Other (Specify) |  |  |  |
| C. Position: | XXX | XXX | XXX |
| 1. Social Security |  |  |  |
| 2. Workmen's Compensation |  |  |  |
| 3. Health |  |  |  |
| 4. Other (Specify) |  |  |  |
| D. Position: | XXX | XXX | XXX |
| 1. Social Security |  |  |  |
| 2. Workmen's Compensation |  |  |  |
| 3. Health |  |  |  |
| 4. Other (Specify) |  |  |  |

\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

| EXPENSE ITEM | A. TOTAL | B. ADMINISTRATIVE | C. PROGRAM |
| --- | --- | --- | --- |
| 3. Total Travel (Sub-Total) |  |  |  |
| A. Local Travel mi/mo x months @ ¢ per mile |  |  |  |
| B. Non-Local Travel |  |  |  |
| 4. Training Materials & Supplies/Units: per month  (Sub-Total) |  |  |  |
| A. Item: |  |  |  |
| B. Item: |  |  |  |
| C. Item: |  |  |  |
| D. Item: |  |  |  |
| 5. Non-Training Materials & Supplies/Units:  per month (Sub-Total) |  |  |  |
| A. Item: |  |  |  |
| B. Item: |  |  |  |
| C. Item: |  |  |  |
| D. Item: |  |  |  |
| 6. Facilities/sq.ft/cost per sq.ft./months (Sub-Total) |  |  |  |
| A. Classroom Rent |  |  |  |
| B. Office Rent |  |  |  |
| C. Utilities |  |  |  |
| 7. Equipment Purchase/Lease/Units: per unit (Sub-Total) |  |  |  |
| A. Item: |  |  |  |
| B. Item: |  |  |  |
| C. Item: |  |  |  |
| D. Item: |  |  |  |

\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

| EXPENSE ITEM | A. TOTAL | B. ADMINISTRATIVE | C. PROGRAM |
| --- | --- | --- | --- |
| 8. Other expenses (Sub-Total) |  |  |  |
| A. Non-Direct/Indirect Costs |  |  |  |
| B. Audit |  |  | XXX |
| C. Postage & Mail Service |  |  |  |
| D. Telephone $ per month/ months |  |  |  |
| E. Profit/Program Income - \_\_\_\_\_\_\_% |  |  |  |
| F. Other (Specify): |  |  |  |

ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

**BUDGET SUMMARY FOR YEAR ONE**

|  |  |  |  |
| --- | --- | --- | --- |
| SUB-TOTALS FROM PAGES 45 THRU 47 | A. TOTAL | B. ADMINISTRATIVE | C. PROGRAM |
| 1. Personnel Salaries |  |  |  |
| 2. Personnel Benefits |  |  |  |
| 3. Total Travel |  |  |  |
| 4. Training Materials & Supplies |  |  |  |
| 5. Non-Training Materials & Supplies |  |  |  |
| 6. Facilities |  |  |  |
| 7. Equipment Purchase/Lease |  |  |  |
| 8. Other Expense |  |  |  |
| TOTAL BUDGET |  |  |  |

\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

**ATTACHMENT K-2**

**BUDGET NARRATIVE FOR YEAR ONE**

[Up to three (3) additional pages may be used to complete this form.]

**ATTACHMENT K-3**

**EXPLANATION OF COST CATEGORIES**

**AND**

**INSTRUCTIONS FOR DETAILED BUDGET TOTAL**

**AND BUDGET NARRATIVE**

**(For Information Only - Do Not Return With Proposal)**

1. Explanation of Cost Categories:
2. The costs of administration are that allocable portion of necessary and reasonable allowable costs of State and local workforce Development boards, direct recipients, including State grant recipients under subtitle B of Title I and recipients of awards under subtitle D of Title I, as well as local grant recipients, local grant sub-recipients, local fiscal agents and One-Stop Operators that are associated with those specific functions identified in paragraph (B.) of this section and which are not related to the direct provision of workforce Development services, including services to individuals and employers. These costs can be both personnel and non-personnel and both direct and indirect. It is anticipated that most costs included in the proposed budget for the One-Stop Operator services will be program and not administrative costs due to the fact that the One-Stop Operator will primarily perform functions related to serving One-Stop customers. See costs associated with programmatic functions listed in paragraph B. below. Proposers are encouraged to provide administrative functions as in-kind contributions whenever feasible.
3. The costs of administration are the costs associated with performing the following functions:

1. Overall general administrative functions and coordination of those functions under WIOA Title I:

a. Accounting, budgeting, financial and cash management functions;

b. Procurement and purchasing functions;

c. Property management functions;

d. Personnel management functions;

e. Payroll functions;

f. Coordinating the resolution of findings arising from audits, reviews, investigations and incident reports;

g. Audit functions;

h. General legal services functions; and

i. Developing systems and procedures, including information systems, required for these administrative functions;

2. Oversight and monitoring responsibilities related to WIOA administrative functions;

3. Costs of goods and services required for administrative functions of the program, including goods and services such as rental or purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space;

4. Travel costs incurred for official business in carrying out administrative activities or the overall management of the WIOA system; and

5. Costs of information systems related to administrative functions (for example, personnel, procurement, purchasing, property management, accounting and payroll systems) including the purchase, systems development and operating costs of such systems.

6. Awards to sub-recipient or vendors that are solely for the performance of administrative functions are classified as administrative costs.

1. The costs associated with performing programmatic functions:

1. Personnel and related non-personnel costs of staff who perform both administrative functions specified in paragraph (B.) of this section and programmatic services or activities must be allocated as administrative or program costs to the benefitting cost objectives/categories based on documented distributions of actual time worked or other equitable cost allocation methods.

2. Specific costs charged to an overhead or indirect cost pool that can be identified directly as a program cost are to be charged as a program cost. Documentation of such charges must be maintained.

3. Except as provided at paragraph (C. 1.), all costs incurred for functions and activities of sub-recipients and vendors are program costs.

4. Costs of the following information systems including the purchase, systems development and operating (e.g., data entry) costs are charged to the program category:

a. Tracking or monitoring or participant and performance information;

b. Employment statistics information, including job listing information, job skills information, and demand occupation information;

c. Performance and program cost information on eligible providers of training services,

youth activities, and appropriate education activities;

d. Local area performance information; and

e. Information relating to supportive services and unemployment insurance claims for program participants;

5. Continuous improvement activities are charged to administration or program category based on the purpose or nature of the activity to be improved. Documentation of such charges must be maintained.

1. INSTRUCTIONS FOR ATTACHMENTS K-1 AND K-2

Please follow the Budget format provided below for ATTACHMENTS K-1 and K-2.

Complete ATTACHMENT K-1 to reflect the total cost of your project. All Proposed costs should be necessary, reasonable, allocable, and allowable. When indicated in the instructions below, complete K-2 BUDGET NARRATIVE to justify budget items. The total column should be the sum of the program costs and administration costs for the period indicated at the top of the form. In general, the cost classifications are as follows:

1. Personnel Salaries: List each position title; the annualized salary; the percentage (%) of time to be charged to the LWIOA-1 project; the total amount requested (Column A); the amount chargeable to administration (Column B); and the amount chargeable to program related, if applicable (Column C). Subtotal salaries cost by category and record in the shaded area as indicated. Use additional copies of this page, if necessary.

2. Personnel Benefits: Provide the percentage (%) and the base used to determine the benefits requested for each individual listed in #1 of the Detailed Budget. Note that the positions listed in the benefits section should correspond to the positions listed in the Personnel Salaries section. Complete Column A, B, and C as described under “Personnel Salaries.” Subtotal the benefits by category and record in the shaded area as indicated. Use additional copies of this page, if necessary.

3. Total Travel: Record the subtotal of local and non-local travel by category in the shaded area as indicated.

a. Local Travel: Provide the total number of miles times the number of months times what is allowed by your agency up to the current rate approved by the IRS. Complete Columns A, B, and C. Local travel is considered the fifteen (15) county Northwest Georgia area.

b. Non-local Travel: Complete Columns A, B, and C. Describe the purpose of the non-local travel in the Budget Narrative, ATTACHMENT K-2. Non-local is considered that outside the fifteen (15) county Northwest Georgia Area.

4. Training Materials and Supplies: Specify the items requested, the number of units, the costs per unit, and complete Columns A and C. Provide justification of training materials in the Budget Narrative, ATTACHMENT K-2. Subtotal the training materials and supplies requested and record in the shaded area as indicated.

5. Non-training Materials and Supplies: Specify the amount of non-training materials and supplies requested. Provide justification in the Budget Narrative, ATTACHMENT K-2. Complete Columns A, B, and C as appropriate. Subtotal non-training materials and supplies by category and record in the shaded area as indicated.

6. Facilities: Specify the amount of square feet, cost per square foot, and the number of months for classroom and/or office rent. Complete the amount requested for utilities. Complete Columns A, B, and C for each item as appropriate. Subtotal facilities costs by category and record in the shaded area as indicated.

7. Equipment Purchase/Lease: If the offeror/bidder requests equipment purchase, please provide justification in the Budget Narrative, ATTACHMENT K-2. Specify the item of equipment, the number of units, the cost per unit and whether to be purchased or leased. Complete Columns A, B, and C, if applicable.

10. Other Expenses: Record the subtotal of other expenses by category in the shaded area as indicated.

a. Non-direct/Indirect Costs: Specify other costs which are non-direct or indirect. For both non-direct and indirect cost, provide a separate identification of each service, the total expense for that service, the percentage charged to the contract and the basis for the allocated charge in the Budget Narrative, ATTACHMENT K-2. Enter the percentage (%) and Base Amount in the Budget. Complete Columns A, B, and C, if applicable. Refer to ATTACHMENT K-3 for instructions in classifying costs to categories other than administration. Documentation of a federally approved indirect cost rate must be from the offeror’s oversight agency and must be attached to ATTACHMENT K-2, the Budget Narrative. Otherwise, the de minimis indirect cost rate must be used. Details of how the de minimus indirect cost rate must be applied can be found in OMB’s Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (§2 CFR 200.414(f)).

b. Audit: Specify the amount requested for audit and complete Columns A, B, and C, if applicable.

c. Postage: Specify the amount requested for postage and complete Columns A, B, and C, if applicable.

d. Telephone: Provide the amount requested for telephone. Complete Columns A, B, and C. Specify the amount per month and the number of months.

e. Profit/Program Income: Identify the profit margin/percent (%) and the cost base and total against which it is applied in the Budget Narrative, ATTACHMENT K-2. For program income, identify sources of income generation and amount in the Budget Narrative. Complete Columns A and C.

f. Other: Specify other costs requested. Provide justification for such costs on the Budget Narrative, ATTACHMENT K-2. Also, include any stand-in costs. Stand-in costs are those paid from non-Federal sources that a contractor proposes to substitute for Federal costs that have been disallowed as a result of an audit or other review.

SUB-TOTALS: Enter the subtotals for each section, lines 1-10, as requested. Record the totals for each column as indicated. Note that the total requested should be the same as requested on ATTACHMENTS A and K-1 (if applicable).

\* \* \*

**ATTACHMENT K-4**

**BUDGET ESTIMATE FOR YEAR TWO**

|  |  |
| --- | --- |
| **Estimate for Year Two** | **Total Amount Requested** |
| 1. Personnel Salaries |  |
| 2. Personnel Benefits |  |
| 3. Total Travel |  |
| 4. Training Materials & Supplies |  |
| 5. Non-Training Materials & Supplies |  |
| 6. Facilities |  |
| 7. Equipment Purchase/Lease |  |
| 8. Other Expenses |  |
| **Total Estimated Budget** |  |

Round all to the next highest dollar. Do not include cents.

......................................................................................................................................................................................

**BUDGET ESTIMATE FOR YEAR THREE**

|  |  |
| --- | --- |
| **Estimate for Year Three** | **Total Amount Requested** |
| 1. Personnel Salaries |  |
| 2. Personnel Benefits |  |
| 3. Total Travel |  |
| 4. Training Materials & Supplies |  |
| 5. Non-Training Materials & Supplies |  |
| 6. Facilities |  |
| 7. Equipment Purchase/Lease |  |
| 8.Other Expenses |  |
| **Total Estimated Budget** |  |

Round all to the next highest dollar. Do not include cents.

**ATTACHMENT L**

**SPECIFIC FIDELITY BONDING REQUIREMENTS**

**(For Information Only - Do Not Return With Proposal)**

The amount of bonding required for the contract is determined by calculating the total amount of the contract by the percentage shown on the attached schedule. In purchasing the bond, it may be necessary to purchase slightly more than the minimum required since some insurance companies “round off” figures to whole thousands.

The bond may be a blanket bond covering all contractor employees, or it may be a position bond, listing specific positions. If a position bond is used, the positions bonded should be those persons handling funds. Positions frequently bonded are board chairperson, director, treasurer, and bookkeeper, varying with individual circumstance. If a position bond is used, each position scheduled must be for the minimum amount required. [Example: If a contract required $75,000.00 bonding, each schedule position should be bonded for that amount (not scheduling three positions for $25,000.00).]

If there is insufficient time between the point at which a bond is ordered and the date for processing a contract, a binder from the insurance agency may be used. However, the binder must include the period of coverage, the positions bonded if it is a schedule-type bond, and the bonding company (as distinguished from the insurance agency). If a letter from the insurance agency is to be used as a binder, it must indicate the coverage is bound in definite, exact terms, such as “The bond will be issued........,” or “Coverage is bound...,” rather than phrases such as “The bond has been ordered,” “We have asked the company to issue the bond...,” etc. However, it is the responsibility of the contractor to assure that a final copy of the bond or rider is received, maintained on file and appropriate copies submitted to NWGRC.

Once the bond and/or binder is determined correct, one (1) copy of the fidelity bond or binder will be needed to attach as an annex to the contract.

Federal, State, and local governmental organizations need not provide bonding coverage, provided they have a general or blanket bond, covering employee dishonesty or fraudulent actions.

NWGRC reserves the right to modify bonding requirements that may be considered desirable or necessary to protect WIOA or NWGRC funds.

Any clarifications regarding bonding requirements should be directed to Joey Cumbie at (706) 295-6485.

\* \* \*

**ATTACHMENT L-1**

**SCHEDULE OF**

**FIDELITY/ASSURANCE BONDS**

**(For Information Only - Do Not Return With Proposal)**

A certificate of bonding is required to cover the contracting official for Financial Responsibility and be in accordance with the following schedule:

TOTAL CONTRACT BUDGET AMOUNT OF BOND

Up to $50,000 25%

50,000 to 54,999 24%

55,000 to 59,999 23%

60,000 to 64,999 22%

65,000 to 69,999 21%

70,000 to 74,999 20%

75,000 to 79,999 19%

80,000 to 84,999 18%

85,000 to 89,999 17%

90,000 to 94,999 16%

95,000 to 99,999 15%

100,000 to 199,999 14%

200,000 to 399,999 13%

400,000 and up 12%

“Total Contract Budget” refers to the total amount of money that the NWGRC is responsible for in connection with the contract.

\* \* \*

**ATTACHMENT M**

**NORTHWEST GEORGIA REGIONAL COMMISSION**

**Workforce Innovation & Opportunity Act Program Services**

**Complaint/Grievance Policy and Procedures**

Pursuant to section 181 and 188 of the Workforce Innovation and Opportunity Act (WIOA) and in compliance with 29 U.S.C. 3241 and 29 U.S.C 3248, the Northwest Georgia Workforce Development Board (WDB) shall adhere to an established complaint and grievance procedure.

The following complaint and grievance procedure shall be implemented for any complaints and/or grievances that arise at the Workforce Development Area – Region 1 (WIOA-1) level:

**GENERAL POLICY**

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through WIOA Title I paid for by the Northwest Georgia Regional Commission (NWGRC) and/or the Northwest Georgia Regional Workforce Development Board (NWGWDB) will be treated fairly. Complaints/grievances should be filed in accordance with the written procedures established by Northwest Georgia Regional Commission. Signed and dated grievance formswith accurate contact information are included in all participant case files. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of this program, you have the right to file a complaint/grievance.**

**EQUAL OPPORTUNITY POLICY**

NWGRC adheres to the following United States law: "No individual shall be excluded from participation, 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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status), national origin (including Limited English Proficiency (LEP)), age, gender identity, disability, or political affiliation, belief, or against any beneficiary of being considered for any WIOA Title I financially assisted aid, benefit, service, or training, or an individual who has been determined eligible to participate in and who is receiving any aid, benefit, service or training under a program or activity financially assisted in whole or in part under Title I of WIOA, or citizenship/status as a lawfully admitted immigrant authorized to work in the United States." References include: The Workforce Innovation and Opportunity Act of 2014 P. L. 113-128 USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014 29 C.F.R.§ 38.1 effective January 3, 2017.

**COMPLAINTS OF DISCRIMINATION**

The NWGRC is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, gender identity, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.

If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the Northwest Georgia Regional Commission, WIOA Equal Opportunity Officer, Phyllis Walker, P.O. Box 1798, Rome, GA 30162-1798, 706.295.6485, TDD 800.255.0056, [pwalker@nwgrc.org](mailto:pwalker@nwgrc.org), or with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room 4123, Washington, DC 20210.

**OR**

Complaints may also be filed with the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, Technical College System of Georgia, Office of Workforce Development, 1800 Century Place NE, Suite 150, Atlanta, GA 30345-4304, 404.679.1371, TTY/TDD 800.255.0056, [WIOAcompliance@tcsg.edu](mailto:WIOAcompliance@tcsg.edu).

Furthermore, the USDOL Civil Rights Center provides a complaint form which should be utilized, if sending a discrimination-based complaint, and can be found at <http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>

If the complainant chooses to file the discrimination complaint with the Northwest Georgia Regional Commission or with the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, then the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer or the NWGRC has 90 days to resolve the complaint and issue a written Notice of Final Action. The Notice of Final Action for each issue raised in the complaint will contain a statement from either NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, a decision on the issue and an explanation of the reason underlying the decision or a description of the way the parties resolved the issue.

If the complainant is dissatisfied with the resolution of his/her complaint at NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, the complainant may file a new complaint with the Civil Rights Center (CRC) within 30 days of the date on which the complainant receives the Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution (ADR) at the complainant’s choice. The complainant may attempt ADR at any time after the complainant has filed a written complaint with NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, but before a Notice of Final Action has been issued. The choice whether to use ADR or the customary process rests with the complainant. A party to any agreement reached under ADR may notify the Director in the event the agreement is breached. In such circumstances, the non-breaching party may notify the Director within 30 days of the date on which the non-breaching party learns of the alleged breach and the Director must evaluate the circumstances to determine whether the agreement has been breached. If the Director determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with NWGRC’s procedures. If the parties do not reach an agreement under ADR, the complainant may file a complaint with the EO Officer (or the person who has been designated for this purpose) or Director. Complaints filed with the Director should be sent to: The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, or electronically at www.dol.gov/crc.

If the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, or NWGRC fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with CRC within 30 days of the expiration of the 90-day period (in other words, within 120 days of the date on which the original complaint was filed).

NWGRC will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation.

**PROCEDURES FOR PROCESSING A COMPLAINT**

At a minimum, the procedures will include the following elements:

1. Initial, written notice to the complainant that contains the following information:
2. An acknowledgment that the complaint has been received; and
3. Notice that the complainant and respondent have the right to be represented in the complaint process by an attorney or other representative;
4. Notice of rights contained in the Equal Opportunity poster; and
5. Notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into non-English languages.
6. NWGRC will issue a written statement of the issue(s), provided to the complainant, that includes the following information:
7. A list of the issues raised in the complaint; and
8. For each such issue, a statement whether NWGRC will accept the issue for investigation or reject the issue, and the reasons for each rejection.
9. A 30 day period for fact finding or investigation of the circumstances underlying the complaint.
10. A 60 day period during which NWGRC attempts to resolve the complaint

Procedures for filing a complaint are listed at [www.careerdepot.org](http://www.careerdepot.org) .

**COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY**

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to one of the following:

1. TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer

Tel: 404.679.1371, TTY/TDD 800.255.0056

Email: [WIOAcompliance@tcsg.edu](mailto:WIOAcompliance@tcsg.edu)

Mailing Address: Technical College System of Georgia, Office of Workforce Development

Attn: OWD Compliance Team

1800 Century Place, NE, Suite 150

Atlanta, GA 30345-4304

1. Georgia Office of Inspector General

Tel: 866.435.7644 (866.HELPOIG)

Mailing Address: 2 M.L.K. Jr. Drive, SW

1102 West Tower

Atlanta, Georgia 30334

Complaint Form: <http://oig.georgia.gov/file-Complaint>

1. United States Department of Labor, Office of Inspector General

Tel: 202.693.6999 or 800.347.3756

Mailing Address: Attn: Hotline, Office of Inspector General

U.S. Department of Labor

200 Constitution Avenue, NW

Room S-5506 Washington, D.C. 20210

Complaint Form: <https://www.oig.dol.gov/hotlinecontact.htm>

**COMPLAINTS AGAINST PUBLIC SCHOOLS**

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20‑2‑989.5.

**ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)**

All other complaints must be filed within 180 days after the act in question by first submitting a **written** request for resolution to:

Phyllis Walker Boyd Austin

WIOA Equal Opportunity Officer Executive Director

Northwest Georgia Regional Commission Northwest Georgia Regional Commission

P.O. Box 1798 P.O. Box 1798

Rome, Georgia 30162-1798 Rome, GA 30165

709.295.6485 706.295.6485

[pwalker@nwgrc.org](mailto:pwalker@nwgrc.org) [baustin@nwgrc.org](mailto:baustin@nwgrc.org)

Complaints filed with NWGRC must contain the following:

1. Full name, telephone number, email (if any), and address of the person making the complaint.
2. Full name, telephone number, email, and address of the person/organization against whom the complaint is made.
3. A clear but brief statement of the facts that the alleged violation occurred, including date(s), identification of ALL relevant parties, and any supporting documentation.
4. Relief requested.
5. Complainant’s printed name, signature and date.

For the grievance/complaint submission form, see pages six and seven of these procedures. The staff of the NWGRC shall provide assistance with the filing of the grievance/complaint submission form upon request of the person making the complaint. Such assistance may include, but shall not be limited to, providing instructions on how to file a complaint; providing reasonable accommodations to complainants with disabilities in accordance with Federal law; providing relevant copies of documents such as WIOA, regulations, local rules, contracts, etc.; and providing clarifications on the relevant provisions. This requirement shall not be interpreted as requiring the release of identifiable information.

A complaint will be considered to have been filed when NWGRC receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, the NWGRC WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved bringing resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant during the informal resolution effort, the NWGRC WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing, if the complainant wishes. Complainant may request a hearing provided that such request must be written and addressed to the NWGRC WIOA Equal Opportunity Officer.

A complaint may be amended to correct a technical deficiency at any time up until the date of resolution or the date of a hearing, if a hearing is requested in writing prior to the issuance of a resolution. Complaints may be withdrawn by the complainant at any time prior to the issuance of a resolution. In the event a Complaint is received which does not contain enough information to enable the NWGRC to resolve the issue, the NWGRC shall make reasonable efforts to contact the complainant and gather additional, necessary information.

In the event that a complaint is filed and NWGRC lacks jurisdiction to resolve the complaint, NWGRC shall notify the complainant in writing within 5 business days of making such determination, informing him/her of their lack of jurisdiction.

NWGRC shall record all complaints in a complaint log. At a minimum, the following information shall be collected: complainant’s name and contact information; the date the complaint was filed; the date the NWCRC issued a formal or informal resolution; and a brief description of the complaint. As the complaint log may contain personally identifiable information, the NWCRC shall take every step necessary to ensure the information is protected and only made available to staff or management authorized to view it. In compliance with 29 C.F.R. § 38.39, all alleged discrimination records will be kept at a minimum of three (3) years at a second facility. If the file is in litigation, the file will be kept until the issue has been resolved.

NWGRC shall issue a written resolution for each complaint received no later than 60 days from the date the complaint is filed. The written resolution shall contain the following, at a minimum:

* A recitation of the issues alleged in the complaint;
* A summary of any evidence and witnesses presented by the complainant and the respondent;
* An analysis of the issues as they relate to the facts; and
* A decision addressing each issue alleged in the complaint.

Every complainant shall have the opportunity for a hearing for any complaint that is filed. A request for a hearing must be made in writing by the complainant, preferably at the time the complaint is initially filed. However, a complainant may file a written request for a hearing within 60 days of the date the complaint was filed. If a request for a hearing is made, then the hearing shall be held as soon as reasonably possible to enable a resolution of the complaint no later than 60 days from the day the complaint is filed. The NWGRC shall use the following procedures if a hearing is requested:

Upon receiving written notice of the complainant's request for a hearing, the NWGRC shall respond in writing acknowledging the complainant's request and notifying the complainant and the respondent of the date of the hearing. Such acknowledgment and notice shall be transmitted to the complainant and the respondent within 10 business days of receipt of the complainant's request. The notice shall include, at a minimum:

* 1. The date of issuance;
  2. The name of the complainant;
  3. The name of the respondent against whom the complaint has been filed;
  4. A statement reiterating that the complainant and respondent may be represented by legal counsel at the hearing;
  5. The date, time, and place of the hearing, including the name of the hearing officer serving as an impartial party;
  6. A statement of the alleged violations of WIOA (This may include clarification of the original complaint, but must accurately reflect the content of the submitted documentation of the complainant);
  7. A copy of any policies or procedures for the hearing or identification of where such policies may be found; and
  8. The name, address, and telephone number of the contact person issuing the notice.

The hearing must include an impartial hearing officer selected by the NWGRC; an opportunity for both the complainant and respondent to present an opening statement, witnesses and evidence; an opportunity for each party to cross-examine the other party's witnesses; and a record of the hearing which the NWGRC shall create and retain.

The hearing officer, considering the evidence presented by the complainant and respondent, shall issue a written decision which shall serve as the official resolution of the complaint. The decision shall include the following information, at a minimum: the date, time, and place of hearing; A recitation of the issues alleged in the complaint; a summary of any evidence and witnesses presented by the complainant and the respondent; an analysis of the issues as they relate to the facts; and a decision addressing each issue alleged in the complaint.

Hearings on any complaint/grievance filed shall be conducted within 30 days of any failed informal resolution. Written decisions shall be rendered not later than 60 days after the hearing. Attempts at informal resolution may proceed during the 30-day period between the filing and hearing of the complaint/grievance and prior to the rendering of a decision on the complaint/grievance.

If the complainant(s) does not receive a written decision from the Hearing Officer within 60 days of the hearing of the complaint/grievance, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by the state using the WIOA complaint Information Form found at <https://tcsg.edu/workforce/worksource-georgia/eo-and-grievance-procedure-information/>.

TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer

Technical College System of Georgia, Office of Workforce Development

1800 Century Place NE, Suite 150

Atlanta, GA 30345-4304

Telephone: 404.679.1371, TTY/TDD 800.255.0056

Email: WIOAcompliance@tcsg.edu

Such appeal shall be filed within 60 days of the date of the written decision issued by the NWGRC.

The TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal the decision, WIOA allows for a formal appeal by certified mail, return receipt requested to Secretary, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Attention: ASET 202.693.3015. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator and the opposing party.

Federal appeals must be made within 30 calendar days of the receipt of the local or State decision. USDOL will make a final decision no later than 120 days after receiving a formal appeal. USDOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

**ATTACHMENT N**

**INFORMATION REGARDING LOBBYING**

The first 2 pages of the following form, ATTACHMENT N, Information Regarding Lobbying, are to be returned if the proposer has had Lobbying activities**.**

\*\*\*\*

DISCLOSURE OF LOBBYING ACTIVITIES 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U. S. C. 1352

(See reverse for public burden disclosure)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Type of Federal Action: | | 2. Status of Federal Action: | | | 3. Report Type: | |
| ☐ | a. contract  b. grant  c. cooperative agreement  d. loan  e. loan guarantee  f. loan insurance | ☐ | a. bid/offer/application  b. initial award  c. post-award | | ☐ | a. initial filing  b. material change |
| For Material Change Only:  Year \_\_\_\_\_\_\_\_\_\_ Quarter \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 4. Name and Address of Reporting Entity:  ☐ Prime ☐ Subawardee  Tier, *if known*: \_\_\_\_\_\_  Congressional District, if known: | | | | 5. If reporting Entity in No. 4 is Subawardee, Enter  Name and Address of Prime:  Congressional District, *if known:* | | |
| 6. Federal Department/Agency: | | | | 7. Federal Program Name/Description:  CFDA Number, *if applicable*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 8. Federal Action Number, *if known*: | | | | 9. Award Amount, *if known*:  $ | | |
| 10. a. Name and Address of Lobbying Entity  *(If individual, last name, first name, MI*):  (attach continuation sheet(s) SF-LLL-A, if necessary | | | | b. Individuals Performing Services (*including address if different from No. 10a)*  *(Last name, first name, MI)*: | | |
| 11. Amount of Payment *(check all that apply)*:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐actual ☐ planned | | | | 13. Type of Payment (*check all that apply):*  ☐ a. retainer  ☐ b. one-time fee  ☐ c. commission  ☐ d. contingent fee  ☐ e. deferred  ☐ f. other: specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 12. Form of Payment *(check all that apply):*  ☐ a. cash  ☐ b. in-kind; specify: nature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 14. Brief Description of Service Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:  (attach Continuation Sheet(s) SF-LLL-A, if necessary) | | | | | | |
| 15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No | | | | | | |
| 16. Information requested through this form is authorized by title 31U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. | | | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ | |
| **Federal Use Only:** | | | | | | Authorized for Local Reproduction  Standard Form - LLL |

**DISCLOSURE OF LOBBYING ACTIVITIES** Approved by OMB

**CONTINUATION SHEET**  03348-0046

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|  |
| --- |
| Reporting Entity: Page \_\_\_\_\_ of \_\_\_\_\_ |

¤ U. S. G.P.O. 1990-260-708:00012 Authorized for Local Reproduction

INSTRUCTIONS FOR COMPLETION OF SF-LLL,

DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filling and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first sub-awardee of the prime is the first tier. Sub-awards include but are not limited to subcontracts, subgrants, and contract awards under grants.

5. If the organization filing the report in item 4 checks “Subawardee,” then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action identified ( item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., RFP-DE-90-001.

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contract with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

\* \* \*

ATTACHMENT O

One-Stop System Workflow/Logistical Model

**Instructions: Please complete the following chart and submit it with the proposal. An explanation of each column is provided below. At least one row must be completed for each objective listed, but additional rows may be added to the form if needed.**

**Activities/Strategies**are specific courses of action that will be undertaken by the One-Stop Operator to accomplish the stated objective. While the objective indicates *what*the One-Stop Operator intends to achieve, strategies indicate *how*those objectives will be achieved. Activities/Strategies are action-oriented rather than procedural in nature and are directly linked to output measures.

More than one activity/strategy may be needed for accomplishing each objective. These activities may, and probably will, cross programs or agency lines. Bidders should consider how their organization will work towards the objective as well as how they will coordinate with other One-Stop Partners to achieve the stated objective.

**Inputs/Resources**are the resources that will be used to conduct the activity and achieve the stated result. Resources may include funding, One-Stop and other staff, facilities, or supplies/materials, etc.

**Outputs/Deliverables**are the goods and services produced as a result of the stated activity/strategy (e.g., executed MOU, One-Stop Manual, etc.).

**Output/Outcome Measures**are indicators that count the services/goods produced or assess the actual impact of the activity/strategy. These measures can be used to compare the actual result vs. the intended result. Examples of measures that might be used for various activities are the number of individuals/employers receiving services, the number of new individuals/employers using the One-Stop System, number of successful job referrals, etc. In developing output/outcome measures, the following questions should be addressed:

* Is the output reliably measurable? Will it measure the same thing over a period of time? Will the data used in the measure be available on a continuing basis?
* Is the output measure directly related to the stated activity/strategy?
* Is the output measure clear and are the terms used generally accepted and defined?
* Will it be cost effective and efficient to collect and analyze the required data?
* Where applicable, is there a baseline that will be used to measure what change has occurred after the activity/strategy has been implemented?

|  |  |  |  |
| --- | --- | --- | --- |
| ***Objective: Identify and meet local business needs through the One-Stop System*** | | | |
| Activities/Strategies | Inputs/Resources | Outputs/Deliverables | Output/Outcome Measure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Objective: Fully engage One-Stop Partners in providing customer-focused services through the One-Stop System*** | | | |
| Activities/Strategies | Inputs/Resources | Outputs/Deliverables | Output/Outcome Measure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Objective: Increase One-Stop Centers’ brand recognition among community organizations, businesses, and the general public*** | | | |
| Activities/Strategies | Inputs/Resources | Outputs/Deliverables | Output/Outcome Measure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Objective: Ensure performance outcomes are met for all One-Stop Partner programs*** | | | |
| Activities/Strategies | Inputs/Resources | Outputs/Deliverables | Output/Outcome Measure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Objective: Establish continuous improvement mechanisms that encourage a culture of high performance among One-Stop staff*** | | | |
| Activities/Strategies | Inputs/Resources | Outputs/Deliverables | Output/Outcome Measure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

ATTACHMENT P

PROPOSAL RESPONSIVENESS

NOTE: Attachment P is for information purposes only. This form will be used by NWGRC staff to determine responsiveness.

PROPOSER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any “No response deems this proposal non-responsive and excludes it from further consideration for funding.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | YES | NO | N/A | COMMENTS |
| A. | Proposal met due date and time |  |  |  |  |
| B. | Original proposal is signed in an ink color other than black and three (3) copies are included as specified in the Procedure for Submitting Proposal. |  |  |  |  |
| C. | All required documents were completed and returned and have been signed by the organization’s legal signatory. |  |  |  |  |

Proposal is Responsive: Yes\_\_\_\_ No\_\_\_\_

\*Provide a copy of the results of this checklist to the Evaluation Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer Date

ATTACHMENT Q

FINANCIAL CAPABILITY CHECKLIST

NOTE: Attachment Q is for information purposes only. This form will be used by NWGRC staff to determine financial.

PROPOSER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These items must be submitted prior to execution of a contract. Any “No response will mean that the award of the contract will be contingent upon receipt of the information. However, scoring of Leadership and Financial Capability section of the Evaluation of this Request for Proposal is contingent upon degree of affirmative answers and attachments of documents for applicable items.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | YES | NO | \*N/A | COMMENTS |
| A. | Proposer listed county and/or city business license number. |  |  |  |  |
| B. | Proposer’s Georgia unemployment insurance wage reports and taxes are current as of date of proposal. |  |  |  |  |
| C. | Proposer provided a list of members of the Board of Directors. |  |  |  |  |
| D. | A copy of the current fidelity bond was provided. |  |  |  |  |
| E. | Proposer provided copy of lease agreement, if applicable. |  |  |  |  |
| F. | If Proposer is a corporation, prosper proved a copy of the most current certificate of registration with the Secretary of State office? |  |  |  |  |
| G. | Proposer provided audit (financial). |  |  |  |  |

\*Not Applicable

\*\*Provide a copy of the results of this checklist to the Evaluation Committee. In addition, provide a copy to the Contract Representative for review prior to negotiations.

ATTACHMENT R

EVALUATION

Proposals will be evaluated using the criteria listed below. A minimum of 310 points of the total 450 must be scored in order for a proposal to be considered competitive.

Proposing Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total No. of individuals to be served: Total Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION II: Ranking Information (See attached Ranking Information Description)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. | Project Design | \*Ranking | Factor | Total |
|  | 1. Overall Project Design  2. Project Implementation  3. Performance Plan  4. Leadership/Financial Capability | 0 1 2 3 4 5  0 1 2 3 4 5  0 1 2 3 4 5  0 1 2 3 4 5 | 10  10  15  15 |  |
|  | PART A TOTAL |  |  |  |
|  | COMMENTS: | | | |
| B. | Program Management |  |  |  |
|  | 1. Cost Effectiveness  2. Previous Experience  3. Financial Capability | 0 1 2 3 4 5  0 1 2 3 4 5  0 1 2 3 4 5 | 10  15  15 |  |
|  | PART A TOTAL |  |  |  |
|  | COMMENTS: | | | |
|  | GRAND TOTAL | | | |
| C. | General Comments: | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature Date

RANKING INFORMATION DESCRIPTION

\*0 = Not Addressed 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent

1. Overall Project Design
2. Project Design
3. Does the proposed One-Stop Operator (OSO) describe how they will work to incorporate all partners into the comprehensive One-Stop? (If electronic presence only by any partner, the proposed OSO should address how they will work with them also). Is this description adequate and/or conducive to meeting OSO goals?
4. Does the proposed OSO describe how the proposed operations fit into the entity’s organizational chart and does the description appear effective, efficient, and functional?
5. Does the proposed OSO provide and adequately address how they will ensure all partner agencies are collaborating and cooperating in the implementation of the partner programs?
6. Is compliance with federal/state/local regulations assured for both the OSO and the partner agencies?
7. Is the design consistent with the Workforce Development Plan? The geographic area? A realistic service plan?
8. Is the proposal duplicative of services already available?
9. Do the described vision and strategies for developing effective One-Stop Operations show a broad and realistic understanding of the potential issues/viable resolutions that a One-Stop Operator may face?
10. Project Implementation
11. Proposed Staff- Do job descriptions/resumes or job postings appear to meet requirements for responsibilities and activities of the One-Stop Operator?
12. Does the proposed OSO have existing capacity-building experience?
13. Is outreach addressed to bring together the partner programs to ensure adequate outreach of the one-stop center? Does the plan reflect understanding of target populations for partner programs?
14. Does the Workflow/Logistics Model show activities/strategies that could be reasonably expected to achieve the related objectives? Are the resources identified adequate to accomplish the intended outcomes?
15. Performance
16. Do the proposed OSO outcome measures effectively capture and evaluate efficacy and system effectiveness?
17. Is there a realistic plan for continuous improvement in the One-Stop system that uses real-time performance indicators and explains when and how changes will be implemented?
18. Does the proposed data collection and validation methodology appear adequate?
19. Does the Workflow/Logistics Model contain relevant outputs/outcomes that will measure success and improvements related to the One-Stop System objectives? Are they easy to understand? Are they not onerous to administer and/or analyze?
20. Leadership and Collaboration Strategies/Expertise
    1. Does the proposed OSO provide a feasible plan to ensure all partners are contributing financially to the center via cash and in-kind resources as well as staff time?
    2. Does the proposer provide evidence of facilitation/leadership capability in their plan?
21. Program Management
22. Cost Effectiveness
23. Are costs allowable, necessary, and affordable?
24. Are costs duplicative?
25. Does the offeror provide resources from other sources?
26. What is the cost per person served or service provided? (Person may be counted more than once if receiving more than 1 service.)
27. If included, are profit and/or overhead expenses reasonable?
28. Service Delivery Experience
29. Does the proposed OSO have prior experience in workforce development or related fields?
30. If prior experience, what was the performance outcome?
31. Are references provided that indicate high quality service delivery?
32. Does the proposed OSO have experience in:
33. Customer service?
34. Handling complaints and/or concerns from customers?
35. Oversight of staff teams and experience in developing and delivering technical assistance?
36. Financial Capability
37. Length of time in business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does the agency appear to be stable?
38. Does accounting system appear adequate to insure proper controls?

Type of accounting system: Cash\_\_\_\_\_\_\_\_; Accrual\_\_\_\_\_\_\_\_; Other\_\_\_\_\_\_\_\_

1. Are the results of audits satisfactory?
2. Is bank reference provided?
3. Was all information on the Financial Capability Checklist provided, if applicable?
4. Is the program in good standing with the Better Business Bureau, if applicable?
5. Is the program without fault in criminal, civil, or administrative proceedings related to performance or a training or educational institution or is the question not applicable since there was no proceedings?

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