EXHIBIT E

REFERENCES QUESTIONNAIRE

**Sacramento Employment and Training Agency**

Name of organization for which the questionnaire is being completed:

Name of company completing the questionnaire:

**Information provided by:**

Name of individual:

Title:

Signature:

Date:

Mailing Address:

City, State, Zip Code:

Telephone:       Fax:

E-mail address:

### Contract Information:

Contract Title:

Contract Amount:

Period of Performance:

Description of Services Provided:

EXHIBIT E

Please refer to the following descriptions when providing rating of each performance element.

|  |  |
| --- | --- |
| **PERFORMANCE LEVEL** | **Description** |
| EXCELLENT | The contractor’s performance clearly exceeds contractual requirements. |
| SATISFACTORY | No problems exist or only minor problems for which solutions are in hand. |
| MARGINAL | Problems exits for which the identified solution may not be adequate, but the problem appears to be within the contractor’s ability to solve. |
| UNSATISFACTORY | Serious problems exist which may be outside the contractor’s ability to solve. The contractor is in danger of not being able to satisfy contractual requirements and timely recovery is not likely. |
| NEUTRAL/NOT  APPLICABLE (N/A) | Not applicable or unable to provide information. |

**The evaluator identified above supplies the rating below,**

**NOT the Proposer organization.**

Please check the appropriate box for each performance element, and provide narrative information on the following pages.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Performance Elements | N/A | **Excellent** | **Satisfactory** | **Marginal** | **Unsatisfactory** |
| 1. Quality of Product or Service |  |  |  |  |  |
| 1. Effectiveness of Management (including subcontractors) |  |  |  |  |  |
| 1. Initiative in Meeting Requirements |  |  |  |  |  |
| 1. Responsiveness to Technical Direction or Technical Assistance |  |  |  |  |  |
| 1. Responsiveness to Performance Problems |  |  |  |  |  |
| 1. Customer Satisfaction |  |  |  |  |  |
| 1. Overall Performance |  |  |  |  |  |

EXHIBIT E

Please provide narrative remarks and data, as appropriate, for each of the performance elements, particularly for ratings of Excellent or Unsatisfactory. You may continue on a separate sheet if needed.

|  |
| --- |
| 1.Quality of Product or Service |
| 2. Effectiveness of Management (including subcontractors) |
| 3. Responsiveness to Technical Direction or Technical Assistance |
| 4. Responsiveness to Performance Problems |
| 5. Overall Performance |
| 6. General Remarks on Excellent Performance: |
| 7. General Remarks on Unsatisfactory Performance: |

Would you do business with this organization (the proposer) again?

     Yes      No

EXHIBIT F

**SACRAMENTO WORKS JOB CENTER SYSTEM SERVICES**

**PARTNER ROLES, RESPONSIBILITIES AND RESOURCES CHART**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** |
| **Organization Type** | **Name of Partner** | **Role and Responsibilities** | **Leveraged Funds** | **Description of**  **Fund Source** |
| **Proposer Name** |  |  | $ |  |
| Local Employers |  |  |  |  |
|  |  |  |  |
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| One-Stop Partners |  |  |  |  |
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| Others |  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | **Total Leveraged Funds** | $ |

**EXHIBIT G**

**CURRENT FUNDING SOURCES FORM**

Proposer Agency:

|  |  |  |
| --- | --- | --- |
| Funding Source | **Grant Period** | **Amount** |

|  |  |  |
| --- | --- | --- |
| Area 4 Agency on Aging |  |  |
| City Contribution (General Fund) |  |  |
| Comm. Development Block Grant |  |  |
| CSBG – SETA |  |  |
| CSBG – Other |  |  |
| County Alcoholism |  |  |
| County Substance Abuse |  |  |
| County Mental Health |  |  |
| FEMA |  |  |
| Fed. – DOL |  |  |
| Fed. – HHS |  |  |
| CalWORKs – County DHA |  |  |
|  |  |  |
| Office of Criminal Justice |  |  |
| RSS |  |  |
| WIOA Adult |  |  |
| WIOA Dislocated Worker |  |  |
| WIOA Youth |  |  |
| WIOA Discretionary |  |  |
|  |  |  |
| Head Start |  |  |
| State Dept. of Health Services |  |  |
| State CSD |  |  |
| United Way |  |  |
| Federal (Other) |  |  |
| State (Other) |  |  |
| Tuition/Fees |  |  |
| Other: |  |  |
|  |  |  |

**EXHIBIT H**

**PENDING APPLICATIONS FORM**

Proposer Agency:

|  |  |  |
| --- | --- | --- |
| **PROGRAM OR PROJECT TITLE AND PURPOSE**  **(Brief Summary)** | **FUNDING SOURCE** | **AMOUNT** |
|  |  | $ |
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Specify funding source by name. The following list is provided for reference; however, it is not exhaustive and other sources not named should be identified.

♦ Area 4 Agency on Aging ♦

♦ City Contribution (General Fund) ♦ Head Start

♦ Comm. Development Block Grant ♦ State Dept. of Health

♦ CSBG - SETA ♦ State DEO

♦ CSBG - Other ♦ FEMA

♦ County Alcoholism ♦ United Way

♦ County Substance Abuse ♦ WIOA, Youth

♦ County Mental Health ♦ WIOA, Adult

♦ Federal (Other) ♦ WIOA, Dislocated Worker

♦ Federal – Dept. of Labor ♦ State (Other)

♦ Federal – Health & Human Services ♦ Tuition/Fees

♦ CalWORKs ♦ Other

♦ Office of Criminal Justice

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