### WIOA YOUTH PROGRAM SERVICES REQUEST FOR PROPOSALS

FY 2017 – 2020

### SECTION IV

REQUIRED RFP RESPONSE (APPLICATION FORMAT) LIST OF REQUESTED EXHIBITS

BUDGET FORMS REFERENCES QUESTIONNAIRE

**WIOA Youth Program RFP Checklist**

Applications must contain the following:

Required Response Format (**cover sheet**)

* Partnerships/Collaborating Organizations
* Assurances & Certification
* Demographic charts

Part I Program Introduction (10 points)

* Summary Statement
* Target Area

Part II Target Group (15 points) Part III Program Design (40 points)

Part IV Performance Benchmarks (5 points)

Part V Statement of Capabilities (15 points)

* History & Infrastructure
* Internal Tracking / Evaluation / Monitoring system
* References

Part VI Financial Management (5 points)

Part VII Complete Budget, Budget Narrative and Cost Allocation Plan (15 points) Exhibits A - G

Total Points Available: 105

Sacramento WIOA TITLE I YOUTH PROGRAM

## COVER PAGE

FY 2017-2020

### Organization Name:

**Address**:

Funding Request and Activity: Please enter total amount requested for the proposed activity, the total number of participants to be served and the cost per participant.

|  |  |  |
| --- | --- | --- |
| Total Requested | Total # Served | Cost per participant |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Applicant Agency:** | | |
| Contact Person: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | E-Mail: |

### Assurances and Certification:

**Applicant Agency:**

I (We), the undersigned, as the duly authorized representative(s) of the respondent agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. The corporate resolution, or other valid instrument, is attached as Exhibit A that certifies authority expressed.

Signature Date

Signature Date

### Demographic Charts

**Zip Codes & Neighborhoods to be targeted:**

In the chart below, please indicate the demographic make-up of targeted youth of the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **Percent of Total** | |  |
| American Indian / Alaskan Native |  | |  |
| Asian / Pacific Islander |  | |  |
| Black / African American |  | |  |
| Former Soviet Union / Eastern European |  | |  |
| Hispanic / Latino |  | |  |
| White / European American |  | |  |
| Multi-Ethnic |  | |  |
| Unknown / Decline to State | |  |  |
| **Sex** | **Percent of Total** | |  |
| Female |  | |  |
| Male | |  |  |
| **Eligibility Criterion** | **Percent of Total** | |  |
| Basic Skills Deficient  (functioning below the ninth grade level) |  | |  |
| School Dropout |  | |  |
| Homeless or Runaway |  | |  |
| Foster Child |  | |  |
| Pregnant or Parenting |  | |  |
| Offender |  | |  |
| Disability (including learning disability) |  | |  |
| Criminal Justice/Court Involved |  | |  |
| One or more grade levels behind based on age |  | |  |

**Sacramento Works**

**Workforce Innovation and Opportunity Act Youth Funds**

### Proposal Narrative Form

**Part I – Summary Statement, Program Description and Statement of Need**

1. Summary Statement – In 100 words or less, describe the overall purpose of the program and provide a brief description.
2. Describe the geographic area the program will target (including zip codes and neighborhoods). Describe the economic and workforce conditions in the area. Provide the following statistical information that supports the need for this program and include data sources: poverty levels, unemployment rates, available resources, etc.

### Part II - Target Group

1. Describe the characteristics of the youth that will be served by this program including barriers and supportive service needs. Provide statistical data that justifies the need for services to the youth you are targeting. Examples include number of youth on probation or parole, number of homeless youth, number of youth subject to the justice system, number of pregnant or parenting youth, high school drop-out rates, high school academic performance index scores, etc.
2. Describe the unmet need of the youth in the area that the proposed program will target. Include an explanation of how the unmet need was determined and what factors have contributed to the unmet need.
3. Identify the outreach and recruitment methods that will be used to contact and recruit youth. Demonstrate how these methods will enable you to reach the targeted youth population.

### Part III - Program Design

* 1. **Local Collaboration**

1. Identify which Sacramento Works AJCC (s) the organization will partner with to provide services to youth. Indicate if the organization has worked with the Centers identified and the timeframe of this working relationship.
2. Describe how the proposer will establish linkages with local high schools and alternative schools, community colleges, universities, adult education institutions, the juvenile and adult justice system, public assistance programs and community groups that target at-risk or disadvantaged youth.
3. Describe the neighborhood resources that the proposer will utilize to provide services to youth and how do these resources benefit youth.
4. In addition to the SacramentoWorks.org client tracking system, how will the proposer track and measure services and success.

### INDIVIDUALIZED SERVICES

* + 1. Assessment and Case Management - Describe the methodology that will be used to assess youth for the proposed program and the criteria used to select youth for participation in activity/program elements. Describe the case management process and the process used to develop individual plans for each customer.
    2. From the WIOA Required Youth Elements and Add i t iona l Innovative Youth Program Strategies listed in Section II, describe the specific program services and training that will be provided to youth. This description should include:
       1. How youth will engage in proposed activities, increase their vocational and job readiness skills, and prepare for a good job along a career pathway or enrollment in post-secondary education.
       2. Identify the goals and objectives of the proposed program and how the intervention and/or prevention strategy will achieve the planned goals and objectives.
       3. Identify the staff/organization providing each component of the program and the implementation process.
       4. Identify the process and strategy used to create leadership opportunities including community service and peer-centered activities encouraging responsibility and other positive and civic behaviors. Identify the specific WIOA program elements that will be met through the development of leadership opportunities.
       5. If providing Additional Innovative Youth Program Strategies, identify the process and program design to be used to improve employment outcomes, academic achievement and build connections between work and learning. Identify the specific WIOA program elements that will be met through the innovative youth program strategy and the targeted occupational clusters.
    3. Demonstrate how the proposed program is comprehensive and community-focused providing an age continuum of services to the target population.
    4. Describe how the planned services will address the barriers of the targeted youth and prepare them to obtain employment in a high wage/high growth industry or in an occupation with future career advancement opportunity, enter an education or training program, attain a degree/certificate, achieve measureable skill gains or return to/remain in secondary/alternative secondary school.

### Part IV – Performance Benchmarks

1. Complete the Performance Benchmarks Matrix for the targeted youth population that the proposal will serve. SETA has established benchmarks for applicants in developing their program performance goals – refer to Section II for Sacramento Works, Inc. WIA Youth Performance Benchmarks. If the planned benchmarks are different than the Sacramento Works, Inc. benchmarks, provide an explanation in the section below the chart.

|  |  |  |
| --- | --- | --- |
| **Performance Benchmarks** | | **Total Planned Participants** |
| **Out of School Youth** |
| 1. Placement in Employment, Education or Training | |  | % |
|  | |  |  |
| 2. | Attained Recognized Certificate/Diploma/Degree |  | % |
|  | |  |  |
| 3. | Literacy/Numeracy Gains (out of school youth & basic skills deficient) |  | % |
|  | |  |  |

*These performance measures are subject to change and implementation based on guidance received from the U.S. Department of Labor and the California Employment Development Department.*

### Part V - Statement of Capabilities

1. Provide a brief history of the applicant organization and years providing services to the community. Include the organization’s history and experience in youth workforce development.
2. Describe the organization’s capability to conduct and administer a federally funded youth program including:
   1. Ability to collect and report financial and participant performance data as required
   2. Meet programmatic and agency performance guidelines.
3. Describe your organization’s infrastructure including proposed staffing for this program that demonstrates your ability to achieve the program goals. Demonstrate that organization’s staff has experience in working with the targeted youth population. Include an organization chart of the entire organization including the proposed youth services. If funded, during the contracting process, providers will be required to submit names of program staff.
4. Describe the internal program evaluation and monitoring system, describing the process to evaluate and monitor staff and program, and formally document the results, including:

* Methods that will be used to measure outcomes
* Data collection methods
* Frequency of performance review
* How will the provider address poor program performance
* Verifiable level of benefit that denotes success (Both qualitative and quantitative outcomes)
* How successful completion of the youth’s service plan will be documented
* Job title of staff assigned to monitor/evaluate.

1. Respondents who have not received SETA funding within the past two years (before 2014) must provide at least two (2) complete references from organizations/agencies (other than the Sacramento Employment & Training Agency) that respondent has had direct involvement with or funding from for programs of similar size and scope. The following information for each reference shall be listed in the proposal:

* Reference’s organization name;
* Reference’s address, phone number and email address;
* Contact person; and
* Description of services provided

### Part VI Financial Management Structure

1. Provide an outline of the applicant’s financial management structure. This outline should include:
   * Description of the respondent’s experience managing and accounting for state and federal funds;
   * Type of accounting system used by the organization;
   * Description of automated supports;
   * Staff person responsible for preparation of fiscal reports;
   * Internal controls or self-monitoring monitoring system used for financial performance and compliance, and
   * How the organization would repay any disallowed costs.

### Part VII – Budget, Budget Narrative and Cost Allocation Plan

1. Provide a detailed Budget Narrative and justification for all line items contained in the Budget. Explanations should include how the proposed costs are necessary and reasonable in terms of benefits to participants.
2. Complete and attach the Budget and Cost Allocation Plan.

TO MAINTAIN UNIFORMITY OF RESPONSE, THE FOLLOWING EXHIBITS SHOULD BE LETTERED AS OUTLINED BELOW AND ATTACHED AT THE BACK OF YOUR PROPOSAL. DO NOT RELETTER EXHIBITS.

THE FOLLOWING EXHIBITS MUST BE COMPLETED BY ALL RESPONDENTS AND SUBMITTED WITH EACH PROPOSAL:

EXHIBIT A Corporate Resolution

EXHIBIT B Applicant Organization Chart

EXHIBIT C References

EXHIBIT D Leveraged Resources, Cash and In-Kind Match EXHIBIT E Current Funding Sources Form

EXHIBIT F Other Pending Applications Form

### EXHIBIT C

**REFERENCES**

To be completed by all new/non-SETA funded respondents:

|  |  |  |
| --- | --- | --- |
| **References (Agencies/Organizations)** | **Contact Person,**  **Phone Number and Email address** | **Grant Period, Type of Service(s) Provided, Funding Source and Amount of Grant** |
|  |  |  |
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## Leveraged Resources, Cash and In-Kind Match

### EXHIBIT D

Complete the chart below identifying the non-SETA WIOA cash and in-kind resources that will be used as match to support activities or enhance the program services. (If the respondent receives direct WIOA funds (non-SETA) please list those resources.)

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Provider* | *Description of Fund Source* | *Type of resource (in-kind or cash)* | *Amount* |
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### CURRENT FUNDING SOURCES FORM

**EXHIBIT E**

Applicant Agency: Date:

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Grant Period** | **Amount** |
| Area 4 Agency on Aging |  |  |
| California Dept. of Education |  |  |
| City Contribution (General Fund) |  |  |
| Comm. Development Block Grant |  |  |
| CSBG – SETA |  |  |
| County Alcohol & Other Drug |  |  |
| County Mental Health |  |  |
| FEMA |  |  |
| Fed. – DOL |  |  |
| Fed. – HHS |  |  |
| CalWORKs – DHA |  |  |
| TA |  |  |
| Office of Criminal Justice |  |  |
| RESS |  |  |
| WIOA Adult |  |  |
| WIOA Dislocated Worker |  |  |
| WIOA Youth |  |  |
| WIOA Discretionary |  |  |
| TAD |  |  |
| SETA Head Start |  |  |
| State Dept. of Health Services |  |  |
| United Way |  |  |
| Federal (Other) |  |  |
| State (Other) |  |  |
| Tuition/Fees |  |  |
| Foundation Funding (Identify): |  |  |
| Other: |  |  |
| **Total** | | $ |

### EXHIBIT F

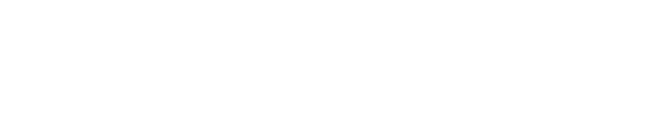
**OTHER PENDING APPLICATIONS FORM**

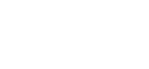
Applicant Agency:

|  |  |  |
| --- | --- | --- |
| **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 | * State Dept. of Health |
| * City Contribution (General Fund) | * CSBG - SETA |
| * CSBG – Other | * State DEO |
| * County Alcohol & Other Drug | * FEMA |
| * Federal (Other) | * United Way |
| * Federal – Dept. of Labor | * WIA, Youth |
| * CalWORKs | * County Mental Health |
| * TA | * WIA, Adult |
| * Office of Criminal Justice | * WIA, Dislocated Worker |
| * RESS | * State (Other) |
| * TAD | * Federal – Health & Human Services |
| * SETA Head Start | * Tuition/Fees |
| * Comm. Development Block Grant | * Other |





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| --- | --- | --- |
| **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)** | | |
| **TITLE I, YOUTH PROGRAMS Subgrant #:** | | |
|  | | |
| **SUBGRANT BUDGET AND COST ALLOCATION PLAN Original or Mod #:** | | |
|  | | |
| **Activity: Choose One** | | |
| Subgrantee Name: | | |
| Street Address: | City: | , CA Zip: |
| Program Contact: | Phone: |  |
| Fiscal Contact Person: | Phone: |  |
| E-Mail Address: | | |
| BUDGET PERIOD: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET SUMMARY - COST REIMBURSEMENT** | | | |
| **TYPE OF COST** | **WIOA** | **Non-WIOA** | **TOTAL** |
| A. Personnel |  |  |  |
| B1. Fixed Asset Purchases |  |  |  |
| B2. Other Equipment Costs |  |  |  |
| C. Other Costs |  |  |  |
| D1. Wages/Compensation/WEX |  |  |  |
| D2. Participant FICA |  |  |  |
| D3. OJT |  |  |  |
| D4. Other Participant Costs |  |  |  |
| D5. Supportive Services |  |  |  |
| **Total Cost** |  |  |  |

## COST ALLOCATION PLAN

ACTUAL METHODS (Do not give dollar amounts), which will be used to charge/allocate a FAIR SHARE of ACTUAL costs to this budget ("Budget" column) and to cost categories (administration and program) within the budget ("Cost Category").

**Use abbreviation at bottom of page**

**Cost Item**

**Budget Cost Category**

A. Personnel Costs

B. Equipment Costs

C. Other Costs

D. Direct Participant Costs

**ABBREVIATIONS:** (Some commonly used methods. If a method you use is not listed, add it to the list)

**DC Direct Charge:** Not a share cost. ACTUAL costs charged to a budget or cost category will be directly identified with the budget or cost category.

**SF Square Footage:** Shared Cost. ACTUAL costs will be allocated to a budget of cost category based upon the % of ACTUAL space used for the budget or cost category.

**ST Staff Time:** Shared Cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL staff time spent on the budget or cost category.

**SF/ST Square Footage Combined with Time of Staff Using Space:** Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL space and the % of total ACTUAL staff time within the space used for the budget or cost category.

**#S Number Served:** Shared cost. ACTUAL costs will be allocated to a budget based upon the % of total ACTUAL participants served by the budget.

**U Usage:** Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL usage for the budget or cost category. The backup documentation for ACTUAL usage will be:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Personnel Costs** | | | | | | | |
| **Job Title** | **Dates From – To**  (mm/dd/yy – mm/dd/yy) | **Full Salary Per Month** | **Number of Months** | **% WIOA FTE**  (ex: .25 = 25%) | **Costs For This Program** | | |
| **WIOA** | **NON- WIOA** | **Total** |
|  | - |  |  |  |  |  |  |
|  | - |  |  |  |  |  |  |
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| Total Salaries | |  |  | |  |  |  |
| Total Fringe Benefits (Employer's Contribution Only) (% of  Salaries) | |  |  | |  |  |  |
| **Total Personnel Costs (Salaries + Fringe Benefits)** | |  | **Total Costs** | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Equipment Costs** | |  | | | **Costs For This Program** | | |
| **1. Purchases of Fixed Assets\*** | | **Full Purchase Price** | **% WIOA**  (ex: .25 = 25%) | | **WIOA** | **Non- WIOA** | **Total** |
|  | |  |  | |  |  |  |
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| **Total Purchases of Fixed Assets** | |  |  | |  |  |  |
| **2. Other Equipment Costs** | | **Full Purchase Price X # of items X % WIOA**  (Ex. 1,000 x 1 x .25)  Or  **Full Cost/Month X # of Months X % WIOA**  (Ex. 1,000 x 12 x .25) | | | **WIOA** | **NON-WIOA** | **Total** |
| **Select One**  **P =** Purchase  **L =** Lease  **R =** Rent  **D =** Depreciation **U =** Use Allowance | **Equipment Description** |
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| **Total Other Equipment Costs** | | | | |  |  |  |

\* Fixed Assets: Equipment (non-expendable personal property) with an acquisition cost of $5,000 or more per unit and a useful life of more than one year.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C. Other Costs**  **Direct Cost** | **Full Cost Information** | | | **Costs For This Program** | | |
| Facility: Address:  Non-Owned: Rent Lease  Owned: Depreciation | **Monthly Cost** | **# of Months** | **% WIOA**  (ex: .25 = 25%) | **WIOA** | **Non- WIOA** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |
| Office Supplies |  |  |  |  |  |  |
| Duplication/Printing |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Insurance: Fidelity/Depositors' Forgery |  |  |  |  |  |  |
| Property |  |  |  |  |  |  |
| General Liability |  |  |  |  |  |  |
| Vehicle Liability |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Travel: Local Mileage |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Subcontracts: Contractual |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Total Direct Costs | | | |  |  |  |
| Indirect Costs - Approved Rate: X Costs: | | | |  |  |  |
| **Total Costs** | | | |  |  |  |

\*Attach copy of approval letter from cognizant agency

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D. Direct Participant Costs** | | | **Costs For This Program** | | |
| **Type/Cost Information** | | | **WIOA** | **Non-**  **WIOA** | **Total** |
| 1. Wages/Compensation – Work Experience | | |  |  |  |
| (Slots) | $ (Hourly Wage) | (Avg. Hrs. of Training) |  |  |  |
| 1a. In-kind Work Experience – Work Experience | | |  |  |  |
| (Slots) | $ (Hourly Wage) | (Avg. Hrs. of Training) |  |  |  |
| 2. Participant FICA (Employer's Contribution only) | | |  |  |  |
| 2a. In-kind Participant FICA (Employer's Contribution only) | | |  |  |  |
| 3. OJT Employer Reimbursement | | |  |  |  |
| (Slots) | $ (Hourly Wage) | (Avg. Hrs. of Training) |  |  |  |
| Total WEX/OJT Costs | | |  |  |  |
| 4. Other Participant Costs | | |  |  |  |
| Worker's Compensation | | |  |  |  |
| Training | | |  |  |  |
| Training Materials | | |  |  |  |
| Other: | | |  |  |  |
| Total Other Participant Costs | | |  |  |  |
| 5. Supportive Services | | |  |  |  |
| Clothing, Safety Equipment, Boots and Tools | | |  |  |  |
| Child Care/Transportation | | |  |  |  |
| Youth Incentives/GED Fees | | |  |  |  |
| Other: | | |  |  |  |
| Total Supportive Services | | |  |  |  |
| **Total Direct Participant Costs** | | |  |  |  |