

**WIOA YOUTH PROGRAM
SERVICES REQUEST FOR
PROPOSALS
FISCAL YEARS 2023-2027**

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 (15 points)
 - Summary Statement
 - Target Area

- Part II Target Group (15 points)

- Part III Program Design (40 points)
 - Local Collaboration
 - Individualized Services
 - Industry Sector Partnerships
 - Demonstrated Effectiveness in Connecting and Serving Disadvantaged, Hard-to-Reach Youth

- Part IV Performance Benchmarks (5 points)

- Part V Statement of Capabilities (10 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 (10 points)

- Exhibits A – H

Total Points Available: 100

WIOA TITLE I YOUTH PROGRAM

COVER PAGE

This application is for:	<input type="checkbox"/> In-School Youth	<input type="checkbox"/> Out-of-School Youth
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FY 2023-2027

Organization Name: _____

Address: _____

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

Please Note: A separate application MUST be submitted for In-School Youth and Out-of-School Youth

Activity	Total Requested	Total # Served	Cost per Participant

Applicant Agency:

Contact Person:
Address:

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		
White / European American		
Multi-Ethnic		
Other		
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		
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, particularly disadvantaged, hard-to-reach youth. Demonstrate how these methods will enable you to connect with the targeted youth population.

Part III – Program Design

A. Local Collaboration

1. Identify which Sacramento Works AJCC(s) the organization will partner with to provide services to youth. Describe the organization's history and experience working with the AJCC(s) identified.
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 these resources benefit youth.
4. In addition to the CalJOBS client tracking system, how will the proposer track and measure services and success?

B. 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 Program Elements and Additional Innovative Youth Program Strategies listed in Section II, describe the specific program services and activities that will be provided to youth. This description should include:
 - a. 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 postsecondary education.
 - b. Identify the goals and objectives of the proposed program and how the intervention and/or prevention strategy will achieve the planned goals and objectives.
 - c. Identify the staff/organization providing each component of the program and the implementation process.
 - d. Identify the specific WIOA program elements that will be met through the development of the Individual Service Plan.
 - e. Identify Industry sector partnerships providing work experience and career pathway opportunities to high-wage, high-demand occupations, academic achievement and building connections between work and learning. Identify the specific innovative youth program strategies and the targeted occupational clusters.
 - f. Provide curriculum/outline of the WIOA Program Elements
 - g. Complete the attached WIOA Youth Program Activities Work Plan – See Exhibit G.
3. Demonstrate how the proposed program is comprehensive and community-focused providing access to a 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.

Note: SETA must expend at least 20% of WIOA youth funds must be expended on paid or unpaid work experiences that have academic and occupational education as a component of the work experience which may include the following: employment opportunities during the summer and throughout the school year; pre-apprenticeship programs; internships and job shadowing; and On-the-Job Training.

Part IV – Performance Benchmarks

1. Complete the Performance Benchmarks Matrix for the targeted youth population that the proposer will serve. SETA has established benchmarks for applicants in developing their program performance goals – refer to Section II for Sacramento Works, Inc. WIOA 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	Benchmark Goals	
		In-School Youth	Out-of School Youth
1) Placement into Employment or Education – Q2		%	%
2) Placement into Employment or Education – Q4		%	%
3) Median Earnings from Employment – Q2		%	%
4) Attainment of Diploma or Credential		%	%
5) Measureable Skill Gains		%	%

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 providing workforce development services for youth, particularly disadvantaged, hard-to-reach youth.
2. Describe the organization’s capability to conduct and administer a federally funded youth program including:
 - a. Ability to collect and report financial and participant performance data as required
 - b. 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 (attached as Exhibit B) 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, the process to evaluate and monitor staff and program, and formally document the results, including:
 - a. Methods that will be used to measure outcomes
 - b. Data collection methods
 - c. Frequency of performance review
 - d. How will the provider address poor program performance
 - e. Verifiable level of benefit that denotes success (both qualitative and quantitative outcomes)
 - f. How successful completion of the youth’s service plan will be documented

- g. Job title of staff assigned to monitor/evaluate.
5. Respondents who have not received SETA funding within the past two years (before 2017) must provide at least three (3) complete references (Exhibit C) from organizations/agencies (other than the Sacramento Employment and Training Agency) that respondent has had direct involvement with or funding for programs of similar size and scope. The following information for each reference shall be listed in the proposal:
- a. Reference's organization name;
 - b. Reference's address, phone number and email address;
 - c. Contact person and Title; and
 - d. Description of services provided.
6. Respondents must include at least one (1) Commitment Letter from Industry Sector Partners/ Employers demonstrating the organization's effectiveness in engaging employers in its programs and activities.

Part VI – Financial Management Structure

1. Provide an outline of the applicant's financial management structure. This outline should include:
- a. Description of the respondent's experience managing and accounting for state and federal funds;
 - b. Type of accounting system used by the organization;
 - c. Description of automated supports;
 - d. Staff person responsible for preparation of fiscal reports;
 - e. Internal controls or self-monitoring system used for financial performance and compliance, and
 - f. List disallowed costs that have occurred over the past five (5) years. Describe 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 why 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 RESPONSES, THE FOLLOWING EXHIBITS SHOULD BE LETTERED AS OUTLINED BELOW AND ATTACHED AT THE BACK OF EACH 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 G | WIOA Youth Program Activities Work Plan |
| EXHIBIT H | Budget Forms <ul style="list-style-type: none">• Subgrant Budget and Cost Allocation Plan• Cost Allocation Plan<ul style="list-style-type: none">A. Personnel CostsB. Equipment CostsC. Other CostsD. Direct Participant Costs |

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

CURRENT FUNDING SOURCES FORM

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		
Office of Criminal Justice		
Refugee Social Services		
WIOA Adult		
WIOA Dislocated Worker		
WIOA Youth		
WIOA - Other		
TAD		
SETA Head Start		
State Dept. of Health Services		
United Way		
Federal (Other)		
State (Other)		
Tuition/Fees		
Foundation Funding (Identify):		
Other:		
Total	\$	

Applicant Agency: _____

Date: _____

OTHER PENDING APPLICATIONS FORM

Applicant Agency:

Program or Project Title, and Purpose (Brief Summary)	Funding Source	Amount

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

WIOA Youth Program Activities Work Plan

Objectives/Activities	Estimated Dates
Outreach and Recruitment, Screening/Enrollment/Assessment, Case Management, Work Activities (Preparation/Readiness, Etc.), Work Experience/ Employment, Follow-up, and Other (Describe)	
Month	
Month	
Month	
Month	
Month	
Month	

Please add additional rows as needed.

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
(WIOA)**

TITLE I, YOUTH PROGRAMS

SUBGRANT BUDGET AND COST ALLOCATION PLAN

Exhibit H
Subgrant #:
<input type="checkbox"/> Original or <input type="checkbox"/> 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. Worker's Compensation			
D3. OJT Employer Reimbursement			
D4. Other Participant Costs			
D5. Supportive Services			
Total Cost			

**Twenty percent (20%) of WIOA Youth Budget and Cost Allocation Plan must be allocated to Work Experience, including staff time, wages, FICA, and Worker's Compensation costs.*

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").

Cost Item	Use abbreviation at bottom of page	
	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 or 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
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
	-						
Total Salaries							
Total Fringe Benefits (Employer's Contribution Only Salaries)		(% of					
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
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	Equipment Description						
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		
	Monthly Cost	# of Months	% WIOA (ex: .25 = 25%)	WIOA	Non-WIOA	Total
Facility: Address: Non-Owned: <input type="checkbox"/> Rent <input type="checkbox"/> Lease Owned: <input type="checkbox"/> Depreciation <input type="checkbox"/>						
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 – <input type="checkbox"/> Work Experience					
(Slots)	\$ (Hourly Wage)	(Avg. Hrs. of Training)			
1a. In-kind Work Experience – <input type="checkbox"/> 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					