**Proposal Submission**

Proposals with incomplete or missing sections will not be eligible and will not be considered. Please take the time to complete this checklist to make sure that all of the necessary information is included in your proposal packet.

**PROPOSALS ARE DUE *BEFORE* 2:15 PM Monday, February 3, 2020**

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk. Room 311, City Hall. 25 Dorrance Street, Providence.** At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3rd floor of City Hall. **Submissions will be time and date stamped.**

**Proposals delivered after 2:15 pm will not be considered.**

The bid package **MUST** include the following, in this order:

**SECTION ONE: Board of Contract and Supply forms**

1) Bid Form 1: Bidder's Blank as the cover page/ 1st page (s*ee page* ***6*** *of this RFP*)

2) Bid Form 2: Certification of Bidder as 2nd page (s*ee page* ***7*** *of this RFP*))

Certificate Regarding Public Records (s*ee page* ***8*** *of this RFP*)*)*

3) Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. S*ee forms and instructions enclosed (pages* ***9-13*** *the RFP*)*) or on:* [*https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/*](https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/)

4)  One original signed proposal and two copies of proposal.

**SECTION TWO: WSPC 2020 WIOA Youth SKILLS TRAINING Bid Specifications Response Packet**

A)  WSPC Cover Sheet

B)  Proposal checklist (this list)

C)  Signed Title Page

D)  Signed Certifications Page

E)  ADA Accessibility Information

F)  Planned Performance Outcomes

G) Proposal Narrative Scored Sections Numbered 1-4

1)  Proposal Summary

2)  Agency Background and Organizational Capacity

3)  Program Design

4)  Budget Forms – Excel file provided with the RFP – Must include both tabs

Tab 1 –Budget  Tab 2 – Budget Narrative

Attach:

One copy of the past year’s organizational audit, including the accompanying financial statements.

One copy of the agency’s cost allocation plan.

Partner Agreements

## Section Two: WSPC 2020 WIOA Youth SKILLS TRAINING

## Bid Specifications Response Packet

**This version is included in the RFP for your information only.**

**Proposals must use the fillable MS Word & Excel versions for SKILLS TRAINING RFP at:**

[**http://www.providenceri.gov/oeo/2020-wioa-youth-SKILLS-TRAININGrfp/**](http://www.providenceri.gov/oeo/2020-wioa-youth-SKILLS-TRAININGrfp/)

**A) WSPC Cover Sheet**

|  |  |
| --- | --- |
| **ORGANIZATION** |  |
| **ADDRESS** |  |
| **DIRECTOR/CEO** |  |
| **PHONE** |  |
| **EMAIL** |  |

**THIS PROPOSAL IS FOR:**

Occupational Skills Training and Work Experience Placement (preferred)

Occupational Skills Training Only

**INDUSTRY AREAS INCLUDED IN THIS SKILLS TRAINING PROPOSAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Industry** | **Specific Job Trained For** | **Cost**  **per Cohort** | **Min # per cohort** |
|  | Health Care |  |  |  |
|  | Information Technology |  |  |  |
|  | Transportation & Logistics |  |  |  |
|  | Manufacturing |  |  |  |
|  | Other, please specify |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**B) Proposal Checklist**

Proposals with incomplete or missing sections will not be eligible and will not be considered. Please take the time to complete this checklist to make sure that all of the necessary information is included in your proposal packet.

**PROPOSALS ARE DUE *BEFORE* 2:15 PM Monday, February 3, 2020**

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Certificate Regarding Public Records (s*ee page* ***8*** *of the RFP*)*)*

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4)  One original signed proposal and two copies of proposal.

**SECTION TWO: WSPC 2020 WIOA Youth SKILLS TRAINING Bid Specifications Response Packet**

A)  WSPC Cover Sheet

B)  Proposal checklist (this sheet goes in the proposal)

C)  Signed Title Page

D)  Signed Certifications Page

E)  ADA Accessibility Information

F)  Planned Performance Outcomes

G)  Proposal Narrative Scored Sections Numbered 1-4

1)  Agency Background and Capacity

2)  Statement of Market Need

3)  Training Program Design

4)  **WIOA Youth SKILLS TRAINING Response Packet BUDGET FORMS**

Excel file provided with the RFP – Must include both tabs

Tab 1 – Budget  Tab 2 – Budget Narrative

Attach:

One copy of the past year’s organizational audit, including the accompanying financial statements.

One copy of the agency’s cost allocation plan.

Partner Agreements

**C) Title Page**

Complete all requested information and include all required signatures.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Type of Organization (please check)** | | | |
|  | Institution of Higher Education |  | Area Career and Technical Education School |
|  | Employment Service Agency |  | Non-Traditional Public Secondary School |
|  | Private-for-Profit Entity |  | Community-Based, Non-Profit or Intermediary Org. |
|  | Government Agency |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **2. Agency Fiscal Year End Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Name and Title of Agency Administrator:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **4. Proposed Program Contact Person:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **5. Name and Title of Person authorized to sign financial invoices:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **6. Agency Fiscal Management Contact Person: (If different from above)** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **7. CFDA Number** | |  |  |
| **8. Insurance:** I understand that if chosen for funding, providers must supply the Office of Economic Opportunity with proof of insurance as part of the contracting process, prior to any programming. Provider’s Insurance shall include, at minimum, an umbrella liability policy of $1,000,000 for property damage and personal injury where the City of Providence is named as additionally insured. | | | |
| **9. Payment:** Bidder organization agrees to have the financial resources to pay program costs (not including youth wages) up front and receive reimbursement after submission of invoices, reports and other required materials. The reimbursement timeline will be finalized during contact negotiation. | | | |

**PROPOSAL SUBMITTAL CERTIFICATION**

On behalf of the respondent organization, I approve this proposal submittal to the Workforce Solutions of Providence/Cranston.

Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Certifications**

**1. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CERTIFICATION**

**Lower Tier Covered Transaction -**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant’s Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**1.a**. The Agency attests that neither it, its principals, nor its partners are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any federal department or agency from applying for or receiving federal funds.

**2. NONDISCRIMINATION AND EQUAL OPPORTUNITY COMPLIANCE CERTIFICATION -** This certification is required by regulations implementing WIA Section 188, “Nondiscrimination”, and as promulgated in 29 CFR Parts 31 and 32.

**2.a.** The Agency attests that it:

(1) Shall not exclude any individual from participation in, deny the benefits of, subject to discrimination under, or deny employment in the administration of or in connection with any of its programs/services because of race, color, religion, sex, national origin, age, disability or political affiliation or belief.

(2) Shall not employ participants on the construction, operation, or maintenance of so much of any facility as is used or to be used for sectarian instruction or as a place for religious worship.

(3) Shall not discriminate, with respect to terms and conditions affecting or rights provided to participants in activities supported by funds provided under this Act, against such individuals solely because of their status as such participants.

(4) Shall ensure that participation in programs and activities financially assisted in whole or in part under this Act shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the U.S. Attorney General to work in the United States.

**3. AMERICANS WITH DISABILITIES ACT COMPLIANCE CERTIFICATION –** 3.a. The Agency attests that it is in compliance with all applicable provisions of the Americans With Disabilities Act (ADA) and shall make any and all reasonable accommodation to provide access and equity of services to disabled persons applying to or enrolled in any program controlled by this contract.

**4. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

4.a. The Agency attests that it will provide a drug free workplace in accordance with 29 CFR Part 98 by:

(1)Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(2)Establishing an ongoing drug-free awareness program to inform employees about:

(a) The dangers of drug abuse in the workplace;

(b) The grantee’s policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation and employee assistance programs; and

(d) The penalties that may be imposed upon employees for drug abuse violations.

**5. CONFLICT OF INTEREST CERTIFICATION -** The Agency attests that it and its principals are in compliance with the provisions of the Rhode Island “Conduct of Employee and Code of Ethics Law” (R.I.G.L. 36-14) as well as all applicable federal, state, and municipal ethics guidelines.

**6. LOBBYING -** The Agency attests that it and its principals must comply with the restrictions on lobbying which are codified in the Department of Labor Regulations at 29CRF Part 93.**BCI -** I/WE certify that all staff working directly with youth in programs funded under this grant will obtain a Background Check Information (BCI). I further understand that my failure to do BCI checks will adversely affect my ability to continue to do business with the State of Rhode Island.

**The Agency hereby certifies, by signature of its authorized representative affixed below, to all attestations identified above.**

|  |  |
| --- | --- |
|  |  |
| **SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE** | **DATE** |
| **TYPED NAME** | **TITLE** |

**E. Accessibility to People with Disabilities**

Title III of the Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability in "places of public accommodation" (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses). Program facilities are expected to be accessible to persons with disabilities. Respondents are expected to demonstrate full compliance with all applicable aspects of the Americans with Disabilities Act of 1990 (ADA), as amended and must have a recent accessibility survey completed and on file. Delegate Agencies who are not fully compliant with ADA are required to submit an "accessibility plan" outlining the steps that will be taken to become both programmatically and physically accessible and the planned implementation dates. This accessibility plan must meet the criteria set forth in the ADA.

For a full copy of the Americans with Disabilities Act, please visit:

<http://www.usdoj.gov/crt/ada/adahom1.htm>

For the ADA Title III Technical Assistance Manual please visit:

<http://www.usdoj.gov/crt/ada/taman3.html>

Add more rows if needed.

|  |  |  |
| --- | --- | --- |
| Location Name & Address | Is it accessible? | Plan for Accommodations |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**F. Planned Performance Outcomes**

Please list the Performance Outcomes your proposed program plans to achieve.

Number of youth per training cohort \_\_\_\_\_\_

|  |  |
| --- | --- |
| Percent of cohort to be placed in work-based learning experience: |  |
| Percent to successfully complete training |  |
| Percent of cohort to achieve a post-secondary, industry-recognized credential: |  |
| Percent of cohort to obtain employment after training: |  |
| Percent of cohort to retain employment: |  |

**Scored Sections - Narrative Response**

**1) Agency Background and Organizational Capacity**

Briefly describe your agency’s overall history and its previous experience in providing the specific services proposed. Describe your experience and expertise in any or all of the critical components of career pathways: alternative education, post-secondary education/training, and/or employment.

Include information about previous positive impact on your service to target populations in the past, if applicable.

Provide a description of your organization’s track record in the service you are proposing. Include size of service population and any performance outcomes, including alternative education, post-secondary education/training credential achievement, and/or job placement and retention.

**2. Statement of Market Need for Training**

Please provide an overview of the occupations the skill training you are proposing seeks to address. In your response please include information regarding: Local job opportunities in the training sector; wage earning potential in the training sector; demonstrated placement and retention experience in employment opportunities in the training sector; and letters of support from employer groups.

**3. Training/Curriculum and Program Design**

**1) TRAINING CURRICULUM**

Utilizing the following format, provide an outline of the training curriculum including the list of specific skill sets to be taught in each curriculum component and the length of time for each component. Also, identify nationally and industry recognized and other credentials that will result from this training.

***Please copy this and use this table for each training included in your proposal.***

|  |
| --- |
| **List jobs accessible through the proposed training:** |
| a. |
| b. |
| c. |
| d. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training/Curriculum Component | Specific Skills Taught | Training Hours (#) | How will you measure participant have learned skills? | Credential Earned |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Applicant may attach a curriculum outline in lieu of this chart, as long as all of the above fields are included.**

**2) TRAINING DESIGN: YOUTH DEVELOPMENT-FOCUS**

a) Key Components: Describe the key components and special features of your teaching methodology and program design for young adults, including proposed program schedule, duration, intensity, staff to participant ratios, attendance, termination, code of conduct policies, and how these are communicated to staff and participants. Describe the methods to improve participation retention and motivation, demonstrating effectiveness where possible.

b) Employer Engagement: Discuss how the program has engaged industry employer(s) in the development and delivery of a program design/curriculum which prepares youth for careers. Describe the nature of the organization’s employer partnerships, and describe any plans to develop new partnerships or strengthen existing relationships.

Attach a Memorandum of Agreement with at least one employer, which prepares youth for careers.

Describe the nature of the organization’s employer partnerships, and describe any plans to develop new partnerships or strengthen existing relationships.

c) Partnerships (if applicable): Describe in detail the ways in which your partnership will contribute to the success of your program. Clearly define the roles of each partner (if applicable).

d) Work-based learning (WBL): Describe how your program is incorporating work-based learning programs to provide opportunities for youth to gain work experience. Indicate what workplace related materials, supplies, and equipment will be used. Describe the balance between classroom-based activities and work-based learning opportunities. Please reference the *PrepareRI* description and standards in describing your plans for WBL. <https://www.prepare-ri.org/wbl>

e) Staffing and Facilities: Discuss your agency’s overall staffing and management structure, and the extent to which this adequately supports program operations and goal attainment. Describe the facilities that will be used including location of classes and other services, total square footage of site, accessibility to persons with disabilities, and any and all equipment or resources that will be available to youth. Identify staff responsible for each component of the proposed program and discuss staff qualifications, skills, and experience working effectively with youth and implementing the proposed services.

f) Cultural Competency: Describe how the services you provide will include development of cultural competencies and ensure that trainees

* + - 1. Become aware of their individual world view
      2. Develop positive attitudes toward cultural differences
      3. Gain knowledge of different cultural practices and world views
      4. Develop skills for communication and interaction across culture

**4. Program Cost and Budget**

Please complete the required budget forms for this RFP,

Budgets will be reviewed for accuracy, completeness, costs that are allowable, fully justified, and competitive as measured by the review of the line item budget; the program design, cost per participant, and cost per positive outcome, and comparison to all other proposals.

**Both budget form tabs in the Excel document are required: Budget and Narrative.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020 WIOA Youth SKILLS TRAINING RFP Budget Form** | | | | |
|  |  |  |  |  |
| This line item budget will describe the costs you are allocating to arrive at the Per Person and Per Cohort prices you are submitting in this bid. Please provide costs for the period of April 1, 2020 to June 30, 2021. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Note: The following costs are NOT allowable costs under this RFP:**   * Purchase, lease or rental of equipment. * Rent, Utilities or Consumable Supplies | | | | |
| **A. STAFFING** |  |  |  |  |
| **STAFF POSITION** | **STAFF RESPONSIBILITES** | **ANNUAL SALARY** | **PERCENT TO PROPOSAL** | **AMOUNT REQUESTED** |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  | AMOUNT WAGE: | | $0.00 |
| **STAFF FRINGE** | **WAGE BASE** | **RATE** |  | **AMOUNT REQUESTED** |
| FICA | $0.00 |  | 0 | $0.00 |
| SUTA | 0 |  | 0 | $0.00 |
| FUTA | 0 |  | 0 | $0.00 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | AMOUNT FRINGE: | | $0.00 |
|  |  |  |  |  |
| **TRAVEL** |  |  |  | **AMOUNT REQUESTED** |
| POSITION | **RATE PER MILE** | **# MILES** |  |
|  |  |  | 0 | $0.00 |
|  |  |  | 0 | $0.00 |
|  |  | AMOUNT TRAVEL: | | $0.00 |
| **B. OTHER COSTS** | ***Describe any other costs. Include profit if applicable.*** | | | |
|  |  | |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  | AMOUNT OTHER: | | $0.00 |
|  |  | | TOTAL: | 0.00 |
|  | |  |  |  |
| Total Budget Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Cost Per Cohort \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Minimum # Per Cohort: \_\_\_\_\_\_\_ | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020 WIOA Youth SKILLS TRAINING** | | | | |
| **BUDGET NARRATIVE** | | | | |
|  | | | | |
| Staff Salaries |  |  |  | $0.00 |
| *Provide # pay periods/hours at $ rate pay period/hour @ % to grant; Indicate if the position is full time or part-time, salaried or hourly rate, paid week, bi-weekly, or monthly. Provide summary of job responsibilities for each position.* | | | | |
|  | | | | |
| Staff Fringe Benefits |  |  |  | $0.00 |
| *Provide fringe benefit rate and breakdown* | | | | |
|  | | | | |
| Staff Travel |  |  |  | $0.00 |
| *Describe transportation expenses under this line item* | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other |  |  |  | $0.00 |
| *Describe any other costs. Include profit if applicable.* | | | | |
|  | | | | |
|  |  |  |  |  |
| TOTAL |  |  |  | $0.00 |
|  | | | | |
| Leveraged Contracts |  |  |  | $0.00 |
| *Describe leverage amounts under this line item* | | | | |
|  | | | | |
| In-Kind |  |  |  | $0.00 |
| *Describe in-kind amounts under this line item* | | | | |

**2020 WIOA Youth SKILLS TRAINING Proposal Evaluation Sample**

*This is a sample of the form used to evaluate the proposals submitted under this RFP. Minor changes may be made to the final.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Agency Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Proposal #** | |
|  |  | |  |
| ***Proposal Segment*** | **Maximum Points** | | **Assigned Points** |
| A) Agency Background and Organizational Capacity | 20 | |  |
| B) Statement of Market Need | 20 | |  |
| C) Training Curriculum and Program Design | 40 | |  |
| D) Program Cost and Budget | 20 | |  |
| Total | 100 | |  |

**SIGNATURE: This section must be signed by the reader in ink for the evaluation to be valid.**

I, the undersigned, have read, evaluated and rated the indicated proposal package.

The scores assigned to each criterion, including any, which may be altered, are my own.

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Agency Background and Organizational Capacity: Maximum 20 points**

|  |  |  |
| --- | --- | --- |
| **Excellent** | **Good** | **Poor** |
| -Clear information on similar or related past successful programs  -Extensive experience with similar or related programs  -Evidence of capacity to administer services as proposed  -Proposal reflects a good comprehension of the purpose of the RFP and services requested | -Sufficient information on similar or past related programs  -Some relevant experience with similar or related programs  -Evidence of sufficient capacity to administer an adequate program  -Proposal reflects an incomplete comprehension of the purpose of the RFP and services requested | -Limited, vague information on past service delivery.  -Limited relevant experience with similar or related programs.  -Vague description of capacity to administer services as proposed.  -Proposal reflects a lack of understanding of the purpose of the RFP and services requested |

|  |  |  |
| --- | --- | --- |
|  | ***Circle One:*** | ***Comments:*** |
| 1) Does the proposal provide a concise description of its organization, including legal status, governance structure, programs and vision and how the responsibilities defined in this RFP align with its vision? | Excellent  Good  Poor |  |
| 2) Does the proposer have expertise and successful previous experience in working with WIOA Youth target populations, including program completion rates, credentials earned, employment placement and retention rates? | Excellent  Good  Poor |  |
| 3*)* Does the proposal include past successful experience managing federally-funded programs? | Excellent  Good  Poor |  |
| 4) Are the staff qualifications, skills and experience working with target population youth appropriate for the proposed program? | Excellent  Good  Poor |  |

**Your score for *Demonstrated Experience and Ability* (maximum 20 points): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Statement of Market Need: Maximum 20 points**

|  |  |  |
| --- | --- | --- |
| **Excellent** | **Good** | **Poor** |
| -Proposal reflects a good understanding of RI Labor Market Need for proposed training, supported by data and job listings. | -Proposal reflects an incomplete comprehension of RI Labor Market and job trainings needed. | -Proposal reflects a lack of understanding of RI Labor Market and job trainings needed. |

|  |  |  |
| --- | --- | --- |
| **Does the proposal include:** | ***Circle One:*** | ***Comments:*** |
| 1) An overview of occupations the proposed skills training will address? | Excellent  Good  Poor |  |
| 2) Local job opportunity information for the training sector, including job titles? | Excellent  Good  Poor |  |
| 3) Wage earning potential in the sector? | Excellent  Good  Poor |  |
| 4) Demonstrated placement and retention experience in the sector? | Excellent  Good  Poor |  |
| 5) Evidence of employer engagement, including letters of support from employers willing to hire young adults? | Excellent  Good  Poor |  |

**Your score for *Statement of Market Need* (maximum 20 points):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Training Curriculum/Program Design**

|  |  |  |
| --- | --- | --- |
| **Excellent** | **Good** | **Poor** |
| -The methodologies fully address the developmental needs of young adults.  - Proposal reflects a good comprehension of the purpose of the RFP and services requested  And includes an effective approach and plan to achieve the goals of the RFP  --Program structure is robust and designed to ensure successful outcomes | The methodologies partially address the developmental needs of young adults.  -Proposal reflects an incomplete comprehension of the purpose of the RFP and services requested  -Proposal includes a somewhat effective approach and plan to achieve the goals of the RFP, but could be better  -Program structure is well described & sufficient for successful outcomes | -The methodologies do not address the development needs of young adults.  -Proposal reflects a lack of understanding of the purpose of the RFP and services requested  -Approach and plan to achieve the goals of the RFP are vague or not sufficient to achieve the goals of the RFP  -Program structure is not clear or not sufficient |

**Part One: TRAINING/CURRICULUM**

|  |  |  |
| --- | --- | --- |
| **Does the proposal include:** | ***Circle One:*** | ***Comments:*** |
| 1) Descriptions of specific skills to be taught in each component and the length of time for each component? | Excellent  Good  Poor |  |
| 2) Specifics about how participant skill gains will be measured? | Excellent  Good  Poor |  |
| 3) Nationally and industry-recognized credentials that will result from this training? | Excellent  Good  Poor |  |

|  |  |  |
| --- | --- | --- |
| 4) Experience in training and placing participants in these skill areas? | Excellent  Good  Poor |  |

**Part Two: PROGRAM DESIGN**

|  |  |  |
| --- | --- | --- |
| **Does the proposal include:** | ***Circle*** | ***Comments:*** |
| 1) Appropriate key components and teaching methodology and program design for a youth development-focused training program, including schedule, duration, intensity, staff to participant ratios, attendance, code of conduct, and termination policies? | Excellent  Good  Poor |  |
| 2) Engagement of employers in the development of the training which prepares youth for careers and the nature of employer partnerships? | Excellent  Good  Poor |  |
| 3) Details of partnerships that will contribute to the success of the training program (if applicable)? | Excellent  Good  Poor |  |
| 4) The incorporation of Work-Based Learning Experiences (WBLs) for youth to gain experience concurrent with training? Does the description include workplace related materials, supplies, and equipment to be used and the balance between classroom and work-based activities? Does it demonstrate an understanding of WBLs as described by Prepare RI? <https://www.prepare-ri.org/wbl> | Excellent  Good  Poor |  |
| 5) A staffing and management structure that provides significant support to program operations and goal attainment? Are the facilities and equipment adequate to support the learning goals of the training?  Do proposed staff have the qualifications, skills, and experience working effectively with youth to implement the program design? | Excellent  Good  Poor |  |
| 6) A significant understanding of the need to address cultural competencies for both program staff and program enrollees? Does it include plans for training both groups to:  Become aware of their individual world view?  Develop positive attitudes toward cultural differences?  Gain knowledge of different cultural practices and world views?  Develop skills for communication and interaction across culture? | Excellent  Good  Poor |  |

**Your score for Training/Curriculum and Program Design (maximum 40 points): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Program Cost and Budget: Maximum 20 points**

|  |  |  |
| --- | --- | --- |
| **Excellent** | **Good** | **Poor** |
| -Excellent budget details consistent with program design costs very reasonable;  -Cost effective yet high quality;  -Allowable costs;  -Great cost per participant. | -Demonstrates sufficient attention to detail and consistency with program design, most costs reasonable;  -Some costs are not allowable;  -Cost per participant not appropriate (too high or low). | -Inconsistent with program design;  -Difficult to follow/confusing;  -Proposer doesn’t seem to understand the allowable costs.  -Cost per participant not appropriate (too high or low). |

|  |  |  |
| --- | --- | --- |
|  | ***Circle One:*** | ***Comments:*** |
| 1) How well does the expenditure of funds relate to the proposed performance outcomes? | Excellent  Good  Poor |  |
| 2) Is the budget consistent and accurate? | Excellent  Good  Poor |  |
| 3) Are all costs allowable? | Excellent  Good  Poor |  |
| 4) Do proposed costs compare favorably with other proposals submitted? | Excellent  Good  Poor |  |
| 5) Does the budget narrative fully explain and justify the reasons the proposed costs are needed? | Excellent  Good  Poor |  |

**Your score for Program Cost and Budget (maximum 20 points): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**