## Section 5: Forms and Templates

#### Forms

1.0 Cover Pages

Proposal Identification/Certification Page – 3.1 *(Operator/Adult/DW)*

Proposal Identification/Certification Page – 3.2 *(Youth Services)*

2.0 & 3.0 Statement of Work (includes Company Information) Questions

6.0 Administrative Management Questions

7.0 Fiscal Management Questions

#### Templates

4.0 Budget Templates – Separate Excel Spreadsheets Adult/DW Budget Template *(3.1)*

NextGen Youth Services Budget Template *(3.2)*

#### Other

Partner Chart

Past Performance Chart Reference Form

*2022 Capital Area Workforce Development Request for Proposals*

##### RFP #23-004

**PROPOSAL IDENTIFICATION/CERTIFICATION #3.1**

NCWorks Career Center Operator And

**Adult/Dislocated Worker Services Funded Under the**

**Workforce Innovation and Opportunity Act**

Counties to be Served: All (Wake, Johnston, Lee, Orange, and Chatham Counties)

If not proposing to serve all counties select counites below:

County(ies) to be Served:

 Chatham Johnston Lee Orange Wake

Name of Responding Organization:

Business Address:

Contact Person: Telephone:

Fax: E-mail:

Proposed Adult Services Budget: $

**Proposed DW Services Budget:** $

**Proposed WIOA Combined Budget Total:** $

**CERTIFICATION:** The information contained in this proposal represents the organization and its proposed operating plans and budget necessary to conduct the proposed WIOA Title I Operator/Adult/DW Activities described herein. I acknowledge that I have read and understand the requirements of the Request for Proposal (RFP) and that the organization is prepared to implement the proposed activities as described. I certify that I am authorized to sign this proposal on behalf of the organization submitting the proposal, and further certify that the responding entity named above waives any right to claims against Wake County Government and the Capital Area Workforce Development Board members in their individual capacities. The Proposal is firm for a period of at least ninety (90) days from the closing date for submission.

Name of Signatory Official *(printed)* Title

Signature of Signatory Official Date

##### RFP #23-004

**PROPOSAL IDENTIFICATION/CERTIFICATION 3.2**

Youth Services Funded Under the

**Workforce Innovation and Opportunity Act**

Counties to be Served: All (Wake, Johnston, Lee, Orange, and Chatham Counties)

If not proposing to serve all counties select county(ies) below:

County(ies) to be Served:

 Chatham Johnston Lee Orange Wake

Name of Responding Organization:

Business Address:

Contact Person: Telephone:

Fax: E-mail:

*Total Proposed Youth Services Budget Northern Region:* $

*Total Proposed Youth Services Budget Southern Region:* $

Total Proposed Youth Services Budget: $

**CERTIFICATION:** The information contained in this proposal represents the organization and its proposed operating plans and budget necessary to conduct the proposed WIOA Title I Youth Activities described herein. I acknowledge that I have read and understand the requirements of the Request for Proposal (RFP) and that the organization is prepared to implement the proposed activities as described. I certify that I am authorized to sign this proposal on behalf of the organization submitting the proposal, and further certify that the responding entity named above waives any right to claims against Wake County Government and the Capital Area Workforce Development Board members in their individual capacities. The Proposal is firm for a period of at least ninety (90) days from the closing date for submission.

Name of Signatory Official *(printed)* Title

Signature of Signatory Official Date



# CAPITAL AREA WORKFORCE DEVELOPMENT OPERATOR/ADULT/DW SERVICES

Respondent Proposal

## 2.0 Organization Information

3.0 Statement of Work

2.0 Organization Information – 10%

#

Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words

- **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. ***Note: The highlighted areas are for the Review Panel only.***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Question** | **Response** |
| 1. |  | Describe your organization’s experience in operating an NCWorks Career Center and providing WIOA Adult/DW services. |  |
| 2. |  | Provide a description of the organizational structure. Include whether the organization is for profit or non-profit? Include yourorganization’s mission, vision, and core values. |  |
| 3. |  | Provide an organization chart that shows graphically how your organization is structured. Include all staff that would be assigned to work on the WIOA Adult/DW services project and identify the principals and leadership of the organization (if any) that would be included in the contract? Include as an Attachment under 8.0. | Organization chart included in section 9.0. |
| 4. |  | How does your organization’s mission supportCapital Area Workforce Development Board’s mission? |  |
| 5. |  | Provide a description of your financial stability and any comments you wish to make about your credit rating, your payment policies, and any recognition you may have received from accrediting or other bodies for financial excellence. Has your organization experienced any financial difficulty in the past five years? |  |
| 6. |  | Has your organization ever lost a WIOA Adult/DW contract in the middle of a contract year? If yes, please explain. |  |
| 7. |  | What is your company’s process for ensuring Personal Identifiable Information (PII) is kept secure? |  |
|  |  | *Total Questions 1-7 (Review Panel Only)* |  |

3.0 Statement of Work – Operator and WIOA Adult/DW Services – 60%

Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words

- **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. ***Note: The highlighted areas are for the Review Panel only.***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Question** | **Response** |
| 8. |  | Integrated Service Delivery ModelProvide an overview of how you will ensure your office operations follow the Integrated Service Delivery Model to provide seamless service tocustomers. |  |
| 9. |  | Talent Engagement (TE)Describe your process to welcome, assess and serve customers in the Talent Engagement function.Describe how staff will determine next steps for the customer and what that transition looks like. |  |
| 10. |  | Talent Development (TD)Describe your process for Talent Development and how staff will assist customers with their job search, training and career exploration needs. How will you ensure customers are prepared to be referred to theTalent Employment Solutions function for a job? |  |
| 11. |  | Talent Employment Solutions (TES) Describe your Talent Employment Solutions function. How do you ensure customers are accurately matched to jobs that fit their skills?What steps do you take if they need additional training? Describe how you will use job fairs and hiring events (virtual and in-person) to supportcustomer employment. |  |
| 12. |  | CoordinationDescribe how each of the function areas will work together to serve customers. |  |
| 13. |  | Customer EngagementHow will you ensure customers are kept fully engaged in their employment process? What steps will staff take to ensure customers are getting the services they need to be successful? What is yourstrategy for determining when to exit a participant |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | from the program? |  |
| 14. |  | Digital LiteracyWhat is your strategy for addressing digital literacy throughout the One-Stop System, including Tier 2s? |  |
| 15. |  | Contact Center (Access NCWorks)How are you going to ensure the contact center provides workforce development services to customers and not operate as a switchboard?What is your staffing plan for the contact center; include your backup strategy? How do you ensure quality customer service is provided through thecontact center? |  |
| 16. |  | PartnershipsDescribe how your Centers will work effectively with WIOA required partners and community partners including Limited English Proficiency (LEP) partners. Use template provided in Section 5.Attach in Section 9.0 of your proposal. | Attachment included in Section 9.0 |
| 17. |  | OutreachWhat is your strategy to reach and enroll Dislocated Workers and Adults? Include your plans for outreachto marginalized and rural communities. |  |
| 18. |  | Individuals with DisabilitiesHow will you ensure that your services are deliveredin a way that makes them equally accessible to individuals with all types of abilities? |  |
| 19. |  | Customer ServiceDescribe your customer service strategy for jobseekers that fosters equitable access to the program services. |  |
| 20. |  | Customer FeedbackExplain how you will obtain and use feedback from customers to improve the delivery of service in the centers. As the Operator, how will you ensure consistency across all of theNCWorks Career Centers in the Capital Area region? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 21. |  | Follow-upDescribe your strategy for following up with customers. Your strategy should include how you will ensure customers retain employment. For exited customers, how do you determine the need for additional services to positively impact federal performance. |  |
| 22. |  | TechnologyExplain how you will use emerging technologies to improve the quality and efficiency of servicesto customers. |  |
| 23. |  | PerformanceWhat strategies and methods will you use to ensure all Centers are following guidance established by the board to meet all federal, state, and board performance expectations? How will you track your measures and who is responsible? What corrective steps will you take if you are not meeting a performance measure? |  |
| 24. |  | Provide performance for a program similar in size and scope to a WIOA Title I program completed within the last five years. Use template from Section5 and include in Section 9.0 of your proposal. | Attachment included in Section 9.0 |
| 25. |  | Staff Recruitment, Retention and PerformanceDescribe the strategy your organization will take to attract and retain high performing employees. How will you ensure equity and inclusion in your hiring practices? |  |
| 26. |  | Staff AccountabilityHow do you hold underperforming staff accountable including Wagner-Peyser? |  |
|  |  | *Total Questions 8-26 (Review Panel Only)* |  |

**WIOA Business Services *(Statement of Work 3.0 Continued)***

Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words - **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. ***Note: The highlighted areas are for the Review Panel only.***

|  |  |  |  |
| --- | --- | --- | --- |
| 27. |  | Talent Employment Solutions FunctionCapital Area Workforce Development Board expects Business Services to serve employers across the entire capital area region. Describe your strategies for addressing business needs for existing and new businesses. What is your strategy for developing new business customer relationships? |  |
| 28. |  | Information SharingHow do you ensure that employer/industry information gained by outside consultants is shared with TE and TD staff? |  |
| 29. |  | What process do the job seeker consultants use to match job seekers with open positions? How will they work with the outside business consultants to meet the talent needs of employers? |  |
| 30. |  | Customer ServiceDescribe your customer service strategy for businesses. |  |
| 31. |  | Customer FeedbackExplain how you will obtain and use feedback from businesses to improve the delivery of business services in the Capital Area region. Provide specific examples of improvements that were made to the Centers and/or processes as a result of customer feedback. |  |
| 32. |  | TechnologyExplain how you will use emerging technologies to improve the quality and efficiency of services to businesses. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 33. |  | Business Engagement CollaborationCapital Area staff includes a Business Engagement Director who works directly with business-led groups in key regional industries, focusing on long- term workforce strategies. Describe how TES and the business consultant roles will support the Business Engagement Director and the industry sector groups. |  |
| 34. |  | Work-based LearningHow will you use work-based learning to support job seekers and businesses? |  |
| 35. |  | CentersDescribe how the Talent Employment Solutions team will coordinate services with the Centers to assist businesses in their areas. |  |
| 36. |  | Information SharingDescribe your strategy for communicating business needs, events, and other activities throughout the Capital Area NCWorks system. |  |
| 37. |  | Economic StrategyHow will information be gathered and analyzed to support ongoing and emerging needs of employers? Describe how you will use workforce development to support economic strength for the Capital Area region. |  |
| 38. |  | Rapid Response StrategyWhat is your approach to rapid response supporting affected employees to ensure they are quickly put back to work? |  |
|  |  | *Total Questions 27-38 (Review Panel Only)* |  |

***4.0 & 5.0 Budget and Budget Narrative (30%) Scoring (Review Panel Only)***

|  |  |
| --- | --- |
|  | Budget is reasonable |
|  | Budget items are necessary |
|  | Narrative is descriptive & complete |
|  | Budget is accurate |
|  | Budget is competitive |
|  | **Total Budget Score** |

Scoring:

**Point Values**

Very Good = 4-5 Points *(Answered the question, above & beyond expected with pertinent info applicable to question)*

Good = 3 Points *(Answered the question thoroughly and completely)*

Adequate = 1-2 Points *(Answered the question but needed to provide more detail)*

Less than Adequate = 0 Points *(Did not answer the question)*

*Note: Responses that are considered less than adequate are rated “0” points.*

Score Summary (Review Panel Only)

|  |  |
| --- | --- |
| **Score Totals** | **Section** |
|  | Questions 1-7 Total: 2.0 Organization Information |
|  | Questions 8-26 Total: 3.0 Statement of Work Adult/DW Services |
|  | Questions 27-38 Total: 3.0 Statement of Work Business Services |
|  | 4.0 & 5.0 Budget and Budget Narrative |

Attachment XIX



# CAPITAL AREA

WORKFORCE DEVELOPMENT

Youth Services

## 2.0 Organization Information

3.0 Statement of Work

#

2.0 Organization Information – 10%

Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words - **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. **Note: The highlighted areas are for the Review Panel Only.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Question** | **Response** |
| 1. |  | Describe your organization’s experience in helping opportunity youth and young adults become career ready |  |
| 2. |  | Please describe the extent to which your organization specifically focuses on serving at- risk youth, including youth who are at risk of school dropout or at risk of school displacement due to suspension or expulsion. *NCSL Required Question* |  |
| 3. |  | Describe how your organization leverages community-based resources, including partnerships with organizations that provide mentoring services and private-sector employer involvement. *NCSL Required Question* |  |
| 4. |  | Describe your organization’s use of an evidence-based program model with a proven track record of success. *NCSL Required Question* |  |
| 5. |  | Describe your organization’s use of rigorous, quantitative performance measures to confirm effectiveness of the program. *NCSL Required Question* |  |
| 6. |  | Provide a description of the organizational structure. Include whether the organization is for profit or non-profit? Include your organization’s mission, vision, and core values. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. |  | Provide an organization chart that shows graphically how your organization is structured. Include all staff that would be assigned to work on the WIOA Youth services project and identify the principals and leadership of the organization (if any) that would be included in the contract? Include as an Attachment inSection 9.0 of your proposal. | Organization chart included in Section 9.0. |
| 8. |  | How does your organization’s mission support Capital Area Workforce Development Board’s mission? |  |
| 9. |  | Provide a description of your financial stability and any comments you wish to make about your credit rating, your payment policies, and any recognition you may have received from accrediting or other bodies for financial excellence. Has your organization experienced any financial difficulty in the past five years? |  |
| 10. |  | Has your organization ever lost a WIOA Youth contract in the middle of a contract year? If yes, please explain. |  |
| 11. |  | What is your company’s process for ensuring Personal Identifiable Information (PII) is kept secure? |  |
|  |  | *Total Questions 1-11 (Review Panel Only)* |  |

3.0 Statement of Work – WIOA Youth Services – 60%

Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words

- **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. **Note: The highlighted areas are for the Review Panel Only.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Question** | **Response** |
| 12. |  | What is your service delivery strategy for providing WIOA youth services in the Capital Area region? Describe the challenges related to serving opportunity youth and young adults. How do you address these challenges in your service delivery model? Include how services look different when serving in-school youth versus out-of-school youth? |  |
| 13. |  | Describe your strategies for targeted outreach, recruitment, enrolling and orienting youth, including those who are in vulnerable communities. |  |
| 14. |  | Describe how youth will be assessed upon enrollment. Include a description of any tools or methods used to determine the following: levels of basic skills, work readiness skills, interests and aptitudes, occupational skills, barriers, and supportive service needs. Include for each how the tool helps to define the individual service strategy (ISS) for youth. |  |
| 15. |  | How will you incorporate apprenticeship as a training/employment option for youth? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 16. |  | Describe the deployment of comprehensive support services to youth, including addressing behavioral issues, emphasizing academic and career growth, and enhancing parent and family engagement. *NCSL Required Question* |  |
|  | **WIOA Youth Program Elements**Describe your strategy to address each of the following required WIOA 14 program elements. Be sure to include specific strategies for out-of-school and in-school youth where applicable. **Note: The highlighted areas are for the Review Panel only.** |
| 16.1 |  | Tutoring, study skills training, instruction, and dropout prevention services |  |
| 16.2 |  | Alternative secondary school services and dropout recovery services |  |
| 16.3 |  | Paid and unpaid work experiences |  |
| 16.4 |  | Occupational skills training |  |
| 16.5 |  | Education offered concurrently with workforce preparation and training |  |
| 16.6 |  | Leadership development opportunities |  |
| 16.7 |  | Supportive services |  |
| 16.8 |  | Adult mentoring |  |
| 16.9 |  | Follow up services |  |
| 16.10 |  | Comprehensive guidance and counseling |  |
| 16.11 |  | Financial literacy education |  |
| 16.12 |  | Entrepreneurial skills training |  |
| 16.13 |  | Services that provide labor market information |  |
| 16.14 |  | Post-secondary preparation and transition activities |  |

Attachment XIX

|  |  |  |  |
| --- | --- | --- | --- |
| 17. |  | Describe your approach for incorporating career pathways into your service delivery strategy. Include strategies that promote moving youth along a continuum that leads to self-sufficiency. |  |
| 18. |  | Describe your strategy to meet Capital Area’s required 25% expenditure for work-based learning. |  |
| 19. |  | How will you ensure youth are kept fully engaged in their employment process?How do you ensure youth do not “fall through the cracks”? What is your strategy for determining when to exit a participant from the program? |  |
| 20. |  | How will you ensure that your services are delivered in a way that makes them equally accessible to individuals withdifferent abilities? |  |
| 21. |  | Explain how you will obtain and use feedback from youth to improve the delivery of service in the NextGenCenter. |  |
| 22. |  | Explain how you will use emerging technologies to improve the quality and efficiency of services to youth. |  |
| 23. |  | Describe how you will collaborate with the NCWorks Career Centers (including the Talent Employment Solutions team) to assist youth in their engagement, development and obtaining employment. |  |
| 24. |  | What is your approach for ensuring the youth program meets all federal, state, and board performance expectations? |  |
| 25. |  | What qualifications and experience will you require of your staff who deliver services to opportunity youth? |  |
|  |  | *Total Questions 1-15 (Review Panel Only)* |  |

Attachment XIX

|  |  |
| --- | --- |
|  | **WIOA Youth Business Services**Respond to all statements and questions in the corresponding response area of the chart. Responses are limited to between 100-500 words- **please be succinct but thorough**. Expand cells as needed but keep within the word limit. Font must be kept at Times New Roman, 11 pt. **Note: The highlighted areas are for the Review Panel Only.** |
| 26. |  | How will you incorporate the business community in your service delivery strategy? |  |
| 27. |  | Describe your strategies for developing and maintaining business relationships and addressing business workforce needs. Include how you will use labor market information to supportongoing and emerging needs of employers? |  |
| 28. |  | How will you ensure that employer/industry information gained by business consultants is shared with case management staff? |  |
| 29. |  | Describe how you use feedback to improve customer service to businesses. |  |
|  |  | *Total Questions 1-4 (Review Panel Only)* |  |

* 1. ***& 5.0 Budget and Budget Narrative (30%) Scoring (Review Panel Only)***

|  |  |
| --- | --- |
| **Score** | **Area** |
|  | Budget is reasonable |
|  | Budget items are necessary |
|  | Narrative is descriptive & complete |
|  | Budget is accurate |
|  | Budget is competitive |
|  | **Total Budget/Budget Narrative Score** |

Scoring:

**Point Values**

Very Good = 4-5 Points *(Answered the question, above & beyond expected with pertinent info applicable to question)*

Good = 3 Points *(Answered the question thoroughly and completely)*

Adequate = 1-2 Points *(Answered the question but needed to provide more detail)*

Less than Adequate = 0 Points *(Did not answer the question)*

*Note: Responses that are considered less than adequate are rated “0” points.*

Score Summary (Review Panel Only)

|  |  |
| --- | --- |
| **Score Totals** | **Section** |
|  | Questions 1-11 Total: 2.0 Organization Information |
|  | Questions 2-25 Total: 3.0 Statement of Work Adult/DW Services |
|  | Questions 26-29 Total: 3.0 Statement of Work Business Services |
|  | 4.0 & 5.0 Budget and Budget Narrative |

**RFP #23-004**

***Application to Serve a Subset of the CAWD Region***

Youth/Adult/Dislocated Worker Services Funded Under the

**Workforce Innovation and Opportunity Act**

Program(s) to be Served:

 Youth Adult and Dislocated Worker

County(ies) to be Served:

 Chatham Johnston Lee Orange Wake

Capital Area Workforce Development Board prefers a regional service provider approach to centralize administrative support and focus funding and staff on serving customers. However, this is a diverse region, and some counties may have specific and unique needs that are better served locally.

To serve a subset of counties or a single county you must complete and submit the Serve a Subset of the CAWD Region application. Failure to submit the Serve a Subset of the CAWD Region application with the RFP forms will cause a proposal to be considered incomplete and non-responsive. Responses will not be accepted via e-mail. For print proposal Format using a 11- point Times New Roman font.

Below are several questions for applicants to provide a compelling description of how and why your organization will effectively serve a subset of the entire service area.

* + 1. Describe how your organization is uniquely suited to serve customers in your proposed county(ies). Up to 200 words. (10 points)
		2. Smaller service areas by the nature of their size will have limited funding. What resources will your organization bring to this contract to provide more support to the service area beyond the WIOA funds? Examples include free space, shared staff, education/training resources, etc. Up to 200 words. (20 points)
		3. What other programs or initiatives does your organization offer that would complement your work as a service provider? How would you connect these programs to your NCWorks or NextGen Centers? Up to 200 words. (20 points)

Evaluation Criteria and Process

**Selection and Evaluation**

CAWD will review and evaluate proposals based on, but not inclusive of, the below criteria:

* + - * Provides a compelling and through description of how this contract will provide more support to the designated community than what could be offered through a regional approach. (10 points)
			* Exhibits a wide range of resources that your organization will bring to this contract to provide more support to the service area beyond the WIOA funds (20 points)
			* Provides descriptions and details of complementary work that will expand offerings and provide a menu of additional services and support to NCWorks customers. (20 points)

CAWD’s evaluation process includes reviewing, scoring and recommendations by a review panel comprised of Capital Area Workforce Development Board members, staff and may include CAWD partners; and final approval by the full Capital Area Workforce Development Board.

**Point Values**

Very Good = 9-10 Points *(Answered the question, above & beyond expected with pertinent info applicable to question)*

Good = 5-8 Points *(Answered the question thoroughly and completely)* Adequate = 1-4 Points *(Answered the question but needed to provide more detail)* Less than Adequate = 0 Points *(Did not answer the question)*

*Note: Responses that are considered less than adequate are rated “0” points.*

ADMINISTRATIVE MANAGEMENT QUESTIONS

Answer the following questions regarding your administrative management system. If selected for award of a contract, some items listed below may be required during the pre-award review prior to entering into a contract with Capital Area.

**Yes, No or N/A**

1. Does your organization have current Articles of Incorporation?
2. Does your organization have written personnel policies?
3. Do your written personnel policies contain procedures for:
	1. Open employee recruitment, selection and promotional

opportunities based on ability, knowledge and skills;

* 1. providing equitable and adequate compensation;
	2. training of employees to assure high-quality performance;
	3. retaining employees based on the adequacy of their performance, and for making adequate efforts for correcting inadequate performance;
	4. assuring fair treatment of applicants and employers in all aspects of personnel without regard to political affiliation, race, color, national origin, sex, age, disability, religion or creed, with proper

regard for their privacy and constitutional rights as a citizen; and

* 1. assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result

of an election or nomination for office?

1. Can your organization revise its present written personnel policies to

include the above procedures?

1. Do your written personnel policies contain a prohibition against nepotism?
2. Do your written personnel policies contain a prohibition against employees using their positions for private gain for themselves or other parties?
3. Does your organization have an authorized, written travel policy for employees and authorized agents that provides for reimbursement for

mileage and per diem at a specified rate?

1. Does your organization have a written employee grievance procedure

to resolve employment complaints?

1. Does your organization have the capacity or staff to produce and maintain participant records, reports, and other information as needed/

required by Capital Area?

1. If any costs are determined to be disallowed, does your organization

have a procedure and source for reimbursing such costs to the Board?

1. Is your organization governed by a Board/Council?

1

1. Does your organization operate under local rules or by-laws?
2. Has your Board/Council reviewed and approved this proposal?
3. Does your organization have a current approved Fidelity Bond?
4. Does your organization have an Equal Opportunity (EO) Policy?
5. Does your organization have a Complaint or Grievance process?
6. Does your organization have any legal judgments, claims, arbitration proceedings, lawsuits, or other legal proceedings pending against the

organization, its owners, or principles?

I certify that the information provided on this form is an accurate and true representation of the administrative management systems of this organization.

Organization Name

Type/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

FISCAL MANAGEMENT QUESTIONS

Answer the following questions regarding your fiscal management system. If selected for award of a contract, some items listed below may be required during the pre-award review prior to entering into a contract with Capital Area.

**Yes, No or N/A**

1. Do you have a copy of/access to the WIOA Law, Federal Regulations and subsequent amendments?
2. Does your accounting system provide you with adequate information to prepare a monthly financial report? (Such report must be derived

from a balance sheet and income and expense statements).

1. Does your accounting system provide control and accountability over

all funds received, property and other assets?

1. Can your accounting system provide for financial reports on an accrual basis?
2. Does your accounting system provide for identification of receipt and

expenditure of funds separately for each funding source?

1. Are your accounting records maintained in such a manner as to facilitate

the tracking of funds to source documentation of the unit transaction?

1. Does your accounting system have the capability to develop procedures for determining the allowability and allocability of costs in accordance

with the provisions of WIOA regulations?

1. Are State and Federal funds which are advanced to you deposited in a

bank with federal insurance coverage?

1. Has the bank in which you deposit State and Federal funds insured the account(s) or put up collateral or both, which is equal to the largest sum of money which would be in such bank account(s) at any one point in

time during the contract period?

1. Do you make monthly reconciliation of your bank accounts?
2. Are these reconciliations made by the same person who performs the

record keeping for receipts, deposits and disbursement and transactions?

1. Do you record daily your cash receipts and disbursement transactions?
2. Are there individuals or positions in your organization which have, as one of their duties, the receipt, distribution or handling of money covered under bond?
3. Is there a person who is responsible for the recording of all financial transactions?

Attachment XXI

1. Is there a person who is responsible for the receipt of all purchased goods?
	1. Does this person immediately assign, upon receipt, an inventory number to the required items
	2. Does this person perform an inventory audit at least once a year?
	3. Do you maintain records on all property acquisition, disposition and transfer?
2. Do you have written procedures and internal controls established for the

procurement of goods and services?

1. Is a competitive bid process incorporated in your purchasing procedures for acquisition of subcontractors, major goods and services, equipment and office space?
2. Is documentation (i.e., timesheets, etc.) properly kept in support of each payroll disbursement?
3. Are records maintained to support authorized leave (sick, etc.)?
4. Is proper documentation maintained to support travel disbursement?

(Please provide a copy of travel disbursement policy)

1. Has a formal audit of your organization’s financial records been

conducted within the past year?

1. Is your accounting system bound by any outside agency (city, county, etc.)?
2. Do you have an indirect cost plan with current approval by a cognizant agency?
3. Is your organization funded by more than one source?
4. Does your organization have a written lease for all rented or leased properties?
5. Does your organization have written accounting procedures?

(If yes, please provide a copy.)

1. Does your most recent audit have unresolved audit findings?

*I certify that the information provided on this form is an accurate and true representation of the fiscal management systems of this organization.*

Organization Name

Type/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Partner Chart for RFP #23-004**

Describe how your Center(s) will work effectively with WIOA required partners and community partners including Limited English Proficiency (LEP) partners. Required Partners are listed. Please add additional partners in the community. Expand chart as needed.

|  |  |
| --- | --- |
| Required Partner/Organization Name | How you will work with them. |
| Division of Workforce Solutions (DWS) - Wagner Peyser |  |
| DWS – Trade Adjustment Assistance (TAA) |  |
| DWS – Veterans Programs |  |
| Wake Technical Community College (WTCC) |  |
| Johnston Community College (JCC) |  |
| Central Carolina Community College (CCCC) |  |
| Vocational Rehabilitation (VR) |  |
| VR – Division of Services for the Blind |  |
| Job Corps |  |
| Wake County Human Services – Work First |  |
| Johnston County DSS – Work First |  |
| Lee County DSS – Work First |  |
| Orange County DSS – Work First |  |
| Chatham County DSS – Work First |  |
| Division of Employment Security (DES) – Unemployment Compensation programs |  |
| Telamon (Farmworker Jobs Program) |  |
| National Council on Aging (SCSEP) |  |
| National Caucus and Center of Black Aged, Inc. (SCSEP) |  |
| Center for Workforce Inclusion (SCSEP) |  |
| Passage Home (Community Services Block Grant (CSBG)) |  |
| Johnston-Lee-Harnett Community Action (CSBG) |  |
| Central Piedmont Community Action (CSBG) |  |
|  |  |
|  |  |
| Additional Community Partners Name | How you will work with them. |
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# **CAPITAL AREA WORKFORCE DEVELOPMENTPAST PERFORMANCE CHART RFP#23-004**

Note: Applicants must provide performance data on four goals from a previous project that was completed within the last five years that is similar in size, scope, and relevance to the Workforce Innovation and Opportunity Act program. Two goals are required and two are respondent’s choice.

|  |
| --- |
| **Project Title:**  |
| **Funding Administrator:**  |
| **Funding Amount:**  |
| **Project Period of Performance (Start and End Dates):**  |
| **Number of Participants Served/Enrolled:**  |
| **Type of Population Served:**  |
| **Brief Description of Grant Project and Population Served:**  |
| **Performance Goals** |
| **Goal** | **Total Number of Participants (Denominator)** | **Total Number of Participants who Successfully Achieved this Goal (Numerator)** | **Numerator /Denominator (Numerator over Denominator)** | **Percentage Rate**  |
| *Example: Unsubsidized Employment Placement* | *60* | *40* | *40/60* | *67%* |
| Employment/Education Placement |  |  |  |  |
| Degree/Certificate Attainment |  |  |  |  |
| Goal Name*(e.g., Measurable Skill Gains)* |  |  |  |  |
| Goal Name*(e.g., Retention in Education or Employment)* |  |  |  |  |



**Respondent Reference Form**

**Request for Proposal #23-004**

Reference For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide feedback on the above agency’s effectiveness in the following areas:

1. Managing performance goals established in contract and achieving measurable performance outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| □ Below Expectations | □ Met Expectations | □ Exceeded Expectations | □ Not Applicable |
| Justification for Response:  |

1. Continuous quality improvement, including developing and implementing corrective action plans.

|  |  |  |  |
| --- | --- | --- | --- |
| □ Below Expectations | □ Met Expectations | □ Exceeded Expectations | □ Not Applicable |
| Justification for Response:  |

1. Working relationship with Board staff or funder staff (responsiveness, timeliness with meeting deadlines, communication, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| □ Below Expectations | □ Met Expectations | □ Exceeded Expectations | □ Not Applicable |
| Justification for Response:  |

1. Willingness to cooperate with and assist the Board/funder in routine matters when confronted by unexpected difficulties.

|  |  |  |  |
| --- | --- | --- | --- |
| □ Below Expectations | □ Met Expectations | □ Exceeded Expectations | □ Not Applicable |
| Justification for Response:  |

1. Conducting itself (organization and key staff) with a high degree of integrity.

|  |  |  |  |
| --- | --- | --- | --- |
| □ Below Expectations | □ Met Expectations | □ Exceeded Expectations | □ Not Applicable |
| Justification for Response:  |

Would you contract with this provider again? □ Yes □ No

Any other general comments or feedback you would like to provide?

|  |
| --- |
|  |

Company/Organization:

Name:

*(Individual providing the reference)*

Title:

Phone Number: Email:

Date: