

GENERAL SOLICITATION STATEMENT

The Ohio Valley Employment Resource (OVER) is soliciting proposals for the Workforce Innovation and Opportunity Act youth program.

This request for proposal (RFP) is approved jointly by the Workforce Development Board and the Council of Governments. The services will be contracted from July 1, 2017 through June 30, 2018. Designation may be extended up to three (3) additional years to June 30, 2021, based on performance with approval from the Workforce Development Board and Council of Governments. Refer to Section One and references at the end of Section One, as needed.

The application process requires that submitted proposals:

- (1) Contain detailed, accurate and complete information and be signed.
- (2) Follow the prescribed format identified in Section One of this RFP packet.

ORGANIZATION SUBMITTING PROPOSAL

NAME OF AGENCY: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER (WITH AREA CODE): _____

E-MAIL: _____

1. Type of Organization: ___Government ___Non Profit ___Public

2. Federal I. D. Number:

3. Are you a small/minority owned company? YES___ NO___

YES___ **NO**___ 4. Are You Owned or Controlled by a Parent Company Organization?

YES___ **NO**___ 5. Is your organization a legitimate contractor for this proposal?

YES___ **NO**___ 6. Have you had any Affirmative Action/EEO complaints in the last year?

YES___ **NO**___ 7. Is your company debarred or suspended under Federal and State rulings from participating in receipt of governmental funds?___

YES___ **NO**___ 8. Is your company presently or planning to enter into contracts with subcontractors who are debarred or suspended?

YES___ **NO**___ 9. Will any receipt of funds paid under this contract be used for lobbying?

YES___ **NO**___ 10. Is your office area accessible to the disabled, including the visually and hearing impaired?

If your answer to 4-10 was in the shaded area, please provide additional information on it.

Submit with this RFP a copy of your agency's last audit and your agency's proof of insurance (liability, bonding and property-for all possible areas this RFP could operate).

Please give the name(s) and titles of persons who have authority regarding this RFP, if authority is limited, explain

NAME: _____ TITLE: _____

The answers provided pertain ONLY to only one county. You may propose via SEPARATE documents if proposing multiple counties.

If chosen, responder will provide WIOA Youth Program:

Assume funding levels and performance standards found in Section One.

Pre-enrollment activities include recruitment, intake, initial assessment including an initial determination of barriers and appropriateness for the program, referrals, and the determination of WIOA youth eligibility. None of these activities require enrollment in the local youth program. Pre-enrollment activities are considered to be those activities leading up to the decision to register a participant for services in the local WIOA youth program.

Design Framework Services - include the objective assessment, individual service strategy (ISS), general case management, and follow-up services that lead toward successful outcomes for WIOA youth participants.

In addition, the responder MAY provide any or all of the 14 Youth Program Elements:

	Program Elements
1.	Tutoring, study skills training , instruction, and evidence -based dropout prevention and recovery strategies that lead to completion of a secondary school diploma or its recognized equivalent
2.	Alternative secondary school services , or dropout recovery services, as appropriate
3.	Paid and unpaid work experiences that have as a component academic and occupational ed.: summer employ/pre-apprenticeship/on-the-job training
4.	Occupational skill training , priority consideration for training leading to recognized postsecondary credentials aligned with in-demand industry
5.	Education offered concurrently with workforce preparation activities and training for a specific occupation or occupational cluster
6.	Leadership development opportunities: community service; peer-centered activities encouraging responsibility; positive social and civic
7.	Supportive services
8.	Adult mentoring for the period of participation and a subsequent period, total of at least 12 months

9.	Follow-up services for not less than 12 months after the completion of participation, as appropriate
10.	Comprehensive guidance and counseling , (may include substance abuse counseling and referral)
11.	Financial literacy education
12.	Entrepreneurial skills training
13.	Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, i.e. career awareness, counseling, & exploration
14.	Activities that help youth prepare for and transition to postsecondary education and training

Youth Funding Restrictions.

20% of funding must be spent on work experience.

75% of funding must be spent on out of school youth, in any categories.

WHAT COUNTY IS THIS RESPONSE FOR? _____

Which of the 14 elements do you plan to provide? (Circle or highlight in above chart)

▪ **Please Respond to the Following Questions.** Extend the space directly under the question to accommodate your full answer.

1. Past service experience: summarize past service experience, especially youth, and indicate how past experience correspond to the youth elements and/or design. If no prior WIA/WIOA experience, provide similar program and complete description.

Brief Narrative on past experience as it relates to youth, including:

Partnering organizations (such as one-stop partners)

Service to hard to serve populations

Overcoming basic skills deficiency

If describing a non-WIOA program, please provide full detail.

2. Proposed Program Design: Describe your proposed program design. Include, at a minimum, a description of the following: a. The target populations you intend to serve and why. b. The approaches and methods used to recruit eligible youth for the program and engage disconnected youth. c. The use of an educational development plan and an individual service strategy outlining education, training and service needs for each participant. d. How your program will increase employment and post-secondary opportunities for the targeted population. e. How does this coordinate with the county CCMEP plan? f. How the voices of youth participants will be incorporated into the program design.

3. Partnerships/Collaborations: Describe the partnerships you will/already have established that will allow you to incorporate all fourteen WIOA elements into your program. Explain how you will provide program coordination, detail communication, data management, and service coordination with those partnering agencies.

4. **Case Management:** Describe your program's case management strategy for providing consistent support, follow-through for service plans, referrals, and tracking for each participant.

5. **Customer recruitment, satisfaction and follow-up.** A. Explain your strategy to recruit and engage youth. B. Do you measure customer service/how/what response have you received/is the program modified based on response? C. What % of youth are you able to successfully follow-up with for an entire year? If you do not have past WIA/WIOA experience, indicate clearly and provide proposed strategy.

6. **Supportive Services** • Describe barriers to successful reconnection and completion of education and/or employment that the target population faces. • Describe what supportive services (WIOA and non-WIOA) you will use to address these barriers. Explain your agency's level of understanding/ability to identify substance abuse.

PROPOSER SIGNATURE

I hereby attest that all information submitted with this proposal/bid is accurate, complete and based on current data at the time of submission. I understand the WIOA youth program will operate through the Workforce Development Board. Any sub awards must be approved by the WDB. I further acknowledge that the WIOA youth funding is part of the larger CCMEP program and will follow both policies, if they are in conflict, WIOA will be followed.

I am aware that the Workforce Innovation and Opportunity Act strictly prohibits fraud and other abuses, and provides criminal penalties for violators.

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

PRELIMINARY REQUIREMENTS:

Rater's Section: -----

The following questions must be answered prior to starting the formal rating. If any of the questions are answered "No," this proposal CANNOT be rated and the process stops at this point.

- A. Did Proposer Attend the Proposers Conference? YES NO
B. Did Proposer Submit the Proposal on Time? YES NO

_____ THE TOTAL POINTS AVAILABLE ARE EQUAL TO THE SUM OF THE MAXIMUM TOTAL POINTS FOREACH RATING AREA. MAXIMUM TOTAL AVAILABLE POINTS 100

MINIMUM THRESHOLD OF 70% OF TOTAL POINTS AVAILABLE IS REQUIRED, LESS THAN 70% WILL DISQUALIFY THAT PROPOSAL. MINIMUM TOTAL POINTS 70

PROPOSAL'S RATING:

RATING/POSSIBLE

- 1) 20 /POSSIBLE Comments:
- 2) 20 /POSSIBLE Comments:
- 3) 20 /POSSIBLE Comments:
- 4) 15 /POSSIBLE Comments:
- 5) 15 /POSSIBLE Comments:
- 6) 10 /POSSIBLE Comments:

TOTAL POSSIBLE = 100, IS TOTAL GREATER THAN 70?

RECOMMENDATION:



SIGNATURE OF RATER

TITLE

DATE

SIGNATURE OF RATER

TITLE

DATE

SIGNATURE OF RATER

TITLE

DATE

***A RATING GROUP OR A SINGLE INDIVIDUAL MAY RATE. THE SAME RATER(S) WILL RATE ALL PROPOSALS FROM A COUNTY.**