# Request for Proposal

# Workforce Innovation & Opportunity Act (WIOA)

# Title I Adult and Dislocated Worker Services

## Contract Period

## January 1, 2021 to June 30, 2021

**Submission Deadline**

**4:00 PM (CST) November 6, 2020**

***Late submissions will not be accepted***



**South Central Iowa Workforce Development Area**

**Local Workforce Development Board**

**APPENDICES**

## Appendix A – Cover Sheet

**Proposal for**

**Workforce Innovation and Opportunity Act (WIOA) Title I Adult and Dislocated Worker Services**

Local Workforce Development Area: South Central Iowa

Contract Period: 1/1/2021 – 6/30/2021

#### Proposing Organization Information

I certify that the above-named organization is legally authorized to submit this application, that the contents of the application are truthful and accurate, and that the above-named organization agrees to comply with all requirements of the RFP. Our organization understands this program operates on a reimbursement model, and we are prepared to front costs related to said program until requirements for reimbursement are met and funds are available for reimbursement.

Printed Name of Authorized Representative Title of Authorized Representative

Signature of Authorized Representative Date

## Appendix B – Budget Documents

***Budget Summary***

|  |  |
| --- | --- |
| Operational Costs | Amount Requested |
| Salaries |  |
| Personnel Benefit/Fringe |  |
| Mileage |  |
| Travel |  |
| Direct |  |
| Profit |  |
| Total Operational | $ |

|  |  |
| --- | --- |
| Participant Costs | Amount Requested |
| Tuition |  |
| Books/Supplies |  |
| Uniforms/Tools |  |
| Teaching Aids |  |
| Assessment(s) |  |
| Support |  |
| Incentives |  |
| Work Experience |  |
| Total Participant Costs\* | $ |

|  |  |
| --- | --- |
| Total of Operational and Participant Costs | Amount Requested |
| Operational |  |
| Participant Cost |  |
| Total Amount Requested | $ |

**\****Funds for this category will be added during contract negotiations.*

#### Budget Detail

##### Salary Detail

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Title | Salary | % of Time Charged to WIOA | Total charged to WIOA |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| F. |  |  |  |
| G. |  |  |  |
| Total Amount Requested | $ |

##### Personnel Benefit Detail

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position | Base Salary | FICA/Medicare | Workers Comp | UI | Health Insurance | Life Insurance | Holiday/ Leave | Retirement | Total % | Total Fringe $ |
| A | $ |  |  |  |  |  |  |  |  | $ |
| B | $ |  |  |  |  |  |  |  |  | $ |
| C | $ |  |  |  |  |  |  |  |  | $ |
| D | $ |  |  |  |  |  |  |  |  | $ |
| E | $ |  |  |  |  |  |  |  |  | $ |
| F | $ |  |  |  |  |  |  |  |  | $ |
| G | $ |  |  |  |  |  |  |  |  | $ |
| H | $ |  |  |  |  |  |  |  |  | $ |
| Total Fringe Requested | $ |

\*Enter each benefit as a % of base salary.

##### Mileage Detail

|  |  |  |
| --- | --- | --- |
| # of Miles | Per Mile Charge | Total |
|  |  | $ |
|  |  |  |
|  |  |  |
| Total Mileage Requested | $ |

##### Travel Detail

|  |  |
| --- | --- |
| Amount | Detail/Explanation of Travel |
| $ |  |

##### Direct Cost(s) Detail

|  |  |
| --- | --- |
| Line Item | Amount Requested |
| Materials & Supplies (Non-Training Related) | $ |
| Telephone | $ |
| Postage | $ |
| Rent | $ |
| Utilities | $ |
| Maintenance | $ |
| Bond | $ |
| Advertising | $ |
| Audit | $ |
| Other (Specify) | $ |
| Other (Specify) | $ |
| Total Direct Costs | $ |

##### Profit Cost Detail

|  |  |  |
| --- | --- | --- |
| % | Base Amount | Total |
|  | $ | $ |

##### Participant Costs - Training

|  |  |  |
| --- | --- | --- |
| Line Item | Amount Requested | Details |
| Books/Supplies | $ |  |
| Teaching Aids | $ |  |
| Assessment(s) | $ |  |
| Tuition | $ |  |
| Other (Specify) | $ |  |
| Other (Specify) | $ |  |
| Total Participant Training Costs Requested | $ |

##### Participant Costs – Support

|  |  |  |
| --- | --- | --- |
| Line Item | Amount Requested | Details/Notes |
| Support\* | $ |  |
| Total Participant Support Requested | $ |

##### Participant Costs – Work Experience

|  |  |  |
| --- | --- | --- |
| Line Item | Amount Requested | Details/Notes |
| Work Experience | $ |  |
| Total Participant WEX Requested | $ |

## Appendix C – Assurances and Certifications

The authorized representative agrees to comply with all applicable State and Federal laws and regulations governing the Workforce Innovation and Opportunity Act, Workforce Development Board, and any other applicable laws and regulations.

In addition, the authorized representative assures, certifies and understands that:

1. The proposing organization has not been debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs.
2. The proposing organization and representative possess legal authority to offer the attached proposal.
3. A resolution, motion, or similar action has been duly adopted or passed as an official act of the organization’s governing body authorizing the submission of this proposal.
4. A drug free workplace will be maintained in accordance with the State of Iowa requirements.
5. The proposing organization has all appropriate insurance coverage, and will produce a certificate of such, as requested.

Print or Type Name of Authorized Representative

Signature of Authorized Representative

Date

## Appendix D – Evaluation Criteria

The Evaluation Team will use the following guiding principles to assess submitted proposals:

* Ability of the program to help the {insert name here} meet performance goals
* Reasonableness and affordability of the unit price
* How well the program will collaborate with other organizations in the community
* Organizational capacity and experience in providing programs for adult and dislocated worker programs.

Bidders must receive a score of 50 points or higher to be eligible to be awarded a contract. Proposals will be evaluated using the assigned point totals for the following criteria:

|  |  |  |
| --- | --- | --- |
| Category | Criteria | Score |
| Cover Sheet | Required, not scored | -- |
| Executive Summary | Required, not scored | -- |
| Organizational Overview(maximum of 20 points) | Proposal provides an overview of the lead organization including- year established, legal status, governance structure, mission, principal programs and services, executive leadership, annual budget, and number of full-time staff.The proposal provides evidence of program success consisting of past program performance and integration of principles and practices in program design of program success.Proposal describes the organization’s knowledge, expertise and experience working with under-served and targeted populations and the challenges within the workforce development system.Proposal describes what systems are in place to ensure administrative and fiscal support and oversight. |  |
| Program Narrative(maximum of 55 points) | Proposal clearly demonstrates how the applicant will effectively meet all the standards, expectations, and desired outcomes found in this RFP.Proposal includes a clear staffing plan to support the programmatic and executive components of the program.Proposal describes plans for outreach, communication, and recruitment of adults and dislocated workers.Proposal describes a model for effective delivery of Career Services, clearly demonstrating how job seekers will be connected to opportunities in quality, sustainable careers. All items included in the statement of work should be addressed.Proposal describes a model for effective delivery of Training Services, including the efficient and strategic use of training funds. All items included in the statement of work should be addressed.Proposal describes efforts that will support sector strategies in the local area.Proposal describes plans for serving those with barriers to employment and ensuring WIOA Priority of Service is followed. Proposal clearly describes how supportive services will be utilized to assist participants.Proposal describes plans for coordination and collaboration with partner programs and agencies. This description should include information on facilitating referrals to partner programs and agencies.Proposal should describe how business engagement will be coordinated with all Iowa*WORKS* partners.Proposal describes, in detail, the strategies to be used to ensure success and meet or exceed established performance goals. All items included in the statement of work should be addressed.Proposal describes the use of technology to enhance service delivery, program reporting and other elements of your proposal. This should include the use of the IowaWORKS system to enter, track, and validate WIOA data.If applicable, this proposal should include detailed transition plans to ensure the seamless transition and minimize disruption of services to job seekers and employers.  |  |
| Budget and Budget Narrative(maximum of 15 points) | Budget is reasonable and well-defined for collaborative service delivery.Budget Narrative justifies the need for all costs built into the line-item detail and the methodology used to derive each cost. |  |
| Attachments(maximum of 10 points) | All required attachments are included and support the associated narrative sections. |  |
|  | Total Score |  |