**Appendix A**

**Cover Page**

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**PROPOSAL FOR OUT-OF-SCHOOL YOUTH SERVICES**

**APPENDIX A: PROPOSING AGENCY IDENTIFICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Name of Proposing Agency:** | | **Contract Period:** | | |
| **Agency Mailing Address:**  **Agency Physical Address:** | | **Agency FEIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Agency Fiscal Year:**  Calendar  Other (If Other)  \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_  **Requested Funding Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Type of Agency (Check all that apply):**    Government  Education Institution  Private, Not-for-Profit  Corporation  Consortium (Specify Lead Agency and type)    Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Principal of Agency Name:**  (Executive Director/CEO/President) | **Name:**  **Title:** | **Address:** | |  |
| **City/State/Zip:** | |  |
| **Email:** |  | |
| **Telephone:** |  | |
| **Operational Responsible Person:**  (RFP Direct Contact) | **Name:**  **Title:** | **Address:** | |  |
| **City/State/Zip:** | |  |
| **Email:** |  | |
| **Telephone:** |  | |
| **Administration Office:** | **Name:**  **Title:** | **Address:** | |  |
| **City/State/Zip:** | |  |
| **Email:** |  | |
| **Telephone:** |  | |

**Appendix B**

**14 points of Youth Services**

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**WIOA PROGRAM SERVICES DELIVERY PLAN NARRATIVE**

**APPENDIX B: WIOA 14 REQUIRED SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM SERVICES** | **Brief Description— How your Agency is directly providing this element?** | **Brief Description— If your Agency is not directly providing this element, identify who you will partner with to provide this required element?** | **Check if Memorandum of Understanding (MOU) is in place** |
| **1. Tutoring, Study Skills Training, Instruction,**  **and Evidence-Based Dropout and Recovery**  **Strategies.** |  |  |  |
| **2. Alternative Secondary School Services or**  **Dropout Recovery Services** |  |  |  |
| **3. Paid and Unpaid Work Experiences,**  *Including summer employment*  *opportunities, internships, pre*  *apprenticeship programs, job shadowing*  *and\on the job training opportunities.* |  |  |  |
| **4. Occupational Skills Training,** *which shall*  *include priority consideration for training*  *programs that lead to recognized*  *postsecondary credentials that are aligned*  *with in-demand industry sectors or*  *occupations.* |  |  |  |
| **5. Leadership Development Opportunities** |  |  |  |
| **6. Supportive Services** |  |  |  |
| **7. Adult mentoring for a duration of at least**  **12 months,** *may occur both during and after*  *program participation* |  |  |  |
| **8. Follow-Up Services,** *a minimum 12-month*  *Period* |  |  |  |
| **9. Comprehensive Guidance and Counseling**  **Activities,** *including drug and alcohol*  *abuse counseling, and referral if appropriate* |  |  |  |
| **10. Education offered concurrently with and**  **in the same context as workforce**  **preparation activities and training for a**  **specific occupation or occupational**  **cluster** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **11. Financial Literacy Education** |  |  |  |
| **12. Entrepreneurial Skills**  **Training** |  |  |  |
| **13. Services that provide Labor**  **Market and Employment**  **Information,** *In-Demand*  *industry Sectors and*  *Occupations* |  |  |  |
| **14. Activities that help Youth**  **Prepare for and Transition**  **to Post-Secondary**  **Education and Training** |  |  |  |

**Appendix C**

**Budget Template – Excel Document can be found at** [**www.LWDA20.org**](http://www.LWDA20.org)

**Under announcements**

**SEE EXCEL DOCUMENT**

**Appendix D**

**Assurances and Certifications**

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**Appendix D**

**ASSURANCES AND CERTIFICATIONS**

The following assurances and certifications will be made a part of any resulting contract from this solicitation and Respondents must agree to each item below.

1. The individual signing this proposal is authorized to submit the proposal on behalf of their agency/organization.
2. The Contractor assures and certifies that services funded through a contract with FPD WDB shall be administered in full compliance with applicable federal, state and local laws, regulations and policies. These include, but are not limited to:

●maintaining records that accurately reflect actual performance

●maintaining record confidentiality, as required

●reporting financial, participant, and performance data, as required

●complying with Federal and State non-discrimination provisions

●meeting requirements of Section 504 of the Rehabilitation Act of 1973

●meeting all applicable labor laws, including the Child Labor Law standard

1. The Contractor shall establish and maintain an auditable financial system, in accordance with recognized accounting practices, with the Act and Regulations, and with State and local requirements on fiscal and programmatic reports.
2. The Contractor must be able to demonstrate that they are fiscally solvent.
3. The Contractor certifies that it will provide a drug-free workplace, as required by Federal law.
4. Any representative/agent of the WDB who participates in the expenditure of WIOA funds shall perform his/her duties in a manner consistent with their obligations to the WDB and in accordance with sound business practices. In complying with these requirements, representatives/agents shall refrain from:
5. Solicitation or acceptance of gratuities, favors, or anything of monetary value, from contractors, potential contractors, or parties to sub-agreements.
6. Participation in awards or administration of contracts to firms in which the member, officer, staff or representatives/agent or his/her immediate family has a financial or other interest.
7. Any representative/agent, who is a paid consultant, or who has a relative who is a paid consultant (as defined in A.R.S. 38-502) for any provider which currently transacts business with the WDB is prohibited from participating in a decision process which may lead to the award of a contract involving such firm.

Authorized Signature/Date

Typed Name and Title

**Appendix E**

**Certification Regarding Debarment**

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**Appendix E**

CERTIFICATION REGARDING DEBARMENT/SUSPENSION

This certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension 29 CFR Part 98, Section 98.510, Participants’ responsibilities.

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
2. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
3. Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
4. Are not presently indicated for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
5. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause of default.
6. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name of Applicant Organization

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Name and Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**APPENDIX F**

**PROPOSERS ORGANIZATIONAL CHART**

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