Appendix C

## Proposal Submission Template

## Instructions

1. No attachments (including letters of support) to this proposal will be allowed except the following:
* Supporting Documentation for Proposals that include training/services that lead to occupations or industries not targeted. This may include letters from employers who would hire trained individuals.
* Organization representing at least two employers and their workforce training needs should submit documentation that they meet this criterion. This should be letters from employers.
1. Unless otherwise noted, all narrative responses shall be limited to one page.
2. Completed Proposals shall be submitted to DWDBDETContracting@delaware.gov as an attachment in a Microsoft Word or Adobe PDF document.
3. Applicants are strongly encouraged to submit Proposals as soon as possible but proposals may be submitted any time before September 25, 2020. They will be reviewed as they are received.

## Proposal Submission Template

Rapid Workforce Training and Redeployment Initiative

Funding Opportunity with CARES Act and EO43

1. **General Proposal Information**
2. Applicant Information

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

 (NAME)

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

 (STREET)

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

 (CITY, STATE) (ZIP CODE)

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

 (CONTACT PERSON)

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

 (TELEPHONE NUMBER)

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

 (E-MAIL ADDRESS)

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

DUNS#

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

EIN#

Organization Type 1: Organization Type 2:

[ ]  Non-Profit [ ]  State public institution or training center

[ ]  Governmental [ ]  Institution of higher education

[ ]  Private for Profit [ ]  Organization representing at least three employers and their workforce training needs (submit documentation of meeting this).

1. Proposal/Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Point of Contact (Name, phone, email) for Employers who want to get involved (have a workforce need, need trained individuals, provide feedback on curriculum, etc.) with this program if funded:
3. County(ies) this program will serve:

[ ]  New Castle County [ ]  Sussex County

 [ ]  Kent County [ ]  Statewide

1. Proposal seeks to serve:

 [ ]  Healthcare Industry

 [ ]  IT Occupations

[ ]  Construction/Trades

[ ]  Hospitality/Food Service

[ ]  Logistics/Transportation

[ ]  Other Industry or Occupational Group (requires supporting documentation)

1. Complete the chart below (add rows as needed) by listing the job title(s) and their corresponding ONet Code that this Proposal seeks to target. This will include jobs that individuals who benefit from this proposal are likely to achieve from completing training. Include any certification that will be can be achieved with successful completion for each title.

|  |  |  |
| --- | --- | --- |
| Job Title | ONet Code | Applicable Certificate/Credential |
|  |  |  |
|  |  |  |

1. Total Number of Enrollments/Individuals:
2. Total Training Hours per Enrollment:
3. Complete the following (add rows as needed):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupational Skills Training (should align with Job Titles in F. above)  | Requested # of Cycles | Minimum # of Cycles | Start/End Dates of each Cycle\* | Cost per Cycle | Training Hours per Enrollment  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 \*must end no later than March 31, 2021

1. Total Amount Requested (Includes amount in 1. Below): $\_\_\_\_\_\_\_\_\_
	1. Given the estimated end date of your proposed occupational skills training program(s) and that you will have up to 90 days after training to place individuals in an outcome, will you need funds to cover the timeframe of April 1, 2021-June 30, 2021 for staff to track and report Performance Measures? [ ]  No

 [ ]  Yes and the amount requested for this activity is: $\_\_\_\_\_\_\_\_\_

***Note: Two separate budgets (Attachment 2) should be completed delineating the funds. One for services through 3/31/2021 and one for services 4/1/2021-6/30/2021.***

1. If you do not receive the full amount requested, what would you be willing to cut?
2. If awarded a contract for more, is your program able to accommodate?
3. If additional funds become available, how would you use them?
4. Requested funds for this program are % of organization's total budget.
5. Leveraged Resources Provide if any:

|  |  |
| --- | --- |
| Cash Contribution Amount | $ |
| In-Kind Estimated Amount | $ |

Describe what these leveraged funds will support:

1. **Executive Summary**

Describe the way you propose to meet the goals and purpose outlined in the Funding Opportunity. This should answer questions; who, what, when, where, why, how providing a summary of what the proposal seeks to accomplish.

1. **Demonstrated Ability**
2. Describe your organization’s ability to operate high quality training programs that have resulted in high employment rates or similar outcomes. This should include past achieved performance (including the job placement rate experience for graduates of the program(s)).
3. Describe your organization’s ability to deliver a quality program on an expedited basis.

1. **Individuals**
2. Describe how you will outreach, recruit, and assess individuals.
3. Are you targeting or serving any of the desired populations listed in the Funding Opportunity?
	1. If yes, list the targeted populations
	2. If yes, describe how this program will provide services to overcome barriers to employment.
4. **Program Design**
5. Describe how your organization determined the training in this proposal was needed. Include partnerships/relationship with industry/employers and evidence of the skill needs of an in-demand industry sector or occupation in Delaware.
6. Describe how the proposed program(s) maintain a close nexus between the certificate program curriculum and skill requirements of local employers.
7. Can you provide assurances from employers that individuals applying for employment will receive priority upon completion of a program? [ ]  Yes [ ]  No
8. Describe how a participant will flow through your program from start to finish.
9. Describe the job readiness and placement assistance you propose to connect individuals and employers placing them in employment opportunities within their training related field.
10. **Partners**

Complete the following chart detailing the partners involved or those you plan to engage:

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Type (e.g. Employer, Education/Trainer, or Other Partner) | Name of Organization | Organization Contact Name | Role/Commitment(e.g. potentially hire individuals) |
|  |  |  |  |

1. **Attachments-***Required*

Attachment 1: Confidentiality and Proprietary Information

Attachment 2: Program Budget

1. **Certificate of Information and Authorization-*Must be completed for your proposal to be considered***

By submitting this proposal, I hereby certify that to the best of my knowledge all information contained in this proposal is accurate and complete, that this is a valid proposal and that I am legally authorized to submit and to represent this organization.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attachment 1**

CONFIDENTIAL INFORMATION FORM

[ ]  By checking this box, the Provider acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

|  |
| --- |
| **Confidentiality and Proprietary Information** |
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**Note: Provider may use additional pages as necessary, but the format shall be the same as provided above.**

|  |  |
| --- | --- |
|  | **TOTAL** |
| 1. Staff Salaries
 |  |
| 1. Staff Fringe Benefits
 |  |
| 1. SUBTOTAL (Lines 1+2)
 |  |
| 1. Supportive Services to Individuals (Specify on Budget Page 5)
 |  |
| 1. Rent
 |  |
| 1. Custodial Services
 |  |
| 1. Utilities
 |  |
| 1. Consumable Office Supplies
 |  |
| 1. Postage
 |  |
| 1. Equipment and Furniture Purchase
 |  |
| 1. Equipment Rental
 |  |
| 1. Tuition
 |  |
| 1. Entrance Fees
 |  |

|  |  |
| --- | --- |
| 1. Training Materials (Specify on budget back up page)
 |  |
| 1. Printing/Advertising
 |  |
| 1. Student Travel
 |  |
| 1. Staff Travel
 |  |
| 18. Staff Training |  |
| 19. Participant Payments (Wages. OJT Payments, etc...) |  |
| 20. Participant Fringes |  |
| 21. Insurance: |  |
| 22. Professional Services (List on budget back up page) |  |
| 23. Overhead/Indirect for Lead Organization: |  |
| 24. Profit |  |
| 25. Other: (Specify) |  |
| 26. Other: (Specify) |  |
| 27. Total |  |

**EMPLOYEE LISTING**

**SALARY AND FRINGE EXPENSES**

AREA OF TRAINING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_

ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST EVERY EMPLOYEE BY TITLE**

**ADD ROWS AS NEEDED**

**USE ADDITIONAL PAGES TO LIST EACH EMPLOYEE NUMERICALLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| POSITION | DATES OF EMPLOYMENT HOURS PER WEEK (if seasonal give # of weeks and hourly rate) (If part-time, indicate hourly rate) |  | SALARY | FRINGE | TOTAL | FUNDED STAFF HOURS |
| Person #1 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |
| Person #2 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |
| Person #3 |  | THIS PROGRAM  |  |  |  |  |
|  |  | OTHER |  |  |  |  |

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET BACK-UP PAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LINENUMBER | ITEM | NUMBER OF EACH | AMOUNT | EXPLANATION/REMARKS |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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***SUPPORTIVE SERVICE TO INDIVIDUALS***

ORGANIZATION :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF TRAINING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT OF SUPPORTIVE SERVICES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENTS MUST NOT RECEIVE CASH. VOUCHERS ARE TO BE USED FOR GOODS AND SERVICES) CONTRACTORS MUST MAINTAIN A CUMULATIVE LOG TO DOCUMENT CLIENTS RECEIVED SUPPORTIVE SERVICE(S). AT A MINIMUM THIS LOG MUST INCLUDE CLIENT NAME, STAFF AND CLIENT SIGNATURE, AMOUNT OF SUPPORTIVE SERVICES GIVEN, AND VENDOR.

Furthermore, contractors will only be reimbursed for direct benefits they have given to client.

TYPE OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLANATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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