**Attachment 1**

**NO PROPOSAL REPLY FORM**

Contract No. HSS-19-013 Contract Title: **EMPLOYMENT AND TRAINING PROGRAM SERVICES**

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

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|  | 1. |  | We do not wish to participate in the proposal process. |
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|  | 2. |  | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
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|  | 3. |  | We do not feel we can be competitive. |
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|  | 4. |  | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
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|  | 5. |  | We do not wish to sell to the State. Our objections are: |
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|  | 6. |  | We do not sell the items/services on which Proposals are requested. |
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|  | 7. |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| FIRM NAME |  | SIGNATURE |

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|  |  | We wish to remain on the Vendor's List **for these goods or services**. |
|  |  |  |
|  |  | We wish to be deleted from the Vendor's List **for these goods or services**. |

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.**

**Attachment 2**

**CONTRACT NO.: HSS-19-013**

**CONTRACT TITLE: EMPLOYMENT AND TRAINING PROGRAM SERVICES**

**DEADLINE TO RESPOND: January 4, 2019 at 11:00 AM (Local Time)**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Department of Health and Social Services, Division of Social Services.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Department of Health and Social Services, Division of Social Services.

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| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one)

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print)

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

(COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, BE NOTARIZED AND BE RETURNED WITH YOUR PROPOSAL**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment 3**

Contract No. HSS-19-013

Contract Title: **EMPLOYMENT AND TRAINING PROGRAM SERVICES**

EXCEPTION FORM

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

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| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

Contract No. HSS-19-013

Contract Title: **EMPLOYMENT AND TRAINING PROGRAM SERVICES**

CONFIDENTIAL INFORMATION FORM

🞏 By checking this box, the Vendor 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.

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

**Attachment 5**

Contract No. HSS-19-013

Contract Title: **EMPLOYMENT AND TRAINING PROGRAM SERVICES**

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

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| --- | --- | --- | --- | --- |
| 1. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 2. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 3. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment 6**

SUBCONTRACTOR INFORMATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO.  HSS-19-013 | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OSD Classification:  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| b. Mailing Address: | | 4d. Women Business Enterprise  Yes  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No  4h. Service Disabled Veteran Owned  Business Enterprise  Yes  No | | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | | 8. DATE SIGNED | |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** | | | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | | 11. DATE SIGNED | |
| 9b. TITLE OF PERSON SIGNING |

**\* Use a separate form for each subcontractor**

**Attachment 7**

STATE OF DELAWARE

MONTHLY USAGE REPORT

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**



**Note:** A copy of the Usage Report will be sent by electronic mail to the Awarded Vendor. The report shall be submitted electronically in **EXCEL** and sent as an attachment to Teresa.gallagher@state.de.us. It shall contain the six-digit department and organization code for each agency and school district.

**Attachment 8**

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**

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| **State of Delaware** | | | | | | | | | | | | | | | | |
| **Subcontracting (2nd tier) Quarterly Report** | | | | | | | | | | | | | | | | |
| **Prime Name:** | | | | |  |  | **Report Start Date:** | | | | |  |  |  |  |  |
| **Contract Name/Number** | | | | |  |  | **Report End Date:** | | | | |  |  |  |  |  |
| **Contact Name:** | | | | |  |  | **Today's Date:** | | | | |  |  |  |  |  |
| **Contact Phone:** | | | | |  |  | \*Minimum Required | | Requested detail | | |  |  |  |  |  |
| **Vendor Name\*** | **Vendor TaxID\*** | **Contract Name/ Number\*** | **Vendor Contact Name\*** | **Vendor Contact Phone\*** | **Report Start Date\*** | **Report End Date\*** | **Amount Paid to Subcontractor\*** | **Work Performed by Subcontractor UNSPSC** | **M/WBE Certifying Agency** | **Veteran**  **/Service Disabled Veteran Certifying Agency** | **2nd tier Supplier Name** | **2nd tier Supplier Address** | **2nd tier Supplier Phone Number** | **2nd tier Supplier email** | **Description of Work Performed** | **2nd tier Supplier Tax Id** |
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**Note:** A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: [vendorusage@state.de.us](mailto:vendorusage@state.de.us)

**Attachment 9**

|  |
| --- |
| Program Summary Sheet |
| Bidder Name: |
| Program Title: |

|  |  |
| --- | --- |
| Years of Experience related to E&T. |  |
| Years of experience working with low income families. |  |
| Program Description:  Include all services offered. |  |
| Existing program or new program? If existing how long has it been running? |  |
| If contracting services out, role of the contractor and services provided. |  |
| Amount of time needed for startup. |  |
| Geographic area served |  |
| Program Capacity/ # served |  |
| Proposed Engagement Rate |  |
| Proposed Employment Rate |  |
| Proposed retention rate 3, months, 6 months, 12 months, 18 months , 24 months |  |
| Existing and Proposed Partnerships |  |
| Total Program Cost |  |
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**Attachment 10**

**State of Delaware**

**Office of Supplier Diversity**

**Certification Application**

The most recent application can be downloaded from the following site:

<http://gss.omb.delaware.gov/osd/certify.shtml>

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)

100 Enterprise Place, Suite 4

Dover, DE 19904-8202

Telephone: (302) 857-4554 Fax: (302) 677-7086

Email: [osd@state.de.us](mailto:osd@state.de.us)

Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.**

**THE OSD WILL NOT ACCEPT ANY VENDOR BID RESPONSE PACKAGES.**

# Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS

Each vendor solicitation response should contain at a minimum the following information:

1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services. **Include Supplier Diversity and Inclusion questions listed on pages 12-13.**
2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
3. Pricing as identified in the solicitation
4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). Bid marked “ORIGINAL”, **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK .** All other copies may have reproduced or copied signatures – Form must be included.
5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information – Form must be included.
6. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
7. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
8. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
9. One (1) complete OSD application (See link on Attachment 9) – only provide if applicable

The items listed above provide the basis for evaluating each vendor’s proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall provide proposal packages in the following formats:

1. Six (6) paper copies of the vendor proposal paperwork. **One (1) paper copy must be an original copy, marked “ORIGINAL” on the cover, and contain original signatures.**
2. Six (6) electronic copy of the vendor proposal saved to CD or DVD media disk. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

# Appendix B - SCOPE OF WORK AND TECHNICAL REQUIREMENTS

The State of Delaware Division of Social Services (DSS) is seeking bidders that possess the knowledge and expertise to provide workforce training, skills development, job placement, and other support or technology services to DSS participants.

Bidders will have to demonstrate their ability to serve diverse populations, some with barriers such as; literacy, mental capacity, homelessness, domestic violence, lack of work experience, citizens returning to their communities, and non-English speaking participants. Bidders must also be able to provide services during non-traditional as well as traditional hours of business. (DSS) is looking for training opportunities and job placement programs that are also provided during the evening hours.

DSS desires to partner with:

* Organizations and Training providers willing to provide 50/50 match funding for the proposed programs.
* Organizations with in-house training and employment programs or E&T providers to provide E&T programs to low income individuals receiving assistance from DSS.
* Employers who have the capacity to train, hire and retain DSS participants.
* Employers who have the capacity to hire and retain eligible participants in a subsidized wage program.
* Non-Traditional Employment and Training Providers to provide low income families with minor children with workforce development skills to include supportive and retention services with a human centered approach to service delivery.

DSS participants can be mandatory or voluntarily participants. Typical participants are unemployed or employed but working less than thirty (30) hours per week. They have sketchy work history, low skill levels, and limited education. Those participants with a more solid work history, and higher skill set are having difficulty in getting or maintaining employment on a full-time basis.

Bidders proposing to serve this population are required to contribute 50% of the cost of their proposed program. Contractor must be able to fiscally sustain the program while waiting for the reimbursement of identified 50% expenditures that the State will reimburse. Proof of fiscal stability to run the program and receive reimbursements after service provision is required. Provide the most recent Fiscal Audit or it’s equivalent and the last Annual report.

Bidders must fill out the Program Summary Sheet in Attachment 9.

1. **Preferred Bidders Requirements and Minimums**:

The below requirements will be used to identify the strongest proposals. The more requirements a bidder can meet increases the scoring. Fully describe the bulleted areas that the bidder meets. Potential bidders do not need to meet all of the following requirements. DSS is considering bidders that:

* have at least 2 years of experience in workforce training and development services or job placement services with 1 of those years working with individuals with low income; or proposed innovative programs and best practice approaches;
* that are a Delaware Licensed agency, (required)
* fully describe the innovative program, project, or best practice approach;
* submit to site visits at the facility where services will be provided;
* verify capacity to fiscally sustain their proposed program until funding reimbursement is distributed; (required)
* provide verification of capability to extract and maintain program data requirements;
* provide a description, any minimum requirements and the success rate of each training/ program you are proposing;
* show proof of certification for trainings that are certified;
* provide 2 letters of recommendation from a previous (within the last 2 years) participants served;
* provide 3 professional letters of recommendation from organizations that you have provided services two within the past 5 years;
* have met previous contract goals and objectives;
* have not been on an improvement plan within the last 2 years;
* have a job placement component for participants upon successful completion of the training; (required)
* provide expected job placement rate and retention rate;
* provide a list of established employer relationships for job placement, type of jobs, and the hourly wages

1. **Mandatory Services:**
2. Intake and Case Management Services

Include but not be limited to accepting participant referrals via DSS Automated Systems as well as manual referral process; performing diverse, innovative outreach activities; scheduling orientation, monitoring and documenting attendance and reporting to DSS instances of attendance/nonattendance at orientation for each scheduled participant. Assessments, Case Management, identification of barriers and barrier mitigation.

1. Employment/Job Placement

Job Placement is a mandatory service. The ultimate goal of the E&T program is to assist capable participants in gaining skills and receiving training or experience that will lead to regular, paid employment. Structured services to promote the eventual attainment of employment, either in full-time or part-time positions. Positions starting at $11.00 an hour or greater are preferred.

* Full-time employment is defined as employment of at least 30 hours per week at wages that are at least the Federal or State hourly minimum wage (whichever is greater). Obtain minimum wages information from the Department of Labor. Continuous full-time employment is defined as full-time employment where any break in employment lasts no more than 14 days.
* Part-time employment is defined as employment of at least 20 hours per week at wages that are at least the Federal or State hourly minimum (whichever is greater). Obtain minimum wages information from the Department of Labor. Continuous part-time employment is defined as part-time employment where any break in employment lasts no more than 14 days.

1. Job Retention

E&T participants who gain employment after participating in an E&T component can receive retention services. The State agency will allow up to 90 days of job retention services per participant. The 90 days begin from the employment start date. Job retention services include case management, optional workplace navigation courses, and reimbursements for required uniforms or other clothing for employment, equipment, supplies, and required tools to perform the job, testing fees, and transportation. Documentation must be presented prior to reimbursement of any job related expenses. Documentation may include hard copy or electronic receipts.

1. Support Services/Barrier Reduction

Provide necessary Supportive Services for the duration of the individual’s employment and training participation. All service reimbursements/payments must be actual costs that are necessary for Employment and Training participation and employment. These services must be verified and documented.

Supportive Services Reimbursements/Payments Categories:

* Fees -These services can include testing for employment or education (this includes GED test fees), or other fees directly related to training or employment.
* Clothing -These services can include only clothes that are appropriate for interviewing and employment.
* Accessories for Training or Employment -These services can include purchase of safety equipment, uniforms, shoes, or tools required to participate in training or employment. In some cases, the need can be verified by Office of Safety and Health Administration (OSHA) regulations.
* Physical Exam -This service can be authorized when a participant is required to undergo a physical exam to participate in training or employment. This service can be authorized only when it is not available through a public health facility or not covered by Medicaid.
* Eye exams and eyeglasses - When the assessment indicates the participant’s vision is impaired, or when the individual needs glasses to continue in a component, or when necessary for employment. This does not include contact lenses unless they are medically necessary. This service can be authorized only if it is not available through a public health facility or not covered by Medicaid.

1. **Optional Services**
2. Subsidized Employment

DSS will subsidize wages for eligible participants for a specified time. The primary goal of this program is to provide participants with the basic skills, education, and on the job training needed to acquire and retain employment with the partnering company. At the end of the subsidize assignment the employer will hire the participants. DSS is seeking employers whose average wage is $11.00 per hour at 35 hours week. DSS will fund the Subsidized Employment Program with specific funds through a state approved Temporary Staffing Agency. DSS will create a no cost agreement between DSS and the vendor; a state selected temporary agency will pay the client. **This service is not available to all participants.**

1. Job Search

Job seeking activities that will enhance their employability. This program component consist of a variety of activities, including but not limited to: job skills assessment, employability assessment, interviewing skills, communication skills, soft skills, navigating the web training, job search, job club, job leads and job placement.

1. Education Services

Participants attend as required by the institution and must make satisfactory progress. The program of instruction and the institution determines the duration. There should be a reasonable expectation that the course of instruction will lead to credentialing, or the prospect of a job within a reasonable timeframe. The course of study must be consistent with the individual participant’s employment goals and should provide each participant with a reasonable opportunity for employment. Costs related to training will be negotiated with DSS.

* *Basic/Foundational Skills Instruction*—This will include academic instruction and education services below the postsecondary level that increase an individual’s ability to read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent; transition to postsecondary education and training; and obtain employment. This will include Adult Basic Education (ABE), basic literacy, and high school equivalency. Delaware does not pay for tuition for any Associates, Degrees or higher academic degrees. Delaware does provide supportive services.
* *Work Readiness Training* –This includes work readiness and skills assessments, and educational remediation services that prepare individuals for the workforce. Work readiness skills may include both foundational cognitive skills such as reading for information, applied mathematics, locating information, problem solving, and critical thinking and non-cognitive skills, or soft skills, which are defined as personal characteristics and behavioral skills that enhance an individual’s interactions, job performance, and career prospects such as adaptability, integrity, cooperation, and workplace discipline.
* *Career/Technical Education Programs or Other Vocational Training* - Organized activities and trainings that provide individuals with the academic and technical knowledge and skills necessary to prepare for further education and for careers in current or emerging employment sectors. Primarily designed for those who are beyond the age of compulsory high school attendance. The following training programs align with the needs in Delaware’s current labor market: Culinary Arts, HVAC, plumbing, CNA, Physical Therapy Aide, Pharmacy Technician, Medical Billing and Coding, Computer Applications, Sales and Customer Service.

1. Workfare Assignment Development

The development of Workfare assignments and the timely offering to newly referred participants to those assignments is critical to the success of this component. Workfare assignments are restricted to the public sector (state, local and county agencies or political subdivisions) and not-for-profit organizations as defined by Section 501C3 of the Internal Revenue Service Code. Workfare assignments must not cause displacement of existing workers. Workfare assignments cannot include political lobbying or participation in a political campaign. Workfare assignments must meets OSHA standards for health and safety.

DSS must approve each Workfare site agreement. Bidder’s proposal shall include innovative, safe, low cost Workfare assignments, which allow multiple participants to work at one work site. Bidders are required to include a development plan for obtaining employers or sites willing to accept a workfare participant. It must describe how the bidder proposes to perform outreach to the public agency and not-for-profit communities. It must include an agreement that outlines procedures for documenting each assignment sites, required activities, roles and responsibilities communication mechanisms between assignment sites and the contractor before, during and after placement. It must include specific working conditions, reporting requirements, and the applicable state and federal laws, required for worker’s compensation and other requirements.

Additionally, if a Workfare assignment requires a background check, bidders shall include a description of how they will conduct this task. Background checks must be performed if required by the assignment sites. Costs of performing a participant background check must be identified separately in the bidder’s cost proposal.

The Workfare contractor must assure DSS that they will fully cooperate in any DSS audit of the Workfare assignments developed and assignment site. This cooperation includes access to all Workfare related forms and electronic administrative records maintained by the contractor, access to the contractor’s Workfare facility, and staff.

1. Workfare Participant Placement

Structure assessment services to match Workfare participants with available assignments. The assessment should include discussion of education and work history, required work hours, variable work hours, commuting distance, transportation availability and back-up plans, physical requirements of assignments, and what steps will be taken should the work assignment be too physically demanding. The assessment should also include discussion of barriers to maintaining the Workfare assignment or to obtaining and maintaining employment, including but is not limited to substance abuse, homelessness, mental/physical health deficiencies, lack of education and training, anger management, and personal identification paperwork.

The bidder’s proposal must include a description of how they will provide transportation alternatives for participants who require assistance in getting to and from their assigned Workfare assignment. Participants will be required to perform at their Workfare assignment for a predetermined number of hours each month. The Division of Social Services Assist Worker Web system (AWW) will determine weekly-required hours for the Workfare assignment.

Contractor supports for Workfare assignments include but are not limited to:

* Matching open assignment order to non-assigned Workfare participants.
* Scheduling interviews between assignment site and participant.
* Contractor follow-up with site and participant to ascertain results of interview.
* If refused by the participant and/or site, determine if participant is non-compliant with program requirements and/or modify future referrals for that site.

If the assignment is accepted, confirm attendance, reporting requirements with the site and participant.

1. **Reporting and Monitoring**

The vendor must:

* Monitor participant performance and work with the participant to ensure good progress.
* Be expected to report participant attendance on a weekly or monthly basis and may be required to submit this data both manually and by entering the data in the DSS Systems.
* Individually record events and enter them in the alert and case comment sections of the DSS system.
* Enter data to report performance, attendance, and services received.
* Be able to follow and report on participants when they have become employed and leave the SNAP program.
* Identify participant who may warrant dis-enrollment and provide DSS with the reasons why a participant should be dis-enrolled, within two (2) days of participant’s non-compliance.
* Use DSS case comments to send alerts and case comments to DSS case workers.
* Input data daily.
* Provide accurate and timely documentation as required in order to receive performance payments.
* Must provide monthly participant reports, financial reports and other reports as needed.

Vendors must explain the method used to track participants, collect data, and backup data for all reporting requirements. The reporting requirements will be collected and reported quarterly with the fourth quarter also including yearly totals. It is expected that all reporting requirements will be able to be met for the initial reporting period. See Appendix C Mandatory Reporting Requirements.

1. **Automated Linkages**

* Vendors must be able to access all DSS Systems including (AWW) the automated eligibility system. The selected contractor will provide computers on their own Internet service account that provide them access to the internet.  The contractor is responsible to meet state defined remote access requirements. Any cost to replace or upgrade PCs or software in order to access any automated system including (AWW) system will be borne by the contractor.
* Vendors is responsible for assigning an IT Technician to support contractor PC issues.
* Vendor must have Internet access. Network Connection: High speed internet connection, actual bandwidth requirements are highly dependent on the number of users sharing the connection.
* Vendor must submit the appropriate paperwork to obtain a SSL VPN account and appropriate domain accounts to access any system including AWW.
* Vendor will access AWW via SSL/VPN using the following link. <https://access.delaware.gov>. Once connected to VPN, the AWW URL <https://assistww.dhss.state.de.us/DSS_WorkerWeb/Login.aspx> will need to be copied and pasted into a separate browser tab.
* Vendor users will be issued a DHSS APPS domain/WW ID and password.
* In addition, the Vendor **must** have the capability of sending and receiving faxes.

**Minimum Hardware/Software Specifications for Workstations**

|  |  |
| --- | --- |
| Memory | 4 GB RAM minimum.  8 GB recommended |
| Hard Disk: | 250GB SATA Hard Disk Drive. |
| CPU Support: | 3rd Gen Intel Core i5 Quad Core Processor or greater |
| Drive: | DVD-ROM drive. |
| Display: | 1280x1024 or greater |
| Keyboard: | Standard USB Keyboard |
| Pointing Device: | USB Optical Mouse |
| Operating System: | Windows 7  64-Bit |
| Browser: | Internet Explorer 9 or greater with compatibility mode disabled and JavaScript/Cookies enabled. |
| Network Adapter: | 10/100 Mbps minimum, 1,000 Mbps recommended |

1. **Budget**

Vendor will submit a line item budget, for each contract year, using a format mirroring that in Appendices D & E. Modifications to the budget after the award must be approved by the Division of Social Services.

# Appendix C – Mandatory Reporting Requirements

**Reporting Measures**

| **Reporting Measure** | **Data Source and Time Period** | **Value** | **Numerator** | **Denominator** |
| --- | --- | --- | --- | --- |
| 1. Unsubsidized employment in 2nd quarter after completion of participation in E&T |  | % | [A] | [AA] |
| 2. Median Quarterly Wages in 2nd quarter after completion of participation in E&T |  | $ | N/A | N/A |
| 3. Unsubsidized employment in 4th quarter after completion of participation in E&T |  | % | [B] | [BB] |
| 4. Completion of an educational, training, work experience, or an on-the-job training component |  | % | [C] | [CC] |

**National reporting measures disaggregated characteristics**

Submit summary data that disaggregate the national reporting measures by the following characteristics:

| **Reporting Measure** | **Characteristic** | **Data Source and Time Period** | **Value** | **Numerator** | **Denominator** |
| --- | --- | --- | --- | --- | --- |
| 5. Unsubsidized employment in 2nd quarter after completion of participation in E&T | a. Voluntary Participant |  | % |  | [A] |
| b. Mandatory Participant |  | % |  | [A] |
| c. Received high school diploma or equivalency prior to participation in E&T |  | % |  | [A] |
| d. Received high school diploma or equivalency prior to participation in E&T – education level unknown |  | % |  | [A] |
| e. ABAWD |  | % |  | [A] |
| 6. Median Quarterly Wages in 2nd quarter after completion of participation in E&T | a. Voluntary |  | $ | N/A | N/A |
| b. Mandatory |  | $ | N/A | N/A |
| c. Received high school diploma or equivalency prior to participation in E&T |  | $ | N/A | N/A |
| d. Received high school diploma or equivalency prior to participation in E&T – education level unknown |  | $ | N/A | N/A |
| e. ABAWD |  | $ | N/A | N/A |
| 7. Unsubsidized employment in 4th quarter after completion of participation in E&T | a. Voluntary |  | % |  | [B] |
| b. Mandatory |  | % |  | [B] |
| c. Received high school diploma or equivalency prior to participation in E&T |  | % |  | [B] |
| d. Received high school diploma or equivalency prior to participation in E&T – education level unknown |  | % |  | [B] |
| e. ABAWD |  | % |  | [B] |
| 8. Completion of an educational, training, work experience, or an on-the-job training component | a. Voluntary |  | % |  | [C] |
| b. Mandatory |  | % |  | [C] |
| c. Received high school diploma or equivalency prior to participation in E&T |  | % |  | [C] |
| d. Received high school diploma or equivalency prior to participation in E&T – education level unknown |  | % |  | [C] |
| e. ABAWD |  | % |  | [C] |

**Participant characteristics**

Provide percentage and number for the following six characteristics of all E&T participants served in the reporting fiscal year:

| **Characteristic** | **Characteristic Detail** | **Percentage** | **Total Number** |
| --- | --- | --- | --- |
| 9. Voluntary vs. Mandatory | Voluntary Participants |  |  |
| Mandatory Participants |  |  |
| 10. Education | Received high school diploma or equivalency (HSE) prior to participation in E&T |  |  |
| Did not receive HSE prior to participation |  |  |
| Unknown |  |  |
| 11. ABAWD | Has ABAWD status at the start of participation in E&T |  |  |
| 12. Speak English as a second language | English language learners |  |  |
| Unknown |  |  |
| 13. Gender | Male |  |  |
| Female |  |  |
| Unknown |  |  |
| 14. Age | Between 16-17 |  |  |
| Between 18-35 |  |  |
| Between 36-49 |  |  |
| Between 50-59 |  |  |
| 60 or older |  |  |

**ABAWD Pledge State Reporting**

| **Reporting Requirement** | **Detail** |
| --- | --- |
| 15. The monthly average number of at-Risk ABAWDs offered a position in a qualifying E&T activity or workfare program |  |
| 16. The monthly average number of at-risk ABAWDs who participated in such programs |  |
| 17. A description of the types of employment and training programs offered to at-risk ABAWDs and the availability of those programs throughout the State. |  |

**State Component Detail Measures**

| **Component** | **Measure** | **Value and Percent** |
| --- | --- | --- |
| **Education and Training** | Number and percentage of ABAWDs and non-ABAWDS who are in an education or training program intended to lead to a recognized credential. |  |
|  | The number and percent of ABAWDs and non-ABAWDS participants who obtain a recognized credential, including a registered apprenticeship, or a regular secondary school diploma or its recognized equivalent, as a result of participating in an E&T component, excluding Workfare. |  |
| **Job Search** | The total number of ABAWDs and non-ABAWDS referrals to job search unduplicated and duplicated. |  |
|  | The total number of ABAWDs and non-ABAWDS participated in Job-Search unduplicated and duplicated. |  |
|  | The number and percent of ABAWDs and non-ABAWDS participants who gained employment from their job-search period. |  |
|  |  |  |
| **Workfare** | The number placed in Workfare |  |
|  | The average number of months spent in Workfare |  |
|  | The number employed as a result of the Workfare placement. |  |
| **Job Retention** | The number of ABAWDs and Non-ABAWDs currently in Job Retention. |  |
|  | The number of ABAWDs and Non ABAWDS in their first month of Job retention |  |
|  | The number of ABAWDs and Non-ABAWDs in their second month of Job retention |  |
|  | The number of ABAWDs and Non-ABAWDs in their third month of Job retention. |  |
|  | The number of ABAWDs and Non-ABAWDs that complete the 90 days of retention unduplicated and duplicated. |  |
|  |  |  |

**Additional State Measures**

|  |  |  |
| --- | --- | --- |
| **Measure** | **Unduplicated** | **Duplicated** |
| The total number of DSS E&T Referrals, unduplicated and duplicated. |  |  |
| The total number of individuals who participated in E&T, unduplicated and duplicated. |  |  |

|  |  |  |
| --- | --- | --- |
| **Measure** | **Value** | **Percentage** |
| The number and percent of program participants who received E&T services and are in unsubsidized employment as a result of the E&T services, under 30 days |  |  |
| 30 to 59 days |  |  |
| 60 to 90 days |  |  |

**Supplemental Nutrition Assistance Program (SNAP) E&T Report**

Template Instructions

**National Reporting Measures**

**Line 1. Unsubsidized employment in 2nd quarter after completion of participation in E&T:**

* Data source and time period: Include both the source of data used to capture measure (e.g. UI wage data or Quarterly Wage Records) and clarify what time period is captured (e.g. FY2017Q1 or FY2017: Q1 + Q2). *Note for FY 2017: at time the report is due (January 1) line 1 would only include participants who completed E&T between October 1, 2016 and July 31, 2017. The 2nd quarter of anyone completing participation after July 31 does not begin until October 1, 2017 and should be included in the FY2018 report that is due in January, 2019.*
* Value: Percentage (%) obtained dividing numerator by denominator.
* Numerator/Denominator: The denominator represents those who have completed E&T (not received services in 90 days or more) and the numerator is those who have completed E&T and have earned income.

**Line 2. Median Quarterly Wages in 2nd quarter after completion of participation in E&T**:

* Data source and time period: Include both source of data and time period.
* Value: Monetary value ($) of median quarterly wages for those included in the numerator of line 1. This is quarterly wages, not hourly wages. It also reflects the median, not the average. The median quarterly wages is determined by arranging all individual salaries in numerical order, from smallest to largest, and identifying the wage that is in the middle of that list.
* Numerator/Denominator: Not applicable.

**Line 3. Unsubsidized employment in 4th quarter after completion of participation in E&T**:

* Data source and time period: Include both source of data and time period. *Note for FY2017, if the State is using quarterly wage records or unemployment insurance wage data, it is unlikely to have FY 2017 4th quarter data at this time.*
* Value: Percentage (%) obtained dividing numerator by denominator. Please enter N/A if data is not available.
* Numerator/Denominator: The denominator represents those who have completed E&T (not received services in 90 days or more) and the numerator represents those who have completed E&T and have income in the 4th quarter after completion. Please enter N/A if data is not available. *Note for FY 2017: at time the report is due (January 1), line 3 would only include participants who completed E&T between October 1, 2017 and December 31, 2017. The 4th quarter of anyone completing participation after December 31 does not begin until October 1, 2018 and should be included in the FY2018 report that is due in January, 2019.*

**Line 4. Completion of an educational, training, work experience, or an on-the-job training component**:

* Data Source and time period: This should include the full Federal fiscal year, not just participants from quarters included in lines 1-3.
* Value: Percentage (%) obtained dividing numerator by denominator.
* Numerator/Denominator: The denominator should include all E&T participants who participated in an educational, training, work experience, or an on-the-job training component at any time during the Federal fiscal year (October 1-September 30). The numerator reflects all such participants who completed the component according to the component or program’s standards. Neither figure includes participants enrolled in job search, job search training, or workfare.

This may reflect a duplicate count if one individual participated in more than one educational, training, work experience, or one-the-job training component.

**National reporting measures disaggregated characteristics**

Submit summary data that disaggregates each of the national reporting measures. The guidelines and values follow the instructions above. Under these disaggregated measures, the **denominators** in this section are equivalent to the **numerators** used for lines 1, 2, and 4.

*Note: The numerators for voluntary and mandatory participants should equal the denominator of both lines when added together. If a State only serves voluntary participants, the value for voluntary participants would be 100% with 100/100 and the value for mandatory would be 0% with 0/100. Likewise, if the State only serves mandatory participants, the value for voluntary would be 0% with 0/100 and for mandatory 100% with 100/100.*

**Line 5(a)-(e). Unsubsidized employment in 2nd quarter after completion of participation in E&T**:

* The denominator for each of the characteristics is equal to the numerator reported in the national measure for unsubsidized employment in the 2nd quarter after completion of participation in E&T (Line 1). The numerator represents the number of individuals who have the particular characteristic (i.e. voluntary; mandatory; received high school diploma or equivalency prior to participation in E&T; etc.)

**Line 6(a)-(e). Median quarterly wages in 2nd quarter after completion of participation in E&T:**

* Provide the median quarterly wages for those included in the disaggregated characteristics for the unsubsidized employment in 2nd quarter after completion of participation in E&T for each characteristic, such as voluntary, mandatory, etc.

**Line 7(a)-(e). Unsubsidized employment in the 4th quarter after completion of participation in E&T:**

* The denominator for each of the characteristics is equal to the numerator reported in the national measure for unsubsidized employment in the 4th quarter after completion of participation in E&T (Line 3). The numerator represents the number of individuals who have the particular characteristic, such as voluntary, mandatory, etc.
* If the State does not have data for National Reporting Measure line 3, it would not have data for line 7. Please indicate with N/A.

**Line 8(a)-(e). Completion of an educational, training, work experience, or on-the-job training component:**

* The denominator for each of the characteristics is equal to the numerator reported in the national measure for completion of an education, training, work experience or on-the-job training component (Line 4). The numerator represents the number of individuals who have the particular characteristic, such as voluntary, mandatory, etc.

**Participant characteristics**

*Helpful hint:* To complete the following section, States should use the same data set used to count the number of individual E&T participants that it uses for line 7 of the FNS-583 E&T Program Activity Report. The sum of each line on the outcome report should be equal to the total number of participants reported on the FNS-583.

**Line 9. Voluntary vs Mandatory**:

* Of the total number of E&T participants for the entire Federal fiscal year, report the percentage and number who were voluntary and/or mandatory at the time of entry in an E&T program. If a State served only voluntary participants, the value for voluntary participants would be 100%. Likewise, if a State served only mandatory participants, the value for mandatory participants would be 100%. This is an **unduplicated** count.

**Line 10. Education**: Of the total number of participants for the entire fiscal year, report the percentage and number who:

* Received a high school diploma or equivalency prior to participation in E&T;
* Did not have a high school diploma or equivalency prior to participation in E&T; or
* Education was unknown at time of entry into E&T.

This is an **unduplicated** count.

**Line 11. ABAWD**:

* Of the total number of participants for the entire fiscal year, report the percentage and number of all E&T participants that were ABAWDs at the start of participation in E&T. This is an **unduplicated** count.

**Line 12. Speak English as a Second Language**: Of the total number of participants for the entire fiscal year, report the percentage and number of all E&T participants:

* Who were English language learners; or
* Language learning status was unknown.

This is an **unduplicated** count.

**Line 13. Gender**: Of the total number of participants for the entire fiscal year, report the percentage and number of all E&T participants that were:

* Male;
* Female; or
* Gender was not known.

This is an **unduplicated** count.

**Line 14. Age**: Of the total number of participants for the entire fiscal year, report the percentage and number of all E&T participants within each age bracket. Classification should be based on age at the start of participation in E&T. This is an **unduplicated** count.

**ABAWD Pledge State Reporting**

Only States that commit in their State E&T Plan to offering all at-risk ABAWDs a slot in a qualifying education, training or workfare activity to every at-risk ABAWD applicant or recipient and who have received an additional allocation of funds must include the following information in their annual report.

Lines 15-16 should be represented with a number (each represents a monthly average of the element described below). Line 17 is a narrative description. However, the State may provide additional detail on the numbers reported under “Detail” if there are anomalies in the data that warrant explanation.

**Line 15. The monthly average number of individuals in the State who meet the conditions of an at-risk ABAWD:**

* Provide the monthly average number of individuals in the State who meet the conditions of an at-risk ABAWD, which is the monthly average of the sum total of those ABAWD applicants or recipients who:

1. Are in the last month of the 3-month time limit;
2. Do not live in an area covered by a waiver of the time limit; and
3. Are not part of a State’s 15 percent ABAWD exemption allowance.

**Line 16. The monthly average number of individuals to whom the State offered a position in a qualifying E&T activity or workfare program:**

* Provide the monthly average number of at-risk ABAWDs (those identified in line 15) to whom the State offered a position in a qualifying E&T activity (education, training, or workfare).
* This would include individuals who were outreached for services even if they did not attend the first appointment.

**Line 17. The monthly average number of individuals who participated in such programs:**

* Provide the monthly average number of ABAWDs who were offered a position (line 16) **and** participated in a qualifying E&T activity. This would not include individuals who participated in comparable workfare, optional workfare, WIOA programs, or other work programs outside of E&T as those programs are not funded with SNAP E&T funds.

**Line 18. A description of the types of employment and training programs the State agency offered to at-risk ABAWDs and the availability of those programs throughout the State:**

* Provide a brief description of the employment and training programs the State agency offered to at-risk ABAWDs. This description should include the types of education, training and workfare components as well as the availability of those programs throughout the State.

# Appendix D – Budget Work Sheet

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Worksheet |  |  |  |
| (can attach additional sheets if necessary) |  |  |  |
|  |  |  |  |
| **Category / Description** | **Amount** | **50 % State** | **Narrative/Justification** |
| Salary / Wages |  |  |  |
| List each position title: Directors, Supervisors, Healthcare Workers, Nutritionists, Drivers, Case Managers, Janitors, Instructors, Coordinators, etc. |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: Salary / Wages |  |  |  |
|  |  |  |  |
| Fringe Benefits |  |  |  |
| Proportionate for above labor including Social Security, unemployment compensation, life insurance, worker's compensation, health insurance, pension, etc. that will be paid by the Agency |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: Fringe Benefits |  |  |  |
|  |  |  |  |
| Travel / Training |  |  |  |
| Include any programs staff are required to attend. Mileage reimbursement shall be no more than the IRS allowable amount. Subscriptions and association dues may be included in this category |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: Travel / Training |  |  |  |

Budget Worksheet page 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Category / Description** | **Amount** | **50% State** | **Narrative/Justification** |
| Contractual |  |  |  |
| Include the portions of rent, utilities, telephone, internet, Insurance, maintenance, etc. that will be paid by the Agency |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: Contractual |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Supplies |  |  |  |
| Include office supplies, supplies for routine building maintenance (janitorial), medical supplies, program supplies, and other related expenses |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: Supplies |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other Equipment |  |  |  |
| Specify Items or lots costing $1000.00 or more and having a useful life of more than one year |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Appendix E – Budget Summary Sheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | Budget Summary Sheet |  |  |
|  | **Categories** | **50 % State** | **Amounts** |
| **Staff Salaries** | |  |  |
|  |  |  |  |
| **Fringe Benefits** | |  |  |
|  |  |  |  |
| **Travel / Training** | |  |  |
|  | Mileage (Rate$0.00 X 0000 miles) |  |  |
|  | Training |  |  |
|  | Other (specify) |  |  |
|  |  |  |  |
| **Contractual** | |  |  |
|  | Rent |  |  |
|  | Electricity |  |  |
|  | Heat |  |  |
|  | Communications |  |  |
|  | Other Utilities |  |  |
|  | Printing / Advertising |  |  |
|  | Postage |  |  |
|  | Insurance |  |  |
|  | Repairs |  |  |
|  | Other (specify) |  |  |
|  |  |  |  |
| **Supplies** |  |  |  |
|  | Office |  |  |
|  | Janitorial |  |  |
|  | Medical |  |  |
|  | Program |  |  |
|  | Other (specify) |  |  |
|  |  |  |  |
| **Equipment / Other Direct Costs** | |  |  |
|  | Other (specify) |  |  |
|  |  |  |  |
| **Indirect Costs** | |  |  |
|  | Other (specify) |  |  |
|  |  |  |  |
| **TOTAL BUDGET** | |  |  |