

Proposal Review Schedule  
Request for Proposal  
**State Summer Youth Program**  
Program Year June 15, 2015 – August 21, 2015  
Issued March 9, 2015

Dear Grant Applicant:

Thank you for your interest in the State Summer Youth Employment Program (SSYEP). The availability of funds is contingent upon appropriation of SSYEP funds in the FY2016 Governor's Recommended Budget. Should you deem your agency/organization to be eligible, please complete and submit pages 11-16, of the SSYEP Agency Proposal no later than 4:00 P.M. on April 13, 2015.

**March 30, 2015 (Request for Proposal Orientation) 10:00AM**

Department of Labor (Carrolls's Plaza) Conference Room E  
1114 S. Dupont Hwy  
Dover DE 19901

**April 13, 2015**

**Proposals due (3 Copies) no later than 4:00 PM**

Please forward a complete proposal (no binders), along with the required documentation to:

Department of Labor  
DET/ Joel Riley, Employment Contract Specialist  
4425 North Market St.  
Wilmington, DE 19802

**April 20, 2015**

Begin Proposal Review

**May 01, 2015**

Announce Awarding

**May 21, 2015(Contract Orientation) 10:00AM**

Department of Labor (Carroll's Plaza) Conference Room E  
1114 S. Dupont Hwy.  
Dover DE 19901

**June 15, 2015**

Program Begins

**August 21, 2015**

Program Ends

**A complete grant application will include the following items:**

1. Proof of tax-exempt status form IRS 501 (c) or other written documentation of nonprofit status.
2. Proof of liability insurance.
3. Proof of worker's compensation insurance.
4. A recent audit statement.
5. A signed Equal Opportunity Assurance Form (page 9 of this packet).
6. Completed agency proposal (pages 10-14 of this packet).

***PLEASE NOTE THAT FAILURE TO INCLUDE ANY OF THE ABOVE ITEMS WITHOUT A WRITTEN EXPLANATION FOR THEIR ABSENCE WILL RESULT IN ITS AUTOMATIC DISQUALIFICATION FROM THE APPLICATION REVIEW PROCESS.***

\* A review committee will rank and rate proposals and make funding decisions. All applicants will be notified of the committee's decision.

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**PART A**  
**REQUEST FOR PROPOSAL GUIDANCE**

**I. PURPOSE**

The Delaware Department of Labor, through the State Summer Youth Employment Program (SSYEP) with the issuance of this Request for Proposal (RFP) is requesting proposals for the following:

- Projects for the employment of economically disadvantaged youth between the ages of 14 and 20 during the months of June, July, and August. Projects employing youth should be a meaningful and productive work experience that promote responsibility, team work, and good work ethic.

**II. SOLICITATION**

1. The Delaware Department of Labor seeks proposals that provide youth with a meaningful work experience, and introduction to the prerequisite protocols/etiquettes of a positive work environment. The estimated funds available are approximately \$625,000.00. The funding level is an estimate based on preliminary information however; final funding levels are contingent on appropriation of SSYEP funds in the State of Delaware FY 2015 Governor’s Recommended Budget.
2. Proposals are competitive. Competitive elements to be considered are (a) number of participants, (b) project design, (c) intended project outcome, (d) cost and quality of project.
3. Separate proposals by geographic area are required. The areas are the City of Wilmington, New Castle County outside the City of Wilmington, Kent County, and Sussex County. The funds will be awarded with the consideration of geographic region.

**III. SPECIFIC PROGRAM SOLICITATION**

Youth Employment

1. Proposals are specifically solicited which provide meaningful youth employment and guidance in appropriate work place behavior, during the months of June, July, and August of the Summer of 2015.
2. Projects should be designed for a four to seven week period between June 15, 2015 and August 21, 2015. However, the project may be designed for a shorter period (two weeks minimum).
3. Project outcomes must provide some benefit to the community and be consistent with the work of the agency.
4. Youth participants will be compensated at the minimum wage (\$8.25 hr) and will work no more than 210 hours during the entire program.

5. In accordance with Child Labor Laws, Youth participants between 14-15 Years Old may only work between the hours of 7AM and 9PM. Working no more than 8 hours a day with one 30 minute break, 40 hours in a consecutive week, and no more than 6 days in any week.
6. Youth participants between 16-17 Years Old may work 12 hour days with two 30 minute breaks 7 days a week.
7. Separate Proposals must be submitted for each Geographic Area.

**IV. PROPSAL REVIEW PROCESS AND PROCEDURES**

1. Proposals are considered confidential information until the funding decisions are final.
2. All proposals become the sole property of the Delaware Department of Labor.
3. The Proposals submitted in response to this RFP will be processed after submission as follows:
  - a. Staff will insure that each proposal is responsive to the RFP and that all required components are present.
  - b. A proposal review committee will analyze the proposals. Analysis will include a comparison with the provider's past performance, if applicable, the project description and intended outcome, projects fit with agency work, and if the number of youth requested suits the project description.

**V. TARGETED POPULATION AND ELIGIBILTY CRITERIA**

Youth served through the SSYEP must meet the following eligibility criteria:

1. Is age 14-20
2. 73% of granted positions must be filled by youth that are a member of a household whose income does not exceed 200% of household poverty. Please refer to the top chart on Attachment A.
3. The remaining 27% of granted positions may be filled by youth whose households do not meet the income criteria. Please refer to the bottom chart on Attachment A.

**VI. POLICIES**

1. The existence and contents of proposals are confidential and as such will not be discussed with any proposer or outside party by staff or review committee members at any time. Proposers also should be aware that they are competitors and should not discuss the contents of proposals with others. Proposals received are considered the property of the Delaware Department of Labor and will not be returned.

2. All youth participants are the responsibility of the grantee agency/organization, and are to be viewed as employees of that agency/organization.
3. For agencies with multiple worksites, a reasonable attempt should be made to place summer youth participants within close proximity to their residence.
4. **Grantee agencies are responsible for recruiting and hiring youth. If your agency has a pre-recruitment process prior to the announcement of awards, only 50% of youth can be hired through that process. The remaining 50% of youth must be recruited and hired after the award announcements made on or after May 1, 2015. After the award announcements, agencies must have a contact person readily available to assist youth and their parents when inquiring and submitting applications for the program. It will be the responsibility of the Department of Labor to ensure 50% of recruitment and hiring was done after the announcement date. This will be accomplished by DOL staff conducting an audit. In the event it is determined that your agency did not comply with this request, future funding opportunities may be in jeopardy.**
5. The documentation that is required from all youth participants are as follows:
  - a. State Summer Youth Application (Attachment C)
  - b. Completed Working Papers
  - c. Copy of birth certificate or documented proof of birth
  - d. Copy of social security card or documented proof of social security number
  - e. Proof of parental/family income (W-2)
  - f. Proof of citizenship or eligibility to work

Please see attachment B for a table of acceptable types of documentation.

**An agency representative will be responsible for collecting all of these documents referenced above. The agency is also required to retain a copy of all the documents listed above. Failure to submit any of the documents to the Department of Labor will result in a loss of funds equal to that participant's wages and fringe benefits.**

6. Youth may not do the following:
  - a. Work with heavy motorized equipment;
  - b. Be employed at a high risk job;
  - c. Work with dangerous equipment (slicers, power saws, etc.);
  - d. Be employed in any job that does not conform to Delaware Child Labor Laws.

For questions regarding labor law, please contact Department of Labor, Division of Industrial Affairs, Labor Law at (302) 451-3423.

7. A grantee agency may be funded in full, in part, or not at all subject to further negotiation.

8. By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney fees, arising out of the vendor's its agents and employees' performance work or services in connection with the contract, regardless of whether such suits, actions, claim or liabilities are based upon acts or failures to act attributable, whole or part, to the State, its employees or agents.
9. Grant checks will be disbursed in three installments, with the first installment being sent upon the award of the grant. The second installment is anticipated to be sent in July. The final installment payment will be dispersed at the end of contract term, after the final DOL timesheet spreadsheet is validated and upon each agency submitting a final financial report. **Failure to reconcile funds within the given time limit may disqualify the contractor from being considered for future funding.** The payment will be in the form of a check or automatic deposit. The Contractor is responsible for covering the pay for participants until the arrival of each installment.
10. Grantee agencies/organizations will be directly responsible to the State of Delaware for compliance with contractual obligations, project objectives, and financial accountability.
11. The Delaware Department of Labor reserves the right to subcontract with any umbrella agency for the purpose of any or all of the requested services.

## VII. COST CATEGORIES, BUDGETING, AND CONTRACTING

1. Grantee agencies/organization must maintain financial records, including payroll records, for each youth participant.
2. For FICA costs, 7.65% can be added to cover an organization's share of FICA. The remaining 7.65% is to be deducted from the youth's wages.
3. Grantee agencies/organizations may also include the organization's share of worker's compensation and unemployment insurance tax.
4. Upon approval of a grant proposal, a contract between the grantee agency and the State of Delaware will be prepared and signed.
5. Grantee agencies/organizations will be required to submit a financial report within 15 days following the end of the program. Expenditures over the contract award amount will be a disallowed cost.
6. Agencies/organizations will be required to submit youth timesheets at least every two weeks to the DOL representative. Please see attachment D for the timesheet. It should be noted, the work week on the timesheet is the only acceptable format for documenting hours. If your agency's workweek ends midweek, you will have to manually adjust it to fit the DOL workweek format. Please see example APP D. Page 23.
7. All expenditures (at a rate of \$8.25 per hour) must be documented by signed timesheets. A copy of an approved State of Delaware Summer Youth Employment Program



timesheet must be completed for all hours worked by youth participants. A copy of this timesheet must be provided to the Department of Labor, Division of Employment and Training. EXPENDITURES CLAIMED BUT NOT PROPERLY DOCUMENTED WILL BE DISALLOWED.

8. ALL UNEXPENDED FUNDS MUST BE RETURNED TO THE STATE OF DELAWARE WITH THE FINANCIAL REPORT. All checks should be made to the State of Delaware and sent to:

Department of Labor  
 DET/Gwen Ross  
 4425 North Market St.  
 P.O. Box 9828  
 Wilmington, DE 19809-0828

**VIII. CRITERIA WEIGHT**

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Evaluation Team/Review Committee to evaluate proposals:

<b>Criteria</b>	<b>Weight</b>
<b>Demonstrated Ability</b>	<b>34%</b>
<b>Program Design</b>	<b>33%</b>
<b>Duration of Training</b>	<b>33%</b>
<b>Total</b>	<b>100%</b>

**PART B**  
**PROPOSAL FORMS**

Equal Opportunity Assurance Form

As a condition to the award of financial assistance from the Department of Labor under the State Summer Youth Employment Program, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color, and national origin; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against individuals with disabilities;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age.

The grant applicant also assures that it will comply with all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the State Summer Youth Employment Program financially assisted project or activity, and to all agreements the grant applicant makes to carry out the State Summer Youth Employment Program financially assisted project or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

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Signature

Date

**State Summer Youth Employment Program Agency Proposal**  
(Please type or print all information requested)

1. \_\_\_\_\_  
Name of Agency/Organization

2. \_\_\_\_\_  
Street Address

\_\_\_\_\_

City	State	Zip Code
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3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Primary Contact Person: \_\_\_\_\_

Primary Contact Telephone Number: \_\_\_\_\_

Primary Contact e-mail address: \_\_\_\_\_

Supervisors having direct contact with participants:

Supervisor Name: \_\_\_\_\_

Worksite Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* If more sites and supervisors apply, please attach all information to the back of this form.

5. Project Dates: Start \_\_\_\_\_ End \_\_\_\_\_

6. When do you anticipate the identification and certification of youth participants?

\_\_\_\_\_.

7. Budget

Wages:

(a) Number of Youth Requested: \_\_\_\_\_ at \$8.25 per hour

(b) For \_\_\_\_\_ hours a week

(c) For \_\_\_\_\_ weeks

Gross Wages equals: (a)x(b)x(c)x\$8.25 = \$\_\_\_\_\_

Fringe Benefits:

FICA(7.65 % of gross wages): \$\_\_\_\_\_

Workman’s Compensation: \$\_\_\_\_\_

Unemployment Insurance Tax \_\_\_\_\_

**TOTAL DOLLAR AMOUNT REQUESTED= \$\_\_\_\_\_**

**\* Please double-check all math computation. Errors due to agencies math mistakes will not be corrected.**

8. Geographic area to be served (**A separate proposal is required for each geographic area**).

City of Wilmington\_\_\_\_\_

Suburban New Castle Co.\_\_\_\_\_

Kent County\_\_\_\_\_

Sussex County\_\_\_\_\_

9. Does your agency/organization receive an annual audit of all programs combined?

Yes\_\_\_\_\_

No\_\_\_\_\_

10. Is there an internal procedure for financial control?

Explain:

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

11. Will the on-site supervisor be directly to the agency director?

Yes\_\_\_\_\_

No\_\_\_\_\_

If not, provide his/her name, title, and telephone number below:

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

12. In the space below, please describe why your agency is best suited to be an SSYEP site and what impact the proposed project will have on the community:

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**13. Project Description and Expected Outcome (Please be specific and concise. This description should not exceed two pages however it often is the basis for making funding decision).**

Include the length of the project, number of youths to be employed, type of staff supervision, place(s) where youths will work, daytime hours, work to be performed, and expected outcome, etc.

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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 sign and to represent this organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**\*SUBMITTAL OF THIS AGENCY PROPOSAL FOR GRANT FUNDS DOES NOT CONSTITUTE AN APPROVAL OF FUNDS. YOUR AGENCY/ORGANIZATION WILL BE NOTIFIED IN THE EVENT THAT A GRANT IS APPROVED. ALSO THE NUMBER OF YOUTH REQUESTED MAY NOT BE THE NUMBER OF YOUTHS GRANTED.**



**AGENCY PROPOSAL CHECKLIST**

Items 1-6 constitute a complete proposal

1. Proof of tax-exempt status form IRS 501 (c) or other written documentation of non-profit status.
2. Proof of liability insurance.
3. Proof of workman's compensation insurance.
4. A recent audit statement.
5. A signed Equal Opportunity Assurance form (page 11 of this packet).
6. Completed agency proposal (pages 11-16 of this packet).

**Attachment A****ELIGIBILITY TABLES**

**Please use and follow the below tables when selecting participants.**

**TABLE A**

The authorizing legislation for the program requires that preference for employment be given to youth who are members of households whose income does not exceed 200% of the household poverty.

Family Size	200% Level*
1	\$23,340.00
2	\$31,460.00
3	\$39,580.00
4	\$47,700.00
5	\$55,820.00
6	\$63,940.00
7	\$72,060.00
8	\$80,180.00
9	\$88,300.00
10	\$96,420.00

\*This table is subject to change.

**TABLE B**

<u>Total # of Youth hired With SSYEP \$</u>	<u>Minimum # of disadvantaged Youth</u>	<u>Maximum # of non-disadvantaged Youth</u>
1	1	0
2	1	1
3	2	1
4	3	1
5	4	1
6	4	2
7	5	2
8	6	2

**Attachment B**

**ACCEPTABLE DOCUMENTATION LIST**

<b>Proof of:</b>	<b>Acceptable Documents:</b>
Age	Birth Certificate, Driver's license, State I.D., Documentation from School Officials
Social Security Number	Social Security Card, Employment Records, Letter from Social Security Agency, Signed Documentation from School Officials
Income Status	W-2, Most Recent Pay Stubs, Letter from Division of Social Services
Citizenship/ Eligibility to Work	Birth Certificate, Driver's License & Social Security Card (both), U.S. Passport

**Attachment C**

Youth participants must be **14 to 20** years of age. Working permits and parental/guardian consent forms will be required for youth **17** years of age **and younger**. Participants will receive the minimum hourly wage of \$8.25 per hour.

**YOUTH APPLICATION FOR STATE SUMMER YOUTH EMPLOYMENT PROGRAM**

**Name:** \_\_\_\_\_  
Last First, M.I.

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **S.S. #** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
City County State Zip Code

**Mailing Address (if different from above):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**I am a member of a Two-Parent Family:** \_\_\_\_\_ **Single-Parent Family** \_\_\_\_\_

**# Of Family Members in Household:** \_\_\_\_\_

<b>Family Income:</b>		<b>Income Source Income Amt.</b>	
Parent(s)/Guardian Name (s)	Relationship	Employer	Gross Annual Income
_____	_____	_____	_____
_____	_____	_____	_____

**Total Family Income:** \_\_\_\_\_

**PROOF OF PARENTAL/GUARDIAN INCOME (W-2 FORM) MUST DOCUMENT THE ABOVE**

**Education:**

**Last Grade Completed:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

**High School Graduate?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**GED?** Yes \_\_\_\_\_      No \_\_\_\_\_

**College** \_\_\_\_\_

**Number of Years Completed:** \_\_\_\_\_

**Are you currently attending any education or training classes?**

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**School or Training Agency**

**Location**

**Work History** List all work including part-time and volunteer work. (You may add additional pages.)

**Current or Most Recent Employer:**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Work Hours per Week: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Additional Employers:**

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Work Hours per Week: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**PLEASE READ CAREFULLY: Your application will not be accepted if this section is not completed:**

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I further understand that I must provide documents to support claims made in this application.

I am also aware that I am subject to immediate termination from the State Summer Youth Employment Program if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I knowingly provided false information. I allow the release of this information for verification purposes, and understand that it will be used to determine eligibility.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Applicant

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Parent or Guardian

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Grantee-Agency/Organization Representative

**Attachment D**

Agency Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Week of: 6/15/2015 to 6/21/2015

**EXAMPLE**

<b>Date</b>	<b>Start</b>	<b>End</b>	<b>Lunch Reduction</b>	<b>Total Work Hours</b>
6-15-2015	8:00 AM	3:00PM	30 MIN	6.5
6-16-2015	8:00 AM	3:15PM	30 MIN	6.75
6-17-2015	8:00 AM	3:30PM	30 MIN	7.0
6-18-2015	8:00 AM	3:45PM	30 MIN	7.25
6-19-2015	8:00 AM	4:00PM	30MIN	7.5
<b><u>Total Hours:</u></b>				35.0

I hereby certify that this time record accurately represents the number of hours worked by the above named State Summer Youth Employment Program youth employee.

\_\_\_\_\_  
Youth Signature Date

\_\_\_\_\_  
Supervisor Signature Date