**Appendix B**

**Summer Youth Employment Program RFP # 18006 – SY**

**Proposal Templates**

**Proposal Templates**

* Attachment 1: Agency Information and Proposal Form
* Attachment 2: Annual Budget
* Attachment 3: Non-Collusion Statement
* Attachment 4: Exception Form
* Attachment 5: Confidential Information Form
* Attachment 6: Subcontractor Information Form

**Attachment 1**

**State Summer Youth Employment Program**

**Agency Information and Proposal Form**

**RFP # LAB 18006 – SY**

(Please type responses within this document)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency/Organization

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

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

City County State Zip Code

3. Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

5. All Geographic area(s) to be served (check all that apply. While separate proposals are not required for each geographic area, separate budgets shall be submitted for each geographic area).

City of Wilmington\_\_\_\_\_ Suburban New Castle Co.\_\_\_\_\_\_

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

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

7. Explain how youth’s payroll will be processed. This should include timesheet completion through payment to participant.

8. Explain your recruitment and selection process.

9. Explain your proposed orientation. If orientation does not include building a resume in Delaware JobLink, please also explain how and when you expect to accomplish this requirement.

10. How will you identify and train Work Leader(s).

11. How does the proposed program provide some benefit to the community?

12. Explain how you identify and place youth in work sites/experiences.

13. In a narrative fashion, describe how a participant will flow through the program (from recruitment to successfully completing their work experience).

14. If you are seeking Bonus Points as described in section (II)(D)(5), please describe which od the solicited items you plan to implement and how.

**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 (live):**

**Name:**

**Title:**

**Organization:**

Attachment 2

**State Summer Youth Employment Program Agency Proposal**

**RFP # LAB 18006 – SY**

**Annual Budget**

Proposing Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic area to be served (A separate budget page isrequired for each geographic area**).**

City of Wilmington \_\_\_\_\_ Suburban New Castle Co. \_\_\_\_\_\_

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

**Wages:**

1. Number of Youth Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_ at $8.25 per hour
2. 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**= $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Separate Budget Pages are required for each geographical area
* Please double-check all math computation. Errors due to agencies math mistakes will not be corrected.

**Attachment 3**

**RFP NO.: LAB 18006 – SY**

**CONTRACT TITLE: Summer Youth Employment Program.**

**DEADLINE TO RESPOND: March 29, 2018 at 1:00 PM (Local Time)**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Provider 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 Provider who also submitted a proposal as a primary Provider in response to this solicitation** submitted this date to the State of Delaware, Workforce Development Board

It is agreed by the undersigned Provider that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 2, the Provider’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 Labor.

|  |  |
| --- | --- |
|  | 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

|  |  |  |
| --- | --- | --- |
| 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:

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

**Attachment 4**

RFP No. **LAB 18006 – SY**

Contract Title: Summer Youth Employment Program

EXCEPTION FORM

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

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

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

**Attachment 5**

RFP No. **LAB 18006 - SY**

Contract Title: Summer Youth Employment Program

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.**

**Attachment 6**

SUBCONTRACTOR INFORMATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING PROVIDER** | | | | |
| 1. RFP NO.  **LAB 18006 - SY** | | 2. Proposing Provider 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**