## Proposal Submission Template

Adult Occupational Skills Training and Workforce Preparation Programs

The following is the Proposal Submission Template for Adult Occupational Skills Training and Workforce Preparation Programs.

No attachments (including letters of support) to this proposal will be allowed except the following:

* Proposed syllabus or program outline
* Supporting Documentation for Proposals that include occupational skills training in occupations not targeted on the in-demand occupations list or within a DOE state model program. This may include letters from employers who would hire trained participants.

## Appendix D

## Proposal Submission Template

Adult Occupational Skills Training and Workforce Preparation Programs

1. **General Proposal Information**

 Name and Address of Applicant Organization

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

 (NAME)

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

 (STREET)

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

 (CITY, STATE) (ZIP CODE)

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

 (CONTACT PERSON)

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

 (TELEPHONE NUMBER)

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

 (E-MAIL ADDRESS)

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

 (Website URL)

**DUNS #:**

 **EIN ID #:**

**Organization Type 1:** **County(ies) this program will serve?**

[ ]  Non-Profit [ ]  New Castle County

[ ]  Governmental [ ]  Kent County

[ ]  Private for Profit [ ]  Sussex County

 [ ]  Statewide

 **AND**

**Organization Type 2:**

[ ]  State public institution or training center

[ ]  Institution of higher education

[ ]  DOE Approved private business or trade school

[ ]  N/A (those not Proposing OST)

**Proposed Training Strategies (Check all that apply):**

 [ ]  Workforce Preparation Program

 [ ]  ABE/GED© (not stand alone)

[ ]  Occupational Skills Training (OST)

* ONet Code (must be at least one on Appendix B or supporting documentation submitted with proposal):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*and/or*

* Department of Education Program of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select the Evaluation Team you recommend this proposal to be reviewed by?**

[ ]  Healthcare

[ ]  Construction/Manufacturing

[ ]  IT

[ ]  Other (any OST not specified above)

[ ]  Workforce Preparation Program

Total Number of Enrollments:

Total Training Hours per Enrollment:

Number of Cycles of Training:

Complete the following (add more rows as needed):

|  |  |  |
| --- | --- | --- |
| Cycle # | Start/End Date | Cost |
|  |  |  |
|  |  |  |

If awarded a contract, are you willing to offer fewer cycles than proposed? Y/N

 Minimum number of cycles you would be willing to implement:

Total Amount Requested: $

 If you do not receive the full amount requested, what would you be willing to cut?

 If awarded a contract for more, is your program able to accommodate?

 If additional funds become available, how would you use them?

 Requested funds for this program are % of organization's total budget.

Amount of Training Expense to be paid by the Trainee: $

 Description of services/supplies to be paid by Trainee if any:

1. **Demonstrated Ability** *All responses are maximum one page per question unless otherwise noted*.
2. Describe your organization’s ability to operate high quality training programs that have resulted in high employment rates or similar outcomes as described in the Performance Measures outlined in the Scope of Services of the RFP. This should include past achieved performance. If the proposed program is new, describe other training program’s past performance if applicable or the organization’s past performance and ability to operate high quality training programs.
3. Describe your organizations ability to manage grant funded programs.
4. **Participants**
5. Describe your criteria for participant selection. Include how you will outreach, recruit, and assess each participant’s needs and skill level. Be sure to include the assessment(s) or partnerships in place to assess participants.
6. Provide a description of conditions, behaviors, and barriers of typical participants as well as demographic information on this participant group.
7. **Program Design**
8. Describe how your organization determined the training in this proposal was needed. If proposing OST, expand on why the specific occupation was selected. How will the proposed program benefit the needs of the community, state, and/or other stakeholder?
9. Describe the program schedule and intensity that includes all program components. It should be clear when enrollments are to occur, when each component (training, work experience, job search, etc.) begins and ends, hours of operation, training schedule, and training hours planned for each component.

Attach the proposed syllabus or program outline (*this will not count in the page limit*).

1. In a narrative fashion, describe how a specific participant will flow through the elements of your program (from recruitment to 6 months follow up services).
2. Describe how your program will integrate paid work experience and intensive job search and placement assistance to participants into your program.

1. Describe (include resources dedicated to do so) your plan to develop and place participants in employment opportunities within their training related field, if applicable. Describe any how you will build and maintain relationships with local employers to increase job opportunities and placements.
2. **If proposing only Workforce Preparation**, describe how this program will provide intensive case management, career exploration, barrier busting and job search.
3. **If proposing OST**, describe how your program includes each of the required Pathways Common Elements (*maximum one page per element*):
	1. **Sector-Based Engagement Strategies**: Education and training aligns with the academic and technical skills needed by Delaware employers. Employer engagement occurs within targeted industry sectors, representing high-growth potential to the state or regional economies, to determine prerequisite employment and career progression skill requirements for in-demand occupations.
* Include in your description the way that you have ensured that the training will meet employer needs. Include the employers name(s) and contact information for employers that have provided input.
	1. **Contextualized Learning**: Education and training focuses on academic and technical content. Curricula and instructional strategies are designed to engage employers through authentic work experiences and to help adults attain work-readiness skills. Work based learning where participants have the opportunity to engage and learn from employers is a required element. This can include job shadowing, paid/unpaid work experience/internship, and clinical.
* Include in your description the way your program integrates work-based learning activities. Include how many participants you plan to participate in work experience (at a minimum 50% of enrollments) as well as the intensity of your planned work experiences.
* Include in your description how your program addresses work readiness/soft skills that are in demand (such as problem solving, teamwork, oral and written communication, organization skill, and Microsoft Office products).
	1. **Industry-recognized Credentials**: Education and training programs lead to the attainment of industry-recognized credentials and/or an associate or bachelor’s degree that has value in the labor market.
* Provide a comprehensive outcome statement that describes what a participant will have achieved after successfully completing the proposed program. This should include credential(s) received, job title, and expected wages. *This should be no more than 100 words*.
	1. **Wraparound Services**: Career pathways incorporate academic and career counseling and support services. Services are targeted at points of transition, provide individualized career plans, and support communities that are high poverty. Further, career pathways provide supports for nontraditional learners and individuals with barriers to employment.
* Include in your description how your program will alleviate common barriers (e.g. transportation, financial planning, substance abuse, etc.) to training completion, employment, and employment retention.
1. **Staff, Linkages and Partners**
2. Provide Staff Qualifications for any position for which funding is requested in whole or in part. If staff are not currently employed with your organization, provide the minimum qualifications you will use to recruit for the position.
3. Complete the chart below to show your linkages within the community, key people/organizations, and other partnerships that enhance your programs services and quality. Please include employers and human service providers for support services. Add more rows as needed.

|  |  |  |
| --- | --- | --- |
| **Organization Type**(i.e. Employer, Human Service Provider, or Other Partner) | **Name of Organization** | **Role/Commitment** |
|  |  |  |
|  |  |  |
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1. **Bonus Criteria**-

The Bonus Points may be allotted in three areas. They are not required, only desired. Proposers may seek points in all, some, or none of these areas. If you are seeking Bonus Points for this proposal, please address the applicable questions.

1. **Promise Communities**-Describe how your program will target Promise Communities. In addition, please identify which Promise Community(ies) are proposed to be targeted by placing a “Y” in the Proposed column..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  | **Zipcode** | **Proposed**  |
| **19801** |  | **19720** |  | **19943** |  | **19947** |  |
| **19802** |  | **19901** |  | **19952** |  | **19966** |  |
| **19805** |  | **19904** |  | **19933** |  |  |  |
| **19701** |  | **19977** |  | **19956** |  |  |  |
| **19702** |  | **19934** |  | **19973** |  |  |  |

1. **Pathways-**Describe how your program will include the “Bonus” Pathway Common Elements. Indicate which one(s) you are proposing to incorporate by placing a “Y” in the Proposed column.

|  |  |
| --- | --- |
| **Pathway Common Element** | Proposed |
| **Stackable Educational and Training Options**: Education and training includes the full range of secondary, adult education, and postsecondary education programs, including registered apprenticeships. Career pathways are a non-duplicative progression of courses clearly articulated from one level of instruction to the next and provide opportunities to earn high school credit, adult basic education, and postsecondary credit, culminating in industry-recognized credentials and/or an associate or bachelor’s degree.  |  |
| **Accelerated/Integrated Education and Training:** Career pathways combine occupational skill training with adult education services, give credit for prior learning, offer remedial services as needed, and apply strategies that accelerate the educational and career advancement of adults.  |  |
| **Multiple Entry and Exit Points:** Career pathways provide participants with opportunities to transition between formalized education and training programs and competitive employment, thus allowing participants of varying skill levels to pursue education or training to enter or advance in a specific sector or occupational field.  |  |

1. **Leveraged Resources-** Describe how the proposed program is leveraging resources through braiding funds, direct financial or in-kind contributions by other programs, employers, investors, stakeholder, etc. Be sure to explain the source of funds and how they will be used to support the program and achieve programmatic goals. In addition, complete the following:
* Cash Contribution Amount:
* In-Kind Amount:
* Other:
1. **Individuals Re-entering Society**-Describe how your program will target this population.
2. **Attachments-***Required except unless noted*

Attachment 1: Non-Collusion Statement

Attachment 2: Exceptions

Attachment 3: Confidentiality and Proprietary Information

Attachment 4: Business References

Attachment 5: Subcontractor Information Form (only if applicable)

Attachment 6: Milestones

Attachment 7: 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 (live):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Attachment 1**

**RFP NO.: LAB 20 001-ADULTTRNG**

**RFP TITLE: Adult Occupational Skills Training and Workforce Preparation Programs**

**DEADLINE TO RESPOND: March 6, 2020 no later than 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, Workforce Development Board.

|  |  |
| --- | --- |
|  | 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 2**

**RFP NO.: LAB 20 001-ADULTTRNG**

**RFP TITLE: Adult Occupational Skills Training and Workforce Preparation Programs**

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. The State of Delaware reserves the right to deny any and all exceptions taken to the RFP requirements.

 [ ]  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 3**

**RFP NO.: LAB 20 001-ADULTTRNG**

**RFP TITLE: Adult Occupational Skills Training and Workforce Preparation Programs**

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.

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| --- |
| **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 4**

**RFP NO.: LAB 20 001-ADULTTRNG**

**RFP TITLE: Adult Occupational Skills Training and Workforce Preparation Programs**

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).

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

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

Attachment 5

SUBCONTRACTOR INFORMATION FORM

|  |
| --- |
| **PART I – STATEMENT BY PROPOSING PROVIDER** |
| 1. RFP NO.**LAB 20 001-ADULTTRNG** | 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 [ ]  No4e. Minority Business Enterprise [ ]  Yes [ ]  No4f. Disadvantaged Business Enterprise [ ]  Yes [ ]  No4g. Veteran Owned Business Enterprise [ ]  Yes [ ]  No4h. 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 6**

Milestones

Performance Milestone participant numbers (e.g. Credential, Day 1-90) should be projected to meet the Real-Time performance measures found in section (II)(E) of this RFP. This should be established by multiplying the performance measure per milestone by the projected number of Exits.

|  |  |  |
| --- | --- | --- |
|  | Milestones | Total Participants  |
|  | Recruitment |  |
|  | New Enrollments |  |
|  | *(List Training Components. Use as many lines as needed to identify the services provided)* |  |
|  | Successfully Completed Program |  |
|  | Attained Credential, if applicable |  |
|  | Exits (enter follow up phase) |  |
|  | Day 1 Outcome  |  |
|  | Day 30 Outcome  |  |
|  | Day 60 Outcome |  |
|  | Day 90 Outcome  |  |

|  |  |
| --- | --- |
|  | **TOTAL** |
| 1. Staff Salaries
 |  |
| 1. Staff Fringe Benefits
 |  |
| 1. SUBTOTAL (Lines 1+2)
 |  |
| 1. Supportive Services to Participants (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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***d***

***SUPPORTIVE SERVICE TO PARTICIPANTS***

CONTRACTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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