Appendix C

**Youth Employment Program**

**Agency Information and Proposal Form**

**RFP # LAB 20101 – YOUTH\_EMPLOYMENT**

(Please type responses within this document)

1. **Agency Information**

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

Name of Agency/Organization

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

Street Address

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

City State Zip Code

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type:  Non-Profit  Governmental

*Must be Non-Profit or Governmental/Public entity*

2. **Primary Contact** **Information**

Primary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

3. **Program Information**

Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. **Program Design**

1. Describe your organization’s ability to provide meaningful experiences that promote positive work behaviors, responsibility, teamwork, and a good work ethic. This should include past achieved performance. If the proposed program is new, describe other similar program’s past performance.
2. Explain how you recruit and place youth in work sites/experiences.

1. How will you identify and train Work Leader(s)? How will Work Leader position be utilized?
2. In a narrative fashion, describe how a participant will flow through the program (from recruitment to successfully completing their work experience).
3. Explain your proposed Orientation.
4. Explain how and when a Participant’s resume will be created in Delaware JobLink (DJL).

1. Explain how youth’s payroll will be processed. This should include timesheet completion through payment to participant. It is our intention to use payroll information to compensate Providers. Submission should explain how timesheets are completed, verified, and submitted to Provider payroll. Attach a copy of the timesheet used if applicable.
2. How does the proposed program provide some benefit to the community?
3. Check which optional programming component you are proposing:

Serving Youth with Disabilities

Year-Round Programming

Describe how you will implement each checked. Be sure to explain your selection process.

1. If you are seeking Bonus Points as described in section (II)(G), detail which program element you are including and how you will implement.

**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:**

1. **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: Budget (submit one per geographic area and program year)

**Attachment 1**

**RFP NO.:**

**RFP TITLE:**

**DEADLINE TO RESPOND:**

**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

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE 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 2**

**RFP NO.:**

**RFP TITLE:**

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.:**

**RFP TITLE:**

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 4**

**RFP NO.:**

**RFP TITLE:**

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:** |  | | |
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|  |  |  |  |  |
| 2. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **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 18 001-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  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 6**

**Youth Employment Program**

**RFP # LAB 20101 – YOUTH\_EMPLOYMENT**

**Annual Budget**

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

A separate budget page isrequired for each geographic areaand Program Year.

Geographic area to be served:

City of Wilmington  Suburban New Castle Co.

Kent County  Sussex County

Program Year:  2020  2021

1. **Summer Program**

**Wages:**

1. Number of Youth Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_ at $\_\_\_\_\_\_ per hour
2. For \_\_\_\_\_\_\_\_\_\_ hours a week
3. For \_\_\_\_\_\_\_\_\_\_ weeks
4. Gross Wages equals: (a)x(b)x(c)x $\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fringes**:

1. FICA (7.65 % of gross wages): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Workman’s Compensation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Unemployment Insurance Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Salary & Fringe** (if applicable see Section (II)(F)(1) of RFP) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Summer Program (Wages, Fringes and Staff)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Year-Round Program**

**Wages:**

1. Number of Youth Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_ at $\_\_\_\_\_\_ per hour
2. For \_\_\_\_\_\_\_\_\_\_ hours a week
3. For \_\_\_\_\_\_\_\_\_\_ weeks
4. Gross Wages equals: (a)x(b)x(c)x $\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fringes**:

1. FICA (7.65 % of gross wages): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Workman’s Compensation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Unemployment Insurance Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Summer Program (Wages, Fringes and Staff)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL DOLLAR AMOUNT REQUESTED (1+2)**= $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Separate Budget Pages are required for each geographical area and Program Year.
* Double-check all math computation. Errors due to agencies math mistakes will not be corrected.
* Account for minimum wage increases from year to year.