Exhibit A – 1 – Grant Application Form

Pocono Counties Workforce Development Area

Innovative Youth Program in Healthcare

Applicant’s answers to the following questions will comprise the response to this RFP. All attachments or exhibits prepared by the City and referenced herein are incorporated by reference into the Proposer’s response. Information prepared by the Proposer and submitted with their proposal *may* be incorporated into a final contract (for example, program offerings, curriculum, key personnel, or performance metrics).

**Proposer Information:**

Organization Name Click or tap here to enter text.

Organization Address Click or tap here to enter text.

 Contact Name Click or tap here to enter text.

 Telephone Click or tap here to enter text.

 Email Address Click or tap here to enter text.

 Website Click or tap here to enter text.

 Federal Tax ID Number Click or tap here to enter text.

 Project Title Click or tap here to enter text.

 **Project Category (use X to mark):**

 [ ]  Adult

 [ ]  Dislocated Worker

 [ ]  Youth

[ ]  TANF YDP

[ ]  EARN

**Funding Summary: Amount:**

Funds Requested Click or tap here to enter text.

Funds from Other Sources (if available) Click or tap here to enter text.

In-kind Contribution Value (if available) Click or tap here to enter text.

Total Project Cost Click or tap here to enter text.

ACKNOWLEDGEMENT

I, the undersigned, hereby certify that the information provided in this Request for Proposal has been reviewed in its entirety and the affixed signature accepts responsibility on behalf of said organization to inform its members of the content herein. All terms and conditions of this Request for Proposal shall be a part of any contract entered into because of this proposal.

Organization Lead Electronic Signature Click or tap here to enter text.

 Title Click or tap here to enter text.

 Organization Board Member Electronic Signature Click or tap here to enter text.

Organization Click or tap here to enter text.

Date Signed Click or tap here to enter text.

Exhibit A – 2 – CONFLICT DISCLOSURE FORM

Pocono Counties Workforce Development Area

Innovative Youth Program in Healthcare

Project Title Click or tap here to enter text.

Please disclose any conflicts or potential conflicts of interest that any board member, officer, director, or administrator of the organization may have with the City of Tulsa or its officers. Only those listed below need to be disclosed. One form per conflict is needed. Please duplicate as needed to fully disclose. All disclosure forms must be electronically signed, regardless of whether a conflict exists.

Conflict of Interest is defined as: a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.

Organization Name Click or tap here to enter text.

Individual’s Name Click or tap here to enter text.

Individual’s Position Click or tap here to enter text.

May have a conflict or potential conflict of interest, including any familial relationship, with any of the following (mark all that apply):

[ ]  Member or members of the Pocono Counties Workforce Development Board;

[ ]  Staff appointed by the Pocono Counties Workforce Development Board;

[ ]  Staff at PA CareerLink® or Affiliate Sites;

[ ]  Any other staff within the Pocono Counties Workforce Development Area.

Please briefly specify any and all mitigation measures to avoid, in fact or appearance, any conflicts or potential conflicts of interest:

Click or tap here to enter text.

Organization Lead Electronic Signature Click or tap here to enter text.

Title Click or tap here to enter text.

Organization Click or tap here to enter text.

Date Click or tap here to enter text.

Exhibit A – 3 – PROJECT NARRATIVE

Pocono Counties Workforce Development Area

Innovative Youth Program in Healthcare

Project Title Click or tap here to enter text.

**PROJECT ABSTRACT:**

1. Share a brief description of the proposed project, including project activities to be undertaken and resources used.

Click or tap here to enter text.

2. Provide a high-level overall timetable of the proposed project. Project must be initiated after grant agreement execution and conclude no later than December 31st, 2024.

 Click or tap here to enter text.

3. Provide a high-level budget summary. Please make clear what the program funds will be used for.

Click or tap here to enter text.

4. Is the proposed project an extension or expansion of an existing offering or service? If so, please briefly summarize your existing offering. If not, please describe your experience with similar projects.

Click or tap here to enter text.

5. Explain the outputs that the project activities will produce or accomplish for beneficiaries. What metrics will be used to evaluate project effectiveness and assess whether work is on-track?

Click or tap here to enter text.

6. How do these outputs relate to the Project Category chosen in Exhibit A – 1? Please highlight any effects for residents with who face significant barriers to employment, including WIOA or TANF eligible individuals, as well as individuals who face any other barriers to employment.

Click or tap here to enter text.

7. Describe fiscal and administrative controls in place within your organization to properly manage these funds and provide quarterly budget and project performance reporting to the Pocono Counties Workforce Development Area.

Click or tap here to enter text.

8. If the Pocono Counties Workforce Development Area is unable to provide the full amount of requested funds, how will you fill in that funding gap and/or adjust programming to reflect the new budget?

 Click or tap here to enter text.

9. These funds are a nonrecurring source of revenue, although they may be re-advertised at the conclusion of this contract. At the conclusion of the period of service (no later than June 30, 2025), do you plan to wind down these services or seek alternate means of funding for this project? Please provide information about future planning and the sustainability of this project.

Click or tap here to enter text.

Exhibit A – 4 – ORGANIZATIONAL INFORMATION AND ATTACHMENTS

Pocono Counties Workforce Development Area

Out-Of-School Youth Program

Project Title Click or tap here to enter text.

1. Required and Supplemental Organizational Documents Checklist (attach one set only).

[ ]  Exhibit A – RFP Application

[ ]  A list of persons who will execute the project and manage the funded activities. Include descriptions of their education, work experience and qualifications. Current curriculum vitae may be used to provide descriptions of education, work experience and qualifications.

[ ]  The Organization’s latest IRS Form W-9 (Request for Taxpayer Identification Number & Certification)

[ ]  Program Narrative (Supplemental): This should include any supplementary documents that the applicant may deem necessary that is not included in the submitted RFP Application. These documents can include but are not limited to the following:

* Organizational Experience and Technical Competence
* Program Description, Design, Service Schedule, or Outline
* Demonstrated Performance History and Ability to Meet Goals

[ ]  Budgetary Documents: This should include but is not limited to the following:

* + Costs, Budget Justification, Leverage of Funds
	+ Line-Item Budget
	+ Statement of Expenditures

[ ] Signed Appendix Forms Including:

* Assurances and Certifications
* Concurrence of the Collective Bargaining Agreement
* Certification Regarding Drug-Free Workplace Requirements
* Lobbying Certification Form
* Certification Regarding Debarment