GENERAL INFORMATION

This proposal package must be completed for all class size funding requests submitted to the Pocono Counties Workforce Development Board (WDB). All proposals must be designed in full compliance with the format provided in this Request for Proposal (RFP) packet. Failure to abide by this policy will result in the rejection of your proposal.

The application resulting from these instructions does not commit the Pocono Counties Workforce Development Board to award any contract for services or supplies, nor to pay for any costs incurred in the preparation of this application. The Pocono Counties Workforce Development Board reserves the right to accept or reject any proposals, to negotiate with all applicants, and/or cancel any part of this application package. The Pocono Counties Workforce Development Board may request the applicant to participate in negotiations or to submit revisions to the proposal.

Application approval does not guarantee funding as funding for training is dependent upon receipt of funds under the Workforce Innovation and Opportunity Act and other funding sources.

SOLICITATION

**Proposals must be submitted to the WDB Administrative Office by 4:00 p.m. on July 29, 2022. Submit the complete proposal via one of the following mediums:**

**Mail:**

Mr. Samuel Hellen, Executive Director

Pocono Counties Workforce Development Board

811 Blakeslee Blvd Dr E, Suite 85

Lehighton, PA 18235

**Email:** [shellen@pcwia.org](mailto:shellen@pcwia.org)

**OneDrive**: [RFP Submissions](https://pcwia-my.sharepoint.com/:f:/g/personal/shellen_pcwia_org/El70BnU7W1VNozTxmY5wJQEBhRMehsDXvKPu7O9GY1mORg)

Amendment to RFP

PCWIA reserves the right to revise any part of this RFP if deemed necessary and will issue amendments in writing to all actual recipients immediately.

Rejection of Proposals

PCWIA reserves the right to reject all proposals received because of this RFP. All proposals received will be retained by PCWIA. PCWIA will notify all applicants as to the acceptance or rejection of proposals, and those not selected will be given an opportunity to file an appeal of their rejection, in writing, within thirty (30) days of the receipt of the rejection letter. Once the appeal has been received, the Executive Director of PCWIA will contact the rejected applicant to explain the appeal process.

Disclosure of Proposals

Proposals and their contents will be held in confidence and will not be revealed to other bidders until they are approved.

Any questions concerning the RFP packet should be addressed to Mr. Hellen at (484) 464-2517 or in writing to the address.

SIGNIFICANT SEGMENTS/TARGET GROUPS

The primary purpose of Employment and Training Programs funded by the Pocono Counties Workforce Development Board is to provide pertinent Job Training and Placement assistance to economically disadvantaged residents of Carbon, Monroe, Pike, and Wayne Counties. Within the client groups established under the Workforce Innovation and Opportunity Act, the Pocono Counties Workforce Development Board has identified the following general group of clients to receive priority assistance:

**Veterans** and their spouses are given priority of service. A triage form is used to help identify those veterans who may have special needs. The form is provided to the Veterans’ Employment Program representative and the person is called in for specialized services. Based on individual need, the staff may refer the veteran to training options and/or job placement. Staff may also refer a veteran to the OVR or other social service agencies for help with disabilities or more comprehensive needs.

**Individuals that are basic skills deficient** have their education needs met through a variety of system partners. Services include basic adult education, remediation, and high school equivalency preparation services.

**Individuals who receive public assistance** are referred to the EARN program for employment and training assistance. EARN services and staff are fully integrated and co-located with the center for job search, job development services, and training programs.

**Older individuals** who may be eligible under title V are referred to AARP. In addition, the PA CareerLink® centers may serve as host agencies or may hire older workers as greeters. Moreover, older workers have additional resources available to them through the Social Security Administration Office and OVR.

**Returning citizens** receive guidance and counseling to prepare for employment. PA CareerLink® staff encourage them to participate in workshops to help reinstate their driver’s license, health insurance, and social security benefits, as well as to have their record expunged, when applicable. Workshops geared to returning citizens focus on financial literacy, credit rebuilding, and fair housing.

**Individuals with disabilities who are eligible under WIOA title IV** access services provided by the OVR. It helps them secure and maintain employment and independence; helping them become qualified trained members of the workforce. Eligible OVR customers receive multiple, individualized services such as, diagnostic testing, vocational counseling and guidance, vocational evaluation, restoration, occupational training, and job placement.

**Underemployed individuals** are referred to staff for individualized services including testing, provision of labor market information, assistance in defining marketable and transferrable skills and development of an individual employment plan. They are informed about State Civil Service job opportunities to pursue while still employed, and other existing training.

**Unemployed individuals** are also served through the system. Staff participate in Rapid Response activities and RESEA orientations. These programs aid unemployed individuals with programs that include RESEA workshops, the Unemployment Compensation Work Test, and Trade Adjustment Act services to help impacted workers return to work as quickly as possible.

**LEP (Limited English Proficiency) individuals** are provided with access to ESL classes instruction, a translator, and/or information provided in other languages as may be required. ESL providers in the local area include the Lehigh Carbon Community College (LCCC), Northampton Community College, and the Wayne/Pike Alliance. Individuals in need of ESL services may also utilize the Greater Hazleton Metro Ministries and Luzerne Community College programs in neighboring Luzerne County.

**Migrant or Seasonal Farm Workers (MSFWs)** are not a significant population in the Pocono Counties. However, these individuals can access services through the centers. These individuals receive the full range of employment services, benefits, and protections, including counseling, testing, and job and training referrals. In providing such services, staff will consider the preferences, needs, and skills of the individual MSFW.

Overall, this strategic alignment of workforce programs under the PA CareerLink® Pocono Counties umbrella helps the Board maximize the resources available in the community and promote increased accessibility for employers and individuals, including those who may have barriers to employment.

INDEPENDENT MONITORING UNIT

The Independent Monitoring Unit of the Pocono Counties WDB is responsible for reviewing all in-house and contractual operations. The primary purpose of the Monitoring Unit is to evaluate program effectiveness, ensure compliance with mutually agreed goals, and to offer technical assistance and/or recommendations for corrective action to subgrantees as deemed necessary.

All proposal submitters funded will be monitored by the Pocono Counties WDB Monitoring Unit on a periodic basis. The visits may include, but are not limited to, the following areas: training, fiscal, participant files, administrative records, participants' terminations (plan vs. actual), follow-up, participant responses, monitor's observations, and problem areas.

FINANCIAL RECORDS, PERSONNEL AND CLOSE-OUT PROCEDURES

All proposing organizations shall be responsible for keeping their own financial records. Included are regular maintenance of timesheets, individual payroll records, payroll journals, quarterly and yearly tax returns and general ledger records. Timely tax deposits should be made with Federal, State, and local governments. Any technical assistance required will be given by the Pocono Counties WDB provided there is a mutually agreed need for such assistance.

CLOSE-OUT PROCEDURES

All contractors will be required to submit a formal close-out package to the Pocono Counties WDB within 30 days of the conclusion of the program.

INSTRUCTIONS FOR COMPLETING THIS RFP

INTRODUCTION

The Pocono Counties WDB training and education efforts are focused on a concrete and immediate performance goal -- unsubsidized employment. We believe that meeting this goal successfully requires an immediate recognition of preoccupation with consistent dedication to the empathetic process of transitioning a disadvantaged, unemployed person into the world of work. This is a continuous process involving not merely the conveyance of academic knowledge and skill attainment, but also the knowledge of work habits, work attitudes and motivational activities to recognize and overcome problems in the workplace. The key to successful performance is in creating and maintaining a training environment which puts learning in the greater context of work. It imparts academic skills simultaneously with work related skills and attends the entire transition process from intake, screening, skill acquisition, placement through post-employment follow-ups. Program success will be measured not only by course content and hours completed but by the successful transition to training-related employment, retention in employment, and upward career mobility.

PROPOSAL FORMAT

Please adhere to the format as described below and refrain from attempts to elaborate, brochures or expensive to embellish the document. All materials must be typed and double spaced. Completeness, legibility, and clarity are essential. Incomplete proposals will not be considered. Please address all items as listed in the outline below. If a particular item does not apply, please write "N/A".

The proposal must include the following information and must be submitted in the designed format to insure conformity during the evaluation process.

I) Application for Funding Assistance

II) Program Summary

III) Program Narrative Including:

- Course Description

- Enrollment requirements, Including Aptitude and Abilities

- Course Outline

- Course Completion Standards

- Training Staff Composition

- Location and Description of Training Facility Suspension

- List of Training Related Occupations (if applicable)

IV) Participant Service Schedule

V) Attachments:

A. Program Management, including:

- Organizational Ability and Experience

- Organizational Administration

- Reporting Requirements Capability

B. Line-Item Budget

C. Assurances and Certification

D. Concurrence of Collective Bargaining Agent

E. Drug-Free Workplace Form, Lobbying Form, and Debarment, Suspension,

Ineligibility and Voluntary Exclusion Form.

Please use forms provided when applicable. Any organization wishing to submit proposals for more than one program/course may do so provided separate RFPs are submitted for each program/course.

APPLICATION FOR FUNDING ASSISTANCE

Please note that a proposal must be completed for each training program (i.e., one course, one RFP).

FUNDING REQUESTED - Enter the amount of funds needed to operate your proposed

training program.

DATE OF APPLICATION - Indicate date proposal is submitted to the Pocono Counties

Workforce Development Board.

ORGANIZATION - Complete the following:

Name of Organization

Department or Division responsible for the proposal

Street Address

City, State and Zip Code

Name and phone number of person responsible for the proposal who has authority to negotiate with the Pocono Counties WDB, if negotiations are necessary. Name and phone number of the local contact person if different from the above.

TYPE OF ORGANIZATION - Indicate the type of your organization. Examples of

"other" are Community-based organizations, Private

Industry, Private-for-Profit Training Institution, etc.

IRS TAX NUMBER - Tax number assigned to your agency by the IRS.

LEGAL AUTHORITY FOR ORGANIZATION - Examples of legal authority are as follows:

United States Law

Pennsylvania State Law

Incorporation

If possible, include the number and section of the applicable law.

TYPE OF PROPOSAL REQUEST - Check only one box in this section.

PROPOSAL COURSE TITLE - Exact course title of proposed program.

CONTRACT PERIOD - The beginning and ending date of the program

GEOGRAPHIC AREA TO BE SERVED - Please indicate the geographic area to be served under this proposal. Please be specific.

SIGNATURE OF CHIEF ADMINISTRATOR - Application must be signed by the Chief

Administrator who is authorized to bind the

RFP as a firm offer. This signature must be

original; stamped signatures are not

acceptable.

PROGRAM SUMMARY

TYPE OF PROGRAM - Indicate whether the program is a skilled training program for a particular occupation, an Intensified Program providing employability services, or other.

IS THE PROGRAM OPEN ENTRY/EXIT? - Indicate whether the participants must start or end on definite or they can enter or exit at any time.

SERVICE TO BE PROVIDED - Indicate all the services that will be provided to the participant during the training period.

What specific methods did you utilize to determine the demand for this type of training? EX: Labor Market Surveys, Employer Surveys, Needs Surveys.

How do you plan to coordinate these services with Pocono Counties WIA Staff: Ex: Joint Counseling, Supportive Services, Job Development and Placement?

What type of need are you trying to serve? Ex: Youth, Handicapped, Single Parents

PERFORMANCE STANDARDS

TOTAL PARTICIPANTS TO BE SERVED - The total number you plan to enroll during the entire contract period. (Must agree with the total enrollment figure in attachment 4)

COMPLETION RATE - The percentage of those you totally expect to complete the training requirements.

PLACEMENT RATE - Total number you expect will obtain employment if they complete the training.

COST PER ENROLLMENT - The total enrollment divided by the total cost.

COST PER PLACEMENT - The total number of placements divided by the total cost.

# PROGRAM NARRATIVE

Training

All proposals must contain a detailed description of course design. Each item in this section must be addressed. If an item does not apply, write "N/A".

Course Title

Exact title of proposed training program.

Number of Sections/Participants per Section/Total to be Served

Indicate total number of sections, participants in each section and the total to be served in all sections.

Start/End Dates

Indicate starting and ending dates of each section and total weeks of each.

Latest Date for Closing Enrollment

Indicate the latest date for accepting participants for each section.

Course Outline

Please provide a detailed description of the proposed training course, showing what happens to a participant from enrollment through and including placement into a training-related unsubsidized job. The description should include the following:

Interim Objectives - Describe the interim objective each person is required to achieve and the requirements for each.

Participant Evaluation - How do the students know how well they are doing? Describe the instructors’ evaluation techniques and their frequency.

Program Evaluation - Upon completion of the program, is the participant given the opportunity to evaluate the quality of the program and the instructor? Please describe.

Course Completion Standards

Standards must be expressed/described in terms of specific occupational related skills, which the student is expected to achieve during progress in course and those needed to achieve completion and become job ready. The proposal must define competency levels, provisions for competency evaluations at relevant intervals and relate all such levels in the curricula to specific DOT Code occupations.

The proposal must clearly define specific outcomes in terms of achievement levels, as well as performance standards for measuring agency performance in

achieving specific outcome goals. Where "certification" is required for employment in specific occupations, the proposal must address how this will be achieved.

Training Staff Composition

Explain the composition of training staff (i.e., number of instructors, assistants, and a brief statement of qualifications). Attach resumes for all positions described.

Description of Facility and Location

Provide a detailed description of the facility and the equipment to be used to provide training. Also, describe the location of the facility, including accessibility to the handicapped. (Please include address, phone number, fax number, and the name of the local contact person).

Training-Related Occupations

If the proposal involves skill training, list all training-related occupations in which participants may be placed.

PARTICIPANT SERVICE SCHEDULE

The overall Participant Service Schedule (PSS) shows enrollments, terminations, completions, end-of-month enrollment and enrollment by significant segments.

The PSS becomes each subcontractor's planned performance document to be monitored by the Pocono Counties WDB during the entire fiscal year or proposed contractual period.

General - The subcontractor (during the RFP process - the proposed subcontractor) will enter the name of the organization, the program year of the agreement, the course title, dates of operation and the number of sessions.

1. Total Participants (Cumulative)

This section includes total participants, cumulative over a twelve month

period, starting January 1 and ending June 30. Each of the twelve blocks to

the right designates each month that the program is in operation.

Cumulative enrollment equals the sum of new enrollments during the year (1a)

and carry-overs from the previous year (1b).

1a. New Enrollment - Those participants expected to enter the program after

the beginning of the program year.

1b. Carry-over from Previous Year - The number of participants planned to

be enrolled on the last day of the previous program year whose

participation will continue in this program year. This number, once

established, will remain constant for the remaining months. Unless

otherwise instructed, this section should contain zeros.

2. Total Terminations (Cumulative)

Enter the number of participants expected to terminate from the program.

2a. Entered Employment - Indicate the number of participants to be placed

in training-related unsubsidized jobs after completing training.

2b. Employability Enhancement Termination - Indicate the number of

participants who will attain an enhancement, as follows:

(1) Returned to full-time school (Youth Only) - At the time of

eligibility determination, the participant was (a) not enrolled in

school, and (b) was a school dropout or high school graduate only.

(2) Educational level attained during the period of participation,

that had not been achieved at time of eligibility determination.

Levels of educational attainment are secondary and post-secondary.

(3) Attained Competency - For Adults - attained one of two

competencies, i.e., basic education or

skill training.

- For Youth - attained two of three

competencies, i.e., basic education,

skill training or work maturity.

2c. Other Terminations - A participant who left a training program for a

reason other than those under entered employment and employability

enhancement terminations.

(1) Returned to full-time school.

(2) Completed level of educational attainment that had not been

achieved at time of eligibility determination.

(NOTE: participant must have been 22 years of age or older at

time of enrollment).

(3) All other terminations from training program.

3. Total Current Participants (End of Month)

End of Month Enrollment obtained by subtracting the total of number 2 from the total of number 1.

ATTACHMENTS

A. PROGRAM MANAGEMENT

ORGANIZATIONAL ABILITY AND EXPERIENCE

The proposing organization must include a description of the following items (Each item must be addressed completely!).

1. Experience of the organization in providing employment and training

services.

2. Experience with the occupational skills training specified in the

RFP.

3. Organization's experience in serving disadvantaged clientele that have been

targeted in the RFP.

4. Description of performance with the Pocono Counties WDB in the past two

program years (if any), and how the relationship can be improved.

5. Organization's ability to provide services on a Workforce Investment Area basis, if

applicable.

6. Organization's supervisory capacity to manage contractual agreements with

the Pocono Counties WDB.

7. Staff qualified to perform the service required by the Pocono Counties

WDB. (This section can be further addressed in "Organizational

Administration").

8. The proposing organization must demonstrate to the Pocono Counties WDB

its capability to manage WIOA funds. The organization must explain how such

funds will be administered in accordance with their current operational

financial system.

ORGANIZATIONAL ADMINISTRATION

The proposal must include the following:

1. Organizational chart showing the administrative framework of the

organization.

2. Proposed staffing pattern including all training and administrative staff

who will be charged to this grant.

3. Job descriptions and qualifications for the positions specified.

4. Description of the grievance procedures available for participants. (Attach

a copy of the Affirmative Action Plan that governs the organization).

5. The capability to conform to the Pocono Counties WDB reporting

requirements for both fiscal and programmatic information.

6. Description of the organization's facilities and equipment in relation to

this proposal.

7. **A copy of the most recent yearly audit. (A-133 Audit if your**

**organization is required to have one). [Federal Register**

**dated 12/26/13 Uniform Administrative Requirements, Cost**

**Principles, and Audit Requirements for Federal Awards; Final**

**Rule; Yellow Book; OMB Circulars A-110 and A-133; GASB 34]**

REPORTING REQUIREMENTS CAPABILITY

The organization selected must demonstrate a capability to generate accurate and timely information and submit periodic reports to the Pocono Counties WDB. Describe the proposing organization's capacity to administer reporting requirements. These reports must include the following:

1. Participant Activity Report - Reflects monthly and cumulative enrollment activity by title for each month of the contract period. Must be submitted along with the Voucher Payment Request form for your payment to be processed.

2. Pocono Counties WDB Voucher Payment Request - Invoicing forms sent to

the Pocono Counties WDB on a regular basis for cost reimbursement.

B. LINE-ITEM BUDGET

All proposing agencies must submit a detailed line-item budget using the attached budget forms. This budget will become part of the contract and must be followed in requesting payments from the Pocono Counties WDB. The proposing agency must list costs based on Administrative Costs and Training Costs.

Administrative Costs - Shall consist of all costs that are not related

to the provision of Training Services to the participants described in the proposal. Such costs include general program oversight and reporting costs, fiscal management, bookkeeping and recordkeeping costs, and clerical support

costs. Administrative costs may not exceed 5% of the total proposal costs.

Training Costs - May include, but are not limited to, salaries and fringe

benefits, equipment, and supplies of personnel engaged in providing training,

books and other teaching aids, equipment and materials used in providing

training to participants, classroom space, and tuition and entrance fees for

instruction costs have a direct and immediate impact on participants. The

subcontractor is responsible for keeping time records. Miscellaneous

Training Expense must be explained fully in the budget detail section.

C. CONCURRENCE OF COLLECTIVE BARGAINING AGENT

If the occupation in which training is to be offered is subject to a collective bargaining agreement, concurrence of your proposal must be obtained from the appropriate bargaining representative.

D. PERSONNEL POLICIES

All proposals must include the personnel policies of the respective organization. Such policies should include (but are not limited to) a grievance procedure, list of fringe benefits, holidays and most importantly, the organization's Equal Employment Opportunity/Affirmative Action (EEO/AA) statement. The EEO/AA statement should include the policy toward handicapped individuals. If the respective organization does not have its own grievance procedure, the organization may sign the Pocono Counties WDB's statement and submit a proposal.

E. DRUG-FREE WORKPLACE, LOBBYING, & DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FORMS

The proposing agency must complete and sign the three forms as required.

\* As mentioned previously in this packet, all proposals must be designed in full compliance with the format provided in this Request for Proposal packet. Failure to abide by this policy will result in the rejection of your proposal!

In addition, as previously outlined, please submit the original and three (3) copies of the completed Request for Proposal packet.

F. PROPERTY PURCHASING REGULATIONS

The purchase of any non-expendable property required to operate the training program proposed under this grant must be approved by the Pocono Counties WDB according to WDB and Department of Labor Policies and Procedures.

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