

**MICHIGAN WORKS!-CALHOUN INTERMEDIATE SCHOOL DISTRICT**

**WORKFORCE INVESTMENT ACT (W.I.A.)  
YOUTH PROGRAM**

**PROGRAM YEARS 2007  
REQUEST FOR PROPOSAL**

**PART II - APPLICATION**

*AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM. AUXILIARY AIDS AND SERVICES ARE AVAILABLE TO  
INDIVIDUALS WITH DISABILITIES UPON REQUEST.  
MICHIGAN RELAY CENTER (800) 649-3777*

**MICHIGAN WORKS!-CALHOUN INTERMEDIATE SCHOOL DISTRICT  
(MICHIGAN WORKS!-CISD )  
WORKFORCE INVESTMENT ACT (W.I.A.) YOUTH PROGRAM  
PROGRAM YEARS 2007  
REQUEST FOR PROPOSAL (RFP) *APPLICATION***

**Instructions:** The MICHIGAN WORKS!-CISD /Workforce Development Board will fund one W.I.A. Youth Program contract to serve Calhoun County. Proposals are to be submitted using this Application Form. Proposals that are not in compliance with these requirements will not be evaluated.

Note that, unless otherwise stated, additional space or pages can be utilized to provide a response to a question.

***Five (5) COPIES OF THE COMPLETED APPLICATION MUST BE RECEIVED AT THE MICHIGAN WORKS!-CISD WORKFORCE DEVELOPMENT OFFICE NO LATER THAN 12 p.m. on FEBRUARY 26, 2007. INCOMPLETE APPLICATIONS AND APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED. CONTRACT AWARD IS CONTINGENT UPON THE AVAILABILITY OF FEDERAL FUNDS.***

This request for proposal does not commit the Michigan Works!-Calhoun Intermediate School District (MICHIGAN WORKS!-CISD) to award a contract, to pay any costs incurred in the preparation of an application to this request, or to procure or contract for services or supplies. The MICHIGAN WORKS!-CISD reserves the right to accept or reject any or all applications received as a result of this request, to negotiate with all qualified sources, or to cancel in part or in its entirety the RFP if it is in the best interest of the MICHIGAN WORKS! CISD to do so. The MICHIGAN WORKS!-CISD contracting officer may require the agencies selected to participate in negotiations and to submit any price, technical, or other revisions of their proposals that may result from negotiations.

The Michigan Works!-Calhoun Intermediate School District is committed to the principles of equal opportunity and nondiscrimination in the provision of programs and services administered by this organization. In carrying out this commitment, the Michigan Works!-Calhoun Intermediate School District requires the equitable treatment of all persons in the opportunity for employment, as well as access to and receipt of program services without discrimination on the basis of race, religion, color, national origin, sex, age, height, weight, marital status, arrest without conviction, disability, political affiliation or belief and other bases prohibited by law.

**SECTION I – Workforce Investment Youth Program Program Profile**

The Program Profile must be completed and **used as the cover page to the proposal.**

<b>A. Organization Name:</b>	
<b>B. Program Name:</b>	
<b>C. Program Dates:</b> (Month/Day/Year)	
<b>Staff Start:</b>	<b>Staff End:</b>
<b>Part. Start:</b>	<b>Part. End:</b>
<b>D. Program Hours:</b>	
<b>Staff:</b> _____ to _____	<b>Participants:</b> _____ to _____
<b>E. Check Days of Week for Participants:</b>	Mon. __ Tues. __ Wed. __ Thurs. __ Fri. __
<b>F. Check Days of Week for Staff:</b>	Mon. __ Tues. __ Wed. __ Thurs. __ Fri. __
<b>G. Number of Weeks per Participant:</b>	
<b>H. Number of Hours per Participant:</b>	
<b>I. Total Number of Program Weeks:</b>	
<b>J. Total Number of Program Hours per Week:</b>	
<b>K. Number of Youth to be Served Per Program Year:</b>	<b>Year 1 –</b> <b>Year 2 -</b>
<b>L. Total Funds Requested Per Program Year:</b>	<b>Year 1 – \$</b> <b>Year 2 - \$</b>
<b>M. Total Cost Per Placement/Positive Term. Per Program Year:</b>	<b>Year 1 – \$</b> <b>Year 2 - \$</b>
<b>N. Total Cost Per Participant Per Program Year:</b>	<b>Year 1 – \$</b> <b>Year 2 - \$</b>
<b>O. Contact Person Name:</b>	
<b>P. Telephone Number:</b> <b>Q. Fax Number:</b> <b>R. E-Mail Address:</b>	

- 1. Write a concise summary (no longer than one page and using no smaller than 10 point font) of the proposed Calhoun County Youth Program. This summary will be distributed to the Workforce Development Board members, so be certain to highlight the aspects of the proposed program's specific, measurable outcomes that you want to share with the Board.**

2. **Population to be Served/Needs Assessment:** Describe the population to be served, including demographic characteristics and employment and training needs of this population. Provide an analysis of your proposed area, including successful youth programming already available, other supportive services and resources in the area, economic indicators and various educational programs and opportunities. Delineate gaps in youth services and how you arrived at your program design as a result of this analysis.

3. **Activities and Services:** In concise and specific terms, describe the menu of program activities and services to be offered. Be sure to include all of the required activities listed in Sections VI and VII of the Youth Program Description, with particular attention given to the program design changes adopted by the Workforce Development Board. Explain how these activities and services will lead youth to attainment of the performance standards and common measures as well as how the activities and services relate to the needs described in the previous Section (3). If your program includes any type of classroom training, attach a brief curriculum outline.

**4. Of the program activities and services listed above, which ones will be available over the summer and which of the youth participants will be able to participate in these activities? Please be as specific as possible.**

**5. Describe how you will ensure that a minimum of 50% of the funding will be spent on out-of-school youth participants. Describe the activities projected for out-of-school youth participants.**

**6. Describe how your proposed Youth Program will contribute toward the attainment of the two Workforce Development Board Strategic Plan Goals relating to youth that are delineated in Section VI of the Program Description.**

**7. Describe how the Youth Program will be coordinated with other programs and/or services available in the community. Your response should specify what other services will be accessed to benefit the participants and how these coordinated efforts will ensure the availability of the Menu of Services for youth (see Section VII, part B of the Program Description).**

**8. Describe how your agency will coordinate with the Michigan Works! One-Stop Service Center(s) in the area you propose to cover. Be as specific as possible.**

**9. Describe how, for in-school youth, your program will coordinate with the Career Preparation System. Also describe how you will ensure that each in-school participant's Individual Service Strategy and program activities will be coordinated with their Educational Development Plan (EDP). Describe agreements (informal and formal) you intend to execute with educational agencies. Attach letters of support from those educational institutions, if applicable.**





14. **Participant Payments:** Describe the process for issuing participant payments, and include a schedule for payments to be issued to the participants. Note that the schedule should include the weeks of payment, date timesheets or attendance sheets are collected and the date that checks will be issued. Please include a procedure for handling lost or stolen checks.
  
15. **Staffing:** Attach a brief job description for each position to be funded through this proposal. Include a description of the responsibilities and qualifications, experience or training required, plus the salary range (minimum to maximum).
  
16. **Work Plan:** Using the Program Work Plan format on the following pages, enter the tasks to be performed in order to accomplish each activity included in this application. **Complete one form for each of the two years in the funding period.** Add more rows to each form as needed. Provide sufficient detail on each activity and how it will be accomplished so that anyone could successfully implement the program using this outline. **In no case, should any program list only one activity!**



17. **Performance Standards and Common Measures:** For each program year, list the **specific, measurable** results that are expected for the participants (i.e., number to complete, enter employment or education, attainment of degree/certificate, etc.). Please refer to Performance Standards in Section X of the Youth Program Description. Also provide a narrative that explains what your agency will do in order to reach each of the standards you set.

## Performance Standards and Participant Service Schedules

The following pages contain three charts to be completed for participants in your program. The completed forms will indicate the projected performance goals as well as the projected participant entry and exit schedules for participants in your program for one program year. An explanation of terms is outlined below. Note that these categories correspond with the Workforce Investment Youth Program Performance Standards and Common Measures. Refer to Attachment “D” in the Program Description for definitions of standards and measures.

### OLDER YOUTH AGES 19-21

1. **# of Proposed Enrollments:** - Indicate the total number of projected participants to enroll into the program.

**# of Proposed Exits:** - Indicate the total number of projected participants to exit the program.

2. **Proposed Entered Employment Rate** - Enter at least the minimum standard percentage (80%).

**# Employed** – The number of proposed exits multiplied by the proposed entered employment rate %.

3. **Proposed Employment Retention Rate** - Enter at least the minimum standard percentage (82%).

**# Retained** – The number of proposed # employed multiplied by the proposed employment retention rate %.

4. **Proposed Average Earnings Change** – Enter at least the minimum standard (\$2700)

5. **Proposed Employment Credential Rate** – Enter at least the minimum standard percentage (70%)

**# with credential & employment** – Proposed employment and credential rate % multiplied by # exits.

### YOUNGER YOUTH AGES 14-18

1. **# of Proposed Enrollments:** - Indicate the total number of projected participants to enroll into the program.

2. **# of Proposed Exits:** - Indicate the total number of projected participants to exit the program.

3. **Proposed Skill Attainment Rate** – Enter at least the minimum standard percentage (92%)

**# skill attainments** – Proposed skill attainment rate % multiplied by # of proposed enrollments.

4. **Proposed Retention Rate** – Enter at least the minimum standard percentage (71%)

**# retained** – Proposed retention rate % multiplied by # of proposed exits.

5. **Proposed Diploma or Equivalent Rate** – Enter at least the minimum standard percentage (79%)

**# with diploma or equivalent** – Proposed diploma or equivalent rate % multiplied by # of proposed exits.

### **COMMON MEASURES**

1. **# of Proposed Enrollments:** - Indicate the total number of projected participants to enroll into the program.

**# of Proposed Exits:** - Indicate the total number of projected participants to exit the program.

2. **Proposed Placement in Employment, Education, or Training Rate** – Enter at least the minimum standard percentage (65%)

**# placed** - The number of proposed exits multiplied by the proposed placement in employment, education, or training rate %.

3. **Proposed Attainment of Degree/Certificate Rate** – Enter at least the minimum standard percentage (50%)

**# with degree or certificate** - Proposed attainment of degree/certificate rate % multiplied by # of proposed exits.

4. **Proposed Literacy/Numeracy Gains** – Enter the proposed percentage (at least 50%) of basic skills deficient, out of school youth who will attain one or more educational functioning levels (EFLs) as measured by a common assessment tool administered at program entry and regular intervals thereafter.

**THE BIDDER IS ADVISED TO CAREFULLY REVIEW THE PRECEDING INSTRUCTIONS AND PREPARE THE SERVICE SCHEDULES ACCORDINGLY. POINTS WILL BE DEDUCTED FOR THOSE SCHEDULES NOT PREPARED IN ACCORDANCE WITH THESE INSTRUCTIONS.**

**Performance Objectives:** Indicate on the following tables your agency’s performance goals for years one and two of the funding period. Your program must be designed, at minimum, to meet the performance standard levels listed in the RFP Program Description. Additional objectives and planned levels of service may be added. **Also provide a narrative that explains what your agency will do in order to reach each of the standards you set.**

**YEAR ONE (July 1, 2007 – June 30, 2008)**

<b>OLDER YOUTH PERFORMANCE LEVELS (Age 19-21)</b>	<b>Entered Employment Rate (Minimum 80%)</b>	<b>Employment Retention Rate (Minimum 82%)</b>	<b>Average Earnings Increase (Minimum \$2,700)</b>	<b>Employment Credential Rate (Minimum 70%)</b>
# of Proposed Enrollments: _____  # of Proposed Exits: _____	Proposed Entered Employment Rate _____%  # employed____	Proposed Employment Retention Rate _____%  # retained____	Proposed Average Earnings Change \$_____	Proposed Employment and Credential Rate _____%  # w/credential & employment____

<b>YOUNGER YOUTH PERFORMANCE LEVELS (Age 14-18)</b>	<b>Skill Attainment Rate (Minimum 92%)</b>	<b>Retention Rate (Minimum 71%)</b>	<b>Diploma or Equivalent Attainment Rate (Minimum 79%)</b>
# of Proposed Enrollments: _____  # of Proposed Exits: _____	Proposed Skill Attainment Rate _____%  # skill attainments____	Proposed Retention Rate _____%  # retained____	Proposed Diploma or Equivalent Rate _____%  # w/diploma or equivalent____

**YEAR ONE (July 1, 2007 – June 30, 2008)**

COMMON MEASURES	Placement in Employment, Education, or Training (Minimum 65%)	Attainment of Degree/Certificate (Minimum 50%)	Literacy/Numeracy Gains (Minimum 50%)
<p># of Proposed Enrollments: _____</p> <p># of Proposed Exits: _____</p>	<p>Proposed Placement in Employment, Education, or Training Rate _____%</p> <p># placed__</p>	<p>Proposed Attainment of Degree/Certificate Rate _____%</p> <p># w/ degree or certificate__</p>	<p>Proposed Literacy/Numeracy Gains _____%</p> <p>Enter the proposed percentage (at least 50%) of basic skills deficient, out of school youth who attain one or more educational functioning levels (EFLs)</p>

**Planned Levels of Service:** According to the directions that follow, complete the Participant Service Schedules to indicate the planned levels of service and anticipated exits for each of the two years in the funding period.

Please note that each succeeding month in the columns on the forms must be the cumulative total of all prior months.

**PARTICIPANT SERVICE SCHEDULE DIRECTIONS:** Utilizing the following tables:

**Enter the total number of projected new participants to bring into the program on a cumulative basis per month.**

**Indicate the total number of projected participants to exit the program on a cumulative basis per month.**

**W.I.A. YOUTH PROGRAM – YEAR ONE (JULY 1, 2007 – JUNE 30, 2008)**

**PARTICIPANT SERVICE SCHEDULE (CUMULATIVE BY MONTH)**

Younger Youth

	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>TOTAL</b>
<b>ENR</b>													
<b>EXIT</b>													

Older Youth

	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>TOTAL</b>
<b>ENR</b>													
<b>EXIT</b>													

## PROGRAM BUDGET

**NOTE: SEPARATE BUDGETS ARE REQUIRED FOR EACH COUNTY AND FOR EACH PROGRAM YEAR. ASSUME THE SAME LEVEL OF FUNDING IN BOTH YEARS.**

**Directions:** Using the sample budget format that follows, please develop line-item budgets for the W.I.A. Youth Program for the two program years described in the RFP Program Description. Line items listed are only examples. For each line-item, include the computations used to arrive at the total costs. Break down all wage listings by the number of positions, hourly wage, hours per week, and number of weeks. All fringe benefits must include the type of benefit and the percentage of total wages. Items such as telephone and office supplies may be described in terms of costs per month. Mileage should be broken down to number of miles per week, cents per mile, and number of weeks. All costs itemized in budget must include the number of units, cost per unit, etc

Note that a minimum of 50% of the total funds must be spent on out-of-school youth participants in your program each year.

Bidders are encouraged to include an “in-kind” budget detailing the costs involved in operating the program that will not be charged to the W.I.A. budget. Bidders who include an “in-kind” budget will be eligible for additional points in the proposal evaluation process.

<b>SAMPLE BUDGET: YOUTH SERVICES</b>			
FOREVER YOUNG! AGENCY - Calhoun County			
<b>Cost Category:</b>	<b>In-School Youth</b>	<b>Out-of-School Youth</b>	<b>Totals:</b>
Staff Wages -			
Program Coordinator	\$ -	\$ -	\$ -
Program Director	\$ -	\$ -	\$ -
Case Manager	\$ -	\$ -	\$ -
Fiscal Services	\$ -	\$ -	\$ -
Instructor/Job Coach	\$ -	\$ -	\$ -
Clerk/Secretary	\$ -	\$ -	\$ -
Staff Fringe Benefits (List each)	\$ -	\$ -	\$ -
Staff Mileage	\$ -	\$ -	\$ -

	-	-	-
Operational Costs -			
Space Rental	\$	\$	\$
	-	-	-
Utilities	\$	\$	\$
	-	-	-
Communications		\$	\$
		-	-
Other		\$	\$
		-	-
Equipment Rentals		\$	\$
		-	-
Work-Based Programming-			
Participant Wages		\$	\$
		-	-
Participant FICA & W/C		\$	\$
		-	-
Classroom Training -			
Tuition, Books & Fees		\$	\$
		-	-
Transportation Allowances		\$	\$
		-	-
Career Exploration/Classroom Activities -			
Participant Training Payments		\$	\$
		-	-
Other: (Explain)		\$	\$
		-	-
Total Program Costs:		\$	\$
Grand Total:		\$	\$
<b>*A minimum of 50 % of funds have to be <u>spent</u> on Out-of-School Youth.</b>			
Provide detail/explanation for each line item in your budget and the calculations, ( i.e. Instructor's wages @ \$15/hr x 8 hrs/wk x 52 weeks.)			
h:wfd\W.I.A.-sample-budget			

**SECTION II - Organizational Background / Capabilities**

**NOTE:** Bidders who submit multiple proposals are only required to submit this section with one set of proposals. If a collaborative proposal is submitted, this section must be completed for each individual agency.

**1. Organization:**

_____	(____)_____
Name of Organization	Phone Number
_____	
Street Address	City      Zip Code

**2. Contact Person: Person who can answer questions about this application.**

_____	(____)_____
Name	Phone Number
(____)_____	_____
Fax Number	E-Mail Address

**3. Type of Organization: Place a checkmark next to the applicable type of organization.**

- Private Non-Profit Corporation
- Public Organization
- Private-For-Profit Corporation
- Other (Explain)

**Also, if applicable, list names and officers of your agency's current Board of Directors.**

4. **Capacity to Provide Services:** Provide a description of your agency’s experience in providing services to the general public, job seekers and/or employers, including the funding sources of such programs and the types of people served by these programs. Include a concise summary of quantifiable accomplishments that support past effectiveness, and the reason(s) why your agency should be selected to provide the W.I.A. Youth Program. In addition, as applicable to your organization, provide the documents and information detailed in B) below.
- A. **Current MWA Contractors:** Bidders that hold current contracts with the Barry/Branch/Calhoun MWA for workforce development services described in this RFP package do not need to submit third party reports, performance reports, audits, etc. Current MWA monitoring and evaluation reports will be used to assess organizational experience and demonstrated effectiveness.
- B. **All Other Agencies and Organizations:** Bidders that are not current MWA contractors should respond to **only one of the two following** items:
1. Bidders **with experience** in delivering workforce development programs
    - Provide copies of any “third party” program evaluations or reports on similar or substantially equivalent activities (**do not provide any letters of reference or support**), as well as reference contact information for proposal evaluators to make contact for additional information and
    - a description of the qualifications and experience of staff that would be providing services, as described in the W.I.A. Youth RFP Program Description; and
    - a copy of the most recent annual financial audit.
  2. Bidders **without experience** in delivering workforce development services  
Describe your organization’s potential for operating activities as specified in the W.I.A. Youth RFP Program Description and provide the following:
    - copies of any “third party” program evaluations or reports on similar or substantially equivalent activities (**do not provide any letters of reference or support**), as well as reference contact information for proposal evaluators to make contact for additional information; and
    - a description of the qualifications and experience of staff that would be providing services; and
    - any adjustments that your organization would have to, or be willing to, make in order to provide the services described in the RFP (staff hiring, staff training and development, re-location activity, internal operating policies, etc.); and
    - a copy of the most recent annual financial audit.

5. **Accounting Systems:** Provide a brief written statement certifying that the organization utilizes a standard accounting system in accordance with the American Institute of Certified Public Accountants' Auditing Standards and that the financial records will be available for audit, adequate documentation for all expenses will be maintained, and that record will be maintained for a period specified by the Michigan Works!-Calhoun Intermediate School District of not less than five years from the end of the grant year.
  
6. **Payroll Taxes:** Attach documentation verifying that all appropriate payroll/social security taxes have been paid for the last quarter.
  
7. **Required Audits:** Organizations receiving more than \$500,000 annually are required by law to be audited. Briefly certify your compliance with the law and indicate that you will forward the W.I.A.-portion of the audit to the Michigan Works!-Calhoun Intermediate School District.

8. **Bonding/Liability Insurance:** Certify that your agency will maintain the appropriate bonding and liability coverage and forward the certifications of such coverage if funded.

9. **Disallowed Costs:** Provide evidence that your organization has the capability to repay all costs disallowed with other than W.I.A. funds. Include the source of repayment (i.e. general funds, errors and omissions insurance, etc). Note the premium for the insurance must be paid for by other than W.I.A. funds.

**10. Indicate the agency's experience over the past two years (2003-2005) in reference to the following items:**

- a) Were charges of unfair labor practices filed against the organization?  
 Yes  No
- b) Were lawsuits or judgments filed?  
 Yes  No
- c) Were there investigations of fraud, abuse, conflict of interest, political activities, nepotism, or any criminal activities?  
 Yes  No
- d) Was there a default or breach of contract?  
 Yes  No
- e) Please confirm the current financial solvency of the agency (written response):
- f) Was bankruptcy or receivership by this organization or a parent organization declared?  
 Yes  No
- g) Were there any discrimination complaints or rulings against the agency?  
 Yes  No

If any one of the above occurred, information must be provided which should include at a minimum:

- a) Date item checked was initiated;
- b) Party or parties involved with specific reference to W.I.A. or other federal funds;
- c) Brief description of the circumstances;
- d) Final disposition and date;
- e) A brief explanation if action is still pending.

11. **Equal Opportunity:** Certify that your organization will comply with Equal Opportunity policies and procedures.
  
12. **Debarment/Suspension:** Certify that your organization has not been debarred or suspended from receiving federal assistance.
  
13. **Certification of Cost Data:** I certify that the cost data is accurate, complete and current at the time of submission of this proposal. The signature below certifies that funding awards or modifications negotiated in reliance on such data may be adjusted by the awarding agency (CISD) to exclude any significant sum by which the price was increased because the bidder knowingly submitted data that was not accurate, complete or current as certified by signature below.
  
14. **Authorized Signature:** I certify that I am authorized to sign for the submitting agency. My signature below certifies that my organization has the capability to implement the proposed program(s) included in this application, and that the budget represents costs necessary for the operation of the program. Adequate documentation and records will be maintained to support all required program expenditures.

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date (Month/Day/Year)

\_\_\_\_\_

Typed Name and Title

\_\_\_\_\_

Organization

## **PROOF OF FINANCIAL LIABILITY**

If funded by the Workforce Development Board and the CISD, the bidder agrees to assume financial liability for any and all disallowed costs that occur as a result of any financial agreement. The bidder must place a check mark next to the manner in which financial liability will be assumed and provide a written description. It is agreed that the CISD and Workforce Development Board may require further documentation from the successful bidder prior to final execution of any agreement.

\_\_\_ 1. Taxing Authority

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 2. Audit exception insurance that is acceptable to the Michigan Works!-CISD and Workforce Development Board (Describe and provide a copy of the policy to the Michigan Works!-CISD).

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

\_\_\_ 3. Pledging assets in an amount sufficient to cover all disallowed costs.

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 4. Deposit of funds other than W.I.A. or other federal funding sufficient to cover all disallowed costs.

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Staff