
SECTION V – PROPOSAL SPECIFICATION FORM

This section is available via email by sending request to
AMassicotte@gnbwib.org

The RFP and Proposal Specification Form have been designed to facilitate the process of proposing programs. It also provides those who will be reviewing and evaluating proposals with uniform, clear, and comprehensive data. Each item in the Proposal Specification Form has a corresponding section in the Statement of Work, Section IV, which will help the potential contractor to complete the form. This form, as well as budget forms will be sent via email upon a request to AMassicotte@gnbwib.org.

Please supply all information in the format and location requested. While completeness and accuracy are essential, conciseness is appreciated. If an item does not apply to your program, indicate “N/A”.

PLEASE NOTE: Failure to follow directions will make the evaluation process difficult for the members of the Youth Council and may result in disqualification of the proposal.

Greater New Bedford Youth Council
FRAMEWORK SERVICES FOR YOUTH PROGRAMS
FY 2011-FY 2013 PROPOSAL SPECIFICATION FORM

A. ALL PROPOSERS MUST COMPLETE ALL ITEMS ON THIS COVER SHEET.

Company/Organization _____
 Contact Person _____ Tax Id. Number _____
 Street _____ Suite/Room/Floor _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____

Indicate the Organizational Structure of the Above Named Proposer: (CHECK BELOW)

_____ Corporation _____ Individual Employer _____ Educational Institution
 _____ Partnership _____ Non-profit Organization _____ Other: Please describe

PROGRAM SUMMARY

Program Name _____

BUDGET SUMMARY

	% of Total
Training	\$ _____
Administration	\$ _____
Program Start Date _____	Total \$ _____
Program End Date _____	Cost per Participant \$ _____

CERTIFICATION

I certify that the information provided in this proposal is accurate and constitutes a firm offer to conduct program activities. I also certify that this proposal constitutes a binding offer on the part of the potential contractor and that I am authorized to sign contracts on behalf of this Agency/Employer/ Potential contractor. I also understand that acceptance of this proposal on the part of the Youth Council does not constitute a promise to fund the proposed activity, and that the final terms of any contract will be subject to negotiations. I also agree that the submittal of the proposal commits my organization to comply with all contractual terms, conditions and required certifications (including Americans With Disabilities Act compliance) should a contract be negotiated and executed.

Signature

Name (Type or Print)

Title/Position

Date

B. TYPE AND SIZE OF PROGRAM

Type of Proposed Program:

Describe the philosophy, values and principles on which your agency is based.

Describe the target population to be served including age and appropriateness, gender, special needs designation, if any, number of participants, and geographical residence of current or anticipated participants.

How does your program use the Positive Youth Development Approach? (Positive youth development, or PYD, is a common neologism that summarizes the intentional efforts of other youth, adults, communities, government agencies, and schools to provide opportunities for youth to enhance their interests, skills, and abilities into adulthood. PYD is an increasingly popular policy, curricular, and programmatic approach that allows schools and youth organizations to infuse youth development principles throughout their programs, while supporting their educative or community development goals. PYD looks toward creating supportive communities for all young people and at the same time, engaging youth to contribute to the well-being of the larger community. Organizations and communities that promote PYD give youth the chance to get involved and exercise leadership.) Please provide examples.

Total Number of Participants to be served: _____

C. PROPOSER QUALIFICATIONS

Please list the names and addresses of any partners and/or subcontractors that will be providing services under this proposal:

(C1.) Have you had previous funding from the Greater New Bedford Workforce Investment Board? Y/N _____

If yes, list programs and dates of funding:

Please describe any collaborations that exist with YSP's or other agencies. Please state your qualifications to operate the proposed program.

(C2.) Contractors without previous experience in operating programs for the Greater New Bedford WIB:

If you have no experience operating the proposed or similar type of program, what are your qualifications to operate the proposed program? Please see the guidelines on pages 16v and 17. Please include two letters of reference as required.

(C3.) All Contractors please describe your proposed staffing pattern. (Attach resumes, job descriptions, and appropriate staff credentials.)

Please list your Program Staff:

Administrator _____ Phone _____

Administrator _____ Phone _____

Finance/Billing _____ Phone _____

Finance/Billing _____ Phone _____

Instructor _____ Phone _____

Instructor _____ Phone _____

Counselor _____ Phone _____

Counselor _____ Phone _____

D. SERVICES & OBJECTIVES

Required elements:

NOTE: In addition to completing the questions below, you may attach a program narrative (5 pages maximum) that outlines the following: Describe any other services to be provided, including any innovative or creative aspects of your program. Discuss products that will result from the program. Describe participant record keeping procedures, including the individual responsible for client records. Describe reporting and data collection.

1. How will you provide Outreach and Recruitment services to the targeted population? Describe your process.
2. Explain the process for determining eligibility and staffing needed to ensure compliance with WIA regulations. Provide information on how staff will remain current on eligibility issues.
3. How and where will you provide Initial Assessment services? Describe your location. Is the facility in compliance with the provisions of the Americans with Disabilities Act (ADA) and convenient to public transportation?
4. Describe your understanding of and ability to create an Individual Service Strategy (ISS) for participants, in setting appropriate youth goals, including process for setting goals. How would you utilize the ISS for optimum service provision to all youth?
5. What is your experience with the Massachusetts Work-Based Learning Plan? How do you propose to incorporate the WBLP, ensure employer training, data entry, and all reporting?
6. Do you have MOSES accessibility, and have staff been trained in utilizing the MOSES system of data entry? How does the staff address questions about, or updates to, the MOSES

system? Explain how you will gather information from the Youth Service Providers and how this information will be documented. What will be your protocol for updating information into MOSES and what reports will you make available for Youth Council review?

7. If you do not have MOSES accessibility, what are your plans to meet this requirement?
8. Explain your File Management system. Describe in detail how you will integrate information from YSP's and track progress and goal attainment for enrollees.
9. Explain any other electronic data gathering and management strategies and systems you intend to utilize in conjunction with MOSES to ensure current information on all youth and all YSPs.
10. Provide detail of your understanding and ability to assist the Youth Council in developing a performance based annual plan which is in compliance with State and Federal reporting procedures.
11. Please provide an explanation of how you will prepare an annual plan for the WIB and what details will be documented in the plan.
12. Explain how you will provide framework services to enrollees during the summer work component. Have you established any collaborations to assist you in this process? Are any of these collaborations formalized? If so, what are those collaborations and agreements?
13. How will you provide year round services to enrolled youth?
14. How will you engage/work with employers to develop internship and work opportunities?
15. Please define how you intend to incorporate a youth development approach into your referral process? Does your program design offer any training opportunities for enrolled youth? If so, what are they?
16. Describe your plans to support the YSPs throughout the year to ensure they meet their goals.
17. How would your role as the region's FSP align with your organization's goals, objectives, and strategies?

E. PERIOD OF PERFORMANCE AND PROGRAM SCHEDULE

The period of performance is from July 1, 2010 to June 30, 2011, extended for two additional years, provided the FSP meets all annual performance criteria. The FSP is expected to operate Monday through Friday, year round with minimum operating hours from 8:30 AM to 4:30 PM. Some flexibility in FSP hours is expected to meet the needs of the youth served. This may entail extended and/or Saturday hours.

Please describe your program schedule.

F. PERFORMANCE STANDARDS

What systems will you put in place to ensure performance measures are met? Please describe any quality control processes you propose to implement.

G. COST AND BUDGET CONSIDERATIONS

Complete the budget sheets contained in the RFP and assign costs to the proper category, filling in each column totaling the costs and entering them on the bottom line. Transfer all totals to the budget summary sheet. **All budget sheets must be attached for the proposal to be considered complete.** If the potential contractor does not have costs attributable to a particular budget sheet, the budget sheet must be included with “N/A” indicated on the page.

ALL BUDGET SHEETS MUST BE TYPED OR COMPUTER GENERATED USING DOWNLOADED/E-MAILED FORMS FROM WEBSITE – WWW.GNBWIB.ORG

All potential contractors must provide a statement in the proposal that the organization has the ability to forward fund all costs associated with the proposed program. Attach a copy of the potential contractor’s most recent financial audit or financial statement.

Provide justification for budget line items in the space provided under each heading below. Describe cash and in-kind contributions, if any, and how they may be used to leverage WIA dollars.

Explain/Justify Equipment Expenses:

Explain/Justify Premises Expenses:

Explain/Justify Supply Expenses:

Explain/Justify Communication Expenses:

Explain/Justify Insurance/Bonding Expenses:

Explain/Justify Staff Development Expenses:

Explain/Justify Expenses Listed in the “Other” Category:

Please explain any cash and in-kind contribution from other sources that will be used to offset expenses; if non-profit, identify or attach other sources of income.

H. PROPOSAL CHECKLIST

Please be sure to include all of the following with your proposal:

- ___1. Proposal Specification Form with all questions answered.
- ___2. Completed budget forms (attachment).
- ___3. Most recent independent financial audit.
- ___4. Resumes, credentials of all program staff and job descriptions for proposed staff.
- ___5. Signed Corporate Certification, or Public Agency, or Sole Proprietorship/Partnership. (See attachments)
- ___6. Signed Certification on Debarment, Drug Free Workplace Compliance, and Anti-lobbying Disclosure. (See attachments)
- ___7. Optional program outline/curriculum (5 pages maximum).

STATEMENT

I have included the items listed above.

Signature

Date