



# NORTHWEST GEORGIA WORKFORCE DEVELOPMENT BOARD

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## **REQUEST FOR PROPOSAL**

**WORK-BASED TRAINING**  
OJT, WORK EXPERIENCE, INTERNSHIP,  
CUSTOMIZED TRAINING, INCUMBENT WORKER,  
APPRENTICESHIP

### **Workforce Innovation and Opportunity Act (WIOA)**

**Release Date**

October 4, 2021

**Due Date**

December 3, 2021

**Contract Period**

June 30, 2022 to June 30, 2023

WITH POSSIBLE EXTENSION FOR TWO ADDITIONAL YEARS

All proposals must be submitted:

Northwest Georgia Regional Commission  
1 Jackson Hill Drive  
P.O. Box 1798  
Rome, GA 30162-1798

*An Equal Opportunity Employer/Programs  
Auxiliary Aids/Service Available Upon Request to Individuals with Disabilities  
TTY/TDD 1.800.255.0056*

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The Northwest Georgia Workforce Development Board (WDB) is soliciting proposals in the fifteen (15) county Northwest Georgia Area from qualified organizations to implement Work-Based Training Programs which **will** include On-the-Job Training (OJT) and may also include Work Experience, Internship, Customized Training, Incumbent Worker Training, and Apprenticeship should these additional training programs be deemed necessary and appropriate by WDB during the contract period. The funding is made available through the Workforce Innovation and Opportunity Act of 2014 (WIOA) (HR 803) <https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>. WIOA gives local Workforce Development Boards the authority to develop and oversee the local workforce system programs for employers and job seekers. The WDB is made up of private and public sector community leaders.

The Northwest Georgia area includes the following counties: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Polk, Pickens, Walker, and Whitfield.

The project will include the following: development of employer relationships for Work-Based Training opportunities; preparation and implementation of contracts with employers; and recruitment, assessment, and placement of applicants into appropriate Work-Based Training.

Funding for these programs is available to:

- (1) Unskilled adults (18 years of age or older) who meet WIOA guidelines established by the State and local Workforce Development Board (WDB) through regular WIOA funding,
- (2) Dislocated workers, including, but not limited to people who:
  - (a) have lost their jobs due to permanent plant closures,
  - (b) have been terminated or laid off,
  - (c) have received a notice of termination or layoff;
- (3) Displaced homemakers, and;
- (4) Youth ages 18-24 who meet eligibility criteria for WIOA Youth programs.

The total amount of funding available for all training projects is expected to range between \$1,000,000 and \$1,200,000, with actual amounts dependent upon allocation. The funds will be used to serve approximately 200-250 total participants for the period of June 30, 2022 through June 30, 2023.

### *Overview - One Stop System and Proposed Work-Based Training*

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The Northwest Georgia One-Stop System is operated by a competitively selected One-Stop Operator as required under the Workforce Innovation and Opportunity Act. Georgia Department of Labor (GDOL) was awarded the One-Stop Operator Contract for 2020-2023. The System is comprised of one Comprehensive One-Stop located in Rome, GA and additional Affiliate sites located throughout the region.

Work-based training Services will be provided through the One-Stop system and consequently, the bidder should propose projected costs realizing that each entity that carries out a program or activities in a local One Stop Center must use a portion of the funds available for the program and activities to maintain the One-Stop delivery system (see 20 CFR 678).

Work-based training is employer-driven with the goal of unsubsidized employment after participation. Generally, work-based training involves a commitment by an employer or employers to fully employ successful participants after they have completed the program. This strategy provides additional opportunities for participants and employers in both finding high quality work and in developing a high-quality workplace.

Training options under Work-Based Training are as follows:

**On-the-Job Training:** The **On-the-Job Training (OJT)** program is to provide training to participants through hands-on experience with eligible employers. The overall goal of the OJT program is to provide eligible job seekers with opportunities for long-term employment while at the same time addressing the skill needs of employers in Northwest Georgia.

The WIOA system provides reimbursement to the OJT employers. WIOA regulations allow reimbursements of 50% of the hourly wage of the participant for a pre-determined length of time, to assist with the extraordinary costs of providing the training and additional supervision related to the training.

OJT may be provided under contract with an employer in the public, private non-profit, or private sectors.

**Incumbent Worker Training:** The anticipated outcomes of IWT are reviewed to ensure that training will directly assist the company to increase its competitiveness, viability and/or profitability; allow it to create or save jobs; reduce turnover; and/or increase the short- or long-term wages of the trainee(s). Unless training is to avert a layoff, successful completers of IWT should receive a wage increase or other measurable benefit. An ideal incumbent worker training would be one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker's position.

**Work Experience:** A **Work Experience** Program provides time-limited work experiences that are subsidized for private, non-profit, or public sectors for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history.

Work experience can be effective solutions for individuals to gain necessary work experience that they would not be able to get through training or an OJT contract. The goal is to establish a work history for the individual, demonstrate work success, and develop skills that lead to entry into unsubsidized employment.

The difference between OJT and work experience is that there is no expectation that the individual will continue his or her hire with the employer after the work experience is complete.

**Internship:** An **Internship** is a short-term or part-time work assignment with a private for-profit, non-profit, or public employer designed to enhance skills learned in a classroom setting, and to provide the opportunity for the application of these learned skills. Internships will occur prior to, concurrent with, or after 1) occupational classroom training, or 2) Basic Skills Training aiding the participant in applying the basic skills necessary to compete successfully in the labor market.

**Customized Training:** **Customized training** is designed to provide local area with flexibility to ensure that training meets the unique needs of the job seeker and employer or groups of employers.

It is to be used to meet the special requirements of an employer conducted with a commitment by the employer to employ all individuals upon successful completion of training. The employer must pay for significant share of the cost of the training. Proposed WIOA 680.770 identifies the eligibility requirements for employed workers to receive customized training.

**Apprenticeship:** An Apprenticeship is a combination of on-the-job training and related classroom instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation. Apprenticeship programs are sponsored by joint employer and labor groups, individual employers, and/or employer associations.

## WORK-BASED TRAINING PROGRAM REQUIREMENTS

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In developing a proposal, the requirements listed below should be considered.

### Participant Management Requirements

1. Recruitment of applicants; determination of eligibility; verification of Career services (basic and individualized) ; registration in the Data Management System (DMS); documentation of all applicable information in the DMS; basic and occupational skills assessments to determine suitable training occupations (the cost of assessment tools should be included in the budget); career guidance and counseling; implementation and ongoing update of the Individual Service Strategy; verification of legal status using E-Verify by the work site employer (information can be found at <https://www.uscis.gov/> ), and case management. Policy regarding reverse referrals must be adhered to.
2. Contracting with local businesses for positions; the development of an individualized Occupational Skills Training Outline; and assigning participants to training positions.
3. Determining the period required for a participant to become proficient in the occupation for which the training is provided. In determining the appropriate length of on- the-job training, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, their prior work experience and the participant's Individual Service Strategy.
4. Assessing participant's progress during training in the acquisition of the competencies outlined on the Occupational Skills Training Outline and documenting the results of those assessments in the DMS follow-up/counseling notes section.
5. Case management activities, job and career counseling, and
6. Follow-up services, as applicable, for not less than 12 months.

This is not a program whose success is based solely on the total number of participants. The success of the program is based on how well the participants perform on the job and their success in long term employment.

### WIOA Performance Measures

Below is a list of performance measures that will be used in determining each provider program's success. These measures are negotiated yearly with the Technical College System of Georgia Office of Workforce Development and the actual measurements (rates) will be provided at negotiations with successful proposers.

(a)	<u>WIOA Adults - Individuals age 18 and above</u>	
	Employment Rate (Q2 post-exit)	81%
	Credential Rate (OJT is exempt)	78%
	Median Earnings	\$6200
	Employment Rate (Q4 post-exit):	80%
	Measurable Skills Gains	50%
(b)	<u>WIOA Dislocated Workers Employment</u>	
	Rate (Q2 post-exit)	80%
	Credential Rate (OJT is exempt)	79%
	Median Earnings	\$6600
	Employment Rate (Q4 post-exit)	79%
	Measurable Skills Gains	47%

(c) <u>WIOA Youth</u>	
Employment Rate (Q2 post-exit)	76%
Credential Rate	79%
Employment Rate (Q4 post-exit)	77%
Measurable Skills Gains	66%

The definitions of the performance measures are included in Attachment K.

**AWARD OF THE CONTRACT**

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Award of Contract

NWGRC staff will evaluate proposals and make available the evaluation and summary information of the proposals to the Proposal Review Committee. The Northwest Georgia WDB and Council of Chief Elected Officials of Northwest Georgia (CCEOs) intend to select the Work- Based Training provider(s) at their regularly scheduled meetings January 2022. However, in the event of inclement weather, lack of a quorum or other adverse circumstances the decision will be made as soon as feasible. Contracts will be awarded based on the decision of the WDB/CCEOs at its meeting and subsequent approval by the Northwest Georgia Regional Commission Board. The proposing agency’s official contact person will be notified of the disposition of the proposal through certified mail by April 1, 2022.

Initially, proposals will be evaluated for responsiveness using the Responsiveness Checklist in this proposal package. Only responsive proposals will be considered for funding. Responsive proposals will be evaluated for competitiveness and contracts awarded using the review criteria presented in of this proposal package. A contingency list will be developed specifying competitive bidders with whom contracts may be awarded should additional funds become available due to de-obligation of funds or the identification of additional training needs; or existing contracts with performing contractors may be increased to utilize these funds.

The Northwest Georgia Workforce Investment Board adheres to a Conflict of Interest policy in which if an actual or potential Conflict of Interest exists, the affected Board Member shall recuse himself or herself from voting on the impacted topic and shall also refrain from participating in any discourse involving the impacted topic other than bringing the actual or potential Conflict of Interest to the Board’s attention prior to the vote. Such disclosure shall be expressly noted in the Board’s minutes. Additionally, in the meeting minutes, the Board shall recite the nature of the actual or potential Conflict of Interest and the recusal of the impacted Board Member with respect to the vote and discussion of the impacted topic.

When a Board Member is uncertain if an actual or potential Conflict of Interest exists, the Board Member shall notify the Board and the remainder of the Board shall vote to determine whether an actual or potential Conflict of Interest exists.

The Northwest Georgia Workforce Development Board’s Conflict of Interest policy forbids any WDB member, Council of Chief Elected Official, Administrative Staff, NWGRC Board member, or other persons involved in a WIOA funded activity from (1) receiving monetary benefit from suppliers or potential suppliers or (2) participating in the selection, award, or administration of a procurement supported by WIOA funds, in any case where the individual is aware that he or she, or any member of his or her immediate family, or his or her partner, or any organization that employs or is about to employ any of those persons, has any financial or material interest in any organization that may be considered for an award or (3) advocating for or cause the advancement, appointment, employment, promotion, or transfer of an Immediate Relative to any office or position administering or handling federal funds under Public Law 113-128, including without limitation, any potential or actual supplier, contractor, subcontractor, grant recipient or other service provider.

In addition, a WDB Board Member shall not vote on a matter under consideration by a Board if such vote:

- Involves the provision of services by such Board Member (or any entity or organization the Board member represents, or in which he or she hold an ownership or pecuniary interest) or a Board Member's Immediate Relative.
- Would provide a direct or indirect financial benefit to the Board member (or any entity or organization the Board member represents, or in which he or she hold an ownership or pecuniary interest) or a Board Member's Immediate Relative; or
- Involves any other conduct or activity determined to constitute a Conflict of Interest.

The Northwest Georgia Workforce Development Board reserves the right to accept or reject any/all bids received as qualified, to accept other than the lowest bid, to negotiate with responsive bidders for the best price, or to cancel in part or in its entirety, the request if it is in the best interests of the WDB to do so.

Service providers who demonstrate satisfactory performance may be given the opportunity to renegotiate cost and other factors for programs to be operated during Program Year 2023-2024 and Program Year 2024-2025. Specific information on satisfactory performance will be included in the contract.

- A. **To apply for funding, all interested applicants must submit a proposal for review and approval using the application format included in this RFP.** NWGRC reserves the right to refuse to read or consider any Proposal which uses a format other than this approved format.

**Please review the entire package before completing the application format.** Detailed information regarding program requirements, goals, services to be provided, WIOA regulations, etc. should be reviewed before beginning the application.

The deadline for receiving proposals at Northwest Georgia Regional Commission (NWGRC) is **4:30 p.m. EST on Friday, December 3, 2021. No proposals will be accepted after this date and time.**

**Please submit one (1) original and three (3) copies of your proposal to:**

Ms. Lesia Lambert  
Northwest Georgia Regional Commission 1  
Jackson Hill Drive (physical address)  
P.O. Box 1798 (mailing address)  
Rome, GA 30162-1798

- B. The original copy must be signed in blue ink in order to distinguish it as the original.
- C. Proposals must be submitted unbound but stapled in the upper left corner with ATTACHMENT A of the proposal (CONTRACT INFORMATION SHEET) as the cover. **FAXED proposals will not be accepted.**
- D. Technical assistance in completing this proposal will be offered only at a **Bidder's Conference to be held via Zoom at 1:00 p.m. on Wednesday, October 27, 2021.** To request the Zoom link for the Bidders Conference, please email your request to Terri Morgan at [tmorgan@nwgrc.org](mailto:tmorgan@nwgrc.org). Questions and answers regarding the RFP will only be answered at the Bidder's Conference. Should the Bidder not be able to attend, written questions can be emailed to [sgentry@nwgrc.org](mailto:sgentry@nwgrc.org) or submitted via other methods if received by 4:00 p.m. on October 26, 2021. All questions other than those regarding the RFP may be asked by contacting Susan Gentry at 706-295-6485. Questions and answers arising at the Bidder's Conference will be available upon written request or can be viewed on-line at [www.careerdepot.org](http://www.careerdepot.org).



The ATTACHMENTS may be reproduced by the proposer. However, it is the responsibility of the proposer to ensure that all information requested on the ATTACHMENTS is included in such reproductions, that the reproductions follow the same format, and that page limitations are not exceeded.

Applications for the local WIOA funds must be assembled using the following format:

A. Contract Information Sheet

Complete and attach the Contract Information Sheet (ATTACHMENT A).

B. Certification Regarding Debarment

Complete and attach the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction Form (ATTACHMENT B).

C. Assurances For Workforce Innovation and Opportunity Training Contractors

Sign and attach Assurances for Workforce Innovation and Opportunity Training Contractors (ATTACHMENT C).

D. Certification Regarding Lobbying

Complete and attach Certification Regarding Lobbying (ATTACHMENT D).

E. Contractor Affidavit and Agreement Complete

and attach ATTACHMENT E.

F. Previous Experience Form

Complete and attach Previous Experience Form (ATTACHMENT F).

G. Description of Need

Complete and attach the Description of Need Form (ATTACHMENT G).

H. Project Information

1. Complete and attach Project Description Form (ATTACHMENT H-1).

2. Complete and attach Project Implementation Schedule (ATTACHMENT H-2).

I. Organizational Information Form

Complete and attach Organizational Information Form (ATTACHMENT I).

J. Budget Information - ATTACHMENT J

1. Complete and attach Performance Payment Schedule (ATTACHMENT J-1) if private- for-profit organization. (ATTACHMENT J-2, Performance Payment Schedule Instructions gives definitions.) If not private-for-profit, indicate "Not Applicable" on the top of ATTACHMENT J-1.

2. All proposers must complete and attach the Detailed Budget –Year One (ATTACHMENT J-3) and a Budget Narrative For Year One - (ATTACHMENT J-4). If any costs are to be used as stand-in costs, discuss in detail on the Budget Narrative, ATTACHMENT J-4. Any costs which will be funded though non-WIOA funds as the result of collaborating with other agencies should also be discussed in detail on the Budget Narrative. Also, complete Budget Estimate for Year Two and Year Three, if applicable (ATTACHMENT J-6).

3. ATTACHMENT J-2 contains instructions for the Performance Payment Schedule (ATTACHMENT J-1) and ATTACHMENT J-5 contains instructions for the Detailed Budget, the Budget Narrative and, if applicable, Budget Estimate for Year Two and Year Three. ATTACHMENTS J-3, J-4 and J-6 should be followed closely to ensure that all requirements for the Performance Payment Schedule, the Detailed Budget, the Budget Narrative and, if applicable, Budget Estimate for Year Two and Year Three are complete. Dollar amounts should be rounded up to the next highest whole number. Do not include cents.

- K. WIOA Performance Measures
- L. Specific Fidelity Bonding Requirements
- M. Northwest Georgia Regional Commission Grievance Procedures
- N. Information Regarding Lobbying
- O. Responsiveness Checklist
- P. Financial Capabilities Checklist
- Q. Proposal Evaluation Form

NOTE: ATTACHMENTS J-2, J-5, K, L, L-1, M, N, O, P, and Q are for informational purposes only. Therefore, DO NOT RETURN them with your proposal. ***However, the first 2 pages of ATTACHMENT N are to be returned if the proposer has had Lobbying activities.***

**ATTACHMENT A  
CONTRACT INFORMATION SHEET**

**(COMPLETE AND RETURN AS PAGE 1 OF THE  
PROPOSAL)**

<b>Legal Name of Organization:</b>	<b>Federal Employer ID:</b>
<b>Address:</b>	<b>DUNS Number:</b>
<b>Contact Person/Title:</b>	<b>Mailing Address (if different):</b>
<b>Email Address:</b>	<b>Phone:</b>
	<b>Fax Number:</b>

Has your organization provided WIOA services in the past? \_\_\_\_\_ (If yes, complete Attachment F.)

Legal Status of Organization (check applicable): Public \_\_\_\_\_ Private \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Local Education Agency \_\_\_\_\_

<b>Total Amount of Funding Requested for Year One:</b>	<b>Number of Participants Year One:</b>	<b>Cost Per Participant:</b>
<b>Brief Description of Project:</b>		

Specify \$ Amount Requested: Year 1: Adult \_\_\_\_\_; Dislocated \_\_\_\_\_; Youth \_\_\_\_\_; TOTAL \_\_\_\_\_  
 Year 2: Adult \_\_\_\_\_; Dislocated \_\_\_\_\_; Youth \_\_\_\_\_; TOTAL \_\_\_\_\_  
 Year 3: Adult \_\_\_\_\_; Dislocated \_\_\_\_\_; Youth \_\_\_\_\_; TOTAL \_\_\_\_\_

PROJECT GOALS Please enter the goals you anticipate setting for your program. Regional goals set by the State administrative entity are on <a href="#">page 5</a> .	WIOA ADULT RATE	WIOA DISLOCATED RATE
Employment Rate (Q2 post-exit)	%	%
Credential Rate	%	%
Median Earnings	\$	\$
Employment Rate (Q4 post-exit)	%	%
Measurable Skills Gains		

Signature of Legal Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title of legal signatory: \_\_\_\_\_

**ATTACHMENT B**  
**CERTIFICATION REGARDING**  
**DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION**  
**LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Recipient's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

1. The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals:
  - a. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
  - b. Have not within a three year period preceding this proposal been convicted of a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining; attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

Name and Title of Authorized Representative	Signature	Date
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**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "recipient," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A recipient in a covered transaction may rely upon a certification of a prospective recipient in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A recipient may decide the method and frequency by which it determines the eligibility of its principals. Each recipient may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a recipient is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a recipient in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**ATTACHMENT C**  
**ASSURANCES FOR WIOA TRAINING OFFERORS/BIDDERS**

The applicant assures the Northwest Georgia Workforce Development Board that projects funded under the provisions of the Workforce Innovation and Opportunity Act (WIOA, Public Law 113-128) shall be operated in compliance with the Act, Federal regulations promulgated pursuant to the Act published in the Federal Register; policies and rulings by the Governor of Georgia, the Governor's Advisory Council on Workforce Innovation and Opportunity Act; and administrative issuances by the Technical College System of Georgia and the WDB's administrative entity. The applicant further assures that:

1. It possesses legal authority to apply for these funds; that a resolution, motion or similar action has been duly adopted or passed as an official act of the recipient's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the recipient to act in connection with the application and to provide such additional information as may be required.
2. It will not use WIOA funds for the company specific assessments of job applicants or employees, for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States, if the relocation results in any employee losing his/her job at the original location, if such location is within the United States, including predecessors and successors in interest. WIOA providers must adhere to the restrictions regarding placement of participants during hiring freezes or layoffs.
3. It has not violated any Federal and/or State laws including but not limited to: anti-discrimination statutes; labor and employment laws; environmental laws, or health and safety laws for a minimum of 24 months immediately preceding the date of signature on ATTACHMENT A of this proposal.
4. It will provide Northwest Georgia Regional Commission certification of time and attendance of WIOA participants (for purpose of employer reimbursements), training plans and other information as required.
5. It will allow staff members to attend training sessions held by Northwest Georgia Regional Commission to familiarize the applicant's staff with WIOA provisions.
6. It will provide intake or refer as appropriate to the area One-Stops partners for partner services.
7. That this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment and is in all respects fair and without collusion or fraud. Collusive bidding is a violation of State and Federal law and can result in fines, prison sentences and civil damage awards.
8. The Offeror/Bidder will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014, including the Nontraditional Employment for Women Act of 1991; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Educational Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws. The United States has the right to seek judicial enforcement of this assurance. All eligible service and training providers receiving WIOA funds must comply fully with the provisions of 29 CFR part 2, subpart D (29 CFR 2.30), and ensure that Technical College System of Georgia supported social service programs are open to all qualified organizations, regardless of their religious character and to clearly establish the permissible uses to which Technical College System of Georgia support for social service programs may be put, and the conditions for receipt of such support. Providers must also ensure that Technical College System of Georgia's social service programs are implemented in a manner consistent with the requirements of the Constitution, including the Religion Clauses of the First Amendment. (29 CFR Part 2.30).
9. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties. No individual may be placed in a WIOA employment activity if a member of that person's immediate family is directly supervised by or directly supervises that individual.

10. It will retain all records pertinent to this grant for a period of six (6) years beginning on the date the final expenditure report for the project is submitted. The records will be retained beyond the six (6) years if any litigation or audit is begun or if a claim is instituted involving the records this contract covers. In these instances, the records will be retained until litigation or audit claim has been finally resolved.
11. It will agree that any duly authorized representatives from the United States Department of Labor, the Comptroller General of the United States, the Technical College System of Georgia, Northwest Georgia Regional Commission, the Workforce Investment Board for Northwest Georgia or the Council of Chief Elected Officials of Northwest Georgia shall have access to any books, documents, papers and records which are directly pertinent to this contract for the purpose of monitoring program activities, making an audit, examination, excerpts and transcriptions.
12. It will furnish or submit evidence of a fidelity bond posted on those having responsibility for the expenditure of funds under the proposed contract in an amount sufficient to assure sound fiscal practices in order to assure the Federal Government, the State, and the Northwest Georgia Workforce Development Board against loss of such funds.
13. No WIOA funds will be used for religious, sectarian, or political activities, or to assist, promote or deter union organizing and it will comply with the government-wide drug free workplace requirements as codified in the DOL Regulations at 29CFR, part 98. WIOA recipients must adhere to the guidelines and restrictions as regarding Unionization/Anti-unionization Activities and Work Stoppages as stipulated in [WIOA Sec. 181 (b)(7)].
14. As recipients of WIOA Title IB adult, youth, and dislocated worker funds, local workforce areas must obtain and have posted the following certifications and assurances.
  - a. Certification Regarding Lobbying [29 CFR Part 93]
  - b. Drug-Free Workplace Requirements Certification [29CFR Part 98]
  - c. Nondiscrimination and Equal Opportunity Assurance [29 CFR Part 37]
  - d. Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions [ 29 CRF Part 98]
  - e. Standard Assurances For Non-Construction Programs
15. The information provided by the Offeror/Bidder in the request for proposal is accurate, complete, and current.
16. WIOA funds may not be used or proposed to be used for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States, if the relocation results in any employee losing his or her job at the original location.
17. Prohibition on use of funds for customized or skill training and related activities after relocation. No WIOA funds provided under this CONTRACT for an employment and training activity may be used or proposed to be used for customized training, skill training, or on-the-job training or company specific assessments of job applicants or employees of a business or a part of a business that has relocated from any location in the United States, until the company has operated at that location for 120 days, if the relocation has resulted in any employee losing his or her jobs at the original location.
18. Displacement
  - a. Prohibition. A participant in a program or activity authorized under this CONTRACT must not displace (including a partial displacement, such as a reduction in the hours of non- overtime work, wages, or employment benefits) any person currently employed by the participating employer (as of the date of the participation).
  - b. Prohibition on impairment of contracts. A specified activity must not impair existing contracts for services or collective bargaining agreements and no such activity that would be inconsistent with the terms of a collective bargaining agreement shall be undertaken without the prior written concurrence of the appropriate labor organization and employer concerned.
19. Other Prohibitions. A participant in a program may not be employed or assigned to a job if:
  - a. any other individual is on layoff from the same or any substantially equivalent job;

- b. the employer has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the WIOA participant; or
  - c. the job is created in a promotional line that infringes in any way upon the promotional opportunities of currently employed individuals.
20. Limitation on Use of Funds
- a. No funds available under this CONTRACT shall be used for employment generating activities, economic development activities, investment in revolving loan funds, capitalization of businesses, investment in contract bidding resource enters, and similar activities that are not directly related to training for eligible individuals under this CONTRACT.
  - b. No funds available through this CONTRACT shall be used for foreign travel the wages of incumbent employees during their participation in economic development activities public service employment, except to provide disaster relief employment, and/or expenses prohibited under any other Federal, State or local law or regulation.
  - c. No funds available under this CONTRACT shall be used to directly or indirectly assist, promote, or deter organizing.
  - d. Funds provided shall only be used for activities, which are in addition to those, which would otherwise be available in the area in the absence of such funds.
  - e. Programs will not impair existing contracts for services or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed, including services normally provided by temporary, part-time or seasonal workers or through contracting such services out.
  - f. The Proposal Offeror (bidder) shall assure that no individual in a decision-making capacity (whether compensated or not) shall engage in the selection, award, or administration of the proposed job training program supported by WIOA funds if a conflict of interest, real or apparent would be involved.

---

Signature of Authorized Official

Date

---

Typed Name and Title of Authorized Official

**ATTACHMENT D**  
**CERTIFICATION REGARDING LOBBYING**  
Certification for Contracts, Grants, Loans, and  
Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards greater than \$100,000 at all tiers (including subcontracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.\*

This certification is a material representation of fact upon which reliance was placed when this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Grantee/Contractor Organization: \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(More information regarding this certification is contained in Attachment N.)



**ATTACHMENT E**  
**CONTRACTOR AFFIDAVIT AND AGREEMENT**  
**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with **Northwest Georgia Regional Commission on behalf of the Technical College System of Georgia** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Subcontractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**ATTACHMENT F  
PREVIOUS EXPERIENCE INFORMATION**

If your organization has provided WIA/WIOA services in the past, please provide the following information for the years indicated. If contracts were outside these dates, draw a single line through the dates listed and list most current dates and information.

Offerors/Bidders who include performance outcomes for more than one agency/organization and/or for multiple programs and/or contracts for the same agency/organization must list the performance separately for each agency/organization and each contract. Offerors/Bidders who group multiple performance outcomes into a single listing risk not receiving evaluation credit for previous experience.

Offerors/Bidders are limited to ten copies of this form (ATTACHMENT F), depending on the number of performance outcomes/agencies/organizations/contracts being reported.

Prior WIA/WIOA Service Information

Agency Information:

<b>Name of LWIOA or Agency</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Contact Person:</b>
<b>Total Years of Experience with this Agency:</b>	<b>Most Recent Program Year:</b>

Population Served:

If funded through WIA/WIOA, indicate the funding title and type of population served:

- Adults
- Dislocated Workers;
- In-School Youth
- Out-of-School Youth
- Younger Youth
- Older Youth
- Other- Specify: (i.e., Native American, etc.) \_\_\_\_\_

Prior Performance Information: **ADULTS**

	<b>Program Year: 2018-2019</b>	<b>Program Year: 2019-2020</b>
Planned Number of Adult Participants		
Actual Number of Adults Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Median Earnings 2 <sup>nd</sup> Qtr. After Exit		
Credential Rate		

Prior Performance Information: **DISLOCATED WORKERS**

	<b>Program Year: 2019-2020</b>	<b>Program Year: 2020-2021</b>
Planned Number of DW Participants		
Actual Number of DW Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Median Earnings 2 <sup>nd</sup> Qtr. After Exit		
Credential Rate		

Prior Performance Information: **YOUTH**

	<b>Program Year: 2018-2019</b>	<b>Program Year: 2019-2020</b>
Planned Number of Youth Participants		
Actual Number of Youth Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Credential Rate		

Description of Prior Training Services:

Describe the type of WIA/WIOA training previously provided as identified above; state the length of training; setting of training (rural, metropolitan, suburban); and any additional services provided per contract (e.g., eligibility determination, remediation, support services). Estimate the percentage of the budget which supported the supplemental services.

(Up to one additional page may be used to complete the narrative portions of each ATTACHMENT F that is submitted with the proposal. Up to ten copies of the entire Attachment F can be made to report performance for multiple agencies/organizations/programs, and/or contracts. )

**ATTACHMENT G**  
**DESCRIPTION OF NEED FORM**

- I. List the counties the project proposes to serve (Counties of service are limited to: Bartow; Catoosa; Chattooga; Dade; Fannin; Floyd; Gilmer; Gordon; Haralson; Murray; Paulding; Pickens; Polk; Walker; and Whitfield.)
  
  
  
  
  
  
  
  
  
  
- II. List the address(es) of project site(s), if secured. If not secure, identify the planned city(ies)/town(s) in which the project is planned to be located.
  
  
  
  
  
  
  
  
  
  
- III. Describe the need for this project and how it was identified. Explain why this need will be unmet without this project.
  
  
  
  
  
  
  
  
  
  
- IV. Does this project duplicate or supplant any existing programs?     YES     NO If yes, describe how this project will be more effective.

(Up to one additional page may be used to complete this form.)

**ATTACHMENT H-1  
PROJECT DESCRIPTION FORM**

I. Project Narrative: Give an overall description of your project.

II. Collaboration

Indicate the partners/agencies/organizations this project will collaborate with. Also indicate those partners/agencies/organizations with which a collaborative agreement/memorandum of understanding has been/will be developed. Specify which collaborative agencies will provide funding other than WIOA funds.

Amount of Collaborative Partner	<u>In-Place</u>	<u>Pending</u>	<u>Funding</u>
(a) One-Stop Center and/or satellite facility	_____	_____	_____
(b) Local education entity	_____	_____	_____
(c) Business/industry partner	_____	_____	_____
(d) Community-based organization, social service agency, public housing agency or other related program.	_____	_____	_____

(e) Other information relevant to collaboration efforts on the part of the bidder:

(Up to one additional page may be used to complete this Attachment.)

**ATTACHMENT H-2  
PROJECT IMPLEMENTATION SCHEDULE  
WORK-BASED TRAINING PROJECTS**

I. Project Implementation Timeline

<b>Task/Activity</b>	<b>Begin Date</b>	<b>Completion Date</b>
A. Recruit training staff:	_____	_____
B. Identify and secure training site(s):	_____	_____
C. Participant training	_____	_____
D. Trainee job placement (unsubsidized):	_____	_____

II. Indicate the Project Specific Information Following:

A. Estimate average length of OJT assignments \_\_\_\_\_ hours multiplied by average hourly rate \$ \_\_\_\_\_; then multiply by the average reimbursement rate. This will equal the estimated average cost of WIOA OJT assignments: \$ \_\_\_\_\_.

Example: \$10 (wage per hours) X 480 (hours of training) X 50% (reimbursement rate) = \$2400 (cost of OJT assignment).

B. Staffing Patterns

1. Indicate number of staff needed for the successful operation of this project.
2. Indicate the number of existing staff to be used in the operation of this project.
3. Indicate number of staff to be hired utilizing this project's funds.
4. Attach to this form (ATTACHMENT G-1) a job description and the minimum required qualifications for each position proposed for funding by Northwest Georgia WDB WIOA funds in implementing this project.
5. If existing staff are to be utilized and funded by this project, in whole or in part, attach to this form (ATTACHMENT G-1) resumes for each person. List which positions they will fill and the percent of their time devoted to this project. If staff is to be hired, list the position. If proposal is funded, resumes of personnel hired, indicating which position they fill, will be required.

<u>Position</u>	<u># Hours per Week</u>	<u>% Of Time</u>	<u>Name (if applicable)</u>

C. Facilities Information

1. Indicate project location(s):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. Specify the total square footage of each project location(s), the total square footage and the percentage of the total square footage that will be used for this project ONLY.

Location	Total Square Footage	% That will be used for this Project only
a.		
b.		
c.		
d.		

3. Indicate if the facilities secured are accessible to the physically disabled in regard to the following:

	<u>YES</u>	<u>NO</u>
a. Entrance/exit ramps	Δ	Δ
b. Parking	Δ	Δ
c. Restroom facilities	Δ	Δ
d. Drinking fountains	Δ	Δ
e. Classroom facilities	Δ	Δ
f. Second floor or above facilities	Δ	Δ

If “no” to any of the above (a-f), please explain how those services will be made accessible to the physically disabled.

D. Recruitment/Target Groups

1. Describe in detail how participants will be recruited for your project.
  
  
  
  
  
  
  
  
  
  
2. Describe the target groups and indicate how your project will meet the special needs of the hard-to-serve group(s), including persons with disabilities.
  
  
  
  
  
  
  
  
  
  
3. Will any part of this project be subcontracted (other than employer work sites)?  
Δ YES; Δ NO  
  
If yes, describe in detail the portion(s) of the project to be subcontracted; the entity (if known) to whom it will be subcontracted; indicate if the subcontractor is debarred or suspended from doing business with the Federal government and whether they have violated any Federal laws within the 24 months immediately preceding the date of signature on ATTACHMENT A of this proposal; and attach a sample of the subcontracting instrument that will be executed between your agency and the subcontractor(s).

- E. Describe how the project will ensure all participants receive basic services prior to being registered in Work-Based Training through the project. Include a summary of the types of individualized career services the project plans to provide and/or secure from other sources for participants prior to the participants being registered in Work- Based Training.



F. Briefly describe the project's entry criteria for WIOA eligible persons other than employer-specific criteria.

G. Describe in detail the plans for identifying supplemental training that once identified will be secured, and/or otherwise made available for participants in order to enhance the participants' employability and/or longer-term employment retention and to ensure they attain a national or state recognized credential as a result of WIOA training activities. Include the specific types of training, methods of delivery (i.e., classroom, on-line, etc.), the locations where the training will be available, and the staff positions responsible for providing assistance to the participants to assist them with successful completion of the supplemental training.

H. Training Activities

1. Describe in detail how appropriate training occupations and suitable work site employers will be identified for purposes of on-the-job training of participants. Identify the staff position(s) responsible for work site development. Describe how growth industries and/or demand occupations will be identified for OJT placements.

2. Briefly describe the role of the work site employer in the identification and delivery of any supplemental training that leads to a national and/or state recognized credential and the employer's role in the determination of entry criteria used in selecting participants for on-the-job training.



7. Describe in detail how participants' progress during and at the end of training regarding the attainment of competencies will be evaluated and documented during training.

8. Describe how work sites will be reviewed to ensure that the work site(s) comply with WIOA guidelines regarding time and attendance documentation, wage payment documentation, and documentation of attainment of specific occupational skills. Briefly describe the work site payment process. Provide justification for not making work site payments to employers, if applicable. Describe the plan to broker relationships with a diverse range of employers in "in-demand" occupations.

I. Specialized Training:

1. Describe in detail any specialized training methods or special targeted populations.

2. Describe the other work-based training options that the provider proposes to offer as further clarification is received (apprenticeship, customized, work experience, internships, incumbent worker training).

J. Include any other information regarding training activities, target populations, attainment of credentials, etc. that you consider important to the performance of this project.

K. Follow-Up Activities

1. Briefly describe the exit criteria and methods used to determine when trainees have completed the training program.
  
2. Briefly describe the strategies to determine when participants have successfully completed all WIOA training activities and when the participants are ready for their WIOA services to be ended.
  
3. Describe in detail how on-the job training participants will be placed into unsubsidized employment in order to meet the employment rate Q-2 performance goals. Describe in detail how participants who do not participate in training, or who do not successfully



**ATTACHMENT I  
ORGANIZATIONAL INFORMATION FORM**

1. General Information      Date organization was established: \_\_\_\_\_

- a. Is this organization a corporation?     YES     NO

If yes, attach to this form (ATTACHMENT J) a copy of the most current corporate registration certificate for the State of Georgia.

- b. Is this a community-based organization?     YES     NO

Community Based Organizations. Private nonprofit organizations which are representative of communities or significant segments of communities and which provide job training services (e.g., Opportunities Industrialization Centers, the National Urban League, SER-Jobs for Progress, United Way of America, Mainstream, Jobs for Youth, Association of Farm Worker Opportunity Programs, the Center for Employment Training, literacy organizations, agencies or organizations serving older individuals, organizations that provide service opportunities, organizations operating career intern programs, youth corps programs, neighborhood groups and organizations, community action agencies, community development corporations, vocational rehabilitation organizations, rehabilitation facilities, agencies serving youth, agencies serving individuals with disabilities, including disabled veterans, agencies serving displaced homemakers, union-related organizations, employer-related nonprofit organizations, and organizations serving non-reservation Indians as well as tribal governments and native Alaskan groups. Women's organizations with knowledge about or experience in non-traditional training for women and are recognized in the community in which they are to provide services are also considered community-based organizations. Note that governmental agencies are NOT "community-based organizations". "Educational organizations" include the public schools, the vocational technical institutes, and the colleges located within the area.)

If you indicated "Yes" that your organization is a community-based organization but your organization is not named specifically above (i.e., United Way of America), describe how your organization qualifies as community-based.

- c. Provide a bank reference, including the address, phone number, contact person, and contact person's title. Also include the type(s) of account(s).

- d. Federal Withholding Tax Identification Number: \_\_\_\_\_
- e. Georgia Withholding Taxes Identification Number: \_\_\_\_\_
- f. Georgia Unemployment Insurance (UI) Tax number: \_\_\_\_\_
- g. Attach to this form, ATTACHMENT I, a letter from the organization's CPA or Financial Official, verifying that the Federal and State withholding taxes and Georgia UI taxes are current.
- h. Does organization have a current fidelity bond?     YES     NO.  
       If yes, attach to this form (ATTACHMENT I) a copy of the current fidelity bond.

2. Organizational Chart

Attach to this form (ATTACHMENT I) a copy of the applicant's organizational chart.

3. Fiscal Controls

- a. Briefly describe the accounting system and internal controls utilized in assuring fiscal accountability. Specify method of accounting used (cash/accrual/modified accrual/other).

- b. Identify the source and amounts of any supplemental funds (non-WIOA funds) to be used in providing the services planned in this proposal.

4. Audit

Provide one copy of the most current audit of your organization unless a current audit has been previously provided to NWGRC. If an audit has been provided to NWGRC, indicate the date it was provided, and the type of audit provided. If a contractor is legally prohibited from providing an audit, this requirement will be waived, but should be so noted. Indicate if this organization is subject to the Single Audit Act.

Complete all appropriate spaces:

- Audit provided in this package:     YES     NO
- Audit previously provided to NWGRC on (date): \_\_\_\_\_
- Type of audit previously provided to NWGRC: \_\_\_\_\_
- Proposer legally prohibited from providing audit:     YES     NO
- Organization is subject to Single Audit Act:     YES     NO

5. Board of Directors

Attach to this form (ATTACHMENT I) a listing of the names of all members of the proposing company/agency/organization's Board of Directors if a private for-profit or private non-profit corporation.

6. Lease Agreement

Attach to this form (ATTACHMENT I) a copy of the current lease agreement for the facilities charged to the program. If facilities have not yet been secured, a copy of the lease agreement must be provided prior to the execution of the contract.

7. Working Capital Advance

Indicate whether this project will need an advance in order to begin operation:  YES  NO

If yes, indicate the amount necessary to begin operations. Note that collateral will be required for the amount of the advance.

Amount of working capital advance requested: \$ \_\_\_\_\_

8. Worker's Compensation Insurance

a. Name of carrier: \_\_\_\_\_

b. Policy Number: \_\_\_\_\_

c. Expiration Date: \_\_\_\_\_

9. Business License

Indicate if a city and/or county business license is required in the county(ies) of operation of this project.  YES  NO

If yes, give business license number(s) \_\_\_\_\_.

10. Related Parties

Identify between the proposing agency, its staff and/or Board member(s), and another entity any business or personal relationships, jointly owned assets or other related interests which are planned to be utilized in the services to be provided in the proposed project, if applicable.

Describe the nature of the relationship. (Failure to disclose related party information may result in the imposition of sanctions or other appropriate measures by NWGRC.)

(Up to one additional page may be used to complete this form, excluding required attachments.)



**ATTACHMENT J  
BUDGET INFORMATION**

**(For Information Only - Do Not Return with the Proposal)**

1. Private-for-Profit Companies:

Contracts awarded to for-profit organizations will be on a negotiated, fixed-unit performance-based payment schedule, using the format shown on ATTACHMENT J-1, WIOA Performance Payment Schedule (refer to ATTACHMENT J-2, Performance Payment Schedule Instructions).

2. Contracts awarded to State and local governmental agencies and private non-profit organizations will be on a negotiated, direct reimbursement basis, using the format on ATTACHMENT J-3.

3. All proposers - private-for-profit, State and local governmental agencies, and private non-profit organizations must complete ATTACHMENT J-3 and ATTACHMENT J-4 using the instructions on ATTACHMENT J-5.

4. All proposers should complete Attachment J-6 Budget Estimate for Year Two and Three.

\* \* \*

**ATTACHMENT J-1  
 WORK-BASED TRAINING PROJECTS WIOA PERFORMANCE PAYMENT SCHEDULE  
 PRIVATE-FOR-PROFIT OFFERORS/BIDDERS  
 ONLY**

Not Applicable: \_\_\_\_\_

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

Project Begin Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

\*\*\*\*\*

Performance Payments\*

	Per Trainee	# of Trainees	Total
1. Interim Fee	_____	_____	_____
2. Credential Attainment Fee	_____	_____	_____
3. Entered Employment Fee	_____	_____	_____
4. Average Six Months Earnings	_____	_____	_____
5. Employment Retention Fee	_____	_____	_____
6. Average Estimated Work Site Payment	_____	_____	_____
<b>TOTAL</b>			_____

\*\*\*\*\*

*These payments may be modified in the contract negotiation session or other payment points may be proposed.*

*The total payments must equal the total amount requested as shown on ATTACHMENT A, Contract Information Sheet; Performance Payment Schedule ATTACHMENT J-1, if applicable and as shown on ATTACHMENT J-3, Detailed Budget.*

**ATTACHMENT J-2**  
**ON-THE-JOB TRAINING PROJECTS PERFORMANCE PAYMENT SCHEDULE INSTRUCTIONS**  
**(For Information Only - Do Not Return With Proposal)**

Performance Payments\*

In developing the payment schedule, private for-profit Offerors/Bidders should calculate fees for services utilizing the following operational definitions:

1. Interim Fee - A fixed, one-time payment made after a trainee has been enrolled in the Management Information System and working in an OJT position for a negotiated period of time and attaining a negotiated level of skill training.
2. Credential Attainment Fee - A fixed, one-time payment made after a trainee has completed OJT and/or supplemental training (i.e., other than on-the-job training) that resulted in their attainment of a national and/or state recognized credential.
3. Entered Employment Fee - A fixed, one-time payment made when a trainee achieves full-time employment (at least 35 hours per week) in an unsubsidized training-related position for five (5) working days following completion of on-the-job training, at not less than the minimum wage specified in the Training Occupations Schedule for a specific occupation, exclusive of fringe benefits. A fixed, one-time payment for older workers, age 55+, working part-time may be negotiated.
4. Earnings Change/Earnings Replacement Fee - A fixed, one-time payment made when a trainee achieves a negotiated change/replacement in earning at a negotiated period following OJT program completion.
5. Employment Retention Fee - A fixed, one-time payment made when a trainee is retained in unsubsidized employment for a negotiated period following OJT program completion.
6. Work Site Payments - The costs associated with payments to work sites for the extraordinary costs of training for the participant. This cannot exceed 50% of the wages paid to participants during the training period and is not to include overtime rates, shift differential or other premium pay or payments for non-training activities such as holidays or sick leave.

A Detailed Budget (ATTACHMENT J-3) must be completed to support the Performance Payment Schedule Total (ATTACHMENT J-1). The totals on ATTACHMENTS A, J-1, and J-3 must be the same.

\* Public or private non-profit do not complete this form. Check "Not Applicable" at the top of ATTACHMENT J-1 and complete ATTACHMENTS J-3 and J-4.

\* \* \*

**ATTACHMENT J-3  
DETAILED BUDGET - YEAR ONE TOTAL**

AGENCY: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

EXPENSE ITEM	A. TOTAL	B. ADMINISTRATIVE	C. PROGRAM
1. Personnel Salaries by Position/% of Time (Sub-Total)			
A.			
B.			
C.			
D.			
2. Personnel Benefits/Type/% Base (Sub-Total)			
A. Position:	XXX	XXX	XXX
1. Social Security			
2. Workmen's Compensation			
3. Health			
4. Other (Specify)			
B. Position:	XXX	XXX	XXX
1. Social Security			
2. Workmen's Compensation			
3. Health			
4. Other (Specify)			
C. Position:	XXX	XXX	XXX
1. Social Security			
2. Workmen's Compensation			
3. Health			
4. Other (Specify)			
D. Position:	XXX	XXX	XXX
1. Social Security			
2. Workmen's Compensation			
3. Health			
4. Other (Specify)			

**NOTE: All shaded areas are to be used for subtotals. This form is to be completed by all offerors.**  
\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

EXPENSE ITEM	A. TOTAL	B. ADMINISTRATIVE	C. PROGRAM
3. Total Travel (Sub-Total)			
A. Local Travel            mi/mo x            months @            ¢ per mile			
B. Non-Local Travel			
4. Training Materials & Supplies/Units: per month (Sub-Total)			
A. Item:			
B. Item:			
C. Item:			
D. Item:			
5. Non-Training Materials & Supplies/Units: per month (Sub-Total)			
A. Item:			
B. Item:			
C. Item:			
D. Item:			
6. Facilities/sq.ft/cost per sq.ft./months (Sub-Total)			
A. Classroom Rent			
B. Office Rent			
C. Utilities			
7. Equipment Purchase/Lease/Units: per unit (Sub-Total)			
A. Item:			
B. Item:			
C. Item:			
D. Item:			
8. Participant Cost (Sub-Total)			
A. Books/Supplies			
B. Uniforms/Tools			
C. Other (specify)			
9. Work Site Payments			
A. Work Site Payments to Employers			

\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

EXPENSE ITEM	A. TOTAL	B. ADMINISTRATIVE	C. PROGRAM
10. Other expenses (Sub-Total)			
A. Non-Direct/Indirect Costs			
B. Audit			XXX
C. Postage & Mail Service			
D. Telephone \$            per month/    months			
E. Profit/Program Income -        %			
F. Other (Specify):			

ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

### BUDGET SUMMARY FOR YEAR ONE

SUB-TOTALS FROM PAGES 45 THRU 46	A. TOTAL	B. ADMINISTRATIVE	C. PROGRAM
1. Personnel Salaries			
2. Personnel Benefits			
3. Total Travel			
4. Training Materials & Supplies			
5. Non-Training Materials & Supplies			
6. Facilities			
7. Equipment Purchase/Lease			
8. Participant Costs			
9. Work Site Payments to Employers			
10. Other Expense			
<b>TOTAL BUDGET</b>			

\* ROUND ALL TO THE NEXT HIGHEST DOLLAR. DO NOT INCLUDE CENTS.

**ATTACHMENT J-4  
BUDGET NARRATIVE FOR YEAR ONE**

[Up to three (3) additional pages may be used to complete this form.]

**ATTACHMENT J-5**  
**EXPLANATION OF COST CATEGORIES**  
**AND**  
**INSTRUCTIONS FOR DETAILED BUDGET TOTAL (ATTACHMENT J-3)**  
**AND BUDGET NARRATIVE (ATTACHMENT J-4)**

**(For Information Only - Do Not Return with Proposal)**

I. Explanation of Cost Categories:

- A. The costs of administration are that allocable portion of necessary and reasonable allowable costs of State and local workforce investment boards, direct recipients, including State grant recipients under subtitle B of Title I and recipients of awards under subtitle D of Title I, as well as local grant recipients, local grant sub-recipients, local fiscal agents and one-stop operators that are associated with those specific functions identified in paragraph (B.) of this section and which are not related to the direct provision of workforce investment services, including services to participants and employers. These costs can be both personnel and non-personnel and both direct and indirect.
- B. The costs of administration are the costs associated with performing the costs associated with performing the following functions:
  1. Performing the following overall general administrative functions and coordination of those functions under WIOA Title I:
    - a. Accounting, budgeting, financial and cash management functions.
    - b. Procurement and purchasing functions.
    - c. Property management functions.
    - d. Personnel management functions.
    - e. Payroll functions.
    - f. Coordinating the resolution of findings arising from audits, reviews, investigations and incident reports.
    - g. Audit functions.
    - h. General legal services functions; and
    - i. Developing systems and procedures, including information systems, required for these administrative functions.
  2. Performing oversight and monitoring responsibilities related to WIOA administrative functions.
  3. Costs of goods and services required for administrative functions of the program, including goods and services such as rental or purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space.
  4. Travel costs incurred for official business in carrying out administrative activities or the overall management of the WIOA system; and
  5. Costs of information systems related to administrative functions (for example, personnel, procurement, purchasing, property management, accounting, and payroll systems) including the purchase, systems development and operating costs of such systems.



6. Awards to sub-recipient or vendors that are solely for the performance of administrative functions are classified as administrative costs.

C. The costs associated with performing programmatic functions:

1. Personnel and related non-personnel costs of staff who perform both administrative functions specified in paragraph (B.) of this section and programmatic services, or activities must be allocated as administrative or program costs to the benefitting cost objectives/categories based on documented distributions of actual time worked or other equitable cost allocation methods.
2. Specific costs charged to an overhead or indirect cost pool that can be identified directly as a program cost are to be charged as a program cost. Documentation of such charges must be maintained.
3. Except as provided at paragraph (C) (1), all costs incurred for functions and activities of sub-recipients and vendors are program costs.
4. Costs of the following information systems including the purchase, systems development and operating (e.g., data entry) costs are charged to the program category:
  - a. Tracking or monitoring or participant and performance information.
  - b. Employment statistics information, including job listing information, job skills information, and demand occupation information.
  - c. Performance and program cost information on eligible providers of training services, youth activities, and appropriate education activities.
  - d. Local area performance information; and
  - e. Information relating to supportive services and unemployment insurance claims for program participants.
5. Continuous improvement activities are charged to administration or program category based on the purpose or nature of the activity to be improved. Documentation of such charges must be maintained.

II. INSTRUCTIONS FOR ATTACHMENTS J-3 AND J-4

Please follow the Budget format provided below for ATTACHMENTS J-3 and J-4.

Complete ATTACHMENT J-3 to reflect the total cost of your project. All Proposed costs should be necessary, reasonable, allocable, and allowable. When indicated in the instructions below, complete J-4 BUDGET NARRATIVE to justify budget items. The total column should be the sum of the program costs and administration costs for the period indicated at the top of the form. In general, the cost classifications are as follows:

1. Personnel Salaries: List each position title; the annualized salary; the percentage (%) of time to be charged to the LWIOA-1 project; the total amount requested (Column A); the amount chargeable to administration (Column B); and the amount chargeable to program related, if applicable (Column C). Subtotal salaries cost by category and record in the shaded area as indicated. Use additional copies of this page, if necessary.
2. Personnel Benefits: Provide the percentage (%) and the base used to determine the benefits requested for each individual listed in #1 of the Detailed Budget. Note that the positions listed in the benefits section should correspond to the positions listed in the Personnel Salaries section. Complete Column A, B, and C as described under "Personnel Salaries." Subtotal the

benefits by category and record in the shaded area as indicated. Use additional copies of this page, if necessary.

3. Total Travel: Record the subtotal of local and non-local travel by category in the shaded area as indicated.
  - a. Local Travel: Provide the total number of miles times the number of months times what is allowed by your agency up to the current rate approved by the IRS. Complete Columns A, B, and C. Local travel is considered the fifteen (15) county Northwest Georgia area.
  - b. Non-local Travel: Complete Columns A, B, and C. Describe the purpose of the non-local travel in the Budget Narrative, ATTACHMENT J-3. Non-local is considered that outside the fifteen (15) county Northwest Georgia Area.
4. Training Materials and Supplies: Specify the items requested, the number of units, the costs per unit, and complete Columns A and C. Provide justification of training materials in the Budget Narrative, ATTACHMENT J-4. Subtotal the training materials and supplies requested and record in the shaded area as indicated.
5. Non-training Materials and Supplies: Specify the amount of non-training materials and supplies requested. Provide justification in the Budget Narrative, ATTACHMENT J-4. Complete Columns A, B, and C as appropriate. Subtotal non-training materials and supplies by category and record in the shaded area as indicated.
6. Facilities: Specify the amount of square feet, cost per square foot, and the number of months for classroom and/or office rent. Complete the amount requested for utilities. Complete Columns A, B, and C for each item as appropriate. Subtotal facilities costs by category and record in the shaded area as indicated.
7. Equipment Purchase/Lease: If the offeror/bidder requests equipment purchase, please provide justification in the Budget Narrative, ATTACHMENT J-4. Specify the item of equipment, the number of units, the cost per unit and whether to be purchased or leased. Complete Columns A, B, and C, if applicable.
8. Participant Cost: Record the subtotal of other training in the shaded area as indicated.
  - a. Books/Supplies: Specify the amount requested for books and/or student supplies, if applicable. Complete Columns A and C. Specify on the Budget Narrative, ATTACHMENT J-4 the supplies and post per each item requested. List the average of books cost per quarter, per program, on the Budget Narrative, ATTACHMENT J-4.
  - b. Uniforms, Tools: Specify the amount requested for uniforms and/or tools. Complete Columns A and C. Specify each item and cost on the Budget Narrative, ATTACHMENT KJ4 for the uniforms and/or tools requested. Also provide justification for uniforms/tools.
  - c. Other: Specify any other training costs requested and complete Columns A and C. Provide justification on the Budget Narrative, ATTACHMENT J-4.
9. Work Site Payments: Specify the amount of funds requested to pay WIOA OJT work sites for participant training. Indicate on the Budget Narrative, ATTACHMENT J-4, the estimated average length of on-the-job training, the estimated average wage participants will receive, the estimated percentage of wages to be used for payment (i.e., 50%) and the total requested for

WIOA work site payments. Include the total amount of work site payments in Column A and C, if applicable.

10. Other Expenses: Record the subtotal of other expenses by category in the shaded area as indicated.
  - a. Non-direct/Indirect Costs: Specify other costs which are non-direct or indirect. For both non-direct and indirect cost, provide a separate identification of each service, the total expense for that service, the percentage charged to the contract and the basis for the allocated charge in the Budget Narrative, ATTACHMENT J-4. Enter the percentage (%) and Base Amount in the Budget. Complete Columns A, B, and C, if applicable. Refer to ATTACHMENT J-5 for instructions in classifying costs to categories other than administration. Documentation of indirect cost rate approval from the offer's agency must be attached to ATTACHMENT J-4, the Budget Narrative. Otherwise, the de minimis rate must be used.
  - b. Audit: Specify the amount requested for audit and complete Columns A, B, and C, if applicable.
  - c. Postage: Specify the amount requested for postage and complete Columns A, B, and C, if applicable.
  - d. Telephone: Provide the amount requested for telephone. Complete Columns A, B, and C. Specify the amount per month and the number of months.
  - e. Profit/Program Income: Identify the profit margin/percent (%) and the cost base and total against which it is applied in the Budget Narrative, ATTACHMENT J-4. For program income, identify sources of income generation and amount in the Budget Narrative. Complete Columns A and C.
  - f. Other: Specify other costs requested. Provide justification for such costs on the Budget Narrative, ATTACHMENT J-4. Also, include any stand-in costs. Stand-in costs are those paid from non-Federal sources that a contractor proposes to substitute for Federal costs that have been disallowed as a result of an audit or other review.
11. SUB-TOTALS: Enter the subtotals for each section, lines 1-10, as requested. Record the totals for each column as indicated. Note that the total requested should be the same as requested on ATTACHMENTS A, I-b, and J-1 (if applicable) and J-3

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**ATTACHMENT J-6  
BUDGET ESTIMATE FOR YEAR TWO**

*(Do not include the budget estimates for Year Two or Year Three on ATTACHMENTS J-1 and J-3. Attachment J-6 is for planning purposes only.)*

ESTIMATE FOR YEAR TWO	TOTAL AMOUNT REQUESTED
1. Personnel Salaries	
2. Personnel Benefits	
3. Total Travel	
4. Training Materials & Supplies	
5. Non-Training Materials & Supplies	
6. Facilities	
7. Equipment Purchase/Lease	
8. Participant Costs	
9. Work Site Payments	
10. Other Expenses	
<b>Total Estimated Budget</b>	

Round all to the next highest dollar. Do not include cents.

.....

**BUDGET ESTIMATE FOR YEAR  
THREE**

ESTIMATE FOR YEAR THREE	TOTAL AMOUNT REQUESTED
1. Personnel Salaries	
2. Personnel Benefits	
3. Total Travel	
4. Training Materials & Supplies	
5. Non-Training Materials & Supplies	
6. Facilities	
7. Equipment Purchase/Lease	
8. Participant Costs	
9. Work Site Payments	
10. Other Expenses	
<b>Total Estimated Budget</b>	

Round all to the next highest dollar. Do not include cents.

**ATTACHMENT K**  
**WIOA PERFORMANCE MEASURES**

<b>Performance Measure</b>	<b>Group</b>	<b>Definition</b>
Entered Employment Rate Q2 post exit	Adults (18 & Older) and Dislocated Workers	The percentage of WIOA registered participants in unsubsidized employment during the 2nd quarter after exit from the program.
Employment Retention Rate Q4 post exit	Adults and Dislocated Workers	The percentage of WIOA registered participants in unsubsidized employment during the 4 <sup>th</sup> quarter after exit from the program.
Median Earnings	Adults and Dislocated Workers	The median earnings of WIOA registered participants who are in unsubsidized employment in the 2 <sup>nd</sup> quarter after exit from the program.
Credential Attainment	Adults, Dislocated Workers, Youth	The percentage of WIOA registered participants who obtain a post-secondary credential, an industry, a state or a nationally recognized credential or a high school diploma or GED during participation in a program or within 1 year after exit from the program.
Measurable skills gain	Adults, Dislocated Workers, Youth	Percentage of WIOA registered participant who during a program year are in education or training that leads to a recognized postsecondary credential or employment and who are achieving measurable skill gains towards those goals.
Placement in the 2 <sup>nd</sup> Quarter	Youth	The percentage of WIOA registered participants in education or training or in unsubsidized employment during the 2 <sup>nd</sup> quarter after exit from the program
Placement in the 4 <sup>th</sup> Quarter	Youth	The percentage of WIOA registered participants in education or training or in unsubsidized employment during the 4 <sup>th</sup> quarter after exit from the program.
Employer Satisfaction	Adults, Dislocated Workers, Youth	The U.S. Department of Education & Labor will jointly establish 1 or more primary indicators of the effectiveness in serving employers of WIOA programs.

All levels for performance are negotiated with the Technical College System of Georgia Office of Workforce Development.

**ATTACHMENT L  
SPECIFIC FIDELITY BONDING REQUIREMENTS**

**(For Information Only - Do Not Return with Proposal)**

The amount of bonding required for the contract is determined by calculating the total amount of the contract by the percentage shown on the attached schedule. In purchasing the bond, it may be necessary to purchase slightly more than the minimum required since some insurance companies “round off” figures to whole thousands.

The bond may be a blanket bond covering all contractor employees, or it may be a position bond, listing specific positions. If a position bond is used, the positions bonded should be those persons handling funds. Positions frequently bonded are board chairperson, director, treasurer, and bookkeeper, varying with individual circumstance. If a position bond is used, each position scheduled must be for the minimum amount required. [Example: If a contract required \$75,000.00 bonding, each schedule position should be bonded for that amount (not scheduling three positions for \$25,000.00).]

If there is insufficient time between the point at which a bond is ordered and the date for processing a contract, a binder from the insurance agency may be used. However, the binder must include the period of coverage, the positions bonded if it is a schedule-type bond, and the bonding company (as distinguished from the insurance agency). If a letter from the insurance agency is to be used as a binder, it must indicate the coverage is bound in definite, exact terms, such as “The bond will be issued.....,” or “Coverage is bound...,” rather than phrases such as “The bond has been ordered,” “We have asked the company to issue the bond...,” etc. However, it is the responsibility of the contractor to assure that a final copy of the bond or rider is received, maintained on file and appropriate copies submitted to NWGRC.

Once the bond and/or binder is determined correct, one (1) copy of the fidelity bond or binder will be needed to attach as an annex to the contract.

Federal, State, and local governmental organizations need not provide bonding coverage, provided they have a general or blanket bond, covering employee dishonesty or fraudulent actions. Contracts of less than \$15,000 do not require a bond, unless down-payments (start-up funds) are requested.

NWGRC reserves the right to modify bonding requirements that may be considered desirable or necessary to protect WIOA, WtW, or NWGRC funds.

Any clarifications regarding bonding requirements should be directed to Joey Cumbie at (706) 295-6485.

\* \* \*

**ATTACHMENT L-1  
SCHEDULE OF  
FIDELITY/ASSURANCE BONDS**

**(For Information Only - Do Not Return with Proposal)**

A certificate of bonding is required to cover the contracting official for Financial Responsibility and be in accordance with the following schedule:

<b><u>TOTAL CONTRACT BUDGET</u></b>	<b><u>AMOUNT OF BOND</u></b>
Up to \$50,000	25 %
50,000 to 54,999	24 %
55,000 to 59,999	23 %
60,000 to 64,999	22 %
65,000 to 69,999	21 %
70,000 to 74,999	20 %
75,000 to 79,999	19 %
80,000 to 84,999	18 %
85,000 to 89,999	17 %
90,000 to 94,999	16 %
95,000 to 99,999	15 %
100,000 to 199,999	14 %
200,000 to 399,999	13 %
400,000 and up	12 %

“Total Contract Budget” refers to the total amount of money that the NWGRC is responsible for in connection with the contract.

\* \* \*

**ATTACHMENT M**  
**(For Information Only - Do Not Return with the Proposal)**  
**Workforce Innovation and Opportunity Act Program Services**  
**Complaint/Grievance Policy and Procedures**

Pursuant to section 181 and 188 of the Workforce Innovation and Opportunity Act (WIOA) and in compliance with 29 U.S.C. 3241 and 29 U.S.C 3248, the Northwest Georgia Workforce Development Board (WDB) shall adhere to an established complaint and grievance procedure.

The following complaint and grievance procedure shall be implemented for any complaints and/or grievances that arise at the Workforce Development Area – Region 1 (WIOA-1) level:

**GENERAL POLICY**

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through WIOA Title I paid for by the Northwest Georgia Regional Commission (NWGRC) and/or the Northwest Georgia Regional Workforce Development Board (NWGWDB) will be treated fairly. Complaints/grievances should be filed in accordance with the written procedures established by Northwest Georgia Regional Commission. Signed and dated grievance forms with accurate contact information are included in all participant case files. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of this program, you have the right to file a complaint/grievance.**

**EQUAL OPPORTUNITY POLICY**

NWGRC adheres to the following United States law: "No individual shall be excluded from participation, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any such program or activity because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status), national origin (including Limited English Proficiency (LEP)), age, gender identity, disability, or political affiliation, belief, or against any beneficiary of being considered for any WIOA Title I financially assisted aid, benefit, service, or training, or an individual who has been determined eligible to participate in and who is receiving any aid, benefit, service or training under a program or activity financially assisted in whole or in part under Title I of WIOA, or citizenship/status as a lawfully admitted immigrant authorized to work in the United States." References include: The Workforce Innovation and Opportunity Act of 2014 P. L. 113-128 USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014 29 C.F.R.§ 38.1 effective January 3, 2017.

**COMPLAINTS OF DISCRIMINATION**

The NWGRC is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, gender identity, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.

If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the Northwest Georgia Regional Commission, WIOA Equal Opportunity Officer, Phyllis Walker, P.O. Box 1798, Rome, GA 30162-1798, 706.295.6485, TDD 800.255.0056, [pwalker@nwgrc.org](mailto:pwalker@nwgrc.org), or with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room 4123, Washington, DC 20210.

**OR**

Complaints may also be filed with the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, Technical College System of Georgia, Office of Workforce Development, 1800 Century Place NE, Suite 150, Atlanta, GA 30345-4304, 404.679.1371, TTY/TDD 800.255.0056, [WIOAcompliance@tcsge.edu](mailto:WIOAcompliance@tcsge.edu).



Furthermore, the USDOL Civil Rights Center provides a complaint form which should be utilized, if sending a discrimination-based complaint, and can be found at <http://www.dol.gov/oasam/programs/crc/external-enforcement-complaints.htm>

If the complainant chooses to file the discrimination complaint with the Northwest Georgia Regional Commission or with the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, then the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer or the NWGRC has 90 days to resolve the complaint and issue a written Notice of Final Action. The Notice of Final Action for each issue raised in the complaint will contain a statement from either NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, a decision on the issue and an explanation of the reason underlying the decision or a description of the way the parties resolved the issue.

If the complainant is dissatisfied with the resolution of his/her complaint at NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, the complainant may file a new complaint with the Civil Rights Center (CRC) within 30 days of the date on which the complainant receives the Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution (ADR) at the complainant's choice. The complainant may attempt ADR at any time after the complainant has filed a written complaint with NWGRC or the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, but before a Notice of Final Action has been issued. The choice whether to use ADR or the customary process rests with the complainant. A party to any agreement reached under ADR may notify the Director in the event the agreement is breached. In such circumstances, the non-breaching party may notify the Director within 30 days of the date on which the non-breaching party learns of the alleged breach and the Director must evaluate the circumstances to determine whether the agreement has been breached. If the Director determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with NWGRC's procedures. If the parties do not reach an agreement under ADR, the complainant may file a complaint with the EO Officer (or the person who has been designated for this purpose) or Director. Complaints filed with the Director should be sent to: The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, or electronically at [www.dol.gov/crc](http://www.dol.gov/crc).

If the TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, or NWGRC fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with CRC within 30 days of the expiration of the 90-day period (in other words, within 120 days of the date on which the original complaint was filed).

NWGRC will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation.

### **PROCEDURES FOR PROCESSING A COMPLAINT**

At a minimum, the procedures will include the following:

1. Initial, written notice to the complainant that contains the following information:
  - a. An acknowledgment that the complaint has been received; and
  - b. Notice that the complainant and respondent have the right to be represented in the complaint process by an attorney or other representative.
  - c. Notice of rights contained in the Equal Opportunity poster; and
  - d. Notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into non-English languages.
2. NWGRC will issue a written statement of the issue(s), provided to the complainant, that includes the following information:
  - a. A list of the issues raised in the complaint; and
  - b. For each such issue, a statement whether NWGRC will accept the issue for investigation or reject the issue, and the reasons for each rejection.
3. A 30-day period for fact finding or investigation of the circumstances underlying the complaint.

4. A 60-day period during which NWGRC attempts to resolve the complaint

Procedures for filing a complaint are listed at [www.careerdepot.org](http://www.careerdepot.org) .

### **COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY**

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to one of the following:

1. TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer  
Tel: 404.679.1371, TTY/TDD 800.255.0056  
Email: [WIOAcompliance@tcsge.edu](mailto:WIOAcompliance@tcsge.edu)  
Mailing Address: Technical College System of Georgia, Office of Workforce Development  
Attn: OWD Compliance Team  
1800 Century Place, NE, Suite 150  
Atlanta, GA 30345-4304
2. Georgia Office of Inspector General  
Tel: 866.435.7644 (866.HELPOIG)  
Mailing Address: 2 M.L.K. Jr. Drive, SW  
1102 West Tower  
Atlanta, Georgia 30334  
Complaint Form: <http://oig.georgia.gov/file-Complaint>
3. United States Department of Labor, Office of Inspector General  
Tel: 202.693.6999 or 800.347.3756  
Mailing Address: Attn: Hotline, Office of Inspector General  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Room S-5506 Washington, D.C. 20210  
Complaint Form: <https://www.oig.dol.gov/hotlinecontact.htm>

### **COMPLAINTS AGAINST PUBLIC SCHOOLS**

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-989.5.

### **ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)**

All other complaints must be filed within 180 days after the act in question by first submitting a **written** request for resolution to:

Phyllis Walker  
WIOA Equal Opportunity Officer  
Northwest Georgia Regional Commission  
P.O. Box 1798  
Rome, Georgia 30162-1798  
709.295.6485  
[pwalker@nwgrc.org](mailto:pwalker@nwgrc.org)

Lloyd Frasier  
Executive Director  
Northwest Georgia Regional Commission  
P.O. Box 1798  
Rome, GA 30165  
706.295.6485  
[lfrasier@nwgrc.org](mailto:lfrasier@nwgrc.org)

Complaints filed with NWGRC must contain the following:

- A. Full name, telephone number, email (if any), and address of the person making the complaint.
- B. Full name, telephone number, email, and address of the person/organization against whom the complaint is made.
- C. A clear but brief statement of the facts that the alleged violation occurred, including date(s), identification of ALL

relevant parties, and any supporting documentation.

D. Relief requested.

E. Complainant's printed name, signature, and date.

For the grievance/complaint submission form, see pages six and seven of these procedures. The staff of the NWGRC shall provide assistance with the filing of the grievance/complaint submission form upon request of the person making the complaint. Such assistance may include, but shall not be limited to, providing instructions on how to file a complaint; providing reasonable accommodations to complainants with disabilities in accordance with Federal law; providing relevant copies of documents such as WIOA, regulations, local rules, contracts, etc.; and providing clarifications on the relevant provisions. This requirement shall not be interpreted as requiring the release of identifiable information.

A complaint will be considered to have been filed when NWGRC receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, the NWGRC WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved bringing resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant during the informal resolution effort, the NWGRC WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing, if the complainant wishes. Complainant may request a hearing provided that such request must be written and addressed to the NWGRC WIOA Equal Opportunity Officer.

A complaint may be amended to correct a technical deficiency at any time up until the date of resolution or the date of a hearing, if a hearing is requested in writing prior to the issuance of a resolution. Complaints may be withdrawn by the complainant at any time prior to the issuance of a resolution. In the event a Complaint is received which does not contain enough information to enable the NWGRC to resolve the issue, the NWGRC shall make reasonable efforts to contact the complainant and gather additional, necessary information.

In the event that a complaint is filed and NWGRC lacks jurisdiction to resolve the complaint, NWGRC shall notify the complainant in writing within 5 business days of making such determination, informing him/her of their lack of jurisdiction.

NWGRC shall record all complaints in a complaint log. At a minimum, the following information shall be collected: complainant's name and contact information; the date the complaint was filed; the date the NWGRC issued a formal or informal resolution; and a brief description of the complaint. As the complaint log may contain personally identifiable information, the NWGRC shall take every step necessary to ensure the information is protected and only made available to staff or management authorized to view it. In compliance with 29 C.F.R. § 38.39, all alleged discrimination records will be kept at a minimum of three (3) years at a second facility. If the file is in litigation, the file will be kept until the issue has been resolved.

NWGRC shall issue a written resolution for each complaint received no later than 60 days from the date the complaint is filed. The written resolution shall contain the following, at a minimum:

- A recitation of the issues alleged in the complaint.
- A summary of any evidence and witnesses presented by the complainant and the respondent.
- An analysis of the issues as they relate to the facts; and
- A decision addressing each issue alleged in the complaint.

Every complainant shall have the opportunity for a hearing for any complaint that is filed. A request for a hearing must be made in writing by the complainant, preferably at the time the complaint is initially filed. However, a complainant may file a written request for a hearing within 60 days of the date the complaint was filed. If a request for a hearing is made, then the hearing shall be held as soon as reasonably possible to enable a resolution of the complaint no later than 60 days from the day the complaint is filed. The NWGRC shall use the following procedures if a hearing is requested:

Upon receiving written notice of the complainant's request for a hearing, the NWGRC shall respond in writing acknowledging the complainant's request and notifying the complainant and the respondent of the date of the hearing. Such acknowledgment and notice shall be transmitted to the complainant and the respondent within 10 business days of receipt of the complainant's request. The notice shall include, at a minimum:

1. The date of issuance.
2. The name of the complainant.
3. The name of the respondent against whom the complaint has been filed.
4. A statement reiterating that the complainant and respondent may be represented by legal counsel at the hearing.
5. The date, time, and place of the hearing, including the name of the hearing officer serving as an impartial party.
6. A statement of the alleged violations of WIOA (This may include clarification of the original complaint, but must accurately reflect the content of the submitted documentation of the complainant);
7. A copy of any policies or procedures for the hearing or identification of where such policies may be found; and
8. The name, address, and telephone number of the contact person issuing the notice.

The hearing must include an impartial hearing officer selected by the NWGRC; an opportunity for both the complainant and respondent to present an opening statement, witnesses and evidence; an opportunity for each party to cross-examine the other party's witnesses; and a record of the hearing which the NWGRC shall create and retain.

The hearing officer, considering the evidence presented by the complainant and respondent, shall issue a written decision which shall serve as the official resolution of the complaint. The decision shall include the following information, at a minimum: the date, time, and place of hearing; A recitation of the issues alleged in the complaint; a summary of any evidence and witnesses presented by the complainant and the respondent; an analysis of the issues as they relate to the facts; and a decision addressing each issue alleged in the complaint.

Hearings on any complaint/grievance filed shall be conducted within 30 days of any failed informal resolution. Written decisions shall be rendered not later than 60 days after the hearing. Attempts at informal resolution may proceed during the 30-day period between the filing and hearing of the complaint/grievance and prior to the rendering of a decision on the complaint/grievance.

If the complainant(s) does not receive a written decision from the Hearing Officer within 60 days of the hearing of the complaint/grievance, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by the state using the WIOA complaint Information Form found at

<https://tcsgeorgia.edu/workforce/worksource-georgia/eo-and-grievance-procedure-information/>.

TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer  
Technical College System of Georgia, Office of Workforce Development  
1800 Century Place NE, Suite 150  
Atlanta, GA 30345-4304  
Telephone: 404.679.1371, TTY/TDD 800.255.0056  
Email: [WIOAcompliance@tcsgeorgia.edu](mailto:WIOAcompliance@tcsgeorgia.edu)

Such appeal shall be filed within 60 days of the date of the written decision issued by the NWGRC.

The TCSG OWD Compliance Director, State-Level WIOA, Title I, Equal Opportunity Officer, shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal the decision, WIOA allows for a formal appeal by certified mail, return receipt requested to Secretary, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Attention: ASET 202.693.3015. A copy of the appeal must be simultaneously provided to the

appropriate ETA Regional Administrator and the opposing party.

Federal appeals must be made within 30 calendar days of the receipt of the local or State decision. USDOL will make a final decision no later than 120 days after receiving a formal appeal. USDOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

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**ATTACHMENT N  
INFORMATION REGARDING LOBBYING**

The first 2 pages of the following form, ATTACHMENT N, Information Regarding Lobbying, are to be returned if the proposer has had Lobbying activities.

\*\*\*

<b>1. Type of Federal Action:</b>  <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b>  <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b>  <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  For Material Change Only: Year _____ Quarter _____ Date of last report: _____
<b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier, <i>if known</i> : _____ Congressional District, <i>if known</i> : _____		<b>5. If reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, <i>if known</i> : _____
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, <i>if known</i>:</b>	<b>9. Award Amount, <i>if known</i>:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Entity</b> <i>(If individual, last name, first name, MI):</i>  (attach continuation sheet(s) SF-LLL-A, if necessary)	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(Last name, first name, MI):</i>	
<b>11. Amount of Payment</b> <i>(check all that apply):</i>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment</b> <i>(check all that apply):</i> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other: specify: _____	
<b>12. Form of Payment</b> <i>(check all that apply):</i> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Service Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:</b> (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31U.S.C. section 1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
03348-0046  
Authorized for Local Reproduction

Reporting Entity: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_



**INSTRUCTIONS FOR COMPLETION OF SF-LLL,  
DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g., the first sub-awardee of the prime is the first tier. Sub-awards include but are not limited to subcontracts, sub-grants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action identified ( item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., RFP-DE-90-001.
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contract with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

\* \* \*

ATTACHMENTS O, P and Q  
For Information Only

ATTACHMENTS O, P and Q following show the criteria by which proposals will be evaluated and are provided for information purposes only.

Only NWGRC staff complete these forms during the evaluation process.

**ATTACHMENT O**  
**Responsiveness Checklist**  
*For NWGRC Staff Only*

NOTE: Attachment O is for information purposes only. This form will be used by NWGRC staff to determine responsiveness.

PROPOSER: \_\_\_\_\_

Any "No response deems this proposal non-responsive and excludes it from further consideration for funding.

		YES	NO	N/A	COMMENTS
A.	Proposal met due date and time				
B.	Original proposal is signed in an ink color other than black, and three (3) copies are included as specified in the Procedure for Submitting Proposal.				
C.	All required documents were completed, returned and signed by the organization's legal signatory:				
	Attachment A, Contract Information Sheet				
	Attachment B, Certification Regarding Debarment				
	Attachment C, Assurances for WIOA Contractors				
	Attachment D, Certification Regarding Lobbying				
	Attachment E, Contractor Certification and Agreement				

Proposal is Responsive:     YES             NO

\*Provide a copy of the results of this checklist to the Evaluation Committee.

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

**ATTACHMENT P**  
**Financial Capability Checklist**  
*For NWGRC Staff Only*

NOTE: Attachment P is for information purposes only. This form will be used by NWGRC staff to determine financial capability of proposing organization.

PROPOSER: \_\_\_\_\_

These items must be submitted prior to execution of a contract. Any “No response will mean that the award of the contract will be contingent upon receipt of the information. However, scoring of Leadership and Financial Capability section of the Evaluation of this Request for Proposal is contingent upon degree of affirmative answers and attachments of documents for applicable items.

		YES	NO	N/A	COMMENTS
A.	Proposer listed county and/or city business license number.				
B.	Proposer’s Georgia unemployment insurance wage reports and taxes are current as of date of proposal.				
C.	Proposer provided a list of members of the Board of Directors.				
D.	Proposer provided a copy of the current fidelity bond.				
E.	Proposer provided copy of lease agreement, if applicable.				
F.	Proposer provided a copy of the most current certificate of registration with the Secretary of State office (only if proposer is a corporation).				
G.	Proposer provided audit (financial).				

\*\*Provide a copy of the results of this checklist to the Evaluation Committee. In addition, provide a copy to the Contract Representative for review prior to negotiations.

\_\_\_\_\_  
 Signature of reviewer

\_\_\_\_\_  
 Date

**ATTACHMENT Q**  
**WBT Evaluation**  
**For NWGRC Use Only**

Proposals will be evaluated using the criteria listed below. A minimum of 335 points of the total 475 must be scored in order for a proposal to be considered competitive.

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

Total No. of Slots Request: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

Type of Training: \_\_\_\_\_

SECTION II: Ranking Information (See attached Ranking Information Description)

<b>A.</b>	<b>Project Design</b>	<b>*Ranking</b>	<b>Factor</b>	<b>Total</b>
	1. Overall Project Design	0 1 2 3 4 5	10	
	2. Project Implementation	0 1 2 3 4 5	10	
	3. Placement/Positive Exit Strategy	0 1 2 3 4 5	15	
	4. Retention Strategy	0 1 2 3 4 5	15	
	COMMENTS:			
<b>B.</b>	<b>Program Management</b>			
	1. Performance Standards	0 1 2 3 4 5	5	
	2. Cost Effectiveness	0 1 2 3 4 5	10	
	3. Previous Experience	0 1 2 3 4 5	15	
	4. Financial Capability	0 1 2 3 4 5	15	
	COMMENTS:			
<b>C.</b>	<b>GRAND TOTAL</b>			
	General Comments:			

\_\_\_\_\_  
 Evaluator's Signature

\_\_\_\_\_  
 Date

\*0 = Not Addressed    1 = Not Applicable    2 = Fair    3 = Average    4 = Good    5 = Excellent

## RANKING INFORMATION DESCRIPTION

### A. Project Design

#### 1. Overall Project Design

- a. Is the proposed training appropriate per the Workforce Development Plan?
- b. Does the project lead to occupational, work habits, basic, and/or job retention skills acquisitions by trainees who lack them?
- c. Is the proposal realistic for the geographic area specified?  
If no, explain:
- d. Does the proposed training duplicate existing services?  
If it is duplicative, does it appear the proposed training would be more effective than existing services?  
  
If yes, does proposer describe how this project will be more effective?

#### 2. Project Implementation

- a. Are the entry requirements consistent with participant profile and the training to be provided?
- b. Number of participants to be served:\_\_\_\_\_. Are the numbers realistic in terms of number usually certified for proposal period? Is there an appropriate recruitment plan?
- c. Number of proposed staff:\_\_\_\_\_. Is the proposed staffing appropriate for the number to be served?
- d. Do the strategies for identifying suitable work sites/apprenticeships appear adequate for meeting project's goals?
- e. Do training facilities appear to be adequate for the proposed number of participants; counties to be served; adequate and accessible to physically disabled?
- f. Does the planned coordination with the One-Stop system appear adequate? Is it agreeable to located in a comprehensive One-Stop Center?

- g. Do the strategies appear adequate and reasonable to ensure all participants receive basic career services prior to being assigned to services?
- h. Is the plan for work site payments and work site reviews adequate?

3. Placement/Positive Exit Strategy

- a. Do proposed strategies for identifying work site employers in growth industries and/or demand occupations appear realistic and sufficient?
- b. Do proposed strategies for developing on-the-job training with eligible work site employers appear realistic and sufficient?
- c. Does the proposal include strategies for employer involvement in the identification of competencies?
- d. Do the proposed strategies for evaluating participant progress during training appear appropriate and sufficient?
- e. Do proposed career guidance and case management strategies appear appropriate and sufficient to encourage successful program completion and positive exit?
- f. Are there other reasons to believe the service provider can reach their placement goals/ positive exit goals?

4. Retention Strategy

- a. Does the proposal present an adequate follow-up strategy to encourage employment retention of participants?
- b. Does the proposal include time schedule for contacting participants following program exit for follow-up services?
- c. Does the proposal include adequate follow-up services and/or planned strategies for participants who are unemployed and/or underemployed following exit from the program?



- d. Does the proposal identify the staff member(s) responsible for retention activities?
- e. Does proposal plan to meet and/or exceed LWIOA-1's retention standards?
- f. Has the bidder met retention goals in the past?

If not, does the proposal offer new ideas to accomplish the retention goals?

- g. Are there other reasons to believe bidder can meet their retention goals?
- h. Does the proposal provide adequate strategies for ensuring customer satisfaction rates are met?

B. Program Management

<b>Planned Performance Standards</b>	<b>Dislocated</b>	<b>Adult</b>
A. Employment Rate (Q2 post- exit)		
B. Credential Rate		
C. Median Earnings		
D. Employment Rate (Q4 post- exit)		
E. Measurable Skills Gains		
<b>Cost Effectiveness Per Proposal</b>	<b>Adults and Dislocated</b>	
A. Cost per Participant		
B. Administrative Dollars		( _____ % of total budget)
C. Program Cost		
D. Worksite Payment Cost		( _____ % of total budget)
E. Service Fee (profit), if applicable		
F. Costs are reasonable, allowable, necessary, and allocable	_____ Yes	_____ No

Previous Experience

A. Does the provider have prior experience in operating WIA/WIOA programs or similar training programs?

B. What has been the past performance of the Proposer?

Prior Performance Information: **ADULTS**

	<b>Program Year: 2018-2019</b>	<b>Program Year: 2019-2020</b>
Planned Number of Adult Participants		
Actual Number of Adults Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Median Earnings 2 <sup>nd</sup> Qtr. After Exit		
Credential Rate		

Prior Performance Information: **DISLOCATED WORKERS**

	<b>Program Year: 2018-2019</b>	<b>Program Year: 2019-2020</b>
Planned Number of DW Participants		
Actual Number of DW Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Median Earnings 2 <sup>nd</sup> Qtr. After Exit		
Credential Rate		

Prior Performance Information: **YOUTH**

	<b>Program Year: 2018-2019</b>	<b>Program Year: 2019-2020</b>
Planned Number of Youth Participants		
Actual Number of Youth Served		
Employment Rate 2 <sup>nd</sup> Qtr. After Exit		
Employment Rate 4 <sup>th</sup> Qtr. After Exit		
Credential Rate		

C. Financial Capability

- i. Length of time in business? \_\_\_\_\_ Does the agency appear to be stable?
- ii. Does accounting system appear adequate to insure proper controls?  
Type of accounting system: Cash\_\_\_\_; Accrual\_\_\_\_; Other\_\_\_\_
- iii. Are the results of audits satisfactory?
- iv. Is bank reference provided?
- v. Was all information on the Financial Capability Checklist provided?
- vi. Is the program in good standing with the Better Business Bureau?

\*\*\*