**Proposal Submission**

Proposals with incomplete or missing sections will not be eligible for consideration.

**PROPOSALS ARE DUE *BEFORE* 2:15 PM Monday, December 16, 2024**

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk. Room 311, City Hall. 25 Dorrance Street, Providence.** At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3rd floor of City Hall. **Submissions will be time and date stamped.**

**Proposals delivered after 2:15 pm will not be considered.**

The bid package ***MUST*** include the following, in this order:

## SECTION One: Board of Contract and Supply Required Forms

|  |
| --- |
| 1) Bid Form 1: Bidders Blank |
| 2) Bid Form 2: Certification of Bidder |
| 3) Bid Form 3: Certificate Regarding Public Records |
| 4) Bid Form 4: Affidavit of City Vendor  5) Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category.  **S*ee forms and instructions at the beginning of the RFP packet.*** |

## 

## 

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## SECTION Two: WSPC Bid Specifications Response Packet

**Proposals must use this fillable MS Word and the fillable MS Excel for budget on our website at**

[**https://www.providenceri.gov/oeo/workforce-solutions/**](https://www.providenceri.gov/oeo/workforce-solutions/)

WSPC 2024 WIOA Youth *FILLABLE* Response Packet

**A. WSPC Cover Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| ORGNIZATION NAME |  | | |
| ADDRESS |  | | |
|  |  | | |
|  |  | | |
| PHONE |  | EMAIL |  |
|  | | | |
|  | | | |
| **ELIGIBILITY:** Describe previous experience operating a successful WIOA Youth Program: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Budget Request | $ | | |
|  | #Youth | Budget amount | Cost per person |
| Out of School Youth |  | $ | $ |
| In School Youth |  | $ | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BUDGET SUMMARY | Proposed Cost | Budget Request | In-Kind | % Out of School | % In-School | % Paid WEX |
| Personnel |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |
| Participant Supports |  |  |  |  |  |  |
| Work Experience |  |  |  |  |  |  |
| Participant Wage & Fringe |  |  |  |  |  |  |
| All Other Direct Costs |  |  |  |  |  |  |
| General & Admin. Costs |  |  |  |  |  |  |
| Profit (if for-profit entity) |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| List of Partner Agencies: ***If*** you have partner agencies, ***signed***Partner Agreements must be included with proposal. | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

**B: Final Submittal Checklist**

## 

Please complete this checklist to be sure that you have included all requirements.

|  |  |
| --- | --- |
| **ELIGIBILITY: Does the proposer include evidence of having operated a WIOA Youth Program that has met performance goals?**  **If the answer is no, the proposal will not be considered.** | YES NO |

|  |  |
| --- | --- |
| **SECTION ONE: Board of Contract & Supply Forms** |  |
| 1) Bid Form 1: Bidders Blank | YES NO |
| 2) Bid Form 2: Certification of Bidder | YES NO |
| 3) Bid Form 3: Certificate Regarding Public Records | YES NO |
| 4) Bid Form 4: Affidavit of City Vendor | YES NO |
| 5) Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. **S*ee forms and instructions at the beginning of the RFP packet.*** | YES NO |

|  |  |
| --- | --- |
| **SECTION TWO: WSPC Bid Specifications Response Packet (MS Word & Excel)** | |
| Including |  |
| A. WSPC Cover Page | YES NO |
| B. Proposal Checklist | YES NO |
| C. Signed Title Page | YES NO |
| D. Signed Certifications Form | YES NO |
| E. Signed ADA Accessibility Information | YES NO |
| F. Planned Enrollment & Performance Outcomes | YES NO |
| G. Proposal Narrative Sections ***(instructions start p.39 of RFP)*** |  |
| 1) Proposal Summary | YES NO |
| 2) Agency Background and Organizational Capacity | YES NO |
| 3) Program Design Narrative pages | YES NO |
| 4) Program Design Forms (WIOA Elements, Staffing) |  |
| H. Budget Forms – Excel file provided with the RFP - Must include both tabs | |
| Tab 1 - Program Year Budget | YES NO |
| Tab 2 – Budget Narrative | YES NO |
| **Attachments:** |  |
| One copy of the past year’s organizational audit, including the accompanying financial statements. | YES NO |
| One copy of the agency’s cost allocation plan | YES NO |
| Signed Partner agreements if there are partners in the proposal.  YES  NA NO | |

**C. Title Page**

Complete all requested information and include all required signatures.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Agency Organizational Structure: (Check any that apply)** | | | | | |
|  | Non-Profit |  | Public Sector |  | Educational Institution |
|  | For-Profit |  | Private Sector |  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Agency Fiscal Year End Date:** | | | |
|  | | | |
| **3. Name and Title of Agency Administrator:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | | | |
| **4. Proposed Program Contact Person:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | | | |
| **5. Name and Title of Person authorized to sign financial invoices:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | | | |
| **6. Agency Fiscal Management Contact Person: (If different from above)** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | |  |  |
| **7. CFDA Number** | |  |  |
|  | | | |
| **8. Insurance:** I understand that if chosen for funding, providers must supply the Office of Economic Opportunity with proof of insurance as part of the contracting process, prior to any programming. Provider’s Insurance shall include, at minimum, an umbrella liability policy of $1,000,000 for property damage and personal injury where the City of Providence is named as additionally insured. | | | |
|  | | | |
| **9. Payment:** Bidder organization agrees to have the financial resources to pay program costs (not including youth wages) up front and receive reimbursement after submission of invoices, reports and other required materials. The reimbursement timeline will be finalized during contact negotiation. | | | |

## PROPOSAL SUBMITTAL CERTIFICATION

*On behalf of the respondent organization, I approve this proposal submittal to the Workforce Solutions of Providence/Cranston.*

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

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

**D. Certifications**

**1. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CERTIFICATION**

**Lower Tier Covered Transaction -**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant’s Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**1.a**. The Agency attests that neither it, its principals, nor its partners are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any federal department or agency from applying for or receiving federal funds.

**2. NONDISCRIMINATION AND EQUAL OPPORTUNITY COMPLIANCE CERTIFICATION -** This certification is required by regulations implementing WIA Section 188, “Nondiscrimination”, and as promulgated in 29 CFR Parts 31 and 32.

**2.a.** The Agency attests that it:

(1) Shall not exclude any individual from participation in, deny the benefits of, subject to discrimination under, or deny employment in the administration of or in connection with any of its programs/services because of race, color, religion, sex, national origin, age, disability or political affiliation or belief.

(2) Shall not employ participants on the construction, operation, or maintenance of so much of any facility as is used or to be used for sectarian instruction or as a place for religious worship.

(3) Shall not discriminate, with respect to terms and conditions affecting or rights provided to participants in activities supported by funds provided under this Act, against such individuals solely because of their status as such participants.

(4) Shall ensure that participation in programs and activities financially assisted in whole or in part under this Act shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the U.S. Attorney General to work in the United States.

**3. AMERICANS WITH DISABILITIES ACT COMPLIANCE CERTIFICATION –** 3.a. The Agency attests that it is in compliance with all applicable provisions of the Americans With Disabilities Act (ADA) and shall make any and all reasonable accommodation to provide access and equity of services to disabled persons applying to or enrolled in any program controlled by this contract.

**4. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

4.a. The Agency attests that it will provide a drug free workplace in accordance with 29 CFR Part 98 by:

(1)Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(2)Establishing an ongoing drug-free awareness program to inform employees about:

(a) The dangers of drug abuse in the workplace;

(b) The grantee’s policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation and employee assistance programs; and

(d) The penalties that may be imposed upon employees for drug abuse violations.

**5. CONFLICT OF INTEREST CERTIFICATION -** The Agency attests that it and its principals are in compliance with the provisions of the Rhode Island “Conduct of Employee and Code of Ethics Law” (R.I.G.L. 36-14) as well as all applicable federal, state, and municipal ethics guidelines.

**6. LOBBYING -** The Agency attests that it and its principals must comply with the restrictions on lobbying which are codified in the Department of Labor Regulations at 29CRF Part 93.**BCI -** I/WE certify that all staff working directly with youth in programs funded under this grant will obtain a Background Check Information (BCI). I further understand that my failure to do BCI checks will adversely affect my ability to continue to do business with the State of Rhode Island.

**The Agency hereby certifies, by signature of its authorized representative affixed below, to all attestations identified above.**

|  |  |
| --- | --- |
|  |  |
| **SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE** | **DATE** |
|  |  |
| **TYPED NAME** | **TITLE** |

1. **Accessibility to People with Disabilities**

Title III of the Americans with Disabilities Act of 1990 (ADA) prohibits discrimination based on disability in "places of public accommodation" (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses). Program facilities are expected to be accessible to persons with disabilities. Respondents are expected to demonstrate full compliance with all applicable aspects of the Americans with Disabilities Act of 1990 (ADA), as amended and must have a recent accessibility survey completed and on file. Delegate Agencies who are not fully compliant with ADA are required to submit an "accessibility plan" outlining the steps that will be taken to become both programmatically and physically accessible and the planned implementation dates. This accessibility plan must meet the criteria set forth in the ADA.

For a full copy of the Americans with Disabilities Act, please visit:

<https://www.ada.gov/2010_regs.htm>

For the ADA Title III Technical Assistance Manual please visit:

<https://www.ada.gov/ta-pubs-pg2.htm>

Add more rows if needed.

|  |  |  |
| --- | --- | --- |
| Location Name & Address | Is it accessible? | Plan for Accommodations |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**F. Planned Performance Outcomes**

To achieve at least the minimum performance outcomes below, please list your planned enrollment and planned outcomes.

|  |  |  |
| --- | --- | --- |
| **WIOA MINIMUM PERFORMANCE MEASURES: RI NEGOTIATED GOALS** | | |
| **WIOA Youth** | **PY2023** | **PY2024** |
| **Employment (Second Quarter after Exit)** | **72.50%** | **73%** |
| *Employed or in education or training any time in the second quarter after exit.* | | |
| **Employment (Fourth Quarter after Exit)** | **68.00%** | **71%** |
| *Employed or in education or training any time in the fourth quarter after exit.* | | |
| **Median Earnings** | **$3,300.00** | **$3,750** |
| *Median quarterly earnings of those employed in the second quarter after exit.* | | |
| **Credential Attainment Rate** | **60.50%** | **63%** |
| *Percent of exiters that received education or training who obtain a post-secondary credential or high school diploma or equivalent by the 4th quarter after exit.* ***Those obtaining a high school diploma or equivalent only count toward the performance rate if they are employed or in education or training***  ***leading to a recognized post-secondary credential within the year.*** | | |
| **Measurable Skill Gains** | **46.50%** | **39%** |
| *Percent of participants who, during the course of the program year, are in an education or training program and are achieving measurable skill gains, defined as documented academic or other progress.* | | |
| **Effectiveness in Serving Employers** | **Baseline** | |

***Positive Exit Outcomes***

There are only two acceptable positive outcomes for youth who are *exited* from the program: unsubsidized employment or training or education, including apprenticeship.

**Planned Enrollments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Service Plan**  **January 2025 – June 30, 2026** | **In-School** | **Out of School** | **Total** |
| **Total New Enrollments** |  |  |  |
| Dropouts (not attending secondary school; no diploma or GED) |  |  |  |
| Have H.S. Diploma or GED and low income and basic-skill deficient |  |  |  |
| **Barriers\*** |  |  |  |
| Court Involved Youth |  |  |  |
| Homeless Youth |  |  |  |
| Foster Youth |  |  |  |
| Youth with Disabilities (including learning disabilities) |  |  |  |
| Youth from Communities of Color |  |  |  |
| Youth who are Pregnant or Parenting |  |  |  |
| **Priority of Service** |  |  |  |
| Veteran or Veteran Spouse |  |  |  |

**Planned Outcomes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Service Plan**  **January 2025 – June 30, 2027** | **In-School** | **Out of School** | **Total** |
| **Total Received Diploma/Credential\*\*** |  |  |  |
| High School Diploma |  |  |  |
| High School Equivalent (HSE) |  |  |  |
| Associates/Bachelor’s Degree |  |  |  |
| Other Credential |  |  |  |
|  |  |  |  |
| **Total Work Experience\*\*\*** |  |  |  |
| Subsidized Summer Employment/Internship |  |  |  |
| Other Subsidized Employment/Internship |  |  |  |
| **Total Exits** |  |  |  |
| Exits with Diplomas/ Credentials\*\* |  |  |  |
| Exit into Qualified Apprenticeship |  |  |  |
| Exit into Post-Secondary Ed. |  |  |  |
| Placement into Unsubsidized Employment (UE) or Military |  |  |  |

\*This category does not need to total. Some youth will fall into more than one category.

\*\*Common measure definition of diploma/credential.

\*\*\*May include a WEX using non-WIOA funding.

**TO ACHIEVE THE GOALS AND PERFORMANCE LISTED ABOVE:**

|  |
| --- |
| How many youth applicants do you need to recruit to meet your enrollment goals? |
| What forms of outreach will you use to achieve that number of intakes? |
| What are the tools and methods you will use to identify and recruit for this program? |
| Where are you targeting your recruitment efforts? |

**G. Proposal Sections – Insert pages here for portions 1-3.**

***See description of requirements for each section starting on page 36 of the RFP Packet***.

**1) Proposal Summary** *(Narrative/Maximum 2 pages)*

**2) Agency Background and Organizational Capacity** *Maximum 4 pages (20 points)*

**3. Program Design (***60 points)*

**Then fill in the following. In this packet:**

**4) WIOA Required 14 Elements Chart**

**Staffing Description Chart** – be sure to enter Youth Worker ***Training***, not just experience.

**WIOA Budget Narrative**

And then attach:

**5) WIOA Youth Budget using the Excel File Provided.**

**Lastly, please attach signed partner agreements and employer commitments as applicable.**

**4) WIOA REQUIRED 14 ELEMENTS CHART**

|  |
| --- |
| 1. ***Element 1. Tutoring, Study Skills Training, Instruction*** Development of educational achievement skills that leads to the completion of the requirements for a secondary or post-secondary school diploma/credential. |
| **How will you provide this element for:**   1. **a) Out-of-School Youth without diploma**   Is cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  |  |  | | --- | --- | --- | | **Agency delivering element** | **Describe activities, materials,**  **name of curricula, objectives.** | **How will you measure successful outcomes for participants?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. **b) Out-of-School Youth with diploma but in need of basic skills development?**   Is cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  |  |  | | --- | --- | --- | | **Agency delivering element** | **Describe activities, materials,**  **name of curricula, objectives.** | **How will you measure successful outcomes for participants?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. **c) In-School Youth**   Is cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  |  |  | | --- | --- | --- | | **Agency delivering element** | **Describe activities, materials,**  **name of curricula, objectives.** | **How will you measure successful outcomes for participants?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Element 2. Alternative Secondary School -*** Alternative secondary school services, or drop out recovery services, as appropriate. Describe your program’s criteria for referral to the above services, name and describe the provider.  Why did you choose them? If youth are referred externally for this element, how will you ensure that case management continues uninterrupted?   |  | | --- | |  |   Is cost for this element included in budget?  Yes  No If *NO*, name funding source: | | | |
| **Agency delivering element** | **Describe activities, materials,**  **name of curricula, objectives.** | **How will you measure successful outcomes for participants?** |
|  |  |  |
|  |  |  |
|  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Element 3. Work Experience (WEX)***  Paid or unpaid work experiences that have academic and/or occupational education as a component of the work  experience, which may include the following types of work experiences:   * 1. Summer employment opportunities and other employment opportunities available throughout the   school year. Is cost for this element included in budget?  Yes  No If *NO*, name funding source:  b. Pre-apprenticeship programs;  Is cost for this element included in budget?  Yes  No If *NO*, name funding source:  c. Internship programs;  Is cost for this element included in budget?  Yes  No If *NO*, name funding source:  b. On-the-Job Training Programs;  Is cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  |  |  |  | | --- | --- | --- | --- | | **WEX Type**  **(a, b, c ,d)** | **Which agency will deliver this element?** | **Describe activities, name curricula, objectives** | **How will you measure successful outcomes for participants?** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **All work experience opportunities must be consistent with State and Federal Child Labor laws.**  **Please list the employers with whom you already have signed commitments for Work Experience Placements.**   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

***Element 4. Occupational Skills Training***

Training for an occupation or occupational cluster, which includes priority consideration for training programs leading to recognized postsecondary credentials and aligning with in-demand industry sectors or occupations in the local area involved.

Please fill out the chart below for each training included in this program whether or not they are paid with WIOA funds.

|  |
| --- |
| Name of Training: |
| Training Provider: |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source: |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

|  |
| --- |
| Name of Training: |
| Training Provider: |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source: |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

|  |  |
| --- | --- |
| Name of Training: | |
| Training Provider: | |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source | |
| Does this training include assistance with job placement?  Yes  No | |
| Does this training include an industry-recognized credential?  Yes  No Credential: | |
| How/why did you choose this training? | |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

***Element 5. Education concurrent with Workforce Preparation***

**Please fill out the chart below for each training included in this program whether or not they are paid with WIOA funds.**

|  |
| --- |
| Name of Training: |
| Training Provider: |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

|  |
| --- |
| Name of Training: |
| Training Provider: |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

|  |
| --- |
| Name of Training: |
| Training Provider: |
| Is cost for this training included in budget?  Yes  No If *NO*, name funding source |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will you measure successful outcomes for participants? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Element 6. Leadership Development***  Youth-development focused opportunities that encourage responsibility, confidence, employability, self-determination, and other  positive social and civic behaviors. May include community service-learning projects, peer mentoring and peer-centered activities,  organizational and teamwork training, decision-making, citizenship training, training in life skills, media literacy, parenting, social  responsibility, (including pregnancy prevention), and positive social behaviors to include maintaining a healthy lifestyle.   |  | | --- | | Name of Training: | | Training Provider: | | Is cost for this training included in budget?  Yes  No If *NO*, name funding source: | | Does this training include assistance with job placement?  Yes  No | | Does this training include an industry-recognized credential?  Yes  No Credential: | | How/why did you choose this methodology? | | Describe activities, curricula, objectives | | How do these Leadership activities develop citizen leaders? | | How will you measure successful outcomes for participants? | |
| ***Element 7. Comprehensive Guidance & Counseling***  Comprehensive Guidance and Counseling provides individualized counseling to participants. This includes career and  academic counseling, drug and alcohol abuse counseling, mental health counseling, and referral to partner programs,  as appropriate. Case managers may refer youth to counseling as appropriate to the needs of each individual youth.  When referring participants to necessary counseling that cannot be provided by the local youth program or its service  providers, the local youth program must coordinate with the organization it refers to ensure continuity of service.  Is cost for this element included in budget?  Yes  No If *NO*, name funding source   |  | | --- | | Which agency will provide Comprehensive Guidance and Counseling? | | Please describe your philosophy of case management as well as specific trauma-informed case management plans for serving youth in your WIOA proposal. | | Please describe how case managers will make referrals to counseling services and how they will coordinate with the organization providing counseling to ensure continuity of services. | |

|  |  |  |
| --- | --- | --- |
| ***Element 8. Supportive Services***  Case managers may provide or refer participants to basic services needed to support their successful participation in the program  such as links with community services, assistance with transportation, childcare, dependent care, housing, educational testing,  legal aid services, referrals to health care, etc.  Is cost for this element included in budget?  Yes  No If *NO*, name funding source     |  | | --- | | How will you provide access to various supportive services? | | Who is primarily responsible for coordinating the supportive services? | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Element 9. Adult Mentoring (12 months minimum)***  WIOA Adult Mentoring must be a formal relationship between a youth participant and an adult mentor with structured activities  where the mentor offers guidance, support & encouragement to develop competence & character. The mentoring period must  be at least 12 months and may occur both during and after program participation;  Is cost for this element included in budget?  Yes  No If *NO*, name funding source  Describe your plan to provide this element including which partner(s) will be responsible for delivering the component.   |  | | --- | | Agency providing element: |   *Adult Mentoring continued:*   |  | | --- | | Describe activities, curricula, objectives, mentor training |   Describe activities, curricula, objectives, mentor training *continued*   |  | | --- | |  | | Please describe your philosophy of case management as well as specific trauma-informed case management plans for serving youth in your WIOA proposal. | | Please describe how case managers will make referrals to counseling services and how they will coordinate with the organization providing counseling to insure continuity of services. | | |
| ***Element 10. Financial Literacy Education***  Support the ability of participants to create budgets, manage spending, and make informed decisions for financial health.  Is cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  | | --- | | Name of Training: | | Training Provider: | | Describe activities, curricula, objectives | | How does this financial literacy training empower participants?? | | How will you measure successful outcomes for participants? | |

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| ***Element* 11. Entrepreneurial Skills Training**  Entrepreneurial skills training provides the basics of starting and operating a small business and develops skills associated  with entrepreneurship.  Is cost for this training included in budget?  Yes  No If *NO*, name funding source:   |  | | --- | | Name of Training: | | Training Provider: | | Describe activities, curricula, objectives | | What areas of industry will the entrepreneurship training focus on? | | How will you measure successful outcomes for participants? | |

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| ***Element 12. Labor Market Services***  Participants receive access to career counseling, career exploration, career awareness, and the use of labor market tools.  Services that provide labor market and employment information about in-demand industry sectors or occupations available  in the local area, such as career awareness, career counseling, and career exploration services;  **RI DLT is a tremendous resource for local Labor Market Information**.  Is the cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  | | --- | | How will you include RI DLT in your services and teach youth how to search for information in that system? |  |  | | --- | | What other resources will you use to teach youth to find and use labor market information?  How would they find it if they move to another state? | | How will you measure successful outcomes for participant? | |

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| ***Element 13. Transition to Post-Secondary Education***  Participants receive access to job exploration counseling, work-based learning experiences, instruction in self-advocacy,  work readiness training and other activities that help youth prepare for and transition to postsecondary education and training.  Is the cost for this element included in budget?  Yes  No If *NO*, name funding source:   |  |  |  |  | | --- | --- | --- | --- | | Agency to deliver | Describe activities and objectives | How will these activities support transition to post-secondary training? | How will you measure participant outcomes? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| ***Element 14. Follow-up Services* (12 months)** Follow-up services are critical services provided following a youth’s exit from the program to ensure the youth is successful in employment and/or postsecondary education and training.  Is the cost for this element included in budget?  Yes  No If *NO*, name funding source:  Follow-up services are critical services provided following a youth's exit from the program to help ensure the youth is  successful in employment and/or postsecondary education and training. Follow-up services may include regular contact  with a youth participant's employer, including assistance in addressing work-related problems that arise. Services may begin  immediately following the last expected date of service when no future services are scheduled.  **Follow-up services for youth may include the following program elements:**  Supportive services;  Adult mentoring;  Financial literacy education;  Services that provide labor market and employment information about in-demand industry sectors or occupations  available in the local area, such as career awareness, career counseling, and career exploration services; and  Activities that help youth prepare for and transition to postsecondary education and training.   |  | | --- | | Describe your plan to provide Follow-Up Services including which partner(s) will be responsible for delivering the components. | |

**Additional Program Elements:** Please describe how you will incorporate these additional elements into

your proposed program.

1. **Sector-Based Cohorts**

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| Sectors of Focus: |
| Is the cost for this element included in budget?  Yes  No If *NO*, name funding source: |
| How/why did you choose these sectors? ? |
| Describe activities, curricula, objectives. |
| Do these activities include assistance with job placement?  Yes  No |
| Do these activities include an industry-recognized credential?  Yes  No Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Media Literacy Skills**

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| Name of Training: |
| Training Provider: |
| Is the cost for this element included in budget?  Yes  No If *NO*, name funding source: |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How will these activities develop media literacy skills? |
| How will you measure successful outcomes for participants? |

1. **Computer Literacy**

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| Name of Training: |
| Training Provider: |
| Is the cost for this element included in budget?  Yes  No If *NO*, name funding source: |
| Does this training include assistance with job placement?  Yes  No |
| Does this training include an industry-recognized credential?  Yes  No Credential:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How/why did you choose this training? |
| Describe activities, curricula, objectives |
| How do these activities develop computer skills for participants? |
| How will you measure successful outcomes for participants? |

1. **Career Pathways**

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| Element Activities: |
| Element Provider: |
| Is the cost for this element included in budget?  Yes  No If *NO*, name funding source: |
| Describe activities, curricula, objectives. |
| Do these activities include assistance with job placement?  Yes  No |
| Do these activities result in an industry-recognized credential?  Yes  No Credential:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How/why did you choose these activities? |
| How do these activities develop career pathways for participants? |

**Staffing**

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| --- | --- | --- | --- | --- |
| Title | Staff Name | Education & Experience | Responsibilities | Youth Worker Training |
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**2024 WIOA Youth Program Budget Narrative**

**Attach Excel budget file after the Narrative.**

These items need additional detail than is requested in the budget form.

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| **Staff Salaries:** *List each position. Provide # pay periods/hours at $ rate pay period/hour @ % to grant; Indicate if the position is full time or part-time, salaried or hourly rate, paid week, bi-weekly, or monthly. Must match positions listed in the staffing section of the response packet.* |
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| **Other Support Services:** *Describe support services you anticipate paying for under this grant.*  *Include performance-based benchmarks.* |
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