



Summer Youth Employment Program

May 1 through September 30, 2009

2009 Recovery Act

**PROPOSAL FORMS
SYEP 2009**

PROPOSAL INSTRUCTIONS AND FORMAT

Applications must be mailed or delivered to:

Dorothy Chen
Director, Workforce Investment Board
ACWIB/SSA WHS Department
24100 Amador Street, 6th Floor (610C)
Hayward, CA 94544-1203

Proposal Submission Deadline: **Monday, April 6, 2009 3:00 pm**

All proposals must be prepared using the following format:

- Proposals and copies shall be submitted in an envelope. Mark the outside of the proposal envelope **“SYEP 2009 – Your Agency Name”**
- **It is required that an electronic version of the proposal be submitted to rflores2@acgov.org once the hardcopies has been delivered to the Alameda County WIB.**
- Proposals must be typed on standard 8 ½ “x 11” plain white paper with 1” margin on all sides.
- Number all pages of the proposal sequentially. **Include in the header of each page:** Left side top of page: **“your Agency Name”** and on the right side top of page: **ACWIB 2009 SYEP**
- Proposals must be single sided using a standard 12-point Times New Roman font. Proposals should use spacing that leads to readability, with a minimum of 1.5-line spacing.
- Each copy of the proposal should be stapled or fastened. Do not bind proposals. No fancy binders or covers are required. No materials (i.e. photos or brochures) should be attached that are not on 8 ½” x 11” white paper. All materials should be in black and white for xeroxing.
- The Section III. Proposal Executive Summary should not exceed two (2) pages.
- There is no page limit for your response to Section IV. Proposal Narrative Questions.
- All responses to this RFP become the property of Alameda County Workforce Investment Board and will be “public records” as defined in the California Government Code Sections 6250 et.seq. (The “Public Record Act”). This Code defines a public record as any writing containing information relating the conduct of public business.
- All costs of provider’s proposal preparation shall be borne by the applicant / proposing agency

Alameda County Workforce Investment Board
 Recovery Act 2009 / Summer Youth Employment Program
 Proposal Application

I. LEAD AGENCY / FISCAL AGENT INFORMATION

A. Agency Information:

Legal Agency Name:	
Address:	
City, State, ZIP:	
Program Contact Person:	
Fiscal Contact Person:	
Telephone Number:	
Fax Number:	
E-Mail:	
State Employer Tax Number:	

B. Type of Agency:

TYPE OF ORGANIZATION: <i>(CHECK APPROPRIATE BOX)</i>			
	Education Agency		Faith Based Organization
	Service Agency		Public Non-Profit
	City Government Agency		Private Non-Profit
	County Government Agency		Private for Profit
	Community Based Organization		Other:

C. Authorship: * This person has not been nor will be paid a proposal writing fee from current or future WIA awards.

NAME	ORGANIZATION	Professional Proposal Writer*	
		YES	NO

D. Signatures and Partner Agreements (if any, not required):

Each Agency with whom the Proposer (Lead Agency) will have a formal agreement for the provision of services must complete this sheet. The authorized representative of each Agency must sign the signature page.

I certify that I have been authorized to submit this proposal on behalf of the partnership (if applicable). I further certify that the entire proposal including agency information, proposal design and budget summary is true and accurate.	
Legal Name of Lead Agency _____	
Authorized Signature for Lead Agency _____	Date _____
Name of Authorized Signatory _____	
Title _____	Telephone Number _____

On behalf of my organization, I acknowledge our intent to formally collaborate with the Proposer (Lead Agency) in the implementation of the Summer Youth Employment Program. I have read the proposal and it accurately reflects my organization's proposed role and commitment. I understand that a Memorandum of Understanding will be required delineating our fiduciary and/or programmatic responsibilities.	
Legal Name of Partner Agency _____	
Address of Partner Agency _____	
Authorized Signature for Partner Agency _____	Date _____
Name of Authorized Signatory _____	
Title _____	Telephone Number _____
Partner Category* _____	

**** Indicate the partner category which this agency represents, e.g., community based organization/ community agency, legal education entity, local one stop operator, faith-based organization, etc.***
(Copy and attach additional sheets if necessary)

II. PROPOSAL SUMMARY

A. Proposed Geographic Service Area Funds and Proposed # Enrollments:

GEOGRAPHIC AREA	DOLLARS	NUMBER OF YOUTH ENROLLMENTS	AVERAGE COST PER PARTICIPANT
North Cities Area			
Eden Area/Unincorporated Area(s)			
Tri-Cities Area			
Tri-Valley Area			
TOTAL REQUEST			

B. Leveraged In-Kind and/or Cash Resources: (optional)

AGENCY/PARTNER NAME:	IN-KIND	CASH
TOTAL LEVERAGE		

C. Disclosure of Possible Conflict of Interest:

The following Youth Policy Council and/or Workforce Investment Board Members have a financial interest or other involvement in the proposal. List the Individuals and briefly describe the involvement.

1. _____
2. _____
3. _____
4. _____

III. PROPOSAL EXECUTIVE SUMMARY

*Please provide an Executive Summary of the summer youth services that you are proposing to develop and implement. What target group (if any), how many, where, when, why, in what way, and with what expected benefits. Include the geographic area(s) you are proposing to serve. **Limit to two pages.***

IV. PROPOSAL NARRATIVE QUESTIONS

Please number and re-state each question. Your response should be specific, complete and concise. Use quantifiable information where necessary.

A. ADMINISTRATIVE AND MANAGEMENT CAPABILITY: (10 Points)

1. Describe the lead agency's experience in administering grants and programs that provide comprehensive youth education and employment services. Begin with the most recent experience using dates, sources of funding and specific contract/program requirements and actual performance.
2. Describe the location (geographic area, address) of the program to be operated, and how local residents will have access to the program services to be provided.
3. List the specific staff members who will provide administrative services for the 2009 SYEP. Include their names, titles and service areas. Please note which staff member will be the key contact and include their name and title, and their scheduled hours to provide services for the 2009 SYEP.
4. Describe how staff will be trained.
5. Outline your financial management structure.
 - Describe the lead agency's ability to maintain fiscal records. Indicate agency's experience with federally-funded programs.
 - Type of accounting system used by the organization.
 - Staff person responsible for preparation of fiscal reports.
 - How will your organization handle the wages/payment process for the youth enrolled in your summer youth program; include payment schedule, collection of timesheets, payment procedures and safeguards, and delivery of payments.
6. Submit the most recently completed financial statement of the organization, which may be either a Single Audit Report, per the requirements of the applicable OMB circular, or, a Financial Audit in accordance with the U.S. Comptroller General's Government Auditing Standards.

B. DEMONSTRATED PERFORMANCE: (10 Points)

1. Describe the agency's experience working with high risk and/or low-income youth and delivering work experience and work readiness services. Include number of years. Indicate what performance goals were required. Include planned numbers of enrollments/activities and outcome goals. Then, state the actual goals met.

If you do not have previous experience serving high risk or low-income youth, how do you intend to initiate contact and develop such services?

2. Include a summary of the most recent two (2) program evaluations or monitoring review reports (that are the closest to a WIA-like program) performed by an external agency purchasing your services. Provide a listing of the granting agencies, contact person and phone number.

C. QUALITY/COMPREHENSIVENESS OF SERVICES: (25 Points)

1. Outreach and Recruitment - Describe the planned participant Outreach and Recruitment methods (including efforts to reach those most in need, in the age range 14-24). Provide details for any targeted outreach to specific populations or age groups.
2. Intake Process - Describe the planned Intake Process and how the process will be organized. Please indicate the location at which intake and eligibility determination will occur and how accessibility for the target population will be achieved. How will you effectively work with the local school districts to market and recruit youth for these services?
3. Selection Process - Describe the planned participant selection process (including the minimum entrance criteria).
4. Explain how you will ensure that all applicants and participants receive information on the full array of services available through the WIA system and other training/educational programs.
5. Describe the planned SYEP Services that will be provided to participants:
 - Employability Assessment
 - Work Readiness Classroom Training (how many hours per week and topics to be covered)
 - Work Experience and/or Innovative Projects
6. Describe your assessment and Individual Service Strategy (ISS) processes. What tests or assessment tool(s) will be utilized.
7. Based on the youth you are proposing to serve how do you plan to meet the one 2009 SYEP performance goal: Work Readiness Certification.
8. Describe the coordination between schools and other service organizations.
9. Describe any plans that you have to increase involvement of other organizations in your 2009 SYEP design. Include support letters from any partners and/or other agencies who will work with your program operation.
10. Describe the kind of support services that you will provide to the participants and their families that are in addition to the direct Summer Youth Employment Program services. These may include, but are not necessarily limited to: childcare, transportation, health care, mental health, disability referrals, English as a Second Language (ESL), etc.

D. QUALITY OF WORKSITES AND MONITORING (20 Points)

Worksites (Public, Non-Profit, Private, or Community/Innovative Projects)

1. Describe your worksite recruitment/development and selection process. Include how job descriptions will be determined and/or developed.
2. Describe your training plan for worksite supervisors and others who will be involved with SYEP participants. Identify the staff that will provide the training to worksites.
3. Describe the method that will be used to assign participants to worksites or projects (any unique benefits to the participant or your community).
4. Please list your proposed worksites and job titles for summer participants.

Worksite Monitoring

1. Describe your worksite monitoring procedures. Include specific activities to be monitored, frequency of visits, procedures for correcting problems, and the reporting system for monitoring activities.
2. Describe the method that will be used to evaluate the performance of worksites at the end of the program.
3. Describe how you will assure that participants have a safe and sanitary work environment.

E. EXPECTED RESULTS AND BENEFITS – (20 Points)

1. Describe the expected benefits to participants (i.e., how will the program satisfy the training and employment needs of youth and/or impact their unemployment problems?)
2. Describe the expected benefits to the community (in terms of value of participant's output). If participants will work on specific projects, describe the projects and the community needs they will address.
3. Describe arrangements for transitioning those youth who are not returning to school, into unsubsidized employment or other employment / training activities at the end of the program.
4. Please describe any business/industry or labor involvement that has been established. Indicate the extent to which these linkages will contribute to the success of your 2009 SYEP operation.
5. Describe your job development system, your relationships to employers, and what linkages will be developed.
6. Describe how older youth (18-24 yrs old) will be introduced to the One-Stop Career Center system and what training they will receive on accessing services either now or in the future.
7. Identify methods for referral that will be provided to those who cannot be served by your program. Indicate what those referrals will be.

F. BUDGET CONSIDERATIONS: (15 Points)

The proposal will be evaluated in terms of cost efficiency for the costs that are necessary and reasonable for the proper and efficient operation of the 2009 SYEP program. Be advised that administrative costs, as defined by WIA legislation, may not be more-than 10% of the WIA-Recovery Act funding expended by the SYEP Operator for program implementation and operation.

1. Please complete budget sheets located on pages (10 – 11) in this packet. Keep in mind 2009 Recovery Act costs should not be used to replace your existing agency resources. Recovery funds should only be used to enhance delivery, and, therefore:
 - Costs should be reasonable, allowable, appropriate, and essential to the success of your system.
 - Recovery Act Funds are not supplanting other existing agency resources.
 - Contractor should have sufficient leveraged resources and/or funds to assure comprehensive service delivery.

NOTE: The costs for operating the wage payment process, after timesheets have been submitted, is determined by Recovery Act to be an administrative cost for reporting purposes. The SYEP operator's costs for this wage payment function, in combination with any other fiscal processing activity (recording, tracking, reporting expenditures to the Operator's accounting system and the invoicing for cost reimbursement from ACWIB) must not exceed 10% of the Recovery Act funds spent by the operator during the contract period.

V. PROPOSAL BUDGET & WORKSHEET

LINE ITEM	2009 RECOVERY ACT COST	LEVERAGED RESOURCE FUNDS	SOURCE OF LEVERAGED FUNDS <i>(e.g.- ADA, HUD, Perkins)</i>
Wage Pool – \$1,600 x number served =	\$		
<i>PARTICIPANT COSTS</i>			
Assessment Tools			
Consultant Services*			
Supportive Services			
Other (describe):			
<i>PERSONNEL COSTS</i>			
Program Staff Salaries/Wages*			
Program Staff Fringe Benefits			
Other:			
<i>NON PERSONNEL</i>			
Facilities/Space/Phones			
Consumable Supplies			
Staff Training			
Staff Travel			
Insurance			
Wage Payment Processing			
Other:			
Contracted Services / Activities			
<i>INDIRECT COST RATE**</i>			
<i>TOTALS</i>			

* Complete worksheet

** If Indirect Cost Rate is charged to the Recovery Act – Submit a Cost Rate Letter from a Cognizant Federal Agency

A. Staff Salaries/Wages Worksheet:

POSITION (1 Staff per Line)	ANNUAL / HOURLY SALARY	LEVERAGED RESOURCE \$\$	RECOVERY ACT \$\$ SHARE	OUT OF WHAT SOURCES IS THIS POSITION CURRENTLY PAID
Example: Exec. Director	\$75,000	\$75,000		ADA
TOTALS				

B. Outside Services Worksheet

LIST SPECIFIC SERVICE	RECOVERY ACT COST	\$\$ AMOUNT & SOURCE OF IN-KIND /CASH
Consultant Services:		
Totals		
Supportive Services:		
Totals		