**Attachment B -1**

**Proposal Narrative**

**Verdugo Workforce Development Board**

**Business Services**

**Program Year 2017-2018**

Instructions:

* The completed Proposal Narrative must not exceed 15 pages.
* Enter the Proposer name into the header of the Proposal Narrative.
* All boxes to be checked are enabled- click to check the box when applicable.

**Section 1: Administrative Capability**

1. Legal Status
2. Please check the appropriate box below. The Proposer is a:

☐ Private for Profit Corporation

☐ Nonprofit Corporation

☐ Public Agency

☐ Sole Proprietorship

☐ Other- specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Internal Revenue Service (IRS) Employer Number/Tax ID Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Attach one copy of each of the following to your original proposal package:
	1. Proof of incorporation/corporate status
	2. Proof of nonprofit 501(c)3 tax-exempt status, if applicable
3. Describe your entity’s mission.
4. What are your entity’s primary activities and programs?
5. Administrative Capability and History
6. In the past five (5) years, has a grantor found your entity to have serious deficiencies in contract performance in either fiscal or program areas?

☐ Yes ☐ No

1. In the past five (5) years, has a governmental, nonprofit, or private for profit entity or individual terminated your contract prior to completion of the contract?

☐ Yes ☐ No

If you answered “yes” to any of the above, please explain below.

☐ N/A

1. What was the date of your most recent outside financial audit? Click here to enter a date.

Is this audit available for review by Verdugo WDB Staff?

 ☐ Yes ☐ No

1. Does your entity have a written Equal Opportunity/Nondiscrimination Policy?

☐ Yes ☐ No

If yes, describe how you notify participants, entities, or individuals with whom you do business of this policy?

1. Can your entity function entirely as a vendor to provide the proposed services?

 ☐ Yes ☐ No

1. Other than materials, supplies, or in-kind partnerships, will any of the paid activities, services, or components of the proposed services be provided by another vendor?

☐ Yes ☐ No

**Section 2: Demonstrated Performance**

1. **Consulting and Training Services**
2. Does your entity have, at a minimum, 2 years’ experience consulting and training in the workforce development and/or education system?

☐ Yes ☐ No

If yes, please fill out the chart(s) below:

**Program #1:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

**Program #2:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

**Program #3:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

* 1. Did your entity expend all funds listed in the chart above?

☐ Yes ☐ No ☐ N/A

 If no, explain the reason, indicating the amount that was under spent and why.

* 1. Were there any disallowed costs for any of the services listed in the chart above?

☐ Yes ☐ No ☐ N/A

If yes, list Service Provider, amount disallowed, date of disallowance and reason amount was disallowed.

* 1. List the outcomes and measures for each service.
	2. Did your entity meet all required service outcomes and expectations?

☐ Yes ☐ No

If no, which outcomes were not met and why?

1. Demonstrate your business acumen, experience and reputation in creating and delivering services to business.
2. Supply resumes for key personnel anticipated to perform under the terms and conditions of the contract. Participating agencies may elect to interview and approve instructors prior to training delivery on a course by course basis.

**Section 3: Location**

1. Is your entity able to provide the proposed services at the Verdugo Jobs Center located in Glendale, CA?

 ☐ Yes ☐ No

1. Is your entity able to provide the proposed services at the Burbank Workforce Connection located in Burbank, CA?

 ☐ Yes ☐ No

**Section 4: Proposed Services**

You can propose to provide any one or all services listed in the Scope of Work as well as any other services you would like to propose to provide.

1. Provide Service Descriptions for Consulting and Technical Assistance Services:
	1. Describe your methodology and/or approach to providing the services listed under the Scope of Work table as well as any information that demonstrates success in each area proposed. You are encouraged to refer to effective and evidence-based practices to support your methodology and/or approach. You can propose to provide any or all of the services listed. You can also propose other services not listed in the table.
	2. Established Partnerships: Describe any relevant partnerships that you already have with business organizations in the region as well as industry connections and partnerships that will facilitate contract start-up and service provision.
2. Speakers Bureau:
	1. Describe the topic(s) you propose to cover at speaking and/or presentations to an audience of business executives. Please include in your description the duration, target audience, and any minimum or maximum number of attendees required.

**Section 5: Performance Outcomes**

1. Describe how you will meet performance measures for the contract. Performance will be measured as follows:
	* 1. Minimum of six (6) Business Needs Assessments conducted, referrals provided and VWDB and/or Glendale Learn services used
		2. Minimum of four (4) Business Engagement Events held and a minimum of fifteen (15) businesses participate in each event
		3. Number of businesses receiving Layoff Aversion Services and the number of jobs saved
		4. One Industry Sector Strategy conducted and report developed identifying:
			1. Industry and occupational outlook
			2. Skill gaps
			3. Skills mapping defining entry level and career progression opportunities
			4. Credentials/certificate needed
			5. Strategy for recruiting new hires and/or training current workforce
			6. Identify service providers including training/education providers
			7. Action plan to address industry needs

**Section 6: Budget**

1. Describe Proposer’s staffing plan, including leveraged staff. For all positions in the budget, include position descriptions, qualifications, and staff areas of responsibility as related to your services and activities.
2. For staff currently employed by Proposer, including any leveraged staff members, describe their experience and qualifications by name, including years of experience operating and coordinating employment programs.
3. Line Item Budget Description
4. Write an explanation and description for each budget item under the appropriate cost category, including leveraged resources. Include the method or formula for calculating each line item amount. Include hourly rate, projected travel expenses (if applicable), costs of materials (if any), and any other anticipated costs.

**Section 7: References**

If your entity has never contracted with the City of Glendale, provide two references for services you have provided. Please fill out all fields. If you listed any programs funded by entities other than the City of Glendale in Section 1, you must fill out the information regarding those entities below. We will contact these entities to verify all information you have listed in Section 1, and we will also inquire about your performance outcomes and common measure outcomes for the services listed. Please notify the contact person(s) listed below that a City of Glendale employee will be contacting them. If VWDB is unable to secure a reference, your chances of being funded by the VWDB may be affected.

**Reference #1:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Reference #2:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Reference #3:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Section 8: Miscellaneous**

1. Please address all requirements specified in the RFP that are not addressed in the above sections. Proposer must ensure that it addresses all RFP requirements in this Proposal Narrative.