**Attachment B -1**

**Proposal Narrative**

**Verdugo Workforce Development Board**

**Workforce Innovation and Opportunity Act Youth Program Services**

**Program Year 2017-2018**

Instructions:

* The completed Proposal Narrative must not exceed 40 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. In-School Youth Experience:
2. Does your entity have, at a minimum, 2 years’ experience operating a federally funded (WIA/WIOA) In-School Youth Program?

Yes  No

If yes, please fill out the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Amount Granted** | **Number Served** | **Granting Agency** |
| 2016-2017 |  |  |  |
| 2015-2016 |  |  |  |

* 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. Out-of-School Youth Experience:
2. Does your entity have, at a minimum, 2 years’ experience operating a federally funded (WIA/WIOA) Out-of-School Youth Program?

Yes  No

If yes, please fill out the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Amount Granted** | **Number Served** | **Granting Agency** |
| 2016-2017 |  |  |  |
| 2015-2016 |  |  |  |

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. Summer Youth Employment Programs:
2. Does your entity have, at a minimum, 2 years’ experience operating a federally funded (WIA/WIOA) Summer Youth Employment Program?

Yes  No

If yes, please fill out the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Amount Granted** | **Number Served** | **Granting Agency** |
| 2016-2017 |  |  |  |
| 2015-2016 |  |  |  |

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. Other Youth Employment and Youth Service Programs

If your agency has operated other youth employment or youth service programs in the past five (5) years, other than the programs described above, please list these other programs utilizing the tables below.

**Program #1**

|  |  |
| --- | --- |
| Name of Program |  |
| Year(s) Operated |  |
| Funding Source |  |
| Description of service(s) provided |  |
| Average number of youth served per year |  |
| Age range of youth served |  |
| Geographic location of the program |  |
| Program Outcomes/Measures |  |

**Program #2**

|  |  |
| --- | --- |
| Name of Program |  |
| Year(s) Operated |  |
| Funding Source |  |
| Description of service(s) provided |  |
| Average number of youth served per year |  |
| Age range of youth served |  |
| Geographic location of the program |  |
| Program Outcomes/Measures |  |

**Program #3**

|  |  |
| --- | --- |
| Name of Program |  |
| Year(s) Operated |  |
| Funding Source |  |
| Description of service(s) provided |  |
| Average number of youth served per year |  |
| Age range of youth served |  |
| Geographic location of the program |  |
| Program Outcomes/Measures |  |

1. **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 2, you must fill out the information regarding those entities below. We will contact these entities to verify all information you have listed in Section 2, 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 |  |
| Name of Program |  |
| Dates of Program Operation |  |
| Contract Amount |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Population Served |  |

**Reference #2:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Name of Program |  |
| Dates of Program Operation |  |
| Contract Amount |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Population Served |  |

**Section 3: Accessibility**

1. Please list the address of the location from which you will provide the proposed services.
2. Does this location comply with the American’s with Disabilities Act regarding accessibility?

Yes  No

1. If this location is not within the Verdugo Consortium Area (Burbank, Glendale, and La Canada Flintridge), how will you secure a service location within the defined area by July 1, 2017?

**Section 4: Proposed Activities and Program Design for In-School Youth**

(Only complete this section if you are proposing to operate an In-School Youth Program)

1. Describe plans for outreach to and the recruitment of eligible in-school youth.
2. Describe the program design for eligibility determination and enrollment.
3. Describe how the program is designed to ensure that all eligible applicants who cannot be served by your program are referred to other appropriate programs.
4. Describe the provision of an objective assessment of the academic levels, skill levels and service needs for each participant.
5. Describe the development of the individual service strategies for each participant.
6. Describe the case management and case note practices for the program.
7. What are the goals and purposes of the case management practices? What role does it play within the program design?
8. How will you provide the following services to in-school participants?

|  |  |
| --- | --- |
| Exposure to nontraditional jobs and careers for each gender. |  |
| Preparation for postsecondary educational opportunities |  |
| Strong linkages between academic and occupational learning |  |
| Preparation for unsubsidized employment opportunities |  |
| Effective connections to the job market and local and regional employers |  |

1. Please list the worksites and City location in the Verdugo Area where in-school youth can be placed for work experience with whom you already have a working relationship.
2. Performance Measures: Verdugo Consortium youth contractors are expected to meet designated levels of the Performance Measures for in-school youth.
   1. Describe the program design elements and activities that will cause you to meet a 62.4% rate for Placement in Employment, Education or Training.
   2. Describe the program design elements and activities that will cause you to meet a 64.2% rate of Retention in Employment, Education or Training.
   3. Describe the program design elements and activities that will cause you to meet a 54.7% Credential Rate.

**Section 5: Proposed Activities and Program Design for Out-of-School Youth**

(Only complete this section if you are proposing to operate an Out-of-School Youth Program)

1. Describe plans for outreach to and the recruitment of eligible out-of-school youth.
2. Describe the program design for eligibility determination and enrollment.
3. Describe how the program is designed to ensure that all eligible applicants who cannot be served by your program are referred to other appropriate programs.
4. Describe the provision of an objective assessment of the academic levels, skill levels and service needs for each participant.
5. Describe the development of the individual service strategies for each participant.
6. Describe the case management and case note practices for the program.
7. What are the goals and purposes of the case management practices? What role does it play within the program design?
8. How will you provide the following services to out-of-school participants?

|  |  |
| --- | --- |
| Exposure to nontraditional jobs and careers for each gender. |  |
| Preparation for postsecondary educational opportunities |  |
| Strong linkages between academic and occupational learning |  |
| Preparation for unsubsidized employment opportunities |  |
| Effective connections to the job market and local and regional employers |  |

1. Please list the worksites and City location in the Verdugo Area where out-of-school youth can be placed for work experience with whom you already have a working relationship.
2. Common Measures: Verdugo Consortium youth contractors are expected to meet designated levels of the Common Measure for out-of-school youth.
3. Describe the program design elements and activities that will cause you to meet a 62.4% rate for Placement in Employment, Education or Training.
4. Describe the program design elements and activities that will cause you to meet a 64.2% rate of Retention in Employment, Education or Training.
5. Describe the program design elements and activities that will cause you to meet a 54.7% Credential rate.

**Section 6: Fourteen Program Elements**

Describe how the Proposer will provide the required fourteen (14) program elements to youth participants as needed. All fourteen WIOA program elements must be made available to all WIOA participants, although not all WIOA participants will need all elements. **In the Verdugo Consortium, all WIOA youth participants must participate in paid work experience, and all participants must receive follow up services directly from your agency.** Describe how the proposed program will offer all fourteen elements below either directly or by referral.

|  |  |
| --- | --- |
| **Element** | **Description of provision of element. If another agency will provide the element, write the name of the agency. Attach a letter of commitment from that agency to provide this service in-kind, unless that agency is a public entity, such as a school district.** |
| 1. Tutoring, study skills training, and evidence-based dropout prevention and recovery strategies that leads to completion of secondary school diploma or its recognized equivalent or for a recognized post-secondary credential. |  |
| 1. Alternative secondary school services, or dropout recovery services, as appropriate |  |
| 1. Paid and unpaid work experiences that have academic and occupational education as a component of the work experience |  |
| 1. Occupational skill training |  |
| 1. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster |  |
| 1. Leadership development opportunities |  |
| 1. Supportive services |  |
| 1. Adult mentoring for a duration of at least 12 months that may occur both during and after program participation |  |
| 1. Follow-up services for not less than 12 months after the completion of participation |  |
| 1. Comprehensive guidance and counseling, including drug and alcohol abuse counseling |  |
| 1. Financial literacy education |  |
| 1. Entrepreneurial skills training |  |
| 1. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the Local Area |  |
| 1. Activities that help youth prepare for and transition to post-secondary education and training |  |

* 1. Is the entity able to provide follow up services to all participants for one year after exit, and to provide all required follow up and common measure documentation required during the follow up year?

Yes  No

If no, please explain.

**Section 7: Budget Description**

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 program design and activities.
2. Case Manager to Participant Ratio   
   Please fill out charts below.

**In-School Youth Program (if applicable)**

|  |  |
| --- | --- |
| Number of full-time case manager for IS youth (Can include percentage or decimal for part time) |  |
| Number of IS youth participants |  |
| Leave the box to the right blank |  |

**Out-of-School Youth Program (if applicable)**

|  |  |
| --- | --- |
| Number of full-time case manager for OS youth (Can include percentage or decimal for part time) |  |
| Number of OS youth participants |  |
| Leave the box to the right blank |  |

1. For staff currently employed by Proposer, including any leveraged staff members, describe their experience and qualifications by name, including years of experience operating youth employment programs.
2. Line Item Budget Description
3. 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.
   1. Program Staff Salaries
   2. Operations
   3. Youth Wages and Benefits
   4. Leveraged Resources

**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.