

# Workforce Innovation and Opportunity Act (WIOA)

**Labor Liaison Peer Support Project**

**Program Year 2020-2021**

**REQUEST FOR PROPOSAL (RFP)**

**Employment Service Division  
1900 Kanawha Blvd. Bldg. 3, Suite 300  
Phone: (304) 558-8414  
Fax: 304-558-7029**

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1900 Kanawha Blvd. Bldg. 3, Suite 300 • Charleston, WV 25305

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## Labor Liaison Peer Support Project Bidders Conference

Presented by WorkForce West Virginia  
1pm-4pm Thursday, June 11, 2020  
1900 Kanawha Blvd. East Bldg. 3, Suite 300  
Charleston, WV 25305

### AGENDA

- |                     |   |
|---------------------|---|
| <b>12:30 – 1:00</b> | <b>Registration</b>   |
| <b>1:00 – 1:15</b>  | <b>Welcome and Purpose</b><br><b>Bunny Harper Director of Employment Services</b><br><b>Jamie Moore, NDWG Manager</b> |
| <b>1:15 – 1:45</b>  | <b>Request for Proposal (RFP) Requirements</b><br><b>Deb Meredith, Rapid Response Coordinator</b>                     |
| <b>2:15 – 2:30</b>  | <b>Break</b>  |
| <b>2:30 – 3:15</b>  | <b>Administrative Requirements</b><br><b>Brett Sansom Director of Fiscal &amp; Admin. Mgmt. Division</b>              |
| <b>3:45 – 4:00</b>  | <b>Q &amp; A</b>  |

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Definitions of Dislocated Workers and Adult

Exert: WIOA Public Law 113-128 (15) Dislocated Worker A-C

**Attachment C:** Sample Job Description **Attachment D:** Sample-Detailed budget Information

## Labor Liaison Peer Support Project Proposal Preparation Checklist

It is strongly recommended that an administrative review be conducted to ensure that proposals comply with the instructions in the format specified. This checklist is not intended to be an all-inclusive repetition of the required proposal contents and associated proposal preparation guidelines. It is, however, meant to highlight certain critical items so they will not be overlooked when the proposal is prepared.

- \_\_\_ Proposal is responsive to program solicitation and responds to the RFP Information.
- \_\_\_ Proposal format (ensure compliance with font, margin and spacing requirements, bearing in mind that proposal readability is of utmost importance.
- \_\_\_ Transmittal Form (ALL appropriate boxes completed)
- \_\_\_ Table of Contents
- \_\_\_ Proposal Certifications (completed and signed by authorized representative)
- \_\_\_ Certification Regarding Lobbying
- \_\_\_ Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions
- \_\_\_ Equal Opportunity Non-Discrimination Notice
- \_\_\_ Certification Regarding Drug-Free Workplace Requirements
- \_\_\_ Program Summary
- \_\_\_ Job Descriptions (Grant-Funded Positions See Sample Job Descriptions, Attachment C)
- \_\_\_ Biographical Sketch (es) 2-page limitation (Job Duties of Personnel)
- \_\_\_ Proposal Budget
- \_\_\_ Detail Budget Information (See Sample, Attachment N)
- \_\_\_ Cost Allocation Plan (if required)
- \_\_\_ Administrative Requirements Checklist (see pages 17-19)

**State of West Virginia  
WorkForce West Virginia**

**Request for Proposal for Labor Liaison Peer Support Project**

**A. OVERVIEW**

The labor liaison project is a worker-centered approach for dislocated workers to provide outreach and advocacy services which includes peer counseling and individual support. This program is designed to increase positive outcomes for union and non-union affiliated dislocated workers by utilizing peer support workers from the ranks of the dislocated workers, to help workers link with retraining and employment. Peer support workers will provide technical assistance with completing the Dislocated Worker Questionnaire (DWQ) and refer to WorkForce WV One Stops for employment, retraining, and unemployment benefits. In addition, peer support workers will make referrals to local partner agencies and conduct follow-up activities.

- Grantee will participate as a member of the Rapid Response (RR) Team in coordinating RR activities and services with the Dislocated Workers Services (DWS) Unit, local Workforce Development Boards (WDBs) and other RR team members for all union and non-union affiliated dislocations, except for mining-related dislocations.
- Grantee will participate in all On-Site Contact Meetings with Employers/Unions and all RR Informational Meetings for dislocated workers with the DWS Unit and local WDB's for all union and non-union affiliated dislocations except for mining-related dislocations.
- Following the RR Informational meetings, the Grantee will assist dislocated workers in reviewing and completing the Dislocated Worker Questionnaire (DWQ) and refer them to the appropriate contact person for various state agencies and local partner agencies to explain benefits and services. Grantee will complete DWQ's within a two-week timeframe.
- Grantee will maintain a Dislocated Worker Questionnaire (DWQ) on all Dislocated Workers who are receiving peer support and follow-up services by the Grantee. Grantee will enter the **RR028- RR Peer Support Follow Up /DWQ Surveys Service** into the MACC System and enter notes documenting the completion of the DWQ and an overview of the survey(s), critical goals such as job search assistance and specific training needs. Grantee must maintain an updated DWQ on all dislocated workers who are receiving peer support services.
- Grantee will provide technical assistance with all dislocations in researching the need for Trade Adjustment Assistance (TAA). Grantee will coordinate this assistance with the state TAA unit when filing of all TAA petitions. Grantee must provide justification to the State TAA Unit if a representative is not included in these TAA activities.
- Once a TAA petition is finalized and ready for submission, Central office TAA staff will fax, or email the required documentation to the US Department of Labor for Certification.

- Grantee will need to work closely with the State Trade Adjustment Assistance and Rapid Response (RR) Units to identify and petition the United States Department of Labor (USDOL) to certify the pending lay-off(s).
- Once a TAA petition is certified, Grantee will participate in all Trade Adjustment Assistance (TAA) Benefit Rights Information Meetings (BRIM's).
- Following the WIOA BRIM, Grantee will coordinate follow up specific WIOA/TAA activities with the State TAA Unit based on the WIOA/TAA process summary.

## **B. PROGRAM SOLICITATION**

The term “program solicitation” refers to the plan of pursuing and recruiting populations of pre-layoff affected workers to provide outreach and advocacy services to assist the soon to be laid-off population in finding and transitioning into new employment.

- Grantee will introduce the peer support program and peer support coaches. State TAA Unit will provide Grantee a copy of the sign-in sheet, WIOA/TAA process summary, and a contact sheet with the designated case manager for the specific petition.
- Grantee will establish peer support groups for union and non-union affiliated dislocations during contract year 2020-2021. Grantee must follow up on all dislocations except for mining-related dislocations and document efforts to develop peer support groups and note reasons why peer support groups were not formed in the monthly report. If peer support groups cannot be established, Grantee will provide peer support and follow-up services for dislocations and document the services provided to dislocated workers in the MACC system and in monthly reports.
- Recruitment efforts should target workers who are about to become unemployed as a result of the layoff.

## **C. GENERAL INFORMATION**

- The grantee must utilize local WorkForce West Virginia One Stop Career Centers in assisting those affected by the layoff with job hunting, interviewing skills, etc. Referring the displaced workers for enrollment and registration in the MACC (Mid-Atlantic Career Consortium Management Information System) should be a priority.
- All bidders must be present (at least one designated representative per organization) at the Bidder's Conference in order to submit a proposal for consideration. One individual cannot represent multiple agencies.

- The detailed line item budget, Budget Information Summary (BIS) provided as part of this RFP must be completed and submitted as part of the proposal.
- All proposals must contain a biographical sketch (limited to one page) for everyone identified as senior project personnel, as well as a listing of job duties for any grant-funded staff position(s). **(See Attached Sample Job Descriptions)**
- The grant cycle for PY 2021 will begin July 1, 2020 to June 30, 2021.
- All Grantees must submit monthly program and fiscal reports which must be submitted by the 15<sup>th</sup> of each month to WorkForce West Virginia's National Dislocated Workers Unit Manager, and the Fiscal Administration Management (FAM) Division Director. An email box address will be provided later.

## **D. PROPOSAL**

### **Proposals must:**

- Are limited to three pages.
- Present a clear and specific need for the funding requested.
- Clearly detail previous work history related to peer support coaching.
- Activities that will take place with each peer support group.
- Demonstrate applicant's knowledge of and any previous experience with Workforce Innovation Opportunity Act (WIOA), TAAs, and Rapid Response services, and overall grant administrative experience.

### **Who may apply:**

- Any private non-profit or public organization may apply, however, only one proposal will be accepted from each organization.
- Each applying entity must be registered with the Secretary of State's office to do business in the State of West Virginia and be in good standing with the State.
- Each person attending the Bidder's Conference may only represent one entity which will be designated on the sign-in sheet when registering attendance.

**NOTE: When a program solicitation (competitive bidding) process is used, such as this Request for Proposal (RFP) process, the proposals received will compete directly with each other.**

## **E. SPECIAL REQUIREMENTS**

NONE



## **E. RFP CONTENT (Please refer to Proposal Preparation Checklist)**

### **1. Table of Contents**

**2. Administrative Ability:** Describe previous experience in administering federal grant funds and any previous awards of federal or state grant funds. Explain the applying entity's operational structure for funding requested, including who has fiduciary responsibility and liability for funds awarded under this solicitation. This section is to include a summary of the organization's ability and qualifications to manage the proposed project. The submitted RFP must include an outline of administrative and management experience, documenting successful administration of similar activities.

**3. Statement of Need:** Provide reasoning, justification and what the goal is for these services to be provided.

**4. Project Summary (not exceeding two pages):** Briefly state the need, the objectives, the methods, and the outcomes of the proposal. Everything that is important about the program should be clearly stated in this section. The following elements should be addressed:

- a. Identification of the applicant and a brief history
- b. The specific purpose of the proposal
- c. The anticipated participant services and outcome to be reported
- d. The establishment of new peer support groups for union and non-union affiliated dislocations during the contract year of 2020-2021.
- e. If the Grantee is unable to establish peer groups, the Grantee is responsible for documenting the reasons it was unable to do so in the monthly report. Grantee should still provide peer support and follow-up services to the dislocated workers and document the services for them in the MACC and in monthly reports.
- f. Grantee will work to file new WIOA petitions and any related appeals during the contract year 2020-2021.

**5. Goals and Objectives:** Applicants should state the goals and objectives of the proposal. This incorporates the purpose and the outcomes.

- Goals should be broad statements intended to give a general idea of the project.
- Objectives must state, in measurable terms, the desired outcomes of the proposal.

Objectives should relate directly to the need statement and must be achievable in the contractual timeframe.

**6. Program Design:** This section is to describe the sequence of activities that the proposal will undertake to accomplish its objectives. Strategies for the delivery of proposed activities should coincide with resources



requested in the budget or otherwise identified. Provide a list of the facilities and equipment that will be used for the project.

**7. Collaboration:** Describe any collaboration or coordination with individuals and organizations and document with a letter(s) of commitment/support.

**8. Program Process Evaluation:** Describe how data on participant eligibility and services provided will be tracked and reported. WorkForce West Virginia's MACC (Mid-Atlantic Career Consortium) system will be the primary reporting system for tracking participant services provided under this grant.

**9. Biographical sketch(es):** A biographical sketch/job description (limited two pages) is required for each grant-funded staff position and any other agency personnel overseeing grant activities.

**10. Budget:** Applicant should provide a detailed budget narrative itemizing all grant budget line items with budget summary of project expenses. (The budget is a statement of projected expenses for all services rendered). All budget information should be included on the budget forms provided by WorkForce West Virginia.

## **G. PROPOSAL EVALUATION**

All proposals submitted in accordance with the requirements of this solicitation will be evaluated. Factors evaluated will include the following:

- Effective documentation of an internal monitoring and reporting system. Applicants should document how they will track wages, fringe benefits, time worked, peer support stipend payments and all other required reporting criteria.

## **H. Key Dates**

Bidder's Conference is scheduled on Thursday, June 11, 2020.

- One individual cannot represent multiple agencies
- The Request for Proposal (complete proposal package) must be received no later than Monday, June 22, 2020, at 5:00pm, including two (2) originals and three (3) copies of your proposal.
- The actual proposals must be in our hands by the deadline. Postmark dates do not guarantee the proposals must be received via mail and email by the deadline to Jamie Moore. See addresses below.
- The mailing address is:

**WorkForce West Virginia**  
**Attn: Jamie Moore**  
**1900 Kanawha Blvd. Bldg. 3, Suite 300**  
**Charleston, WV 25305**  
**Telephone: (304) 558-8414**  
**Toll Free (877) 967-5498**

[Jamie.L.Moore@wv.gov](mailto:Jamie.L.Moore@wv.gov)

## **BLACK-OUT PERIOD**

**After the close of the Bidder's Conference and up to the start of contract negotiations, no technical assistance will be provided to potential bidders.**

# Administrative Requirements and Forms

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## TRANSMITTAL FORM

- I. Proposing Agency: Click or tap here to enter text.  
 Address: Click or tap here to enter text.  
 Click or tap here to enter text.      Click or tap here to enter text.      Click or tap here to enter text.  

City
State
Zip

 Authorized Representative: Click or tap here to enter text.  
 Telephone Number: Click or tap here to enter text.  
 Fax Number: Click or tap here to enter text.  
 Agency Type:       Government       Commercial  
     Educational       Non-Profit
  
- II. Proposed Contract Type:       Fixed-Unit Price       Cost-Reimbursable
  
- III. Service Area (Counties in which proposed program will operate:  
 Click or tap here to enter text.
  
- IV. Dun & Bradstreet’s D-U-N-S Number: Click or tap here to enter text.
  
- V. Registered in S.A.M.? (Enter yes or No): Click or tap here to enter text.
  
- VI. Dollar Amount of Contract:      \$Click or tap here to enter text.
  
- VII. Workforce Investment Board Number: Click or tap here to enter text.
  
- VIII. Federal Employee Identification Number: Click or tap here to enter text.
  
- IX. West Virginia wvOASIS Vendor Number: Click or tap here to enter text.
  
- X. Number of Participants to be Served: Click or tap here to enter text.
  
- XI. Number of Participants to be Placed: Click or tap here to enter text.

XII. Occupations Trained For: Click or tap here to enter text.

XIII. I, \_\_\_\_\_, the undersigned and duly authorized representative of the above-named agency, hereby certify that I have read, understand, and accept the above terms and conditions of the contract package as stated in the attached documentation; that the enclosed package is a firm offer effective through the \_\_\_\_\_ day of \_\_\_\_\_, and that the information contained therein is true and correct to the best of my knowledge.

XIV. Signature: \_\_\_\_\_

XV. E-mail address of Signatory: \_\_\_\_\_

## ADMINISTRATIVE REQUIREMENTS CHECKLIST

For All Applicants of Workforce Innovation and Opportunity Act of 2014 Funds

**AGENCY:** Click or tap here to enter text.

### AGENCY INFORMATION

The following requests information relating to applicant’s status, experience, qualifications, etc. Please check appropriate responses.

1.  Corporation;       Partnership;       Individual Ownership or Sole proprietorship;
2.  Profit Making;       Non-Profit
3. \_\_\_ Number of years in business (existence)
4. \_\_\_ Number of years in TRAINING business
5. \_\_\_ Number of permanent employees (salaried & hourly)
6. Have any of the applicant’s Federal, State, or City contracts or grants ever been terminated or suspended (either totally or partially) for any reason?  Yes;       No. (IF YES, briefly explain on an attached sheet of paper.)
7. Is applicant in receivership or bankruptcy, or are any such proceedings pending?  
 Yes;       No. (IF YES, briefly explain on an attached sheet of paper.)
8. Has the applicant’s organization ever been cited, fined, or reprimanded for any law or code violation within the last three years, or has any business license been suspended or revoked?  
 Yes;       No (IF YES, briefly explain on an attached sheet of paper.)
9. Are all of the applicant’s required permits current?  Yes;  No

### **LIST BELOW ALL OF YOUR REQUIRED PERMITS AND EXPIRATION DATES**

10. SUBCONTRACTING:

10a. Will applicant subcontract any of the training or work efforts?

Yes;       No. (IF YES, include page number(s) where the subcontracting is described in the proposal.) Page(s):Click or tap here to enter text.

10b. Will the applicant utilize the services of a consultant for the operation of this program?

Yes;       No. (If YES, include page number(s) where the consultant services are described in the proposal.) Page number(s):Click or tap here to enter text.

11. UNION CONCURRENCE:

11a. List any and all unions that may be associated with this training:

Click or tap here to enter text.

11b. Does your agency have union approval of the proposed training?

Yes;  No. (IF YES, please attach written proof of union concurrence.)

12. INSURANCE COVERAGES:

12a. Are persons authorized to handle and disburse government funds fidelity bonded?

Yes;  No. (IF YES, attach proof of fidelity bonding. **PLEASE NOTE: IF PROOF OF FIDELITY BONDING IS NOT PROVIDED, WORKFORCE WEST VIRGINIA CANNOT CONTRACT WITH YOUR AGENCY, AND YOUR PROPOSAL WILL BE DENIED.**)

12b. Does the applicant agency carry General Liability Insurance?

Yes;  No. (IF YES, attach proof of General Liability Insurance. **PLEASE NOTE: IF PROOF OF GENERAL LIABILITY INSURANCE IS NOT PROVIDED, WORKFORCE WEST VIRGINIA CANNOT CONTRACT WITH YOUR AGENCY, AND YOUR PROPOSAL WILL BE DENIED.**)

12c. Does applicant carry Workers' Compensation Insurance?

Yes;  No. (IF YES, attach proof of Workers' Compensation Insurance. **PLEASE NOTE: IF PROOF OF WORKERS' COMPENSATION INSURANCE IS NOT PROVIDED, WORKFORCE WEST VIRGINIA CANNOT CONTRACT WITH YOUR AGENCY, AND YOUR PROPOSAL WILL BE DENIED.**)

12d. Is the applicant current with Unemployment Insurance?

Yes;  No. **PLEASE NOTE: IF PROOF OF UNEMPLOYMENT INSURANCE IS NOT PROVIDED, WORKFORCE WEST VIRGINIA CANNOT CONTRACT WITH YOUR AGENCY AND YOUR PROPOSAL WILL BE DENIED.**

13. FISCAL RESPONSIBILITIES

13a. Does the applicant organization presently have any outstanding unresolved Audit deficiencies with any other Federal, State, or local agencies?

Yes;  No. (IF YES, please explain on an attached sheet of paper.)

13b. List the date of the most recently completed independent audit and by whom

Click or tap here to enter text.

**PLEASE NOTE: YOU MUST ATTACH A COPY OF THE AUDIT REPORT**

13c. You must attach our Agency's AUDITED financial statement for prior fiscal year, which identifies all sources of revenue, donations, and income as well as the offsetting expenses? **PLEASE NOTE: IF NO AUDITED**



**FINANCIAL STATEMENTS ARE ATTACHED, WORKFORCE WEST VIRGINIA WILL NOT BE ABLE TO CONTRACT WITH YOUR AGENCY, AND YOUR PROPOSAL WILL BE DENIED.**

14. Are the training programs and/or worksites accessible to individuals with disabilities?

- Yes;       No. (IF NO, please explain on an attached sheet of paper.)

15. CERTIFICATION AND COMPLIANCE

15a. Does the applicant certify and agree to provide assurances of Equal Opportunity and nondiscrimination, and to develop appropriate mechanisms to ensure that affirmative action will be taken in all practices and program activities?

- Yes;       No. (IF NO, please explain on an attached sheet of paper.)

15b. Does the applicant agree to comply with all applicable Federal, State, and local laws and directives relating to equal opportunity and affirmative action in services and program operations?

- Yes;       No. (IF NO, please explain on an attached sheet of paper.)

15c. Has the applicant completed and included in the contract a signed Drug-Free Workplace statement?

- Yes;       No.

16. A copy of the organizations' Cost Allocation Plan or Indirect Cost Rate must be included to support all costs budgeted for this program that are not directly related to the project. These items are usually rent, utilities, insurance, and other overhead items. If the agency does not have a Cost Allocation Plan or an Indirect Cost Rate and has not been awarded Federal funds prior to this proposal, a Cost Allocation Plan or an Indirect Cost Rate will need to be provided to WorkForce West Virginia's Director of Fiscal and Administrative Management within thirty (30) days of the start date of the awarded Grant Agreement.

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Original Signature of Authorized Representative

\_\_\_\_\_  
Date

**CERTIFICATION REGARDING LOBBYING**  
**CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND**  
**COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge or 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 Congress, or an employee of a Member of Congress. In connection with the awarding 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 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 instruction.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards 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 certification is a prerequisite for making or entering into 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 no less than \$10,000 and no more than \$100,000 for each such failure.

Click or tap here to enter text.

**Applicant Organization**

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**Typed Name of Certifying Official**

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**Signature**

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**Date**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND  
OTHER RESPONSIBILITY MATTERS PRIMARY COVERED  
TRANSACTIONS**

**Applicant Organization:** \_\_\_\_\_  
\_\_\_\_\_

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities.**

**The regulations were published as part VII of the May 26, 1988 Federal Register (Pages 19160-19211).**

- (1) The prospective primary participant, (i.e. grantee) certifies to the best of its knowledge and belief, that it and its' principals:**
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from covered transactions by any Federal department or agency;**
  - (b) Have not within a three-year period preceding this proposal been convicted of, or had a civil judgement rendered against them for commission of fraud of 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 for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of the offenses enumerated in paragraph (1) (b) of this certification; and**
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause of default.**
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this contract package.**

\_\_\_\_\_  
**Typed Name of Certifying Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## EQUAL OPPORTUNITY NON-DISCRIMINATION NOTICE

\_\_\_\_\_ (name of agency), as a recipient of Workforce Innovation and Opportunity Act of 2014 (WIOA) funds, shall provide initial and continuing notice that it does not discriminate on any prohibited ground, to: applicants, eligible applicants, participants, applicants for employment, employees, and members of the public, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the recipient.

### ASSURANCE

As a condition to the award of financial assistance under WIOA from the Department of Labor, the grant applicant assures, with respect to operation of the WIOA-funded program or activity and all agreements or arrangements to carry out the WIOA-funded program or activity, that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014; 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 Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR part 34. The United States has the right to seek judicial enforcement of this assurance.

AGENCY OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

TYPED NAME OF E.O. OFFICER: \_\_\_\_\_

E.O. OFFICER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

- A. The contractor certifies that it will continue to provide a drug-free workplace by:**
- 1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;**
  - 2. Establishing an on-going 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 occurring in the workplace.**
  - 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement in paragraph A.1 above;**
  - 4. Notifying the employee in the statement required by paragraph A.1 that, as a condition of employment under the grant, the employee will:**
    - a. Abide by the terms of the statement; and**
    - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;**
  - 5. Notify the agency in writing, within ten (10) calendar days after receiving notice under subparagraph 4.b from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the Identification number(s) of each affected grant.**
  - 6. Taking one of the following actions, within thirty (30) calendar days of receiving notice under subparagraph 4.b, with respect to any employee who is convicted:**
    - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended;**  
**or**

- b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or local health, law enforcement, or other appropriate agency.
- 7. Making good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5, and 6.

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**Applicant Organization**

---

**Typed Name of Certifying Official**

---

**Signature**

---

**Date**

## Instructions for Budget Forms

The budget form is your plan of financial operation including an estimate of proposed expenditures for the duration of your grant and the proposed means of financing them. It is in the form of an Excel Workbook that consists of ten (10) categories: Budget Summary; Personnel; Fringe Benefits; Travel; Equipment; Supplies; Contractual; Other; Indirect Costs; and Training.

### **Summary Information relating to the Workforce Innovation and Opportunity Act: Final Rule**

The budget forms should be completed based on allowable costs and activities as found in the Workforce Innovation and Opportunity Act Public Law 170 rules and regulations and the appropriate OMB Circulars or codified law for your type of agency.

The purpose of the Trade Assistance Act program is to temporarily expand service capacity at the state and local levels by providing time-limited funding assistance in response to significant dislocation events. Significant events are those that create a sudden need for assistance that cannot reasonably be expected to be accommodated within the on-going operations of the formula-funded Dislocated Worker program, including the discretionary resources reserved at the state level.

### **Allowable Costs:**

Guidance on allowable WIOA costs is provide in a series of Federal guidelines issued by the Office of Management and Budget (OMB Circulars). These are OMB Circular A-102, Grant and Cooperative Agreements with State and Local Governments; and A-122, Cost Principles for Non-Profit Organizations. For commercial organizations, the cost principles detailed in the FEDERAL ACQUISITION REGULATIONS, 48 CFR Part 31, apply.

### **Basic guidelines for Allowable Costs:**

The following general cost principles are specified in the stated OMB Circulars, and must be adhered to in determining the allowability of WIOA-WIOA costs.

**Costs must be necessary and reasonable.** Any costs charged to a WIOA-WIOA grant must be necessary and reasonable for the proper and efficient performance and administration of the grant. A grantee is required to exercise sound business practices and to comply with their procedures for charging costs. A grantee is expected to exercise the same prudence with WIOA funds as a person would with his or her own funds.

**Costs must be allocable.** A grantee can charge costs to the grant if the costs are clearly identifiable as benefiting the WIOA program. Costs charged to WIOA-WIOA should benefit only the WIOA-WIOA program. If a grantee conducts other programs in addition to WIOA, allocation methods must be used to determine what share of costs should be charged to the WIOA-WIOA program.

**Costs must be authorized under Federal, State, or Local laws.** Costs incurred should not be prohibited by any Federal, State, or local laws. For example, entertainment and alcoholic beverages are prohibited from being charged to any Federal grant program.



**Costs must receive consistent treatment by a grantee.** A grantee must treat a cost uniformly across program elements or from year to year. Costs which are indirect for some programs cannot be considered a direct WIOA cost. A cost may not be charged to the WIOA-WIOA grant as a direct cost if any other cost incurred for the same purpose in like circumstances has been charged to another grant as an indirect cost.

**Cost must be adequately documented.** A WIOA-WIOA grantee must document all costs in a manner consistent with GAAP.

Grantees should be aware that the OMB Circulars are designed to offer guidance on determining the allowability of costs and should be used as the first source of reference. The circulars do not address every possible cost; however, they are the groundwork for all grant financial management. If a cost is not mentioned it should be treated consistently with the standards provided for similar or related costs.

### **COST ALLOCATION**

The total cost of a grant program is comprised of the allowable direct costs incident to its performance, plus the allocable portion of allowable indirect costs.

Allocability is a measure of the extent to which a cost benefits the WIOA program in general and its cost objectives. To the extent that a cost does not benefit the program the cost cannot be charged to WIOA. Each program must bear its fair share of costs.

**Direct Costs** are readily identified with and directly charged to a specific cost objective. Costs that are not readily chargeable to a final cost objective are often aggregated into intermediate cost objective called cost pools and are periodically allocated to final cost objectives using an appropriate allocation methodology. Cost pools can be established for any type of cost when it is beneficial or necessary to pool costs. All pooled costs must ultimately be allocated to the final cost objectives in proportion to the relative benefits received by each cost objective.

**Indirect Costs** are costs incurred for a common or joint purpose benefiting more than one cost objective and are not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. These costs are shared indirect costs and general indirect (overhead/G&A) costs.

**Shared Indirect Costs** are costs that cannot be readily assigned to a final cost objective, but which are directly charged to an intermediate cost objective or cost pool and subsequently allocated to final objectives. These costs are incurred for common or joint purpose benefiting more than one cost objective. These costs are similar to the general indirect costs in that it is easier to assign or allocate them based on some measure of benefit received than to assign them directly to final cost objectives.

### **Cost Allocation Plan**

Cost allocation is a procedure to ensure that costs are properly and equitably distributed to the benefiting cost objective. The cost allocation plan (CAP) is a document that identifies, accumulates, and distributes

allowable direct and indirect costs and identifies the allocation methods used for distributing the costs. A plan for allocating joint costs is required to support the distribution of those costs to the grant program. All costs included in the plan must be supported by formal accounting records to substantiate the propriety of the eventual charges. An agency already receiving Federal funds must have an approved CAP in order to charge indirect costs. If an agency is not already receiving Federal funds and plans to charge indirect costs, a CAP or Indirect Cost Rate Proposal must be submitted to WorkForce West Virginia's Director of Fiscal and Administrative Management within 30 days after the start date of the awarded Grant Agreement.

### **Developing a Cost Allocation Plan**

The cost allocation plan is developed to properly and equitably allocate costs. Once pooled costs to be shared are identified, a basis of allocation must be agreed upon which is fair to benefiting cost objectives. The basis of allocation must be measurable, consistent, and supported by ongoing data collection. Different bases may allocate different pools. A cost allocation plan is required to document the allocation process and is to include at least the following elements:

- Organization that identifies all programs, types of services provided, and staff functions
- Descriptions of the types of services provided, all revenue sources and cost objectives
- Copy of budgets
- Expense items included in the cost of services. This would include all joint or pooled costs needing to be allocated (such as staff whose work benefits more than one cost objectives, and all other costs that cannot be readily assigned to a single cost objective).
- The methods used in distributing the expenses to benefiting cost objectives. This required identifying the basis for allocating each type of joint or pooled cost, and the documentation for supporting each basis for allocation.
- Certification by an authorized official that the plan has been prepared in accordance with WIOA-WIOA regulations and other applicable requirements.

### **Consider the following suggestions when developing a Cost Allocation Plan:**

**Keep it Simple** –Use the simplest and least costly method possible, based on a measure of relative benefit received, that will produce an equitable allocation of programs and cost categories.

**Make it Replicable** –The process you develop must be replicable at any time.

**Simplify Your Organization Structure** –Make your organizational structure no more complicated than necessary to allocate costs.

**Consider what is required** –The required structure and capabilities of your accounting system must be considered in designing an operable cost allocation process.

**Make Changes Prudently** –Changes in an organization’s cost allocation plan that result in a retroactive redistribution of costs to the benefiting cost objective are allowable where the change results in a more equitable distribution of costs. Such changes in an allocation methodology require prior approval and should be justified and well documented.

Costs that are prohibited in a program may not be charged to that program under a cost allocation agreement. In addition, the preference is the use of the non-pooled costs over the use of pooled costs whenever possible.

**Links:**

For accessing legislation, regulations, WIOA Waiver Authority Home Page, and Advisories & Memorandums from the United States Department of Labor Employment and Training Administration go to the web link below: [www.doleta.gov/reports/docs](http://www.doleta.gov/reports/docs)

The link for the Office of Management and Budget Circulars is: [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)

**Section A –Budget Summary by Category**

Enter your agency’s fringe benefit rate in line 2. All numbers in Column A will automatically fill once the tables are completed for each cost category on Pages 2-5 of the Sub-recipient Budget Forms.

**Section B –Cost Sharing/Match Summary**

Cost Contributions – enter in this section your agency’s cash outlay, including the outlay of money contributed to your agency by other public agencies, institutions, private organizations and individuals. When authorized by Federal legislation, Federal funds received from other assistance agreements may be considered as cash contributions for your agency.

In-kind Contributions –enter in this section any property or services which benefit a federally assisted project or program, and which are contributed by non-Federal third parties without charge to the grantee, or a cost-type contractor under the grant agreement.

*Please note: A budget narrative must be attaches to explain each line item in Sections A and B of the Summary.*

**Category 1: Personnel**

Enter in this table all employees who will be working directly for the grant. For FTE (full-time equivalent), enter the estimated percent of time the employee will be working directly for the grant. For example, an employee is estimated to work for the grant ½ day, every day for 6 months. (.5/day \* 6/12 months = .25 FTE). Once the annual salary and the FTE are entered for each employee, the Total column will automatically calculate the amounts.

**Category 2: Fringe Benefits**

Fringe benefits consist of allowances and services provided by employers to their employees as compensation other than salaries of staff whose salaries are directly charged to this grant. Fringe benefits include the costs of leave, employee insurance, pensions, and unemployed benefit plans.

Once the “% of Personnel Cost” column is complete, the Total column will automatically calculate the total.

*Please note: remember to provide the Fringe Benefit percentage on the Summary worksheet.*

### **Category 3: Travel**

Enter into this category any travel expenses incurred specifically to carry out the performance of this grant. Examples of travel costs are transportation, lodging, subsistence, and related items incurred by employees traveling on official business.

*Please note: alcoholic beverages and entertainment expenditures are never allowable costs charged to a Federal grant. Also, per diem amounts for meals and hotel costs cannot exceed the limits set by the Federal government. These per diem limits can be found on [www.gsa.gov](http://www.gsa.gov)*

### **Category 4: Equipment**

Include in this category tangible, nonexpendable, personal property including exempt property charged directly to this grant having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

### **Category 5: Supplies**

Include in this category all tangible and expendable personal property other than equipment, such as pencils, pens, paper, printers, ink, etc.

### **Category 6: Contractual**

Include in this category all services performed by individuals or firms considered to be professional or semiprofessional in nature. A written agreement is required. Some examples are janitorial services, attorneys, engineers, CPAs, guest speakers, consultants and consulting fees.

*Please note: all contractual services must be prior-approved by WorkForce West Virginia.*

### **Category 7: Other**

Include in this category all allowable direct costs associated with this grant that would not be classified in Personnel, Fringe Benefits, Equipment, or Supplies.

### **Category 8: Indirect Cost**

Indirect costs benefit more than one cost objective or program and cannot be readily identified with one cost objective. It may be necessary to establish a number of indirect cost pools to facilitate adequate distribution of indirect costs.

If your agency has an **approved** Indirect Cost Rate, enter the Base for this rate (examples are Total Direct Personnel Costs, Total Direct Costs and Modified Total Direct Costs) and the rate itself. The Total column will automatically calculate the amount of Indirect Cost. Attach a copy of your approved Grant Agreement, an Indirect Cost Rate Proposal or Cost Allocation Plan must be submitted to WorkForce West Virginia's Director of Fiscal and Administrative Management.

*Please note: remember to add the Indirect Cost rate on the Summary Worksheet.*

### **Category 9: Training Cost/Stipends**

Enter in this category all costs associated with providing training to participants in this grant. Training costs may consist of tuition, books, fees, training supplies, etc.

**WorkForce West Virginia  
Sub-recipient Budget Forms**

**SECTION A: BUDGET SUMMARY BY CATEGORIES**

Cost Categories	(A)*
1. Personnel	
2. Fringe Benefits (Rate _____%)	
3. Travel	
4. Equipment	
5. Supplies	
6. Contractual	
7. Other	
<b>Total, Direct Cost (Lines 1 through 7)</b>	
8. Indirect Cost (Rate _____%)	
9. Training Cost/Stipends	
<b>TOTAL Funds Requested (Lines 8 through 10)</b>	

*\*This column will automatically fill once data is entered on the other worksheets.*

**SECTION B: COST SHARING/MATCH SUMMARY (if appropriate)**

	(A)
1. Cash Contribution	
2. In-Kind Contribution	
3. TOTAL, Cost Sharing/Match (Rate _____%)	

**A Budget Narrative must be attached to explain each line-item above.**

Revised -18-2011

**WorkForce West Virginia  
Sub-recipient Budget Forms**

**Category 1: Personnel**

Employee Name	Employee Title/Position	Annual Salary	FTE	Total
<b>TOTAL PERSONNEL:</b>				

**Category 2: Fringe Benefits**

Type of Benefit	% of Personnel Cost	Total
<b>Total Fringe Benefits:</b>		

**Note: Remember to provide the Fringe Benefit percentage on the Summary worksheet**

**Category 3: Travel**

Event and Location	Employee Traveling	Dates of Travel	Cost
<b>TOTAL TRAVEL:</b>			



## WorkForce West Virginia Sub-recipient Budget Forms

### Category 4: Equipment

Description	Unit Cost	Number of Units	Total
<b>TOTAL EQUIPMENT:</b>			

### Category 5: Supplies

Description	Unit Cost	# Units	Total
<b>TOTAL SUPPLIES:</b>			

### Category 6: Contractual

Description	Contracted
<b>TOTAL CONTRACTUAL:</b>	

## WorkForce West Virginia Sub-recipient Budget Forms

**Category 7: Other**

Description	Unit Cost	#Units/Months	Total
<b>TOTAL OTHER:</b>			

**Category 8: Indirect Cost**

Description	Base	Rate	Total
<b>TOTAL INDIRECT COST:</b>			

Please note: Indirect Cost charges must be in accordance with to an approved Cost Allocation Plan or Indirect Cost Rate.

**Category 9: Training Cost/Stipends**

Description	Unit Cost	# Units	Total
<b>TOTAL TRAINING COST/STIPENDS:</b>			

## Budget Information Summary (BIS)

WorkForce West Virginia State Set-Aside	Service Provider: Name and Address		Contract Period, From: To:	Agreement #
Program:				
Name:				
<b>Budget Information Cost Categories</b>				
Function/Activity				
1. Administration				
2. Activity				
3. TOTAL				
<b>Cumulative Quarterly Expenditures</b>				
Program Activities	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Cumulative Total Projected Expenditures by Program				
<b>A.</b> Personnel				
<b>B.</b> Fringe Benefits				
<b>C.</b> Supplies				
<b>D.</b> Travel				
<b>E.</b> Equipment				
<b>F.</b> Training				
<b>G.</b> Other (Indirect)				

# ATTACHMENTS A-D

Attachment A

Legal Notice

Notice of Request for Proposal (RFP)

WorkForce West Virginia, a division of the Department of Commerce, announces the availability of U.S. Department of Labor Workforce Innovative Opportunity Act (WIOA) funds for the Labor Liaison Peer Support Project activities to be available statewide for dislocated workers.

The Labor Liaison Peer Support Project program develops a pre-layoff support structure for the purpose of assisting workers through the difficult transition period of rapid change and uncertainty when a dislocation occurs. Peer support coaches are developed out of each dislocation of dislocated workers to serve as the projects bridge connecting workers to services through outreach, recruitment, and ongoing program comprehensive follow-up services in referring dislocated workers to WorkForce WV One-Stop offices for reemployment and retraining services to partner services.

Complete details are available online at [www.workforcewv.org](http://www.workforcewv.org) under the Public Notices Tab, entitled WIOA Funding. A public meeting to discuss the Request for Proposal (RFP) process will be on Thursday, June 11, 2020 from 1pm-4pm at WorkForce West Virginia's Central Office, located at 1900 Kanawha Blvd. East, Bldg. 3 Suite 300, Charleston, WV 25305. Attendance is required at this bidder's conference in order to submit a proposal. If for any reason, you cannot attend in person, you may send a local representative who cannot be representing any other agency, on your behalf.

Any questions may be referred to Jamie Moore, Director of Employment Services, NDWG program. [Jamie.L.Moore@wv.gov](mailto:Jamie.L.Moore@wv.gov) at toll free (877) 967-5498 to register for the Bidder's Conference.

**Attachment B**

This is an excerpt from WIOA 3 (15) Definition of a Dislocated Worker

(15) DISLOCATED WORKER. —The term “dislocated worker” means an individual who—

(A)(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment;

(ii)(I) is eligible for or has exhausted entitlement to unemployment compensation;  
or

(II) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121€ , attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and

(iii) is unlikely to return to a previous industry or occupation;

(B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;

(ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or

(iii) for purposes of eligibility to receive services other than training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;

(C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters

Attachment C

## Sample Job Description

**Title: Peer Support Coach**  
**Type: Temporary/Grant**  
**Supervisor: Grantee**

### Duties and Responsibilities

1. To attend and be part of any informational sessions or other group meetings held for the impacted workers (Rapid Response, Benefits Rights Informational Meeting, union meetings, etc.)
2. To compile a listing of all workers targeted for layoff or those already laid off, to include name, address, telephone numbers, email addresses).
3. To make contact with each targeted worker, maintain contact and track worker progress in the workforce development system. Such contact will include telephone calls, home visits, and individual and/or group meetings as determined appropriate by the Peer Support coach. The purpose of these contacts is:
  - a. See how each worker is doing in respect to: \_\_\_\_\_
  - b. To make appropriate referrals to Workforce West Virginia services with regard to job services, training opportunities, and any other services needed by the dislocated worker (see reference manual)
    - i. Those who have not attended Rapid Response sessions;
    - ii. Those who do not sign up for further assessment services after such sessions;
    - iii. Those who have made no contact with appropriate Workforce WV Career One-Stop center or a case manager;
    - iv. Those who have dropped out of the system after initial contact.
  - c. To serve as a dislocated worker advocate and assist in resolving problems or removing obstacles to retraining or job placement, as well as assisting individuals get back into the system if they have dropped out.
  - d. To communicate with the appropriate One Stop Career Center on behalf of a peer about their needs and concerns—let them know who you have referred to them for assistance.
  - e. To prepare progress & activity reports in formats requested by Labor Liaison Project staff, and to attend other meetings as needed to provide project updates.
  - f. To do mailings, plan group meetings, or arrange any other activities determined to be desirable for meeting the project's goals.
  - g. To maintain contact throughout the terms of the Peer Support Contract (usually 3 months with possible extension) with those workers who are still working their way through the Workforce WV system.
  - h. To participate in on-going training that will assist in enhancing the Peer Support coach's knowledge and skills.
  - i. To perform tasks and duties as assigned and approved by the Labor Liaison Project staff.

Attachment D

R:\ES DWS-TAA Office\NDWG\Forms Needed to Submit Grant Requests\NDWG Budget Template.xlsx

SAMPLE PROJECT OPERATOR LEVEL - CONTRACTUAL (Detailed Line Item)				
<b>PARTICIPANT WAGES-PROGRAM COST</b>				
Positions:	FTE	Salary Rate	Months Budgeted	Total Budgeted
Crew Leaders				
Assistant Crew Leaders				
Laborers				
Total Participant Wage				Participant Wage
<b>PARTICIPANT FRINGE BENEFITS-PROGRAM COST</b>				
Fica % of Personnel Cost				
Workers Comp				
Total Participant Fringe				Participant Fringe
<b>OTHER- PROGRAM COST</b>				
First Aid Training				
Tetrafluoride Shots(participants)				
Clothing Safety Equip				
TOTAL OTHER				Other
<b>ADMIN COST PERSONNEL</b>				
Positions: Program/Admin	FTE	Salary Rate	Months Budgeted	Total Budgeted
Director				
Communications-Grant Crd.				
HR Manager				
Fiscal Supervisor				
Program Manager				
IT Administrator				
Special Grants Assistant				
Senior Bookkeeper				
Senior Secretary				
TOTAL ADMIN PERSONNEL:				
<b>ADMIN COST FRINGE BENEFITS</b>				
Fica % of personnel Cost				
Workers Comp				
Health and Welfare				
Retirement				
Unemployment				
TOTAL ADMIN FRINGE:				
<b>ADMIN TRAVEL (Purpose: Training and Meetings with WFWV, Travel to workites, Monitoring of workites)</b>				
Purpose	Number of Miles	Miles per trip/Rate	Amount	
TOTAL TRAVEL:				
<b>ADMIN SUPPLIES</b>				
Item				Amount
Office Supplies				
Postage				
TOTAL SUPPLIES:				
<b>ADMIN COST</b>				
Item				Amount
Annual Audit				
Main office Rent				
Background Checks				
Telephone/Cell phone				
Outreach (recruit participants)				
TOTAL ADMIN COST				Admin
<b>TRAINING COSTS</b>				
Positions: Program/Admin	FTE	Salary Rate	Months Budgeted	Total Budgeted
Program Coordinator				
Worksite Supervisor				
TOTAL TRAINING WAGES				TOTAL TRNG WAGES
<b>TRAINING COST FRINGE BENEFITS</b>				
Fica % of personnel Cost				
Workers Comp				
Health and Welfare				
Retirement				
Unemployment				
TOTAL FRINGE:				TOTAL TRNG FRINGES
<b>Training Travel</b>				
Purpose	Number of Miles	Miles per trip/Rate	Amount	
worksite locations				
TOTAL TRAINING MILEAGE				TOTAL TRNG MILEAGE
<b>OTHER PROGRAM COST</b>				
Description				Total
Regional Offices				
Copier Usage				
Van Maintenance/Gas/DOI				
Power Tools				
Hand Tools				
Road Signs and other safety equip				
Van Rental Insurance				
Van Rental				
TOTAL OTHER PROGRAM COST				Other Cost
<b>CONTRACTUAL /TOTAL PROJECT OPERATOR LEVEL</b>				<b>Total Contractual</b>

Note that this is only an example spreadsheet. Actual forms will be provided to project operator upon beginning of grant.

An agency of the Department of Commerce  
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