Workforce Innovation and Opportunity Act (WIOA)

National Health Emergency COVID-19 Dislocated Worker Grant
Program Year – 9/01/2020 – 9/30/2022
Sub-Grantee Performance Period
01/01/2021-8/31/2022

Deadline: December 28, 2020

REQUEST FOR PROPOSAL (RFP)

National Dislocated Worker Grant Unit
1900 Kanawha Blvd. East, Building 3, Suite 300
Charleston, WV  25305
Attention: Jamie Moore
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Revised 11/12/2020

## Proposal Preparation Checklist

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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, double spaced bearing in mind that proposal readability is of utmost importance. Limit Narrative to 3 pages)

___ 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

___ Participant Service Schedule (PSS) (See Sample, Attachment B)

___ Job Descriptions (See Sample, Attachment D)

___ Biographical Sketch (es) 2-page limitation (Job Duties of Personnel)

___ Proposal Budget

___ Detail Budget Information (See Sample, Attachment A)

___ Cost Allocation Plan (If required)

___ Administrative Requirements Checklist (see pages 20 - 22)

Please note that a digital copy of this Request for Proposal (RFP), including fillable forms needed, can be found on the WorkForce West Virginia website at: [www.workforcewv.org](http://www.workforcewv.org)
State of West Virginia
WorkForce West Virginia
Request for Proposal for
Workforce Innovation Opportunity Act (WIOA)

A. OVERVIEW

In accordance with National Dislocated Worker Grant (NDWG) guidelines, WorkForce West Virginia is seeking proposals from public, private or non-profit organizations capable of delivering and managing a disaster relief program to help address the workforce-related impacts of the public health emergency related to the COVID-19 pandemic, also known as coronavirus. This grant will provide eligible participants with temporary disaster-relief employment and training activities. These participants can include an Individual temporarily or permanently laid off as a consequence of the COVID disaster; a dislocated worker as defined at 29 U.S.C. 3102(3)(15); a long-term unemployed worker; or a self-employed individual who became unemployed or significantly underemployed as a result of COVID the disaster or emergency.

The successful Project Operator will facilitate community partnerships critical in addressing the COVID-19 pandemic and its impact on the West Virginia labor pool by providing training that builds a skilled workforce. The Project Operator will ensure timely delivery of appropriate and necessary career training. The successful Project Operator will recruit temporary disaster workers and lead temporary disaster workers which would be hired as participants receiving disaster relief employment. The Project Operator would pay the participant wages, fringe benefits, and/or supportive services.

The Project Operator will offer statewide disaster relief employment to alleviate the issues caused the COVID-19 pandemic throughout the state of West Virginia. The project operator will develop worksite agreements with the communities as well as the Local Workforce Development Boards and other entities. The Project Operator will provide case management and assessments for enrollments, make approvals, coordinate, and maintain a list of disaster relief employment for each participant. The Project Operator will ensure participants are also enrolled in an Individual Training Account (ITA) when interested in training.

B. PROGRAM SOLICITATION

The term “program solicitation” refers to the WorkForce West Virginia Legal Notice publication that encourages the submission of proposals that will address the need to secure a Project Operator for the National Dislocated Worker Grant Project.

Who May Apply:

- Any private, non-profit or public organization may apply; 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:** This is a competitive bidding process with proposals competing with one another for funding.

### C. GENERAL INFORMATION

- Contracts are awarded for up to 1 year and 10 months. The grant cycle is September 1, 2020 to September 30, 2022. The sub-grantee cycle is January 1, 2021 to August 30, 2022.
- **Acceptance of the award does not guarantee the exact award amount. Once approved the revised documents will comprise the official modification of the award.**
- Contracts will be paid on a reimbursable payment basis.
- Bidders must submit proposals that serve WIOA eligible participants.
- All WIOA eligibility determinations must be performed by specialists housed in the American Job Centers (AJC).
- Attendance at the Bidder’s Conference, hosted by WorkForce West Virginia, is required in order to submit a proposal for consideration.
- The detailed line item budget, participant service schedule (PSS) and 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 two pages) for everyone identified as senior project personnel as well as a listing of job duties for any grant-funded staff position(s).
- All proposals must provide documentation of relationships with other grant funded agencies.
- Successful applicants are required to attend all mandatory program and fiscal training.
- The selected Project Operator will be responsible for all activities and related costs beyond eligibility determination and referrals from the WIOA eligibility staff.
- All successful applicants must submit monthly program and fiscal reports by the 15th of each month.

### D. RFP CONTENT (Please Refer to Proposal Preparation Checklist)

1. **Table of Contents**

2. **Administrative Ability:** Provide a summary of the organization’s administrative and management experience in administering federal grant funds and/or any previous awards of WIOA grant funds which documents successful administration of similar activities. Explain the operational structure for requesting funding, including who has fiduciary responsibility and liability for funds awarded.

3. **Statement of Need:** This section must identify proposed activities and resources available to assist in reaching desired outcomes. Statements from local officials will be crucial in documenting and validating need.

4. **Project Summary (not exceeding two pages):** 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. Key strategies and project design for recruiting eligible enrollees into the program.

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

6. Program Design: Strategies for the delivery of proposed activities should coincide with resources requested in the budget or otherwise identified.

7. Biographical Sketch(es): All proposals must contain a biographical sketch (limited to two pages) for all senior project personnel, as well as a listing of job duties for all grant-funded staff position(s).

8. Collaboration: Describe and provide documentation, via a letter(s) of support/commitment, of all collaborations or coordination's with individuals and/or organizations.

9. Program Process Evaluation: Describe how participant data and eligibility will be implemented, completed, tracked, and reported.

10. Budget: Applicant should provide a detailed budget narrative itemizing all grant budget line items with budget summary of project expenses. All budget information should be included on the budget forms provided by WorkForce West Virginia.

E. ADMINISTRATIVE/BUDGET

Instructions for Budget Forms:

The budget form is your plan of financial operation including an estimate of proposed expenditures for the duration of the grant. The budget form is an Excel Workbook that consists of nine (9) categories: Budget Summary; Personnel; Fringe Benefits; Travel; Equipment; Supplies; Contractual; Other; and Training. 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.

Allowable Costs:

Guidance on allowable WIOA costs is provided in a series of Federal guidelines issued by the Office of Management and Budget (OMB Circulars). For commercial organizations, the cost principles detailed in the FEDERAL ACQUISITION REGULATIONS, 48 CFR Part 31, apply.

The Office of Management and Budgets (OMBs) final guidance on Administrative Requirements, Cost Principles, and Audit Requirements, 2 Code of Federal Regulations Part 200, including the Department of Labor’s exceptions codified at 2 CFR Part 2900, which supersede the requirements from OMB Circulars A-21, A-87, A-110 and A-122; Circulars A-89, A-103 and A-133; 29 CFR Parts 95, 96, 97 and 99, and the guidance in Circular A-50 on Single Audit Act follow-up, unless different provisions are required by statute or approved by OMB.

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 costs:

- Any costs charged to a 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.

- A grantee can charge costs to the grant if the costs are clearly identifiable as only benefiting the 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 program.

- 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.

- 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.

- Costs must be adequately documented 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:

Cost allocation is a procedure to ensure that costs are properly and equitably distributed to the benefiting cost objective. The total cost of a grant program is comprised of the allowable direct cost's incident to its performance, plus the allocable portion of allowable indirect costs. Allocability is a measure of whether the cost benefits the WIOA program and its cost objectives. If the cost does not benefit the program the cost cannot be charged to WIOA. Each program must assume 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 objectives called cost pools and are periodically allocated to final cost objectives using an appropriate allocation methodology.

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.

Cost Allocation Plan:

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 to the grant program. The basis
of allocation must be measurable, consistent, and supported by ongoing data collection. All costs included in the plan must be supported by formal accounting records to substantiate the propriety of the eventual charges. A cost allocation plan needs to include at least the following elements:

- Organization chart 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 objective, 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 requires 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 regulations and other applicable requirements.

Please note: An agency already receiving Federal funds must have an approved CAP 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.

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

The link for the Office of Management and Budget Circulars is: 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 in tabs 2-5 of the Sub-recipient Budget Forms.

Section B – Cost Sharing/Match Summary

Cash 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 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 attached 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 not including staff salaries directly charged to this grant. Fringe benefits include the costs of leave, employee insurance, pensions, and unemployment benefit plans. Once the "% of Personnel Cost" column is completed, the Total column will automatically calculate the total.

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

Category 3: Travel
List all 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.

Category 4: Equipment
List all 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
List all tangible and expendable personal property other than equipment, such as pencils, pens, paper, printers, ink, and etc.

Category 6: Contractual
List 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 have prior approval by WorkForce West Virginia.*

Category 7: Other

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

Category 8: Training Cost/Stipends

List 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

**Category 1: Personnel**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee Title/Position</th>
<th>Annual Salary</th>
<th>FTE</th>
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**TOTAL PERSONNEL:**

**Category 2: Fringe Benefits**

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**Total Fringe Benefits:**

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

**Category 3: Travel**

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**TOTAL TRAVEL:**
## Category 4: Equipment

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**TOTAL EQUIPMENT:**

## Category 5: Supplies

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<th># Units</th>
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**TOTAL SUPPLIES:**

## Category 6: Contractual

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**TOTAL CONTRACTUAL:**
WorkForce West Virginia
Sub-recipient Budget Forms

### Category 7: Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit Cost</th>
<th>#Units/Months</th>
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**TOTAL OTHER:**

### Category 8: Training Cost/Stipends

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<th>Description</th>
<th>Unit Cost</th>
<th># Units</th>
<th>Total</th>
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**TOTAL TRAINING COST/STIPENDS:**
F. Evaluation Criteria

The Evaluation Criteria has three parts: The Minimum Requirements; the Program Design; and the Program Cost. Each is described below.

1. Minimum Requirements

Failure to attest to and document Minimum Requirements will result in an automatic rejection of the proposal and scoring will not proceed. No points will be awarded for Minimum Requirements. Applicants must attest to each of the following:

1. The applicant must be a private non-profit or public organization. Each applying entity must be registered with the Secretary of State’s office to do business in the State of WV and be in good standing.
2. The program design must include services to:
   - An Individual temporarily or permanently laid off as a consequence of the COVID disaster;
   - A dislocated worker as defined at 29 U.S.C. 3102(3)(15);
   - A long-term unemployed worker; or
   - A self-employed individual who became unemployed or significantly underemployed as a result of COVID the disaster or emergency.
3. Training must occur in West Virginia;
4. Applicant will not charge participants a fee for participation in the program;
5. Successful applicants will ensure that participants are enrolled in the West Virginia Management Information System (MACC);
   a. Record in the MACC all eligibility, assessments, service activities, case notes, outcomes, exit information and follow-up services (during and after exit) for eligible and enrolled participants.

2. Program Design – 80 Points

The Review Committee will evaluate proposals based on the following programmatic criteria:

Ability to engage target population in the program:

Up to 10 points will be awarded to an applicant that describes:

1. The number of participants to be served;
2. The geographic area to be served;
3. How targeted population will be identified, recruited and retained.

Demonstrated capacity to develop and deliver program to potential participants:

Up to 25 points will be awarded to an applicant that:

An agency of the Department of Commerce
An equal opportunity employer/program and auxiliary aids are available upon request to individuals with disabilities.

www.workforcewv.org
A proud partner of the American Job Center network
1. Provides a fully developed plan, reviewing the temporary employment opportunities, and in-demand training programs;
2. Provides a thorough description of how the worksites will be identified;
3. Provides a follow-up/retention support of participants;
4. Demonstrates that the anticipated number of participants can be supported by the program design;
5. Proposes criteria for successful outcomes per section 116(b)(2)(A) of WIOA.

Programs history and past experience:
Up to 15 points will be awarded to an applicant that:
1. Describes their history of operating training programs, including past performance and outcomes;
2. Describes their history of operating federal grant funds and/or any previous awards of WIOA grant funds;
3. Describes the qualifications of the organization and its instructors;
4. Demonstrates its commitment to achieve program outcomes.

Overall strength of proposal:
Up to 30 points will be awarded to an applicant that:
1. Identifies and describes the past experiences and history of the success of federal or state awarded grants and abilities to meet the requirements of current opportunity;
2. Describes the value and impact of the program on disadvantaged individuals, including entry into employment;
3. Goals and objectives are clearly identified.

3. Program Cost – 20 Points
An applicant may receive up to 20 points for the program cost based on cost per participant, as follows:
1. The proposal containing the lowest cost per participant will receive a program cost score of 20 points. Each of the other proposals will receive a score based on the following formula: the proposal with the lowest cost per participant divided by the cost per participant from the proposal being scored, multiplied by 20 (the highest possible cost score).

WorkForce West Virginia reserves the right to request additional information from applicants during the cost scoring process if the budget information is unclear.

During the cost review process, WorkForce West Virginia will not remove any potentially disallowed costs included in the proposal. However, during the award process and contract negotiations, if it is determined disallowed costs were included in the proposal, those costs will not be included in the contract.

G. Method of Selection
The method of selection will be based on a point system with the technical portion of the rating criteria weighted at 80% of the total program cost is 20% of the total. WorkForce West Virginia will select the bidders that provide the best value taking into consideration the most beneficial combination of factors including qualifications, experience,
and cost as described herein.

WorkForce West Virginia staff will select applicant(s) with the highest combined cost scores and program design scores, until available funding set aside for this program is exhausted. The cost score is determined by the cost per trainee provided within the application. The program design score is based on the answers to required proposal questions regarding workforce demand, strategies and implementation, and outcomes.

A complete response to each question is crucial to ensure full points are awarded.

In the case of tied scores, preference will be given to proposals with the highest program evaluation score. If the program evaluation scores are also tied, the award will be decided by the WorkForce West Virginia Acting Commissioner.

WorkForce West Virginia may award a contract for any or all parts of a proposal and may negotiate contract terms and conditions to meet agency program requirements consistent with the RFP. Any disallowed costs will be costs not permitted under the requirements of this RFP. Proposals must first meet all minimum eligibility requirements.

Please note:

1. Ineligible applicants will be disqualified before completing a review;
2. Incomplete proposals will be disqualified;
3. All applicants that are determined not to be responsive or responsible will be disqualified after completing a review;
4. Proposals that fail to meet requirements may be disqualified after completing a full review.
Administrative Requirements and Forms
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.
   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 Liberty 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

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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

______________________________  ______________________________
Typed Name of Certifying Official  Signature

______________________________
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

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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: ____________________________________________________________

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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.

Applicant Organization

Typed Name of Certifying Official

Signature

Date
Timeline

November 17, 2020  RFP Released
December 7, 2020  Bidder’s Conference
December 28, 2020  Full Application Due

Bidders’ Conference

The Bidders’ Conference will be held on December 7, 2020, from 1:00 PM to 4:00 PM via SKYPE conference call, due to social distancing. You must register by 5:00pm on December 6, 2020 to be on the conference call. Attendance is a requirement to apply; all bidders must be present on the SKYPE conference call (at least one designated representative per organization). One individual cannot represent multiple agencies. Please RSVP your attendance to Jamie.L.Moore@wv.gov. Note: After the close of the Bidders’ Conference and up to the final application deadline, no technical assistance will be provided to potential bidders. A copy of the Request for Proposal can be found on our website, www.workforcewv.org under Announcements and Events.

Final Application

DUE: December 28, 2020

Original and two copies of your proposal must be received no later than deadline. Applications may be hand delivered or mailed to:

WorkForce West Virginia
Attention: Jamie Moore
1900 Kanawha Boulevard East, Building 3 Room 300
Charleston, WV 25305

Please refer to the attached Proposal Checklist to ensure your application is complete prior to submission.

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.
ATTACHMENTS A-D
ATTACHMENT A

Detailed Budget Information Sheet
Copy of "Detailed Budget Information Sheet" is included in Attachment A.

Note: A fillable Excel copy can be found on our website, www.workforcewv.org; proper formulas must be created by applicant.
## Project Operator Budget - COVID-19 Grant

### Program Cost / Project Operator

#### PARTICIPANT WAGES

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE</th>
<th>Salary Rate</th>
<th>Time Budgeted</th>
<th>Total Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### PARTICIPANT FRINGE BENEFITS (Crew Leaders, Asst. Crew Leader, Laborers)

- **Social Security**: $0.00
- **Medicare**: $0.00
- **Unemployment**: $0.00
- **Total Social Security, Medicare, Unemployment**: $0.00

**Total Participant Wages**: $0.00

**Total Participant Fringe Benefits**: $0.00

**Total Supportive Services**: $0.00

### OTHER PROGRAM COST (tools, safety equipment, transportation etc.)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Number of Miles</th>
<th>Rate per Mile</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Other Program Cost**: $0.00

### Admin Cost/Project Operator

#### PERSONNEL

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE</th>
<th>Salary Rate</th>
<th>Months Budgeted</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Personnel /Admin Wages</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

#### FRINGE BENEFITS/PERSONNEL

- **Social Security**: $0.00
- **Medicare**: $0.00
- **Unemployment**: $0.00
- **Total Social Security, Medicare, Unemployment**: $0.00

**Total Admin Fringe Benefits**: $0.00

### TRAVEL

<table>
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<th>Purpose</th>
<th>Number of Miles/Nights</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Admin Travel**: $0.00

### SUPPLIES

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Admin Supplies**: $0.00

### OTHER

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Admin Other**: $0.00

**Total Admin Cost**: $0.00

**Total Frmg. Mgmt & Oversight**: $0.00

---

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ATTACHMENT B

Participant Service Schedule
## Participant Service Schedule COVID National Health Emergency Grant

### 2020-2022

|          | N o v   | D e c   | J a n   | F e b   | M a r   | A p r   | M a y   | J u n   | J u l   | A u g   | S e p   | O c t   | N o v   | D e c   | J a n   | F e b   | M a r   | A p r   | M a y   | J u n   | J u l   | A u g   |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| New Enrollment |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         | Cumulative Total |
| Beginning of Month Enrollment |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Exits |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         | Total Exits |
| Entered Employment |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Other |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Total Exits |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| End of Month Enrollment |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Total Enrollment by Quarter |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Total Exits by Quarter |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

- Indicates cells that grantee must complete.

Meets Dislocated Worker Performance Measures

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ATTACHMENT C

Budget Information Summary (BIS)
## Budget Information Summary (BIS)

<table>
<thead>
<tr>
<th>Program:</th>
<th>Contract Period, From:</th>
<th>Agreement #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
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</tbody>
</table>

### Budget Information Cost Categories

<table>
<thead>
<tr>
<th>Function/Activity</th>
<th>Administration</th>
<th>Activity</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

### Cumulative Quarterly Expenditures

<table>
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<tr>
<th>Program Activities</th>
<th>First Quarter</th>
<th>Second Quarter</th>
<th>Third Quarter</th>
<th>Fourth Quarter</th>
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</thead>
<tbody>
<tr>
<td>Cumulative Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected Expenditures by Program</td>
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</tr>
<tr>
<td>A) Personnel</td>
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<tr>
<td>B) Fringe Benefits</td>
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<tr>
<td>C) Supplies</td>
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<tr>
<td>D) Travel</td>
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<tr>
<td>E) Equipment</td>
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</tr>
<tr>
<td>F) Training</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G) Other (Indirect)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Sample Job Descriptions
Sample Job Description

Title: Lead Disaster Relief Worker
Type: Temporary/Grant
Supervisor: Grantee

Duties and Responsibilities
1. To ensure that participants complete the plan by assisting them with any barriers to employment.
2. To oversee participants in disaster relief employment and/or training.
3. To perform humanitarian needs for responding to the COVID-19 pandemic.
4. Will work no more than 1,000 hours at $20.00 an hour.
Sample Job Description

Title: Disaster Relief Worker  
Type: Temporary/Grant  
Supervisor: Grantee

**Duties and Responsibilities**  
1. To complete the development plan.  
2. To complete disaster relief employment and/or training.  
3. To perform humanitarian needs for responding to the COVID-19 pandemic.  
4. Will work no more than 1,300 hours at $15.00 an hour.