

**NIAGARA COUNTY WORKFORCE INVESTMENT BOARD  
YOUTH SERVICES RFP FOR PROGRAM YEAR 2009-2010**

Name of Program \_\_\_\_\_

Total Number to be Served \_\_\_\_\_      New Enrollments \_\_\_\_\_  
Carry-In Participants \_\_\_\_\_

Target Population \_\_\_\_\_

Total Funding Requested \_\_\_\_\_

Project Operational Dates \_\_\_\_\_

Name and Address of Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Title, Phone #, and Email Address of Contact Person

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Signature, Title, and Date of Agency Director Empowered to Submit This Application**

I certify that to the best of my knowledge and belief, the cost data contained in this proposal are accurate, complete, and current at the time of this submittal, are real and necessary to the operation of this program, do not permit excess program income or program profit, and training will be offered without any duplication of costs (e.g. instructional grants, PELL grants, etc.)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**NIAGARA COUNTY WORKFORCE INVESTMENT BOARD  
YOUTH SERVICES RFP FOR PROGRAM YEAR 2009-2010**

**EXECUTIVE SUMMARY / PROJECT SUMMARY**

A. Agency/Provider Name			
B. Program / Project Name			
C. Funding Request			
New Enrollments		Carry-ins (Enrolled Prior Year's Program)	
D1. New – Out of School		D3. Carry-In - Out of School	
D2. New – In School		D4. Carry-In - In School	
E1. Number of Out of School (D1+D3)		F. Total Participants Served (D1+D2+D3+D4) -or- (E1+E2)	
E2. Number of In-School (D2+D4)		H. Planned Participants to Complete Program & Exited by 06/30/2011	
G. Cost Per Participant (C/F)		I. Planned Participants NOT to Complete by 06/30/2011	
J. Geographic Area(s) Served			
K. Characteristics of the Population the Program Serves			

*Please provide an executive summary that describes the goals and methods of your program (use no more than the rest of this page plus one additional page, 12 point type, spacing 1.5 lines or greater).*

**NIAGARA COUNTY WORKFORCE INVESTMENT BOARD  
YOUTH SERVICES RFP FOR PROGRAM YEAR 2009-2010**

Attachment B

**SUMMARY OF CONTRACTOR QUALIFICATIONS ATTESTATION**

**THE UNDERSIGNED ATTESTS TO THE FOLLOWING CRITERIA  
FOR OPERATING A WIA-FUNDED PROGRAM.**

The agency hereby submitting a proposal:

- Demonstrates competency in the administration and operation of youth specific programs.
- Such competency may be acquired or be demonstrated by the organization itself, by key administrative and operational staff in that organization or through partnerships with organizations that operate youth- specific programs and must:
  - Demonstrate the ability to address the required program elements.
  - Be legally authorized to conduct business in the State of New York and have established administrative and program resources in the Niagara County area.
- Be eligible to receive Federal funds.
- Be able to provide the following policies/procedures which comply with the Workforce Investment Act and are otherwise acceptable to the Niagara WIB:
  - Personnel policies: Programs working with youth under age 18 must include a provision for criminal background checks for all staff that have contact with the youth. Acknowledgement of labor laws for minors must be included in said policies.
    - Conflict of interest statement for staff and governing Board of Directors.
    - Follow grievance procedure for clients/customers.

**In addition, the applicant organization certifies that it:**

- Does not discriminate against nor deny employment services to any person on the grounds of race, religion, sex, national origin, age, disability, citizenship, political affiliation or belief.
- Complies with the 1990 Americans with Disabilities Act.
- Has proven fiscal capacity for fund accounting.
- Has current annual revenues equivalent to or greater than the amount proposed.
- Has access to non-WIA funds sufficient to cover any disallowed costs that may be identified through the audit process.
- Has or is able to obtain up to \$1,000,000 liability, motor vehicle and Worker's Compensation insurance.
- Agrees that the federal, state and/or local auditors to ensure compliance with funding requirements may review provider facilities and relevant financial and performance records.
- Has the ability to collect outcome data, which measures performance to plan.
- Has Internet capability and e-mail address and fax access for staff working with WIA funds.
- Provides staff training opportunities for designated staff.

\_\_\_\_\_  
Printed Name of Authorized Signator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency or Provider

\_\_\_\_\_  
Date

**NIAGARA COUNTY WORKFORCE INVESTMENT BOARD  
YOUTH SERVICES RFP FOR PROGRAM YEAR 2009-2010**

**PROGRAM OPERATOR'S SUMMARY OF THE 10 PROGRAM ELEMENTS**

**COLLABORATION**

**Check if program provides  
DIRECT PROVISION OF  
10 PROGRAM ELEMENTS:**

**if not directly provided,  
NAME OF AGENCY  
PROVIDING SERVICE**

\_\_\_\_\_ Tutoring and study skills leading to secondary school completion

\_\_\_\_\_

\_\_\_\_\_ Alternative school settings

\_\_\_\_\_

\_\_\_\_\_ Summer employment linked to academic and occupational learning

\_\_\_\_\_

\_\_\_\_\_ Paid and unpaid work experiences, i.e., internship, shadowing

\_\_\_\_\_

\_\_\_\_\_ Occupational skill training

\_\_\_\_\_

\_\_\_\_\_ Leadership, development opportunities, i.e., Secretary's Commission on Achieving Necessary Skills (SCANS): teamwork, decision-making, positive social behavior

\_\_\_\_\_

\_\_\_\_\_ Supportive services, i.e., childcare, transportation

\_\_\_\_\_

\_\_\_\_\_ Adult mentoring for at least twelve months

\_\_\_\_\_

\_\_\_\_\_ Follow-up services for twelve months

\_\_\_\_\_

\_\_\_\_\_ Comprehensive guidance and counseling (i.e. drug and alcohol abuse, pregnancy)

\_\_\_\_\_

The 10 program elements do not have to be provided with WIA funds or by WIA funded partners, and the program proposed need not supply all 10. **It is not only acceptable, but also desirable, to connect WIA youth to other community resources/services while monitoring service delivery.**

**Niagara County Workforce Investment Board**  
**Youth Services RFP for Program Year 2009-2010 (1/01/2010 – 6/30/2011)**

**SAMPLE FORMAT FOR LINE ITEM BUDGET –**

*Insert agency name here*

Attachment A1

These 2 budget pages should reflect the dollar amounts requested.

**WORKFORCE INVESTMENT ACT YOUTH PROGRAM BUDGET (Page 1 of 2)**

**STAFF EXPENSES**

TITLE OF POSITION	SALARY OR HOURLY RATE	FTE OR HOURS	WAGES	FICA	UNEMPLOYMT. INSURANCE	WKRS' COMP	RETIREMENT	BENEFITS	TOTAL FRINGES		TOTAL
										<b>TOTAL STAFF SALARY &amp; BENEFITS</b>	

**PARTICIPANT WAGES**

NUMBER OF PARTICIPANTS	SALARY OR HOURLY RATE	FTE OR HOURS	WAGES	FICA	UNEMPLOYMT. INSURANCE	WKRS' COMP	RETIREMENT	HEALTH BENEFITS	TOTAL FRINGES		TOTAL
										<b>TOTAL PARTICIPANT WAGES</b>	



**Niagara County Workforce Investment Board  
Youth Services RFP for Program Year 2009-2010 (1/01/2010 – 6/30/2011)**

**Attachment B1**

**NEW PARTICIPANTS (enrolled on or after 1/01/2010)**

Quarters (2) Number		Jan thru June 2010	July thru Dec 2010	Jan thru June 2011
<b>ENROLLMENT SCHEDULE (cumulative)</b>				
Enroll into Registration / Assessment				
Enroll into Education / Basic Skills				
Enroll into Work Experience / Skills Training				
<b>OUTCOME SCHEDULE (cumulative)</b>				
Quarters (2) Number		Jan thru June 2010	July thru Dec 2010	Jan thru June 2011
Number of Program Exits <i>into FollowUp</i>				
Number of Job Placements (entered employment)				
Number of 1st Quarter Retentions (employment)				
Number of 3 <sup>rd</sup> Quarter Retentions (employment)				
Number of GED Completions/ Certificates*				

*\*see definition of Certificates – credentials are NOT an option for these participants*

**TOTAL NEW PARTICIPANTS SERVED \_\_\_\_\_**

**CARRY-IN PARTICIPANTS (active participants on January 1, 2010)**  
*[enrolled before 12/31/2009- previously funded programs]*

Quarters (2) Number		Jan thru June 2010	July thru Dec 2010	Jan thru June 2011
<b>ENROLLMENT SCHEDULE (cumulative)</b>				
Enrolled Registration / Assessment		<i>(should be all the carry-ins, by definition)</i>	<i>(should be all the carry-ins, by definition)</i>	<i>(should be all the carry-ins, by definition)</i>
Enrolled into Education / Basic Skills				
Enrolled into Work Experience / Skills Training				
<b>OUTCOME SCHEDULE (cumulative)</b>				
Quarters (2) Number		Jan thru June 2010	July thru Dec 2010	Jan thru June 2011
Number of Program Exits <i>into FollowUp</i>				
Number of Job Placements (entered employment)				
Number of 1st Quarter Retentions (employment)				
Number of 3 <sup>rd</sup> Quarter Retentions (employment)				
Number of GED Completions/ Credentials/Certificates				

TOTAL CARRY-IN PARTICIPANTS SERVED \_\_\_\_\_