

WESTMORELAND-FAYETTE WORKFORCE DEVELOPMENT BOARD

NATIONAL HEALTH EMERGENCY DEMONSTRATION GRANT TO ADDRESS OPIOID CRISIS

EMPLOYER ENGAGEMENT

NOTICE OF GRANT AVAILABILITY

PUBLISHED: SEPTEMBER 5, 2018

Responses will be accepted until 4:30 p.m., Eastern Standard Time, Friday, September 28, 2018



The Request for Proposals can be viewed and downloaded at www.westfaywib.org on the Other Resources tab. For additional information, contact William J. Thompson at wthompson@westfaywib.org.

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer Program.

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SECTION 1 – PURPOSE OF RFP

Westmoreland-Fayette Workforce Development Board is issuing this Request for Proposals for the National Health Emergency Demonstration Grant to address the opioid crisis. The project will begin as early as October 2018 and must be completed by June 30, 2020.

SECTION 2 – AWARD INFORMATION

Application Deadline: Friday, September 28, 2018 by 4:30 p.m. Eastern Standard Time.

Estimated Funding: Approximately \$85,000 is available.

Reporting: The successful provider will submit to the Westmoreland-Fayette Workforce Development Board the names of companies, their representative who has participated in employer engagement. The provider will complete satisfaction surveys and compile results to be submitted to the WDB.

Period of Performance: An on-going outreach to employers in Westmoreland and Fayette County. Workers directly or indirectly affected by the opioid crisis will be matched with available job openings with local employers. Grant activities will be completed by June 30, 2020.

SECTION 3 - ELIGIBILITY INFORMATION

Eligible organizations include:

Applicant can be:

- Private-for-Profit
- Chamber of Commerce
- Community-based organizations
- Trade associations; and
- Economic development entities

The applicant must be capable of bringing together business, education, workforce and provider partners to achieve the overall project goals.

SECTION 4 – BACKGROUND/SCOPE OF SERVICES

Background/Scope of Services

The Westmoreland-Fayette WDB is seeking a provider to deliver information on effective partnerships with local employers.

The employer partnerships are critical to help employers retain good employees and connect business and workers directly or indirectly affected by the opioid crisis. The provider supports the employer to continue involvement in the partnership.

Scope of Services:

The employer outreach and job development activities may include:

- 1.) Contacts with potential employers for the purpose of placement of grant participants
- 2.) Provide information about the grant program
- 3.) Coordinate activities in a region or local area to promote training and services
- 4.) Assist in making informed decisions about community job training needs
- 5.) Conduct labor market surveys
- 6.) The development of on-the-job training opportunities

SECTION 5 – APPLICATION AND SUBMISSION INTRODUCTION

Proposal must include:

(1.) Complete the Site Data Form (Appendix B)

(2.) Project Narrative

The Narrative must not exceed (5) pages. The Project Narrative must be formatted to clearly address each of the merit review criteria in Section 6. Provide sufficient information so that reviewers will be able to evaluate the proposals in accordance with these merit criteria.

(3.) List previous experience

Include types of similar projects and contact names

(4.) Budget & Budget Narrative (Appendix C)

REQUIRED ATTACHMENTS:

1. Executive Summary - Please complete Appendix D and attach to the front of the proposal.
2. Site Data Form - Please complete Appendix B.
3. Assurances - Please complete Appendix E.
4. Budget - The Budget Narrative should be attached to this budget form (Appendix C) with proposal submission. Complete Budget Summary with back-up pages as needed.

SUBMISSION OF PROPOSALS

Submission of proposal unnecessarily elaborate or lengthy is not encouraged; neither are special bindings nor coverings. One (1) hard copy and one (1) digital pdf version of the proposal must be received no later than 4:30 P.M. (EST) on September 28, 2018.

Submission packets should be submitted to:

Westmoreland-Fayette Workforce Development Board
145 Pavilion Lane
Youngwood, PA 15697

National Health Emergency Demonstration Grant to Address Opioid Crisis

Digital Copies can be emailed to:

William J. Thompson - wthompson@westfaywib.org

Proposals received after this time and date, whether by US Mail, commercial delivery or hand carry, will not be considered for the review. Timely receipt of the proposals is the sole responsibility of the proposer. Proposals must be submitted by September 28, 2018, by 4:30 p.m. Eastern Standard Time.

SECTION 6 – EVALUATION CRITERIA

Completion of RFP

5 points

- Application is responsive in all areas and responses are comprehensive

Program Description and Operations

40 points

- Innovative program model that addresses items listed in Scope of Services description in this RFP
- Program model that clearly defines outreach and recruitment for employers in Westmoreland Fayette Counties PA.
- Timeline illustrating the major activities and services of the proposed program. All activities must be concluded by June 30, 2020.
- Consideration of services provided and overall approach to meeting goals and deadlines
- Evidence of strong employer partnerships to provide quality on follow-up, engagement plan with timetable

Organizational Capability

15 points

- Organizational experience in providing employer outreach including strong knowledge of technical and legal issues related to the project
- Administrative Capacity
- History and performance of organization on similar projects
- Knowledge and experience working with exhibiting integration with One-stop and alignment with Westmoreland-Fayette Workforce WDB

Budget and Budget Narrative

40 Points

Discussion and Award

The Westmoreland-Fayette Workforce Development Board may enter into discussions with a selected applicant for any reason deemed necessary, including but not limited to : (1) the budget is not appropriate or reasonable for the requirement; (2) only a portion of the application is selected for award; (3) the Westmoreland-Fayette Workforce Development Board needs additional information to determine that the recipient is capable of complying with reporting requirements; and/or (4) special terms and conditions are required. Failure to satisfactorily resolve the issues identified by the Westmoreland-Fayette Workforce Development Board within a specific period determined by the Westmoreland-Fayette Workforce Development Board may preclude award to the applicant.

Right of Rejection

The Westmoreland-Fayette WDB reserves the right to reject any and all proposal submitted.

APPENDIX B

Site Data Form

I. Organizational Background

The following requested information relates to your status, experience, qualifications, etc. All questions must be answered.

- 1.) Full Legal name of Organization _____
Address _____
Contact Name: _____ Phone #: _____
- 2.) Corporation _____ Partnership _____ Individual Ownership (Proprietorship) _____
Federal Employers Identification Number (FEIN) _____
DUNS Number: _____
- 3.) Profit Making _____ Non-Profit _____
- 4.) Number of years in business of providing training _____
- 5.) Number of permanent employees (both salaried & hourly) _____
- 6.) If needed, would your organization be able to provide documentation to show that you are in compliance with the Equal Employment Opportunity (EEO) Policy?
Yes _____ No _____
- 7.) Do you have any minorities (e.g., African Americans, females, limited English speaking, etc.) and/or people with disabilities currently employed?
Yes _____ No _____
- 8.) Is there a procedure established to solve complaints and problems with employees?
Yes _____ No _____
- 9.) Is your facility accessible to persons with disabilities?
Yes _____ No _____
- 10.) Are there any Equal Employment Opportunity posters visible to the employees?
Yes _____ No _____
- 11.) Are you in receivership or bankruptcy, or are any such proceedings pending?
Yes _____ No _____

12.) Has your organization ever been cited, fined, or reprimanded for any law or code violations within the last three (3) years, or had any business license suspended or revoked?

Yes _____ No _____

13.) Has your organization ever been placed on the debarred list by the Federal Government?

Yes _____ No _____

14.) Is your organization now on strike or is a strike pending?

Yes _____ No _____

15.) Are all of your required business permits current?

Yes _____ No _____

16.) Do you employ a certified accountant?

Yes _____ No _____

If yes, list name _____

Certified by whom _____

17.) Will you sub-contract any of the training?

Yes _____ No _____

18.) Is your training organization accredited?

Yes _____ No _____

If yes, by whom _____

19.) Is your training organization currently licensed?

Yes _____ No _____

If yes, by whom _____

20.) Are participants attending your school eligible to apply for PELL/PHEAA/SEOG Grants?

Yes _____ No _____ N/A _____

21.) Are participants attending your school eligible to apply for the following loans?

Federal Stafford Loans Yes _____ No _____ N/A _____

Federal Supplemental Loans (SLS) Yes _____ No _____ N/A _____

Federal Perkins Loans Yes _____ No _____ N/A _____

22.) Are you bonded?

Yes _____ No _____

For what amount \$ _____

23.) Does the organization carry statutory workers compensation and employer's liability insurance? (Please attach a copy for our records.)

Yes _____ No _____

24.) Does the organization have comprehensive, all risks general liability coverage for personal injury and property damage of not less than \$1 million for each occurrence and \$2 million annual aggregate? (Please attach a copy for our records.)

Yes _____ No _____

25.) Does the organization provide comprehensive automobile bodily injury and property damage coverage liability of not less than \$1 million combined single unit? (Please attach a copy for our records.)

Yes _____ No _____

APPENDIX C

BUDGET

Line Item

	WIOA	MATCH
Personnel Cost		
Salaries		
Fringe Benefits		
Mileage and Travel		
TOTAL PERSONNEL		
Operations Cost		
Supplies		
Materials		
Books		
Teaching Aids		
Postage		
Telephone		
Maintenance		
Printing		
Equipment Rental		
Rental		
Total Operations Cost		
GRAND TOTAL PROGAM COST		

Appendix D

EXECUTIVE SUMMARY

Organization Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact Person: _____

Total Amount of Funds Requested: _____

Total Number of employees to be served: _____

Proposal is for (Name or Type of Activity): _____

Geographic area(s): Identify the geographic area served by the project.

APPENDIX E

ASSURANCES

I recognize that I must give assurance for each item below. If I cannot, this proposal will be automatically rejected. The assurances are:

1. I am authorized by my Board of Directors, Trustees, other legally qualified officer, or as the owner of this agency or business to submit this proposal.
2. We are not currently on any Federal, State of PA, or local debarment list.
3. We will provide records to show that we are fiscally solvent, if needed.
4. We have, or will have, all of the fiscal control and accounting procedures needed to ensure that Workforce Innovation and Opportunity and Act funds will be used as required by law and contract.
5. We have additional funding sources and will not be operating WIOA funds alone.
6. **We will meet all applicable Federal, State, and local compliance requirements.**

- ❖ Records accurately reflect actual performance.
- ❖ Maintaining record, confidentially, as required.
- ❖ Reporting financial, participant, and performance data, as required.
- ❖ Complying with Federal and State non-discrimination provision.
- ❖ Meeting requirements of Section 504 of the Rehabilitation Act of 1973.

7. **We will not:**

- ❖ Place an individual in a position that will displace a current employee.
- ❖ Use WIOA or TANF money to assist, promote, or deter union organizing.
- ❖ Use funds to employ or train individuals in sectarian activities.

I hereby assure that all of the above are true.

Name

Title

Date