**SECTION III-A: SHORT TERM JOB READINESS & TRANSITIONAL JOBS TRAINING APPLICATION INSTRUCTIONS**

Please complete your proposal for a short-term Job Readiness and Transitional Jobs Training program by filling out and submitting the following application form.

* You must complete the application section electronically, in Microsoft Word or compatible format. Attachments may be scanned to PDF. Electronic copies of the application may be downloaded from ETR’s website at <http://www.etronline.com>.
* You must submit one (1) hard original of threshold documents and financial statements per agency and one (1) hard original plus three (3) hard copies of your application.
* One (1) electronic copy of your application(s) must be submitted on a removable, virus-free “flash” drive.
* This form was designed to lead applicants through question areas in the same order in which the issues appear on the evaluation forms. *You may add lines/blank space as needed to make room for your responses. If you need to cut and paste text to a new page or document without tables, you may do so.*
* ***Except where explicitly requested, please do not refer to your agency by name within the application***. Reviews are to be conducted with the identity of each proposer hidden from evaluators for maximum objectivity. Financial and threshold documents will be reviewed separately, by ETR staff.
* An area has been provided for you to present an overview of your training program. Other narratives should include only information directly related to the question being asked.
* Except where noted in the instructions, all responses should be provided directly on the form.
* Please remember that because the costs of Transitional Jobs participant wages, insurance, benefits and Employer of Record/Payroll services are part of the grand total but will be contracted directly between ETR and a third party, you will be asked to use an estimating tool to calculate these costs, but they will not be reflected in your award. In various places, the application will ask for the total including the third-party services, the estimate for third party services, and the amount being requested for your agency.

ETR reserves the right to request additional backup documentation from applicants.

**SECTION III-B: SHORT TERM JOB READINESS & TRANSITIONAL JOBS TRAINING APPLICATION**

**FOR CUSTOMERS UNDER VARIOUS FUNDING SOURCES WITH SERIOUS AND/OR MULTIPLE BARRIERS TO EMPLOYMENT**

**SHORT-TERM JOB READINESS & TRANSITIONAL JOBS TRAINING ACTIVITY SUMMARY**

|  |  |  |
| --- | --- | --- |
| **1.** | Organization Identification Code: | (To be entered by ETR): |
| **2.** | Activity/Program: |  |
| **3.** | Funding Request. Maximum of $400,000 includes funding that will be set aside (not awarded directly to your agency) to cover the costs of 3rd Party HR/Employer of Record/Payroll for participants. You must estimate the cost of 3rd Party services, including participant wages, using the Estimator Calculation in the Budget section. |
|  | **a)** | Amount Requested for your agency’s costs: |
|  | **b)** | Amount to cover 3rd Party HR/Employer of Record/Payroll (from Estimator Calculation): |
|  | **c)** | Total under this grant (a+b) not to exceed $400,000: |
|  | **d)** | Leveraging or In-Kind to be used for the costs of this program, if any. Please list amount and describe:  |
| **4.** | Planned # of participants per class:Planned # of classes: | Total # of participants to be served over contract period: |
| **5.** | Specific geographic community or communities to be served (list areas within Bakersfield and/or outlying areas):\*Preference will be given to programs serving rural or other underserved communities whose residents experience high barriers to employment. Please include justification of how the geographic area is not only rural or underserved but in need of this program, for example, census or other data showing high unemployment/low income. |
| **6.** | Special population(s) to be targeted (potential target groups include the chronic/long-term unemployed, individuals with inconsistent work histories, ex-offenders, individuals receiving or having exhausted TANF benefits, and individuals with disabilities). Transitional Jobs Training MUST target job seekers with high barriers to employment: Please indicate if your agency is willing to serve offenders, whether targeted or not, bearing in mind that a 3rd Party HR/Payroll service will be serving as Employer of Record for the Transitional Jobs component.\_\_\_ Yes (list exceptions, if any)\_\_\_ No |
| **7.** | **Description of Training Program:** |
|  | Please provide a brief overview of the program you are proposing (*overview does not count toward point total but will provide reviewers with a clear, descriptive summary of your proposed program*): |
| **8.**  | **Capabilities and Demonstrated Ability (25 points maximum)**: This category will evaluate your Agency’s previously demonstrated management capability and experience in providing services similar to those being proposed, including the ability to manage and track participant activities and program expenditures, maintain fiscal integrity, and meet enrollment and performance targets.Documentation including official reports issued by other funding sources will be reviewed. Reports need only be cited in this section of the application; please enclose a copy of any reports referenced with your proposal.  |
|  | **a)** | Please provide a brief history of your organization, without naming it. Include funding source(s) and types of services your organization has provided. Please include experience recruiting participants as well as experience managing subsidized work experience (whether “paid work experience” or “transitional jobs”) including your agency’s experience and success in matching participants to employers serving as work site hosts. If possible, please list employers with whom you have placed participants in the past or with whom you currently partner. |
|  | **b)** | Please describe your Agency’s history of success in achieving and properly documenting outcomes such as completion of classroom curriculum, core competencies or other benchmarks, and the earning of industry-recognized certificates. |
|  | **c)**  | Please provide documentation of your Agency’s history of compliance with WIOA, other Federal or comparable reporting requirements including timely submission of Operator Expense Reports (reimbursement claims), Monthly Enrollment Reports, participant forms including timely follow-up, proper documentation of expenditures relative to contract amounts, and overall program and fiscal accountability such as audits and monitoring reports.  |
|  | **d)** | Please list the credentials of staff who will be responsible for ensuring that all procurement and expenditures comply with WIOA and the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (“Uniform Guidance”). Include their title and a brief description of any previous experience with the fiscal management of federal awards. (You may generalize titles/credentials as needed to avoid revealing the name of your agency). |
|  | **e)** | Provide a list of all program staff by titles, duties and responsibilities, sufficient to establish their work history, required experience and credentials, as applicable. This should include case managers, those entering activity codes and case notes, staff providing direct program services, etc. If desired, resumes with redacted names may be attached. |
|  | **f)** | Does your Agency have the financial resources to operate on a retroactive reimbursement basis—i.e. is your Agency able to cover its own expenses up front, ***not*** including the cost of Transitional Jobs participant wages, insurance, and HR services?  \_\_\_ yes \_\_\_ no |
| **9.** | **Location and Accessibility (10 points maximum):** |
|  | **a)** | Please identify the proposed training location and describe how it is accessible to customers who may be relying on public transportation, have disabilities, and if there are restrictions regarding having customers with criminal histories, or certain types of criminal histories, on site. (No one is expected to serve a customer who is a danger to other participants or staff but some locations or agencies may have more restrictions than others). |
|  | **b)** | What are/will be the hours of operation and how does this schedule help meet the needs of your target population? |
|  | **c)** | Is the proposed training location already established with agreements for use in place? If not, please describe the extent to which any proposed location(s) are still in the identification or planning stages, and indicate when your Agency expects to be able to conduct program activities in them. (Note that the contract period includes up to three months of “ramp up” time prior to an expectation of actively serving participants but agencies may begin services sooner if able). |
|  | **d)** | Please describe measures your program will take to minimize the chance of exposure to/transmission of Covid-19 in the classroom, as well as ensure that host employers are complying with required Covid-19 safety measures as these evolve, and what plans, including applicable remote technology, you have in place to provide continuity for the program should more restrictive Covid-19 measures be re-instated in Kern County. |
| **10.** | **Program Design and Planned Approach (30 points maximum):** Transitional Jobs Training programs require that a Job Readiness component be provided as part of the program. Your agency may choose to provide Job Readiness activities “on the front end” prior to placement with a work experience host willing to provide training and supervision sufficient to meet the definition of Transitional Jobs OR your agency may choose to combine Job Readiness within the Transitional Job work experience component in a work-based learning or paid apprenticeship type of design, in which the work site is also the classroom. |
|  | **a)** | Programs funded under this RFP will be expected to help participants develop industry-specific job readiness skills in addition to more general “soft skills.” For what industry or industry cluster will your program prepare its participants? What jobs should successful completers of your program expect to be able to obtain without any additional training beyond the Transitional Jobs component and ETR’s assistance with job search?  |
|  | **b)** | How does your agency plan to recruit participants? (Note that all candidates must be referred to ETR for intake/eligibility determination before beginning any activities, but that agency, not ETR, is responsible for recruiting enough participants to meet at least 80% of planned enrollments). |
|  | **c)** | Please provide a detailed description of the Job Readiness component including curriculum/topics to be covered, the competencies to be achieved, and how competencies will be measured and documented. Programs should include the opportunity to earn at least one industry-recognized certificate. Please list any certificates participants will be able to earn as they successfully complete phases of your program. If available, please include a copy of the curriculum you plan to use. |
|  | **d)** | How is your Job Readiness component structured in terms of daily scheduling, hours of study per day/week and in total? Describe the extent to which these activities are instructor-led vs. self-paced and what assistance is available to participants who are English Language Learners or basic skills deficient in reading or math.  |
|  | **e)** | Describe the Transitional Jobs component. Include the kind(s) of jobs you expect to be available for participants and number of hours per week to be worked, the maximum number of hours of work per participant, and how Transitional Job placements build on the classroom component and prepare participants for unsubsidized employment. (Each participant is limited to no more than **520** hours of Transitional Employment at maximum but you may propose fewer hours. ***Weekly paid work shall be no less than 20 hours per week and no more than 40 hours per week***). |
|  | **f)** | What steps will your agency take to ensure a successful transition from Job Readiness activities to the Transitional Job if the two are not combined in a model that delivers them concurrently? How will agency ensure that host employers (if separate from your agency) are providing an appropriate training environment for participants, understanding that this is not simply “free labor” and that these are individuals who have significant barriers and may need to have the Job Readiness skills taught in the classroom reinforced in the context of the real workplace? |
|  | **g)** | Please describe your agencies plan for communicating with host employers and participants during the Transitional Jobs phase, including visiting active work sites to ensure compliance with program requirements, if utilizing outside work sites. |
| **11.** | **Enrollment Goals and Program Performance (20 points maximum):** Agencies will be required to meet 80% of planned enrollments to be considered eligible for refunding. Although agency may receive referrals from ETR, agency should be prepared to conduct its own recruitment sufficient to meet minimum enrollment goals. Agency must not rely on ETR to fill any cohort to 80%. Agency’s program will also be expected to contribute to positive outcomes for participants under the applicable Indicators of Performance for their enrolled WIOA or other funding stream. Performance Indicators are listed on pages 5-7 of Section I. |
|  | **a)** | How many total participants do you plan to serve during the contract period? (Should match answer in question #4). |
|  | **b)** | How many total participants do you expect to successfully complete the program, as defined by successfully achieving your described Job Readiness competencies as well as Transitional Jobs component, whether done in sequence or concurrently? For the purpose of this application, successful completion of the Transitional Jobs component, if separated from Job Readiness activities, means either: 1) completing the planned number of work hours to the end of the nearest pay period before exceeding the maximum; or 2) securing unsubsidized employment, either by the host employer or elsewhere, prior to exhausting subsidized work hours. |
|  | **c)** | Even though ETR is responsible for job placement, please discuss how your program will ensure that participants are job-ready by the time they have completed program activities, such that your program will be able to positively contribute to applicable performance indicators.  |
| **13.** | **Budget Summary and Justification (15 points maximum):** On the budget form following this section, list the amounts requested for cost categories for the proposed program, and justify why costs are necessary and reasonable to achieve program objectives. Include any equipment you plan to purchase/lease, as equipment purchases will be negotiated into contract budgets based on this proposal. Purchase/lease equipment purchases will be subject to prior approval by ETR and possibly the Department of Labor or the State during the course of the contract year. IMPORTANT! Please note that although your budget should include a cost estimate for Career Catalyst services, including participant wages and benefits, those services will be contracted directly by ETR with the Foundation for California Community Colleges (FCCC). An estimation tool is included. If selected, you will be asked to provide detailed information regarding job types so that FCCC can provide ETR with an official quote. Your award/contract will be for the portion of the (maximum) award of $400,000 that is not set aside for Career Catalyst services. |
|  | **a)** | Please provide an explanation of any unusual costs or equipment needs (for example, those necessary to meet special population needs or to serve outlying locations), and discuss why they are necessary. |
|  | **b)** | Identify any costs that will be borne by your Agency or another agency and not reimbursed by this proposed contract, which will leverage funds for this program (for example, contributions of staff, facilities, equipment or supplies for which this contract would not be charged). Highlight collaborations or partnerships with non-WIOA agencies including community-based or faith-based organizations. Leveraging or match is not required but if available, should be described here. |
|  | **c)** | Please describe the proposed arrangements and procurement method for any services that are to be subcontracted by your Agency to another agency and paid for with WIOA funding (not including Career Catalyst services which will be contracted by ETR).  |
|  | **d)** | Provide any additional information needed to justify the proposed budget.  |

## BUDGETS

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| Organization Code: (to be entered by ETR) |
| Training Program Name: |
| Funding requested (including estimated Career Catalyst Services):  |
| Planned Participants: |
| Cost per Participant (Funding/Total Participants): |

**CAREER CATALYST COST ESTIMATOR**

1. Total # of Participants to be placed in Transitional Jobs: \_\_\_\_\_\_\_\_\_
2. Wage Rate = **$15.00/hr:** \_\_\_\_\_\_\_\_\_
3. Total Hours to be worked per participant: \_\_\_\_\_\_\_\_\_
4. Wages (Participants X Wage Rate X Total Hours): \_\_\_\_\_\_\_\_\_
5. Taxes (Wages X 0.12): \_\_\_\_\_\_\_\_\_
6. Workers’ Compensation Insurance (Wages X .05) \_\_\_\_\_\_\_\_\_
7. Total Wages, Taxes and Workers’ Compensation: \_\_\_\_\_\_\_\_\_
8. Indirects (Total from #7 X 0.15): \_\_\_\_\_\_\_\_\_
9. Onboarding Fees: (# of Participants in #1 X $100): \_\_\_\_\_\_\_\_\_
10. Career Catalyst Total (Sum of #s 7, 8 and 9): \_\_\_\_\_\_\_\_\_

TOTAL BUDGET

|  |  |  |
| --- | --- | --- |
|  | **Cost Category** | **Funds Requested** |
| **01** | **a.** | **Staff Salaries and Fringe Benefits – Related to Transitional Jobs** |  |
| **01** | **b.** | **Staff Salaries and Fringe Benefits – Not Related to Transitional Jobs Component** |  |
| **02** |  | CAREER CATALYST COST ESTIMATE FROM COST ESTIMATOR ABOVE\* |  |
| **03** |  | **Facility Expense** Cost of renting or leasing offices, storage rooms, facilities, classrooms, etc. Use allowance or depreciation for space is charged here. Include any building utilities (telephones, electricity, water, trash collection, alarm/security systems, Internet, etc.) not included in rental agreement. |  |
| **04** |  | **Supplies & Equipment under $5000**Cost of supplies necessary for the operation of the activity – Includes participant testing supplies and all equipment under $5,000. Lease or rental of equipment. Use allowance or depreciation. Repair and/or maintenance costs of all items purchased or leased. The cost of maintenance agreements as well as janitorial services. |  |
| **05** |  | **Supplies & Equipment $5000 and over**Cost of equipment and supplies (including tax and freight charges) necessary for the operation of the program – based on cost per item. Subgrant agreements require approval from ETR prior to incurring expenses for equipment $5,000 and over. |  |
| **06** |  | **Travel & Training Expense** Costs for staff travel necessary for normal program operations. Agency costs associated with travel for participants. Staff training costs, as well as participant training/tuition costs are to be charged under this line item. **Incentives NOT related to Transitional Jobs should be charged here.** |  |
| **07** |  | Insurance/Bonding/Professional And Special Services: |  |
|  | **a)** | Cost of insurance & bonding, including all liability, but excluding worker’s compensation for participants. All non-salaried services required, such as accounting, legal, security guard, etc. |  |
|  | **b)** | Outreach and recruiting costs other than Staff Salaries/Fringe. Include advertising costs here. |  |
| **08** |  | **Employer Reimbursement and Income**Employer reimbursements under On-the-Job Training and income control for programs producing revenue. |  |
| **09** |  | **Supportive Services**Supportive Services will be paid by ETR according to ETR policy. | **Not Applicable** |
| **10** |  | **Indirects if applicable\*** (Your approved indirect rate applied to your allowable base, for budgeting purposes. **Actual indirects should be billed monthly and calculated against the monthly total of other line items except 02 and 10**.) If you intend to charge for all services on a direct basis, enter zero. |  |
|  |  | **TOTAL REQUESTED** |  |

\*You do NOT have to use the indirect rate even if you have one, if you are able to correctly determine/allocate expenditures as direct charges. If you do choose to use indirects, you must calculate them against actual expenditures on a monthly basis and submit them on the monthly Operator Expense Report. You cannot include indirect costs in your direct billings and then calculate your indirect amounts utilizing those same costs. If you do not understand the concept of Indirect Costs, please put zero in line item #10 and do not attempt to use them. If you want to consider using them, please consult your accounting staff before completing the budget.

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| Indirect Cost Rate - If your Agency has an Indirect Cost Rate, complete the following: |
| **Approved Indirect Cost Rate\*:** |
| **Cognizant Agency:** |

Budget transfers must be approved before charging any expense to a category not listed in a contract budget. The subgrant agreement requires obtaining approval from ETR prior to incurring the following expenses: equipment & supplies over $5,000, lease-to-own agreements, consultants, and any line item not included in the original contract budget. **Competitive quotes or sole source justification must be obtained for all purchases of $10,000 or more**.

\*Please include letter from cognizant agency if approved indirect cost rate is higher than 10%.