

**Governor's
Workforce
Board**
Rhode Island



Today's Vision... Tomorrow's Opportunity.

REQUEST FOR PROPOSALS

2010

**Comprehensive
Workforce Training Grant Program**

The Honorable Donald L. Carcieri
Governor

Joseph MarcAurele
Chair

GENERAL INFORMATION

PURPOSE

The purpose of this Request for Proposals (RFP) is to solicit applications for workforce improvement programs designed to increase the skills of the incumbent workforce. As a result of improving this capacity, the applicant must indicate how the business/organization will become more efficient, productive and competitive.

JOB DEVELOPMENT FUND

The Job Development Fund (JDF), created by statute in 1992, is a state fund financed entirely by Rhode Island employers. The Comprehensive Workforce Training Grant program is funded by the JDF in an effort to assist employers to improve the skills of their current workforce as well as the effectiveness of their business/organization.

AMOUNT OF ASSISTANCE

Up to \$2 million (depending on availability) has been allocated for approved projects within this initiative. The maximum amount awarded to an individual business/organization is \$50,000. Applicants are responsible to contribute a minimum of 50% of the allowable training expenses.

INQUIRIES

Governor's Workforce Board RI
Bldg. 72, Second Floor
1511 Pontiac Avenue, Cranston, RI 02920
PHONE: (401) 462-8823 FAX: (401) 462-8865
EMAIL: Dan Brown at dbrown@dlt.ri.gov

SCHEDULE OF PERTINENT DATES

Release of RFP	December 28, 2009
Pre-Proposal Conference	January 13, 2010
Proposals Due	February 5, 2010
Grant Awards Announced	March 2010
Training to Begin	April 2010

PRE-PROPOSAL CONFERENCE

The Pre-Proposal Conference will be held Wednesday, January 13, 2010 from 8:00 a.m. – 9:30 a.m. at the Community College of RI (CCRI) Flanagan Campus, 1762 Louisquisset Pike, Lecture Hall 2706, Lincoln, RI.

Board staff will address the objectives of the RFP in detail, including criteria that must be met for proposals to be accepted, and will respond to attendees' questions. **Pre-register by contacting Maureen Mooney at mmooney@dlt.ri.gov or by calling 462-8860.** Questions raised at the Pre-Proposal Conference that require clarification or any amendments to this RFP will be posted to www.rihric.com prior to January 22, 2010.

SUBMISSION OF PROPOSALS

Applicants must submit one proposal with an original signature along with seven (7) copies of the completed proposal. Proposals should be submitted to:

Governor's Workforce Board RI
1511 Pontiac Avenue
Bldg. 72-2
Cranston, RI 02920

The submission deadline is 4:00 p.m. on Friday, February 5, 2010. Faxed or emailed proposals will not be accepted, nor will proposals received after the scheduled date and time. A complete application consists of the proposal cover sheet, signatory page, checklist, narrative and budget sections, and planned expenditures by quarter, grant provisions, general provisions, and completed W-9 form.

DURATION OF FUNDING

Projects funded as a result of this RFP should plan for grant activity tentatively scheduled to begin on April 1, 2010 and ending no later than March 31, 2011.

BONUS POINTS

All employers are assigned a North American Industry Classification System (NAICS) code by the RI Department of Labor and Training's Labor Market Information (LMI) Office. Information regarding the NAICS codes can be accessed at the following website: <http://www.dlt.ri.gov/lmi/pdf/naics.pdf>

A total of five (5) bonus points will be awarded to businesses/organizations from the following high-wage industries as evidenced by labor market data.

- Information (NAICS code: 51)
- Finance & Insurance (NAICS code: 52)
- Wholesale Trade (NAICS code: 42)
- Professional, Scientific, & Business Services (NAICS code: 54)
- Construction (NAICS code: 23)
- Manufacturing (NAICS code: 31 – 33)

To verify your code and determine eligibility for the bonus points, you may call the LMI Office at 462-8760.

ELIGIBLE APPLICANTS

Any Rhode Island for profit or not for profit organization (except those who received a Comprehensive Grant in 2009) may apply if they currently contribute to the Job Development Fund. This can be verified by contacting the RI Division of Taxation at 574-8710. Labor organizations and trade associations are also eligible to apply for training of their members. In this case, all participating member companies must contribute to the Job Development Fund. The names and RI Employer Identification Numbers for all participating organizations must be provided for verification purposes. Eligible applicants must be current on all Rhode Island tax obligations, must be in good standing with Workforce Regulation and Safety and must not have been debarred (prohibited) from contracting with an agency that administers federal funds.

ALLOWABLE ACTIVITIES / PARTICIPANTS

Applicants may request grant assistance for projects that train their incumbent employees or members (if a trade or labor organization). All trainees must be employees. Volunteers and board members are not eligible to participate in the training. Allowable training is flexible and should be based upon the employer's needs. Reimbursable activities cannot occur prior to the actual start date of the grant.

REVIEW PROCESS

Each proposal will be reviewed and evaluated by a team of volunteers consisting of members from the public and private sector, including previous grant recipients. Proposals will be rated and ranked based on point values assigned to the various sections of the application. The results will be approved by the GWB prior to April 1, 2010. Results will be made public after they are approved.

LIMITATIONS

This RFP does not commit the GWB to award a contract or to pay for any of the costs in the preparation of a proposal.

The GWB reserves the right to accept or reject any or all proposals received as a result of this request, the right to cancel this RFP in part or in its entirety, the right to fund any proposal either in part or in full, and the right to waive any and all requirements of the RFP if it is in the best interest of the State of RI or GWB to do so.

All contract awards are subject to the availability of funds and the execution of a contract that is acceptable to both the selected respondent and the GWB.

NARRATIVE SECTION

Following are instructions for completing the narrative component of the grant application. Respond to each request for information completely and accurately. Use as many pages as necessary to respond to each topic described below, using the same description and numbering for each response. Also, numbered pages will facilitate the reading and evaluation process. NOTE: Lengthy, wordy responses are unnecessary and will not enhance funding prospects.

1. Executive Summary (5 Points):
The executive summary is a brief summation of the grant request.
2. Needs Statement (10 Points)
Applicants should identify their current workforce challenges and explain how training will enable the improvement of the organization's productivity, competitiveness, and continuous improvement efforts.
3. Program (40 Points)
This section should answer the following "W" questions: who, what, where and when in reference to training activities.
 - Who will participate in the training?
 - Who will conduct the training?
 - What training programs are planned under this grant? Be as specific as possible.
 - Where will the training take place?
 - When will the training take place? Include start/end dates and number of hours for each training activity.
4. Outcomes/Evaluation (25 Points)
This section should address how the effectiveness of the training will be measured and evaluated in meeting the organization's needs (post training expectations).
 - List the intended outcomes for the proposed training.
 - The proposal must include a description of how the training will be evaluated using quantifiable outcome measures.
 - Define the measure of success that will be used to evaluate all training programs conducted. Include information on the individual(s) conducting the evaluation and how the results will be used to improve company processes.
 - Up to 10% of the total grant award can be used for evaluation purposes. However, there must be a clear explanation of how these funds will be used.
5. Budget (20 Points):
Refer to the special budget section beginning on the next page.

BUDGET SECTION

- **Grant Funds:** The amount requested should only include allowable activity taking place that will be reimbursed with grant funds. Grant funds cannot be used to purchase equipment, compensate employees while in training or pay for travel related expenses. The maximum request is limited to \$50,000.
- **Grant Recipient Cost:** Grants will be entered into on a cost reimbursement basis. This means that the grant recipient must pay for the complete cost of the training and then request reimbursement of 50%. For example: If the total training cost is \$20,000, 50% (\$10,000) is reimbursable with grant funds.
- **Budget Narrative:** A budget narrative **must be included** and correspond to the expense items listed in the budget and explain how the costs were determined. The budget narrative should be set up in the exact order as the program section and budget line items for easy reference.
- **Planned Reimbursement of Grant Funds by Quarter:** The chart on page 9 must indicate the estimated grant funds to be reimbursed by quarter. These amounts should correspond to the training plan and schedule.
- Line items must correspond to activities outlined in the program section.

EXAMPLES OF ALLOWABLE AND NON-ALLOWABLE COSTS FOR TRAINING EXPENSES

Allowable Training Expenses	Non-Allowable Costs
Tuition and training provider fees	Equipment including hardware and software
Training materials and supplies	Lost worker productivity
Software that is used 100% for training activities	Grant preparation or administrative costs
In-house trainer wages – excluding benefits	Travel expenses, meeting space, lodging, food
Curriculum development	Wages while in training and fringe benefits cost
Cost of evaluating the training	

Comprehensive Workforce Training Grant
Proposal Submittal
Check List

Be sure to complete this form and attach it to the top of your application. It will be used by staff to ensure the application is complete and meets the threshold criteria.

Initial each item below to certify the submittal of a complete proposal.

- _____ Grant Proposal Cover Sheet
- _____ Certification Page
- _____ Executive Summary
- _____ Needs Statement
- _____ Program Narrative
- _____ Outcomes and Evaluation
- _____ Budget Detail / Planned Quarterly Reimbursement
- _____ Budget Narrative
- _____ Grant Provisions
- _____ General Provisions
- _____ W-9 Form (Attachment A)
- _____ If a trade or labor organization applying on behalf of members, list of participating companies and RI Employer Registration Numbers.

The above should be stapled (no binders, please).

- _____ One (1) signed original
- _____ Seven (7) complete copies

GOVERNOR'S WORKFORCE BOARD RI - 2010 *Comprehensive Workforce Training Grant Program*
GRANT PROPOSAL COVER SHEET

SECTION 1. Applicant Information

Name of Applicant:

Address:

Contact Person / Title:

Phone: Fax: Email:

Business / Organization Website:

Federal Employer ID Number (FEIN):

Rhode Island Employer Registration Number (Not FEIN):

Industry Sector Name:

For-Profit: Yes

Non-Profit: Yes

Trade Association applying on behalf of members: Yes No

North American Industry Classification Code (NAICS):

SECTION 2. Applicant Profile (a mouse must be used to complete the following Yes/No questions)

Labor Organization applying on behalf of members: Yes No

Business / Organization Total Number of Employees:

Total Number of Employees to be Trained Through this Grant:

Total Amount of Grant Assistance Requested:

SECTION 3. Products/Services (Briefly describe your organization including products and services.)

**Please be sure to sign and date the certification section on the following page (page 6).*

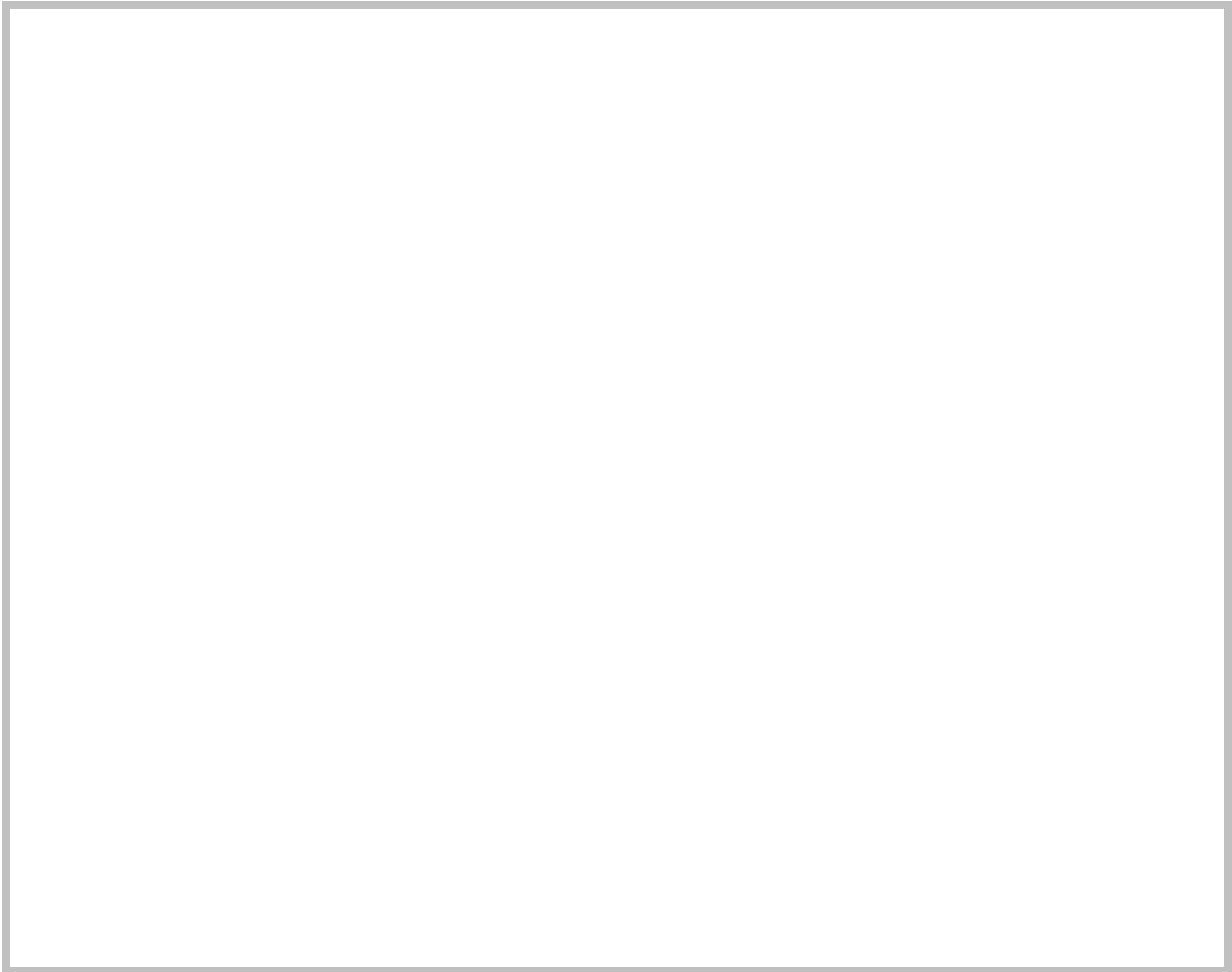
SECTION 4. Certification *(The signature below must be that of an individual with the authority to enter into legally binding agreements on behalf of the applicant.)*

If selected for award, I, the undersigned, agree to meet the requirements of the Rhode Island Job Development Fund for a grant award. I certify that all information contained in this application and proposal is true and accurate and understand that falsification of information may be cause for non-review or award revocation. I certify that the applicant organization is in compliance with all contributions; payment in lieu of contributions, interest or penalty charges due under Rhode Island unemployment law, in good standing with Workforce Regulation and Safety and has not been debarred from contracting with any agency that administers Federal funds. I understand that I have acquired no property or other right by virtue of submitting this application. If awarded, I agree to comply with the terms and provisions of this proposal.

Typed Name

Signature _____

NARRATIVE SECTION: EXECUTIVE SUMMARY



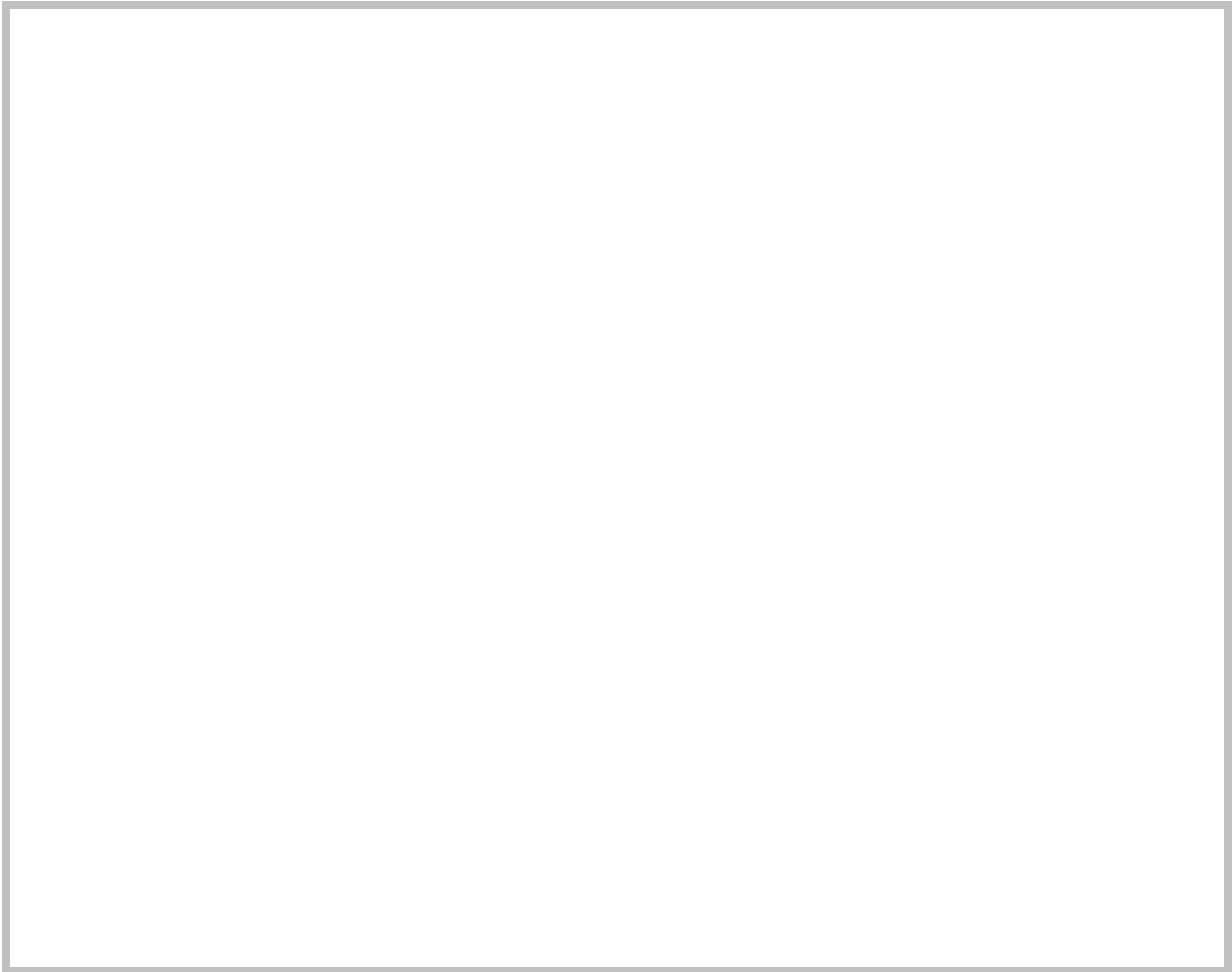
NARRATIVE SECTION: NEEDS STATEMENT

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NARRATIVE SECTION: PROGRAM

A large, empty rectangular box with a thin gray border, intended for the user to enter a narrative description of the program.

NARRATIVE SECTION: OUTCOMES AND EVALUATION

A large, empty rectangular box with a thin grey border, intended for the user to write the narrative section on outcomes and evaluation.

BUDGET SECTION: DETAIL

Follow the budget format below. Each expense line item must reflect the 50/50 percent split between grant funds and the applicant's cost.

Expense Item	Total Cost 100%	Grant Funds Requested 50%	Applicant's Cost 50%
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
TOTAL			

PLANNED REIMBURSEMENT OF GRANT FUNDS BY QUARTER

Quarter Ending	Grant Fund Reimbursement
1. 6/30/10	\$
2. 9/30/10	\$
3. 12/31/10	\$
4. 3/31/11	\$
Total	\$

**Note: The total should equal the amount of the grant award.
The applicant's match should not be included.**

BUDGET SECTION: NARRATIVE

For each line item of the budget, provide a description below of how costs were determined.
(Example: 1 trainer @ \$30 per hour for 60 hours of training = \$1,800.00)

A large, empty rectangular box with a thin gray border, intended for the user to provide narrative descriptions for each budget line item. The box is currently blank.

GRANT PROVISIONS

I. General

The Grant Recipient shall be bound to comply with the terms of the grant as outlined in the Grant Recipient's proposal and the program outline, and any revisions and/or recommendations approved by the GWB. The grant may be amended by mutual agreement between the Grantor and the Grant Recipient. Such agreements shall be in writing, approved prior to implementation and will become a modification to the grant.

2. Payment Method

Grant Recipient shall be paid for expenses incurred under this grant under a cost reimbursement arrangement. Only the allowable expenses listed in the approved budget and paid in full by the Grant Recipient will be reimbursed by the GWB.

3. Reporting

The Grant Recipient is required to report quarterly with or without program activity taking place. Both the Invoice and Program Narrative Report are required for each reporting period. Each form is due by the 20th of the month following the reporting period.

i. Invoice

ii. Program Narrative Report

iii. Reporting Due Dates

- April 20 for quarter ending March 31
- July 20 for quarter ending June 30
- October 20 for quarter ending September 30
- January 20 for quarter ending December 31

4. Modification Procedures

This contract can be modified by mutual agreement by both parties.

5. Contract Extension

Under extraordinary circumstances this contract may be extended for a period of up to six months.

6. Helpful Information

- The first payment may take up to 60 days to process
- For questions relating to fiscal reporting please contact Elaine DeFusco at 462-8152
- All other questions – Dan Brown at 462-8823

Governor's Workforce Board RI
RI Department of Labor and Training
1511 Pontiac Avenue
Bldg. 72, 2nd Floor
Cranston, RI 02920

GENERAL PROVISIONS

1. EXAMINATION OF RECORDS

The Grant Recipient agrees to maintain and preserve all financial, trainee attendance, trainee progress, and all payment records relating to this grant for three (3) years and agrees that the Grantor shall, until the expiration of three (3) years after final payment under this grant, upon advance reasonable notice, have access to and the right to examine any documents, papers, and records of the Grant Recipient involving transactions related to this grant.

2. TRANSFER AND SUBCONTRACT

This grant shall not be assigned or transferred, and no service required hereunder shall be subcontracted, either in whole or in part.

3. PAYMENTS

The Grantee shall be paid upon submission of proper invoices. Payment will be made to the Grant Recipient upon verification that the services agreed to have been rendered by the Grant Recipient and have been completed in accordance with this contract.

4. DISPUTES

Any disputes shall be determined in accordance with the Rhode Island Administrative Procedures Act.

5. TERMINATION

(a) Termination for cause: If the Grant Recipient fails to perform under this grant or fails to make sufficient progress so as to endanger performance, the Grantor may terminate the grant, in whole or in part, upon written notice to the Grant Recipient.

(b) Termination for reduction of funding: The funding obligation authority contained within this grant shall be subjected to availability of State funds. In the event the funding is cut or reduced by the State of Rhode Island, the funding authorized in this grant shall be subject to either partial or total de-obligation.

6. INSPECTION

The Grantor or designee may have access to the place of training of the trainees under this grant to measure the progress and quality of the training and to determine compliance with the grant terms. Inspection by the Grantor or designee shall take place during the course of a normal work day during working hours.

7. INSURANCE (LIABILITY TO THIRD PERSONS)

(a) The Grant Recipient shall procure and thereafter maintain workers' compensation, employer's liability, comprehensive general liability (bodily injury and property damage), and comprehensive automobile liability (bodily injury and property damage) insurance with respect to performance under this grant.

(b) Indemnification

Grant Recipient will indemnify and hold harmless the State of Rhode Island and the Grantor (hereinafter referred to as "Indemnities") from any loss or damages (including reasonable attorney's fees) incurred by Indemnities because of claims, suits, or demands of third parties for personal injury or tangible property damage to the extent such loss or damage is caused by or results solely from: the negligent acts of Grant Recipient or its employees or agents provided (1) Indemnities promptly notify Grant Recipient in writing of any, claims, or demands against Indemnities for which Grant Recipient is responsible under this indemnity, (2) Indemnities give Grant Recipient full opportunity and authority to assume the sole defense of and settle such suits and, (3) Indemnities furnish to Grant Recipient, upon request, all information and assistance available to Indemnities for defense against any such suit, claim, or demand.

Note: If any of the above provisions conflict with the policies of the Grant Recipient, the Grant Recipient is asked to forward to the GWB office an explanation, in writing, of these concerns and/or conflicts.

8. MONITORING

Rhode Island General Law requires that the GWB provide for fiscal and accounting controls to monitor and audit all grant awards.

Monitoring consists of an on-site review of all program and fiscal grant activity. Back-up documentation of grant fund expenditures and the required applicant's cost are verified during the monitoring visit. Failure to provide documentation may result in the repayment by the recipient of all funds received.

9. NOTICES AND APPEALS

All applicants will receive notification of application approval or denial. An applicant who wishes to appeal a decision is required to submit a written notice of appeal within ten (10) days from the date of the notification letter. The notice of appeal must specify the nature of and reason for the appeal. Notices of appeal must be submitted to:

Governor's Workforce Board RI
Attn: Executive Director
1511 Pontiac Avenue, Bldg. 72
Cranston, RI 02920

The GWB, or its designee, will consider the merits of the appeal and issue a decision within thirty (30) days after receipt of the appeal. The decision of the GWB regarding any appeal is final.

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding either because: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.
- (3) As it relates to the "E-Verify" program, I/We certify that I/We have registered to utilize the e-verify program (www.dhs.gov/E-Verify) to ensure compliance with federal and state law. I understand and agree that I am required to continue to utilize the services of the E-Verify program for as long as I continue to do business with the State of Rhode Island. I further understand that my failure to continue to utilize the services of the E-Verify program will adversely affect my ability to continue to do business with the State of Rhode Island and my ability to do business with the State of Rhode Island in the future.

Certification Instructions – You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location – attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location – submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF – Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908