**MASSHIRE BRISTOL WORKFORCE BOARD**

**FY 2025-2026 Out-of School Youth Services**

### Proposal Specification Form

**RFP #25-06**

The RFP and Proposal Specification Form this year have been designed to facilitate the process of proposing programs. It has also been designed to provide those who will be evaluating proposals with uniform, clear and comprehensive data.

Please supply all information requested, in the format and Section requested. Failure to follow directions will make the evaluative process difficult for the members of the MassHire Bristol Workforce Board and may result in disqualification of your proposal.

Proposers are encouraged to re-read all materials in the Request for Proposal prior to completing the Proposal Specification Form.

**In order to facilitate proposal review, all proposers are required to use the Proposal Specification Form and are required to supply all requested, applicable information.**

**PLEASE REFER TO THE REQUEST FOR PROPOSALS (RFP), TO ENSURE THAT YOU ARE ADDRESSING ALL PROPOSAL SPECIFICATION FORM REQUIREMENTS:**

You are also required to submit a copy of your agency’s most recent independent audited financial report with your Proposal Specification Form.

The Proposal Specification Form “Assurances, Certifications, Terms & Conditions**”** must be signed by the individual who can legally bind the proposer in contracts. The signed “Assurances, Certifications, Terms & Conditions**”** shall constitute a firm offer by the proposer to conduct programming as proposed and an agreement to comply with BCTC’s Terms and Conditions (available from Thomas Perreira, at (508) 675-1165).

Required City of Fall River documents (Certificate of Non-Collusion and City of Fall River AB Form must also be signed by the individual who can legally bind the proposer in contracts. For incorporated entities, please also include the attached Clerk’s Certificate.

**Please see the Request For Proposal Section VIII for complete submission instructions.**

**MassHire Bristol Workforce Board Fiscal Year 2025-2026**

Workforce Innovation and Opportunity Act

Out-of-School Youth Services

# PROPOSAL SPECIFICATION FORM

**ALL PROPOSERS MUST COMPLETE ALL ITEMS ON THIS FORM**: If an item does not apply to your services, write “N/A.”

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite/Room/Floor \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the Organizational Structure of the Above Named Proposer:

(check below)

\_\_\_\_\_\_\_\_\_\_ Corporation \_\_\_\_\_\_\_\_\_\_ Individual Employer \_\_\_\_\_\_\_\_ Educational Institution

\_\_\_\_\_\_\_\_\_\_ Partnership \_\_\_\_\_\_\_\_\_\_ Non-profit Organization

\_\_\_\_\_\_\_\_\_\_ Other: Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Which Program Model are You Proposing? Model I \_\_\_ Model II\_\_\_

Schedule of Program: Start Date: \_\_\_\_\_\_ End Date: 12-31-25

Is your Program Cohort Based or Open Enrollment? Cohort Based\_\_\_\_\_ Open Enrollment\_\_\_\_\_\_

In addition to Fiscal Year 2025, would you be interested in providing a second year of services? (Y/N)\_\_\_\_\_\_\_

Even if proposing for two years, please construct your proposal based on a one year operational period.

Planned Enrollments

Total out-f-school youth enrollments:\_\_\_\_\_\_\_\_\_

Area(s) to be served (check all that apply) \_\_\_ Attleboro \_\_\_\_ Fall River \_\_\_ Taunton

Location(s) of Proposed Youth Services:

If site is not located in Attleboro, Taunton or Fall River, is it accessible via public transportation? Y/N\_\_\_\_\_\_

Are these sitesin compliance with the Americans With Disabilities Act? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please describe the communities from which youth will be served.**

**2. Please describe the characteristics of the youth (including ages) targeted for service (please note that all youth must be out-of-school).**

**3. Please describe your proposed youth recruitment plan:**

1. **Please provide an overview of your program and service strategy:**

**5a. Please check which of the following WIOA program elements will be offered to youth and who will provide these elements (If another organization will be providing services under this program, please include a letter of support or memorandum of agreement with your proposal):**

Provided Provider

Tutoring, study skills training and instruction \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative education \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid and unpaid work experiences \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comprehensive guidance and counseling (required) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership development \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supportive services \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult mentoring \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial literacy education \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrepreneurial skills training \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor market and employment information \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition to postsecondary education and training \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education offered concurrently with and in the same context as

workforce preparation activities and training for a specific

occupation or occupational cluster \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5 b. Please describe your program services in each of the applicable program elements.** At a minimum, **the proposed program must provide the following four elements for Model I**: 1) Tutoring, study skills training, and instruction, 2) Paid and unpaid work experiences, 3) Comprehensive guidance and counseling, 4) Supportive Services. The remaining nine elements are optional. At a minimum, **the proposed program must provide the following five elements for Model II:** 1) Occupational Training, 2) Tutoring, study skills training and instruction, 3) Paid and Unpaid Work Experience, 4) Supportive Services, 5) Financial Literacy Education. The remaining eight elements are optional\*.

. In each proposed youth element, please indicate if the element will be provided in-person or virtually.

1. Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential:
2. Alternative secondary school services, or dropout recovery services, as appropriate:
3. Paid and unpaid work experiences:
4. Occupational skills training shall include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with in-demand industry sectors or occupation in the local area. Indicate if your occupational training component will lead to an Industry Recognized Credential. If occupation(s) chosen do not fall within identified priority industry clusters (Attachment D) include labor market justification and other data that supports your selection:
5. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate:
6. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate:
7. Supportive services:
8. Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months:
9. Financial literacy education:
10. Entrepreneurial skills training:
11. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services;
12. Activities that help youth prepare for and transition to postsecondary education and training:
13. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster:

**6. Please describe any partnerships, linkages or collaborations with other organizations that will improve services to program participants and/or reduce cost:** (Evidence of a **minimum** of one partnership/collaboration must be provided)

**7. Proposer Qualifications:** Please attach the resumes and credentials (if applicable) of your program staff or job descriptions for proposed program staff.

Have you had previous youth program funding by MHBWB? Y/N \_\_\_\_\_\_ If yes, describe the programs, including the dates of services:

Please note your qualifications to provide the proposed services. Describe any previous experience running this or similar types of services for at-risk youth, including any prior activities funded by the Bristol WB. Please include whether you met performance requirements for prior MassHire Bristol Workforce Board funded programming and if not, provide an explanation of the reasons for not meeting performance requirements.

Staffing: Please describe your proposed staffing pattern:

Please List Your Service Staff for each applicable category: (If staff has been identified please **attach resumes**. If staff have not yet been identified please list them as “to be determined” and **attach job description** of proposed staff position)

Administrator(s):

Financial Staff:

Coordinator:

Instructor(s):

Counselor(s):

Job Developer(s):

Recruitment Specialist:

Other Staff:

**8. Goals To Be Provided By Program:** Please describe your overall program objectives:

**9. Performance Outcomes:**

1. **The following represent the performance goals for Title I funded workforce development projects. What percentage of youth participating in your program will achieve the following outcomes? Please include this information for all categories that apply to your program design. (See Attachment B for definitions of performance measures and minimum requirements for each)**

**Percentage of youth**

1. Employment/Education Rate \_\_\_\_
2. Credential Attainment Rate \_\_\_\_
3. Measurable Skills Gains \_\_\_\_
4. **Please specify how these goals will be achieved through your program design. Please see Attachment B for additional description of performance measures.**

**In addition to the above, will program participants achieve any additional credentials as a result of participation in the program?**

**Additional Comments - If there is any additional information you wish to provide that was not included**

**in any of the previous questions, please do so here:**

**ASSURANCES, CERTIFICATIONS, TERMS & CONDITIONS:**

**I certify that the information provided in this proposal is accurate and constitutes a firm offer to conduct services for the MassHire Bristol Workforce Board. I also certify that this proposal constitutes a binding offer on the part of the proposer and that I am authorized to sign contracts on behalf of this Agency/Employer/ Proposer.**

**The undersigned certifies under penalties of perjury that this proposal has been submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union committee, club or other organization, entity, or group of individuals.**

**I also understand that acceptance of this proposal on the part of the MassHire Bristol Workforce Board does not constitute a promise to fund the proposed activity, and that the final terms of any contract for services will be subject to negotiations with the MassHire Bristol Workforce Board. I also agree that the submittal of this proposal commits the proposer to compliance with all BCTC Contractual terms and conditions and required certifications (including Americans With Disabilities Act compliance) should a contract be negotiated and executed.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Name (Type or Print)**

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

**Title/Position Date**

City of Fall River

NON-COLLUSION FORM

Applicants submitting a bid or proposal to provide supplies or services to the City or to purchase supplies from the City must complete and submit the following certification of non-collusion for with the bid or proposal.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies, under penalties of perjury, that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person.

As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Signature of individual submitting bid or proposal

Print name of individual submitting bid or proposal

Name of Business

Date

**City of Fall River - AB Form**

**Section A**

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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

\*\* Social Security Number or \* Signature of Individual or Corporate Name

Federal Identification Number

**(Voluntary)**\*\*\*

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

\* Corporate Officer (if applicable)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print)**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section B**

I also certify that I have, to the best of my knowledge and belief, paid all accounts receivable owed to the City of Fall River, including, but not limited to real and personal property taxes, motor vehicle excise taxes, parking fines, water and sewer user charges and other license/permit fees, emergency medical service charges or other charges or fees.

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

\* Signature of Individual or Corporate Officer

\* **Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.**

\*\* **Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Mass. G.L.C. 62C s. 49A.**

\*\*\* **If you do not supply a social security number you MUST supply an employer identification number.**

CLERK’S CERTIFICATE

I hereby certify that I am the duly elected Clerk of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is the duly elected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

That at a meeting of the Board of Directors of said corporation held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

At which meeting all directors present and voting the following vote was passed.

VOTED THAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be hereby authorized in his/her capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to enter into and sign on behalf of this corporation, and seal with the corporate seal, any and all contracts with the CITY of FALL RIVER and Bonds in connections therewith.

I further certify that said vote has never been rescinded, remains in force and effect and that the charter and bylaws of said corporation authorize and permit said vote.

DATED the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_

Corporate Seal:

Clerk’s Signature

**ATTACHMENTS**

**IF YOU WISH TO PROVIDE ANY ATTACHMENTS FOR REVIEW PLEASE INSERT THEM HERE. PLEASE BE SURE TO INCLUDE PROPOSAL CHECKLIST.**

**MASSHIRE BRISTOL WORKFORCE BOARD**

**Fiscal Year 2025-2026 Out-of School Youth Services RFP Proposal Specification Form**

**Proposal Check List**

Please be sure to include all of the following with your proposal:

\_\_\_\_\_\_ 1. Proposal Specifications Form with all questions answered

\_\_\_\_\_\_2. Completed Budget Forms and Budget Narrative

\_\_\_\_\_\_3. Most recent independent audited financial statement (if not already on file with MHBWB)

\_\_\_\_\_\_4. Resumes, credentials of all program staff and job descriptions for proposed program staff

\_\_\_\_\_\_ 5. Signed certifications, in the “Assurances, Certification, Terms & Conditions” Section of Proposal Specifications and City of Fall River Certificate of Non-Collusion, City of Fall River AB Form and Clerk’s Certificate (Applicable to Incorporated Entities)

\_\_\_\_\_\_6. Proof of state overhead rate, if applicable

\_\_\_\_\_\_7. Narrative justification for “fee for service” or “profit percentage” (profit making groups

only), if applicable

\_\_\_\_\_\_8. Letter(s) of Support from partnering organization(s) providing services.