**APPENDIX 1: COVER SHEET**

**Applicant Name:**

**Address:**

**Proposal Contact Person:**

**Proposal Contact Title:**

**Telephone/Cell Phone:**

**E-mail:**

**Total Number of Participants to be served:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information provided in this submission is accurate.

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

(Print Name / Title) Signature

**APPENDIX 2: TABLE OF CONTENTS**

Please include the beginning page for each section and major subsection of the Response, including each attachment.

**APPENDIX 3: PROPOSAL SPECIFICATION FORM**

**MASSHIRE BRISTOL WORKFORCE BOARD - ONE-STOP CAREER CENTER OPERATOR SERVICES**

**Please refer to RFP Section IV.B for a complete description of each questions to ensure that you are addressing all Proposal Specification Form narrative requirements.**

Organization Name:

Indicate the Organizational Structure of the Above Named Proposer:

(check below)

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

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

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

1. **Proposer Eligibility**
2. **Proposed Location of One-Stop Career Centers**
3. Physical Locations
4. Locations and Their Relation to the Community
5. Schedule of Operations
6. Americans with Disabilities Act Requirement
7. **Organizational Capacity**
8. Alignment with WIOA Program Goals
9. Experience
10. Data Management
11. Organizational Structure & Proposed Staff
12. Facility Management
13. Capacity for Transition
14. Coordination of Service Among Multiple Oranizations
15. **Career Center Operation - Program Elements**
16. Adult and Dislocated Worker Services
17. Youth Services
18. Employer Services
19. Workshops and Events
20. Marketing and Public Relations
21. Partnerships and Community Resources
22. **Program Outcomes and Deliverables:**
23. Performance Measures
24. Managing Performance Outcomes
25. Performance Tracking
26. **Fiscal Accountability and Budget**
27. Financial Capacity
28. Budget – Include budget forms as provided in Appendix 6. Submit budget forms separate from this form as instructed in Section II.A. Do not include budget amounts in any other part of the proposal other than Appendix 6.

**APPENDIX 4: 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 MHBWB/City of Fall River Contractual terms and conditions and required certifications should a contract be negotiated and executed.

The undersigned party also acknowledges and assures that the proposing organization and all of its employees responsible for providing the services for which it has applied will abide and comply fully with all state, federal, and local, laws, ordinances, rules, regulations and/or executive orders, including but not limited to provisions of the laws listed below:

* WIOA Section 188, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I-financially assisted program or activity;
* Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
* Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
* The Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination against qualified people with disabilities based on disability;
* The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
* Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;
* Debarment and Suspension (Executive Orders 12549 and 12689) – A contract award (see 2 CFR § 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.52.
* 29 CFR Part 38 and all other regulations implementing the laws listed above. This assurance applies to the operation of the WIOA Title I-financially assisted program or activity, and to all agreements the contractor makes to carry out the WIOA Title I-financially assisted program or activity. The undersigned understands that the United States has the right to seek judicial enforcement of this assurance.

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

**Signature Name (Type or Print)**

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

**Title/Position Date**

**Certification Regarding Lobbying**

**Certification for Contracts, Grants, Loans and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract; the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

Contractee

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

Name of Certifying Official Signature

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

Date

**CERTIFICATE REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY and VOLUNTARY EXCLUSION**

Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants’ Responsibilities.  The regulations were published as Part VII of the May 26, 1988 Federal Register (Pages 19160-19211).

(BEFORE COMPLETING THE CERTIFICATION, READ THE ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

* 1. The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
	2. Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Contractor Organization:

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

Name and Title of Authorized Representative

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

Signature                Date

Page 1 of 2

**INSTRUCTIONS FOR CERTIFICATION-LOWER TIER TRANSACTIONS**

* By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as set out below.
* The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into.  If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
* The prospective recipient of federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
* The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.  You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
* The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
* The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
* A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.  A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to check the List of parties Excluded from Procurement or Non-Procurement Programs.
* Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this clause.  The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
* Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the DOL may pursue available remedies, including suspension and/or debarment.

Page 2 of 2

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE (**

**GRANTEES OTHER THAN INDIVIDUALS)**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 29 CRF 98.630, The regulations, published in the January 31, 1989 Federal Register require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (29 CRF Part 98.630).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

**A.** Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

**B.** Establishing an ongoing drug-free awareness program to inform employees about-

 1) The dangers of drug abuse in the workplace;

 2) The grantee's policy of maintaining a drug-free workplace;

 3) Any available drug counseling, rehabilitation, and employee assistance programs; and

 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

**C.** Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by Paragraph A;

**D.** Notifying the employee in the statement required by Paragraph A that, as a condition of employment under the grant, the employee will-

 1) Abide by the terms of the statement; and

 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

**E.** Notifying the agency in writing, within ten calendar days after receiving notice (under subparagraph D, section 2), from an employee or otherwise receiving actual notice of such conviction;

**F.** Taking one of the following actions, within 30 calendar days of receiving notice (under subparagraph D, section 2), with respect to any employee who is so convicted-

 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

**G.** Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A, B, C, D, E, and F.

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

Contractee

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

Name of Certifying Official (Signature) Date

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

**APPENDIX 5: ATTACHMENTS**

**IF YOU WISH TO PROVIDE ANY ADDITIONAL ATTACHMENTS FOR REVIEW PLEASE INSERT THEM HERE.**

**IN ADDITION, PLEASE INCLUDE THE FOLLOWING HERE:**

Certificate of Insurance (See Section IV.B.6.a.9)

Copy of most recent monitoring report, if applicable (see Section IV.B.3.b.)

**APPENDIX 6: BUDGET**

**Budget Summary**

**Fiscal Year 2026 Bristol Career Center Operator Proposed Budget**

The budget form is provided for initial budget planning purposes. A total of $1,840,000 is estimated for Career Center operations in FY’26. Please review Section III.B. carefully for additional detail on funds available.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adult** | **Dislocated****Worker** | **Youth[[1]](#footnote-1)** | **Total**  | **Leveraged Funds** |
| **PERSONNEL** |  |  |  |  |  |
| **FRINGE** |  |  |  |  |  |
| **TRAINING[[2]](#footnote-2)** |  |  |  |  |  |
|  Adult & Dislocated Worker Occupational Skills Training (ITA) |  |  |  |  |  |
|  Adult & Dislocated Worker Occupational Skills Training (Group Training) |  |  |  |  |  |
|  Adult & Dislocated Worker On the Job Training |  |  |  |  |  |
|  Other Training |  |  |  |  |  |
| **Sub-Total TRAINING** |  |  |  |  |  |
| **PREMISES LEASE AND RELATED COSTS** |  |  |  |  |  |
| **INFORMATION TECHNOLOGY (IT/DATA LINES)** |  |  |  |  |  |
| **NON PERSONNEL SERVICES - OTHER** |  |  |  |  |  |
| **SUPPORT SERVICES** |  |  |  |  |  |
| **OTHER COSTS** |  |  |  |  |  |
| **ADMINISTRATION/INDIRECT** |  |  |  |  |  |
| **TOTAL CAREER CENTER BUDGET PROPOSAL** |  |  |  |  |  |

**Budget Detail**

1. **Salaries and Wages:**

Provide a breakdown of your staff costs by completing the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position/Title | Number of Positions | Average Hourly Rate | Average Total Hrs. Per Week | Hrs. per Week Charged to Career Center | # Weeks Charged to Career Center | Total Career Center Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 Total Salaries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Fringe Benefits:**

Represents payments other than salaries and wages, made to staff or paid in behalf of or on their account, e.g., pensions, insurance, etc. Important – Government mandated fringe benefit components must be consistent with known or planned tax rates and the bases must be consistent with the ceilings on these. Non- tax generated benefits must be fully supported by your agency’s personnel manual.

|  |  |  |
| --- | --- | --- |
| Fringe Benefit | % Benefit is of Salaries | Total Career Center Cost |
| FICA |  |  |
| Worker Compensation |  |  |
| Health Insurance |  |  |
| Retirement |  |  |
| Other |  |  |

 Total Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Job Seeker Training Costs – must equal at least 30% of all Adult and Dislocated Worker Program Costs to Career Center**

Training costs include occupational training in the form of Individual Training Accounts, Group Training, Customized Training or On the Job Training for Adults or Dislocated Worker programs. Definitions for these trainings are found in the WIOA. Youth Subrecipient costs will be handled directly by the MHBWB.

|  |  |  |  |
| --- | --- | --- | --- |
| Training Type | Number of job seekers receiving training service | Average Cost Per job seeker | Total Cost to Career Center |
| Adult/DW Individual Training Accounts (ITA) |  |  |  |
| Adult/DW Group Training  |  |  |  |
| Adult/DW Customized Training |  |  |  |
| Adult/DW On the Job Training |  |  |  |
| Other Training |  |  |  |

Total Job Seeker Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Other Line Items:**

List your proposed cost for each additional line item wherever applicable. Indicate the total cost proposed for each line item by listing it under the Total WIOA Cost column. Line items paid for by other resources, either in part or in full, should have such costs represented in the Match Contribution column.

Please note that the line items listed below reflect the types of costs that have historically been proposed. You are not limited to these, nor are you required to propose a cost for each one.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description of Expense | Cost basis of Expense | Total Cost to the Career Center |
| PREMISES LEASE AND RELATED COSTS |  |  |  |
| INFORMATION TECHNOLOGY (IT/DATA LINES) |  |  |  |
| NON PERSONNEL SERVICES - OTHER |  |  |  |
| SUPPORT SERVICES |  |  |  |
| OTHER COSTS |  |  |  |

 Total Other Line Items: \_\_\_\_\_\_\_\_\_\_\_\_

**GRAND TOTAL must correspond with the total figures on the Budget Summary Sheet)**

Grand Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Narrative**

Please use this section to describe your budget assumptions, sources of leveraged funds if any, unique expenditures, or other budget information you would like the evaluation committee to know. Provide written justification for the proposed expenses by line item for the first year of the project. The Budget Narrative should provide enough information that proposal evaluators need not seek clarification of the Contractor’s budget proposal.

1. Salaries and Wages – Address the following:

Explain the justification for each staff position proposed. Number of hours per week and number of weeks proposed should correspond with the requirements of the position(s)

1. Fringe Benefits- Explain the justification for each staff position proposed. Number of hours per week and number of weeks proposed should correspond with the requirements of the position(s)
2. Training Costs- For WIOA Adult and Dislocated Worker eligible job seekers. Definitions and other specifics for WIOA training can be found in The Workforce Innovation and Opportunity Act of 2014.
3. Other Line Items- Fully explain and justify each proposed cost. Be sure to include the rationale for each proposed cost (i.e., historical data, units per participant, etc.). Use additional space if necessary. Massachusetts requires that 30% of WIOA funds be spent on training.
* Justify each proposed expense included on the budget attachment in terms of it being necessary, allowable and reasonable. Show the method of computation (i.e., insurance = salary x 2.35%).
* Identify any in-kind resources/support for the one-stop work beyond what is requested in the budget. Include each committed or proposed source of funding and the amount of that funding.
* Give details of the organization’s cost allocation method if one is used; e.g., prorating the cost of supplies based on the number of staff, or the cost of salaries based on percentage of time spent on this contract.
* Please also include details of the organization’s indirect cost rate, along with how it was determined, if one is used.
1. For youth framework and follow-up services. WIOA Youth Elements (other than Youth Follow-Up services) will be procured separately. [↑](#footnote-ref-1)
2. Adult and Dislocated Worker training costs must equal at least 30% of Adult and Dislocated Worker costs. [↑](#footnote-ref-2)