

WORKFORCE DEVELOPMENT BOARD
 WorkLink Workforce Innovation and Opportunity Act
GRANT BUDGET SUMMARY

Service Provider _____ Contract # _____

Project/Activity _____ Funding Source _____ Modification # _____

| Line Items | Administrative | Non-Administrative | Total Budget Amount | In-Kind Contributions * |
|---|----------------|--------------------|---------------------|-------------------------|
| Salaries & Fringe Benefits | \$ - | \$ - | \$ - | \$ - |
| Facilities/Rent Costs (space) | \$ - | \$ - | \$ - | \$ - |
| Non-Expendable Equipment Costs | \$ - | \$ - | \$ - | \$ - |
| Operating Expenses | \$ - | \$ - | \$ - | \$ - |
| WI Customer Wages and Fringe Benefits | | \$ - | \$ - | \$ - |
| WI Customer Individualized Training Costs | | \$ - | \$ - | \$ - |
| WI Customer Supportive Services Costs | | \$ - | \$ - | \$ - |
| WI Customer Needs-Based/Needs-Related Payment Costs | | \$ - | \$ - | \$ - |
| WI Payments to Employers Costs | | \$ - | \$ - | \$ - |
| Staff Training/Tech Services Costs | \$ - | \$ - | \$ - | \$ - |
| Other Direct Costs | \$ - | \$ - | \$ - | \$ - |
| Training Fees/Professional Fees/ Profit | \$ - | \$ - | \$ - | \$ - |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - |
| Total Budget Costs | \$ - | \$ - | \$ - | \$ - |
| Percentage of Budget | #DIV/0! | #DIV/0! | #DIV/0! | |
| Cost Limitations | 2% Maximum | At least 98% | 100% | |

* In-Kind Contributions should not be included when calculating the Percentage of the Budget.

WORKFORCE DEVELOPMENT BOARD
 WorkLink Workforce InNOVATION AND Opportunity Act
STAFF SALARIES, FRINGE BENEFITS & INDIRECT COST

Service Provider _____ Contract # _____

Project/ Activity _____ Funding Source _____ Mod # _____

STAFF & INDIRECT COST - BUDGET SUMMARY

| SALARIES, FRINGE BENEFITS, & INDIRECT COST | | | | | ADMINISTRATION | | NON-ADMINISTRATIVE | | In-Kind Contributions* |
|---|---------------------|------------------|--------------|-------------------------|-----------------------|---------------|---------------------------|---------------|-------------------------------|
| Staff Salaries: Position Title | Salary Per Month | No. of Months | % of Time | TOTAL AMOUNT | % | Amount | % | Amount | |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| | \$ - | 0 | 0% | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| TOTAL SALARIES | | | | \$ - | | \$0 | | \$0 | \$ - |
| FRINGE BENEFITS: | | | | | | | | | |
| FICA | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| Workers Comp. | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| Health & Wealth (Pos. Level) | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| Ret. / Pension | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| Unemployment Insurance | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| Other (Specify) | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| TOTAL FRINGE BENEFITS | | | | \$ - | | \$0 | | \$0 | \$ - |
| INDIRECT COST: RATE | 0% | X | \$ - | \$ - | 0% | \$0 | 0% | \$0 | \$ - |
| TOTAL COST | | | | \$ - | | \$ - | | \$ - | \$ - |

Each position must be supported by a job description.

A current copy of your "Indirect Cost Rate" as approved by your Cognizant Agency and description of the costs covered must be attached to the budget as an Exhibit

WORKFORCE DEVELOPMENT BOARD
WorkLink Workforce Innovation and Opportunity Act
COST AND PRICE ANALYSIS WORKSHEET

Service Provider _____ Contract # _____

Project/Activity _____ Fund Source _____ Mod # _____

| Cost and Price Analysis | Total Cost | Administrative | Non-Administrative | In-Kind Contributions |
|---|-------------------|-----------------------|---------------------------|------------------------------|
| FACILITIES COST * | | | | |
| Total Cost of Facilities or Rent | \$ - | | | |
| NON-EXPENDABLE EQUIPMENT | | | | |
| Equipment Rental Cost * | | | | |
| Non-Expendable Equipment Purchases | \$ - | | | |
| Wide Area Network (WAN) Equipment and Computer Software | \$ - | | | |
| Total Cost of Non-Expendable Equipment | \$ - | \$ - | \$ - | \$ - |
| OPERATING EXPENSES | | | | |
| Communications | | | | |
| Local Telephone Cost | \$ - | | | |
| Long Distance Telephone Cost | \$ - | | | |
| Wide Area Network Lines | \$ - | | | |
| Postage () | \$ - | | | |
| Facsimile (Fax) | \$ - | | | |
| Total Cost of Communications | \$ - | \$ - | \$ - | \$ - |
| Staff Travel | | | | |
| Local Mileage cost | \$ - | | | |
| Non-Local Mileage cost | \$ - | | | |
| Non-Local Per Diem/Lodging Cost | \$ - | | | |
| Total Cost of Staff Travel | \$ - | \$ - | \$ - | \$ - |
| Expendable Supplies and Materials | | | | |
| Office/Desktop Supplies and Materials Cost | \$ - | | | |

| Cost and Price Analysis | Total Cost | Administrative | Non-Administrative | In-Kind Contributions |
|--|-------------------|-----------------------|---------------------------|------------------------------|
| Copying Cost * | \$ - | | | |
| WI Customer Supplies and Materials Cost * | \$ - | | | |
| Total Cost of Supplies and Materials | \$ - | \$ - | \$ - | \$ - |
| Equipment Maintenance and Repairs Cost * | \$ - | | | |
| Utilities Cost * | \$ - | | | |
| Total Operating Expenses | \$ - | \$ - | \$ - | \$ - |
| WI CUSTOMER WAGES AND FRINGE BENEFITS | | | | |
| Work Experience Wages and Fringe Benefits | | | | |
| Work Experience Wage Cost | \$ - | | | |
| Work Experience Fringe Benefits Cost | \$ - | | | |
| Total Cost of Work Experience | \$ - | | \$ - | \$ - |
| Limited Internship Wages and Fringe Benefits | | | | |
| Limited Internship Wage Cost | \$ - | | | |
| Limited Internship Fringe Benefits Cost | \$ - | | | |
| Total Cost of Limited Internship | \$ - | | \$ - | \$ - |
| Miscellaneous Wage Cost (Specify) _____ | | | | |
| _____ Wage Cost | \$ - | | | |
| _____ Fringe Benefits Cost | \$ - | | | |
| Total Cost of _____ | \$ - | | \$ - | \$ - |
| Total Cost of WI Customer Wages & Fringe Benefits | \$ - | | \$ - | \$ - |
| WI CUSTOMER INDIVIDUALIZED TRAINING COSTS | | | | |
| Tuition Cost | \$ - | | \$ - | \$ - |
| Instructional Supply Cost | \$ - | | \$ - | \$ - |
| Other Individualized Training Cost | \$ - | | \$ - | \$ - |
| Individual Training Account/Voucher Cost | \$ - | | \$ - | \$ - |
| Total Cost WI Customer Individualized Training | \$ - | | \$ - | \$ - |
| WI CUSTOMER SUPPORTIVE SERVICES COSTS | | | | |
| Child Care | \$ - | | \$ - | \$ - |

| Cost and Price Analysis | Total Cost | Administrative | Non-Administrative | In-Kind Contributions |
|---|-------------------|-----------------------|---------------------------|------------------------------|
| Transportation | \$ - | | \$ - | \$ - |
| Client Incentives | \$ - | | \$ - | \$ - |
| Client Training Support Materials | \$ - | | \$ - | \$ - |
| Client Emergency Assistance & Expungements | \$ - | | \$ - | \$ - |
| Total Cost of Customer Support Services | \$ - | | \$ - | \$ - |
| WI CUSTOMER NEEDS-BASED/NEED-RELATED PAYMENTS | | | | |
| List Type and Amount | \$ - | | \$ - | \$ - |
| _____ | \$ - | | \$ - | \$ - |
| _____ | \$ - | | \$ - | \$ - |
| _____ | \$ - | | \$ - | \$ - |
| Total Cost of WI Needs Based/Need-Related Payments | \$ - | | \$ - | \$ - |
| WI PAYMENTS TO EMPLOYERS | | | | |
| On-the-Job Training (OJT) | \$ - | | \$ - | \$ - |
| Job Creation Payment Cost | \$ - | | \$ - | \$ - |
| Total Cost of WI Payments to Employers | \$ - | | \$ - | \$ - |
| STAFF TRAINING/TECHNICAL SERVICES COSTS | | | | |
| List Type and Amount | | | | |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |
| Total Cost of Staff Training/Technical Services | \$ - | \$ - | \$ - | \$ - |
| OTHER DIRECT COSTS | | | | |
| List Type and Amount | | | | |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |
| _____ | \$ - | \$ - | \$ - | \$ - |

| Cost and Price Analysis | Total Cost | Administrative | Non-Administrative | In-Kind Contributions |
|--|-------------------|-----------------------|---------------------------|------------------------------|
| | \$ - | \$ - | \$ - | \$ - |
| Total Other Direct Costs | \$ - | \$ - | \$ - | \$ - |
| TRAINING/PROFESSIONAL FEES/PROFIT | | | | |
| Budgeted Profit | \$ - | \$ - | \$ - | \$ - |
| Professional Fees | \$ - | \$ - | \$ - | \$ - |
| Other | \$ - | \$ - | \$ - | \$ - |
| Total Cost of Training/Professional Fees/Profit | \$ - | \$ - | \$ - | \$ - |

WORKFORCE DEVELOPMENT BOARD
 WorkLink Workforce Innovation and Opportunity Act
CLIENT FLOW PROJECTIONS

Service Provider _____ Contract # _____

Project Activity _____ Fund Source _____

| Period | Clients Served | | | Clients Exited | | | Active Clients |
|-----------|----------------|-----|------------|----------------|----------|------------|----------------|
| | Carryover | New | Cumulative | Positive | Negative | Cumulative | |
| July | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| August | | 0 | 0 | 0 | 0 | 0 | 0 |
| September | | 0 | 0 | 0 | 0 | 0 | 0 |
| October | | 0 | 0 | 0 | 0 | 0 | 0 |
| November | | 0 | 0 | 0 | 0 | 0 | 0 |
| December | | 0 | 0 | 0 | 0 | 0 | 0 |
| January | | 0 | 0 | 0 | 0 | 0 | 0 |
| February | | 0 | 0 | 0 | 0 | 0 | 0 |
| March | | 0 | 0 | 0 | 0 | 0 | 0 |
| April | | 0 | 0 | 0 | 0 | 0 | 0 |
| May | | 0 | 0 | 0 | 0 | 0 | 0 |
| June | | 0 | 0 | 0 | 0 | 0 | 0 |

Active Clients equal Cumulative Clients Served minus Cumulative Clients Exited

Proposal Checklist Form

Forms

- Proposer/Offeror Signature Sheet Attached
- Budget Form Attached
- Client Flow Form Attached
- Proposal Checklist Form Attached

Format

- Correct number of copies attached
- Document formatted correctly

Narrative

- Is the executive summary which describes the number to be served, the outcomes that are planned, and the basic program approach included?
- Are the goals/objectives and performance outcomes clearly stated including the number of participants (from specific target groups as appropriate) that will be served and what the numeric outcomes of the program will be in terms of obtain credential, job placement, post-secondary education, increased wages, and obtaining additional skills and/or returning to school?
- Are Target groups clearly spelled out?

Does the program description describe:

- Outreach/Recruitment/Orientation
- Eligibility Determination/Objective Assessment/Individual Service Strategy (ISS) Plan
 - Case Management
 - Program Services
 - Follow-Up (All youth must receive twelve (12) months of follow-up services).
- Does the description tell how the program will address or make available the additional required fourteen (14) youth program elements?

Proposal Checklist Form

- How will the program interact with the SC Works Centers or make referrals to other community agencies/ entities?
- How will the program address career pathways?
- How will the program meet the priority 20% work experience expenditure mandate?
- Is a staffing plan included with relevant qualifications?
- Is a description of facilities included?
- Is a description of partnerships included?
- Is there a description of in-kind services?
- Is information on the administrative capabilities of the proposer included?
- Is relevant program experience from the last two years included in the description?
- Is relevant program performance data provided from the last two years? (If including WIOA Youth Performance, provide official/confirmed PY'19 and PY'20 WIOA Quarterly Report Summary-4th Quarter (Rolling 4 Quarters) and/or Annual Report of Local Area Youth Performance Data).
- Is the potential use of any subcontract described?
- Is a budget narrative included?
- Does the proposal address every evaluation criterion?

**REQUEST FOR PROPOSALS
RATING & EVALUATION FORM**

Proposer _____

Activity _____

| Criteria | Weight | Score |
|-------------------------------------|---------------|--------------|
| Program Design Considerations | 25 | |
| Proposer's/Offeror's Qualifications | 25 | |
| Proposed Performance | 20 | |
| Fiscal Responsibility | 10 | |
| Budget | 10 | |
| General Responsiveness | 10 | |
| Total | 100 | |

The above criteria that will be used to evaluate proposers or offerors. A responsive proposal must receive an aggregate score of 70 from the Review Panel in order to be considered for funding.

Evaluated by _____

Date _____