

## **Form A**

### **Proposal Checklist**

Please use this form to put together your proposal.

- ☐ **Proposal Checklist (Form A)**
- ☐ **Proposal Cover Sheet (Form B), with signatures**
- ☐ **Proposal Table of Contents and page numbers**
- ☐ **Program Narrative**
- ☐ **Memoranda of Agreements or Understandings with Partners**
- ☐ **Subcontractor Description**  
Attachments: MOA/contract with description of services and costs
- ☐ **WorkLink Budget Forms (Form C)**  
Attachment: Budget narrative
- ☐ **WorkLink Master Summary of Goals (Form D)**  
Attachment: Sample Board/Committee Report/Dashboard
- ☐ **Upper Savannah Budget Forms (Form C)**  
Attachment: Budget narrative
- ☐ **Upper Savannah Master Summary of Goals (Form D)**  
Attachment: Sample Board/Committee Report/Dashboard
- ☐ **Past Performance (Form E)**  
Attachments: Performance Summaries, Monitoring Reports (& Replies), and Financial Audit
- ☐ **Organization Reference Chart (Form F)**  
Attachments: three or more letters of support from partners and/or employers
- ☐ **Conflict of Interest Form (Form G)**  
Attachment: Bidder's conflict of interest should be filled out, the Board member conflict of interest is for information only
- ☐ **Proposal Rating Sheet (Form H)**
- ☐ **Compliance Documents (Form I)**  
Attachments: Complete and attach forms and attach requested exhibits
- ☐ **Other** – For other attachments or exhibits not otherwise specified and is necessary for the best representation of your proposal, include them in this section.

**Form B**  
**Proposal Cover Sheet**

OFFEROR:

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF AGENCY:      ☐ Government                              ☐ Private Non-profit  
                                 ☐ School District                              ☐ Private-for-profit  
                                 ☐ Other \_\_\_\_\_

ACTIVITY DESIGNATION:

- ☐ OneStop Operator with Business Services  
☐ Title I-B Program Authorized under WIOA (Adult and DW Program)

TYPE OF CONTRACT PROPOSED: ☒ Cost Reimbursement

CERTIFICATION:

This information contained in the proposal fairly represents the Agency/Organization/Business and its proposed operating plans and budget for the specified WIOA activity. I acknowledge that I have read and understand the requirements of the Request for Proposal and that the Offeror is prepared to implement the activity as specified in this proposal. I certify that I am authorized to sign this application on behalf of the Bidder submitting this application. This request is firm for a period of at least 90 days from the closing date for submission.

\_\_\_\_\_  
Signatory Official/Title

\_\_\_\_\_  
Date

**WORKFORCE DEVELOPMENT BOARD**  
Upper Savannah Workforce Development Area  
**GRANT BUDGET SUMMARY**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD Modification # \_\_\_\_\_ Proposed

Project/Activity \_\_\_\_\_ WIOA Program Services Funding Source \_\_\_\_\_ WIOA Adult & DLW Formula Funds Board approved: \_\_\_\_\_ TBD

CATEGORIES	ADULT	DW	Administration	Non-Administration	Total Budget Amount
Staff Salary & Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Classroom Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Supportive Service Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Participant Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Sub-Tier Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
Training Fees/Professional Fees/Profit	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL BUDGET COSTS	\$ -	\$ -	\$ -	\$ -	\$ -
Percentage of Budget	0%	0%		0%	
Cost Limitations			2% Maximum	At least 98%	100%

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Please use caution if you unlock the workbook

UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD Modification # \_\_\_\_\_ Proposed

Project/Activity \_\_\_\_\_ WIOA Program Services Fund Source \_\_\_\_\_ Adult/DW Funds Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
Staff Slot					
Position Title					
1	\$ -	\$ -	\$ -	0.0%	0.0%
2	\$ -	\$ -	\$ -	0.0%	0.0%
3	\$ -	\$ -	\$ -	0.0%	0.0%
4	\$ -	\$ -	\$ -	0.0%	0.0%
5	\$ -	\$ -	\$ -	0.0%	0.0%
6	\$ -	\$ -	\$ -	0.0%	0.0%
7	\$ -	\$ -	\$ -	0.0%	0.0%
8	\$ -	\$ -	\$ -	0.0%	0.0%
9	\$ -	\$ -	\$ -	0.0%	0.0%
10	\$ -	\$ -	\$ -	0.0%	0.0%
11	\$ -	\$ -	\$ -	0.0%	0.0%
12	\$ -	\$ -	\$ -	0.0%	0.0%
13	\$ -	\$ -	\$ -	0.0%	0.0%
14	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Salaries	\$ -	\$ -	\$ -	0.0%	0.0%
				0	0
Fringe Benefits				0.0%	0.0%
1 Health Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
2 Retirement/Pension	\$ -	\$ -	\$ -	0.0%	0.0%
3 FICA	\$ -	\$ -	\$ -	0.0%	0.0%
4 Unemployment Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
5 Worker's Compensation	\$ -	\$ -	\$ -	0.0%	0.0%
6 Other (List Type and Amount)				0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Fringe Benefits	\$ -	\$ -	\$ -	0.0%	0.0%

**UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES**

Service Provider		Contract #	TBD	Modification #	Proposed
Project/Activity	WIOA Program Services	Fund Source	Adult/DW Funds	Board Approved Date:	

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
<b>Operational Costs</b>					
1 Space/Facility Rental	\$ -	\$ -	\$ -	0.0%	0.0%
2 Non-Expendable Equipment	\$ -	\$ -	\$ -	0.0%	0.0%
3 Data Processing Costs	\$ -	\$ -	\$ -	0.0%	0.0%
4 Communications	\$ -	\$ -	\$ -	0.0%	0.0%
5 Expendable Supplies and Materials	\$ -	\$ -	\$ -	0.0%	0.0%
6 Outreach	\$ -	\$ -	\$ -	0.0%	0.0%
7 Staff Training and Technical Services Costs	\$ -	\$ -	\$ -	0.0%	0.0%
8 Staff Travel	\$ -	\$ -	\$ -	0.0%	0.0%
9 Other Operational Costs <i>(include Vendor agreements not otherwise categorized above)</i>	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Operational Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Classroom Training Costs</b>					
1 High School Equivalency and Basic Skills (Adult Literacy or Basic Skills, ESL)	\$ -	\$ -	\$ -	0.0%	0.0%
2 Individual Training Accounts (ITAs) exclude Pre-Requisite Training	\$ -	\$ -	\$ -	0.0%	0.0%
3 Pre-Requisite Training	\$ -	\$ -	\$ -	0.0%	0.0%
4 Other Classroom Training Costs	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Classroom Training Costs</b>	<b>\$ -</b>			<b>0.0%</b>	<b>0.0%</b>
<b>Supportive Service Costs</b>					
1 Transportation	\$ -	\$ -	\$ -	0.0%	0.0%
2 Child Care/Dependent Care	\$ -	\$ -	\$ -	0.0%	0.0%
3 Medical (includes physicals, vaccinations, drug tests, etc. for training requirements)	\$ -	\$ -	\$ -	0.0%	0.0%
4 Legal Aid Services	\$ -	\$ -	\$ -	0.0%	0.0%
5 Classroom Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)	\$ -	\$ -	\$ -	0.0%	0.0%
6 Occupational Related Exam or Test Fees	\$ -	\$ -	\$ -	0.0%	0.0%
7 Work-Based Learning Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)	\$ -	\$ -	\$ -	0.0%	0.0%
8 Needs-Based/Need-Related Payments	\$ -	\$ -	\$ -	0.0%	0.0%
9 Other	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Supportive Service Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>0.0%</b>

UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD Modification # \_\_\_\_\_ Proposed

Project/Activity \_\_\_\_\_ WIOA Program Services Fund Source \_\_\_\_\_ Adult/DW Funds Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
Other Participant-Related Costs					
1 Assessments (TABE, Career Readiness Assessments, Soft Skills Assessments, etc.)	\$ -	\$ -	\$ -	0.0%	0.0%
2 Other Participant Related Costs	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Other Participant-Related Costs	\$ -	\$ -	\$ -	0.0%	0.0%
Sub-Tier Agreements					
List Provider and Amount (attach Sub-Tier Budget) Description of Activity Provided					
1	\$ -	\$ -	\$ -	0.0%	0.0%
2	\$ -	\$ -	\$ -	0.0%	0.0%
3	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Sub-Tier Agreements	\$ -	\$ -	\$ -	0.0%	0.0%
Training Fees/Professional Fees/Profit					
1 Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
2 Professional Services	\$ -	\$ -	\$ -	0.0%	0.0%
3 Profit	\$ -	\$ -	\$ -	0.0%	0.0%
4 Other (List Separately)	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Training Fees/Professional Fees/Profit	\$ -	\$ -	\$ -	0.0%	0.0%
Indirect Costs	\$ -	\$ -	\$ -	0.0%	0.0%
GRAND TOTAL	\$ -	\$ -	\$ -	0.0%	0.0%

**WORKFORCE DEVELOPMENT BOARD**  
Upper Savannah Workforce Development Area  
**COST AND PRICE ANALYSIS WORKSHEET**

Service Provider

Contract # TBD

Modification #	Proposed
1	1
2	2
3	3
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90	90
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95	95
96	96
97	97
98	98
99	99
100	100

Project/ Activity	WIOA Program Services
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Funding Source	WIOA Adult & DLW Formula Funds
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Board Approved Date TBD

## STAFF & INDIRECT COST - BUDGET SUMMARY

[illegible]

FRINGE BENEFITS:	Cost Basis			RATE														
Health Insurance	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Retirement/Pension	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
FICA	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Unemployment Insurance	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Worker's Compensation	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Other					\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X		\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X		\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Subtotal Fringe Benefits					\$	-		\$	-		\$	-		\$	-		\$	-

TOTAL SALARY & FRINGE BENEFITS	\$	-		\$	-		\$	-		\$	-		\$	-		\$	-	
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<b>TOTAL INDIRECT COST:</b>	\$	-	X	0.00%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
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<b>TOTAL STAFF &amp; INDIRECT COST</b>	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	100%	\$ -
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## Notes for Bidders:

\* Each position must be supported by a job description. A complete "Per Person" cost analysis must be completed and attached as an Exhibit.

\* Hourly Wages must reflect ANY and ALL compensation changes that will occur during the grant period.

% of Time (column F) is not included in the Total Amount calculation (column G). Please manually enter the % of time (column F) using the following formula: The # of "Planned (Annual) Billable Hours" for this grant (Column E) *divided by* the total number of hours your organization intends to employ an individual in this position during the grant period timeframe. (For example, a person 25% dedicated to this grant may be employed for 2080 hours but will only bill 520 hours towards this grant.)

\* WorkLink will not reimburse Fringe Benefits that exceed 100% of the line item.

\* 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.

UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD  
Project/Activity \_\_\_\_\_ Program Services Fund Source \_\_\_\_\_ Adult/DW Funds  
Modification # \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
OPERATIONAL COSTS					
1 Space/Facility Costs (Exclude current SC Works Center costs)				0.0%	0.0%
Space/Facility Rental Rate/Sq Ft: \$ x #Sq. Ft				0.0%	0.0%
Utilities (Gas, Electricity)				0.0%	0.0%
Maintenance/Custodial				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
2 Non-Expendable Equipment					
Equipment Purchase (> \$5,000)				0.0%	0.0%
Equipment Purchase (< \$5,000)				0.0%	0.0%
Equipment Rental Costs				0.0%	0.0%
Maintenance and Repairs				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
3 Data Processing Costs					
Private Network costs (WAN, LAN, other)				0.0%	0.0%
List each software program cost					
				0.0%	0.0%
				0.0%	0.0%
4 Communications					
Telephone Costs (Fax, POTS)				0.0%	0.0%
Internet Costs (including internet service and VOIP)				0.0%	0.0%
Mobile Phone Costs				0.0%	0.0%
Postage/Mailing Participant Expense				0.0%	0.0%
Postage/Mailing Operations Expesnse				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%



UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD  
Project/Activity \_\_\_\_\_ Program Services Fund Source \_\_\_\_\_ Adult/DW Funds  
Modification # \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
5 Expendable Supplies and Materials					
Office/Desktop Supplies and Materials Cost				0.0%	0.0%
Staff Printing/ Copying Cost				0.0%	0.0%
Customer Supplies and Materials Cost				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
6 Outreach					
Printed Media				0.0%	0.0%
Electronic Media				0.0%	0.0%
Professional Organizations/Memberships				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
7 Staff Training and Technical Services Costs					
Subscriptions				0.0%	0.0%
Staff Background Checks and related				0.0%	0.0%
Other (List separately)					0.0%
				0.0%	0.0%
				0.0%	0.0%
8 Staff Travel					
Local Mileage				0.0%	0.0%
Out of Area Mileage (personal vehicle, including fees and tolls)				0.0%	0.0%
Out of Area Transportation (non-personal vehicle costs including fees and tolls)				0.0%	0.0%
Non-Local Per Diem/Lodging costs (inclusive of all meals, taxes and hospitality charges)				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
9 Other Operational Costs (include Vendor agreements not otherwise categorized above)					
List Type and Amount					
				0.0%	0.0%
				0.0%	0.0%
TOTAL OPERATIONAL COSTS	\$ -	\$ -	\$ -	0.0%	0.0%

UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider

Contract # 

TBD

Modification #

Project/Activity 

Program Services

Fund Source 

Adult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW
TRAINING FEES/PROFESSIONAL FEES/PROFIT			
1 Insurance			
Liability Rate/Calculation			
Property Rate/Calculation			
Other (List separately)			
2 Professional Services			
Legal Rate/Calculation			
Financial Rate/Calculation			
Other (List separately)			
3 Profit			
Rate/Calculation			
4 Other (List Separately)			
TOTAL TRAINING FEES/PROFESSIONAL FEES/PROFIT	\$ -	\$ -	\$ -
TOTAL STAFF SUPPORT AND OPERATIONAL COSTS	\$ -	\$ -	\$ -

Adult % Split	DW % Split
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%	0.0%
0.0%	0.0%
0.0%	0.0%

\* Each amount listed in this budget must be supported by a cost/price analysis. A separate Excel worksheet may be included. A description should be included in the budget narrative.

**UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD \_\_\_\_\_ Modification # \_\_\_\_\_ Proposed \_\_\_\_\_  
Project/Activity \_\_\_\_\_ WIOA Program Services \_\_\_\_\_ Fund Source \_\_\_\_\_ Adult/DW Funds \_\_\_\_\_ Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
<b>CLASSROOM TRAINING COSTS</b>					
1 High School Equivalency and Basic Skills (Adult Literacy or Basic Skills, ESL)				0.0%	0.0%
2 Individual Training Accounts (ITAs) exclude Pre-Requisite Training				0.0%	0.0%
3 Pre-Requisite Training				0.0%	0.0%
4 Other Classroom Training Costs (List Type and Amount)					
				0.0%	0.0%
				0.0%	0.0%
				0.0%	0.0%
Subtotal Classroom Training Costs	\$ -	\$ -	\$ -	0.0%	0.0%
<b>SUPPORTIVE SERVICES</b>					
1 Transportation				0.0%	0.0%
2 Child Care/Dependent Care				0.0%	0.0%
3 Medical (includes physicals, vaccinations, drug tests, etc. for training requirements)				0.0%	0.0%
4 Legal Aid Services				0.0%	0.0%
5 Classroom Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)				0.0%	0.0%
6 Occupational Related Exam or Test Fees				0.0%	0.0%
7 Work-Based Learning Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)				0.0%	0.0%
8 Needs-Based/Need-Related Payments				0.0%	0.0%
9 Other (List Type and Amount)					
				0.0%	0.0%
				0.0%	0.0%
Subtotal Supportive Services Costs	\$ -	\$ -	\$ -	0.0%	0.0%

**UPPER SAVANNAH WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES**

Service Provider  Contract # TBD Modification # Proposed

Project/Activity WIOA Program Services Fund Source Adult/DW Funds Board Approved Date:

Categories/Line Items				Total Cost	ADULT	DW	Adult % Split	DW % Split
OTHER PARTICIPANT RELATED COSTS								
1 Assessments								
List Type and Amount								
							0.0%	0.0%
							0.0%	0.0%
							0.0%	0.0%
2 Other Participant Related Costs								
List Type and Amount								
							0.0%	0.0%
							0.0%	0.0%
							0.0%	0.0%
Subtotal Other Participant Related Cost				\$ -	\$ -	\$ -	0.0%	0.0%
SUB-TIER AGREEMENTS								
List Provider and Amount (attach Sub-Tier Budget)				Description of Activity Provided				
1							0.0%	0.0%
2							0.0%	0.0%
3							0.0%	0.0%
Subtotal Sub-tier Agreement Cost				\$ -	\$ -	\$ -	0.0%	0.0%
GRAND TOTAL PARTICIPANT RELATED COSTS				\$ -	\$ -	\$ -	0.0%	0.0%

\* Each amount listed in this budget must be supported by a cost/price analysis. A separate Excel worksheet may be included. A description should be included in the budget narrative.

**WORKFORCE DEVELOPMENT BOARD**  
Upper Savannah Workforce Development Area  
**PARTICIPANT FLOW BASIS & PROJECTIONS**

Service Provider	
Contract #	TBD
Project Activity	WIOA Program Services
Fund Source	Adult/Dislocated Worker Funds
Modification	Proposed
Date Board Approved	TBD

PY21 Historical Data	Adult	Dislocated Worker	Total
PY21 WIOA Local Funds <i>(Participant Expenditures Only)</i>			
PY21 WIOA State Grants <i>(Participant Expenditures Only)</i>			
PY21 Outside Scholarships Leveraged			

Upper Savannah #s forthcoming

PY21 Average Caseload			
PY21 New Enrollments			
PY21 Carryover (July 1, 2021)			
PY21 Exiters			
PY21 Total # Received Training			

PY22 Historical Data	Adult	Dislocated Worker	Total
PY22 Carryover (July 1, 2022)			

[illegible]

**WORKFORCE DEVELOPMENT BOARD**  
Upper Savannah Workforce Development Area  
**BUDGET FLOW BASIS & PROJECTIONS**

Service Provider	
Contract #	TBD
Project Activity	WIOA Program Services
Fund Source	Adult/Dislocated Worker Funds
Modification	Proposed
Date Board Approved	TBD

<b>PY21 Historical Data</b>	<b>Adult</b>	<b>Dislocated Worker</b>	<b>Total</b>
Total PY21 WIOA Local Funds Expended			
PY21 WIOA State Grant Funds Expended			

Upper Savannah #s forthcoming

Q1 Expenditures (Local + State Funds)			
Q2 Expenditures (Local + State Funds)			
Q3 Expenditures (Local + State Funds)			
Q4 Expenditures (Local + State Funds)			

<b>PY23 Planned Expenditures by Month</b>	<b>Budget Expenditures</b>			
<b>Period</b>	<b>Adult</b>	<b>DW</b>	<b>Total</b>	<b>Cumulative</b>
Anticipated Award Amount				
July-23			-	-
August-23			-	-
September-23			-	-
October-23			-	-
November-23			-	-
December-23			-	-
January-24			-	-
February-24			-	-
March-24			-	-
April-24			-	-
May-24			-	-
June-24			-	-
<b>PY23 Total Enrolled</b>	-	-	-	

<b>Adult %</b>	<b>DW %</b>
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
0%	0%
<b>0%</b>	<b>0%</b>



**WORKFORCE DEVELOPMENT BOARD**  
WorkLink Workforce Development Area  
**GRANT BUDGET SUMMARY**

Service Provider  Contract # TBD Modification # Proposed

Project/Activity WIOA Program Services Funding Source WIOA Adult & DLW Formula Funds Board approved: TBD

CATEGORIES	ADULT	DW	Administration	Non-Administration	Total Budget Amount
Staff Salary & Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Classroom Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Supportive Service Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Participant Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Sub-Tier Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
Training Fees/Professional Fees/Profit	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL BUDGET COSTS	\$ -	\$ -	\$ -	\$ -	\$ -
Percentage of Budget	0%	0%		0%	
Cost Limitations			2% Maximum	At least 98%	100%

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Please use caution if you unlock the workbook



WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES

Service Provider

Contract #

TBD

Modification #

Proposed

Project/Activity

WIOA Program Services

Fund Source

Adult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
Staff Slot					
Position Title					
1	\$ -	\$ -	\$ -	0.0%	0.0%
2	\$ -	\$ -	\$ -	0.0%	0.0%
3	\$ -	\$ -	\$ -	0.0%	0.0%
4	\$ -	\$ -	\$ -	0.0%	0.0%
5	\$ -	\$ -	\$ -	0.0%	0.0%
6	\$ -	\$ -	\$ -	0.0%	0.0%
7	\$ -	\$ -	\$ -	0.0%	0.0%
8	\$ -	\$ -	\$ -	0.0%	0.0%
9	\$ -	\$ -	\$ -	0.0%	0.0%
10	\$ -	\$ -	\$ -	0.0%	0.0%
11	\$ -	\$ -	\$ -	0.0%	0.0%
12	\$ -	\$ -	\$ -	0.0%	0.0%
13	\$ -	\$ -	\$ -	0.0%	0.0%
14	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Salaries	\$ -	\$ -	\$ -	0.0%	0.0%
Fringe Benefits					
1 Health Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
2 Retirement/Pension	\$ -	\$ -	\$ -	0.0%	0.0%
3 FICA	\$ -	\$ -	\$ -	0.0%	0.0%
4 Unemployment Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
5 Worker's Compensation	\$ -	\$ -	\$ -	0.0%	0.0%
6 Other (List Type and Amount)				0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Fringe Benefits	\$ -	\$ -	\$ -	0.0%	0.0%

**WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES**

Service Provider

Contract # TBD

Modification #	Proposed
----------------	----------

Project/Activity	WIOA Program Services
------------------	-----------------------

Fund Source	Adult/DW Funds
-------------	----------------

Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
<b>Operational Costs</b>					
1 Space/Facility Rental	\$ -	\$ -	\$ -	0.0%	0.0%
2 Non-Expendable Equipment	\$ -	\$ -	\$ -	0.0%	0.0%
3 Data Processing Costs	\$ -	\$ -	\$ -	0.0%	0.0%
4 Communications	\$ -	\$ -	\$ -	0.0%	0.0%
5 Expendable Supplies and Materials	\$ -	\$ -	\$ -	0.0%	0.0%
6 Outreach	\$ -	\$ -	\$ -	0.0%	0.0%
7 Staff Training and Technical Services Costs	\$ -	\$ -	\$ -	0.0%	0.0%
8 Staff Travel	\$ -	\$ -	\$ -	0.0%	0.0%
9 Other Operational Costs <i>(include Vendor agreements not otherwise categorized above)</i>	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Operational Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Classroom Training Costs</b>					
1 High School Equivalency and Basic Skills (Adult Literacy or Basic Skills, ESL)	\$ -	\$ -	\$ -	0.0%	0.0%
2 Individual Training Accounts (ITAs) exclude Pre-Requisite Training	\$ -	\$ -	\$ -	0.0%	0.0%
3 Pre-Requisite Training	\$ -	\$ -	\$ -	0.0%	0.0%
4 Other Classroom Training Costs	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Classroom Training Costs</b>	<b>\$ -</b>			<b>0.0%</b>	<b>0.0%</b>
<b>Supportive Service Costs</b>					
1 Transportation	\$ -	\$ -	\$ -	0.0%	0.0%
2 Child Care/Dependent Care	\$ -	\$ -	\$ -	0.0%	0.0%
3 Medical (includes physicals, vaccinations, drug tests, etc. for training requirements)	\$ -	\$ -	\$ -	0.0%	0.0%
4 Legal Aid Services	\$ -	\$ -	\$ -	0.0%	0.0%
5 Classroom Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)	\$ -	\$ -	\$ -	0.0%	0.0%
6 Occupational Related Exam or Test Fees	\$ -	\$ -	\$ -	0.0%	0.0%
7 Work-Based Learning Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)	\$ -	\$ -	\$ -	0.0%	0.0%
8 Needs-Based/Need-Related Payments	\$ -	\$ -	\$ -	0.0%	0.0%
9 Other	\$ -	\$ -	\$ -	0.0%	0.0%
<b>Subtotal Supportive Service Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>0.0%</b>

**WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES**

Service Provider

Contract # 

TBD

Modification # 

Proposed

Project/Activity 

WIOA Program Services

Fund Source 

Adult/DW Funds

Board Approved Date:

Categories/Line Items		Total Cost	ADULT	DW	Adult % Split	DW % Split
Other Participant-Related Costs						
1	Assessments (TABE, Career Readiness Assessments, Soft Skills Assessments, etc.)	\$ -	\$ -	\$ -	0.0%	0.0%
2	Other Participant Related Costs	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Other Participant-Related Costs		\$ -	\$ -	\$ -	0.0%	0.0%
Sub-Tier Agreements						
List Provider and Amount (attach Sub-Tier Budget)		Description of Activity Provided				
1		\$ -	\$ -	\$ -	0.0%	0.0%
2		\$ -	\$ -	\$ -	0.0%	0.0%
3		\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Sub-Tier Agreements		\$ -	\$ -	\$ -	0.0%	0.0%
Training Fees/Professional Fees/Profit						
1	Insurance	\$ -	\$ -	\$ -	0.0%	0.0%
2	Professional Services	\$ -	\$ -	\$ -	0.0%	0.0%
3	Profit	\$ -	\$ -	\$ -	0.0%	0.0%
4	Other (List Separately)	\$ -	\$ -	\$ -	0.0%	0.0%
Subtotal Training Fees/Professional Fees/Profit		\$ -	\$ -	\$ -	0.0%	0.0%
Indirect Costs		\$ -	\$ -	\$ -	0.0%	0.0%
GRAND TOTAL		\$ -	\$ -	\$ -	0.0%	0.0%

**WORKFORCE DEVELOPMENT BOARD**  
WorkLink Workforce Development Area  
**COST AND PRICE ANALYSIS WORKSHEET**

Modification #	Proposed
----------------	----------

Board Approved Date TBD

## STAFF & INDIRECT COST - BUDGET SUMMARY

[illegible]

FRINGE BENEFITS:	Cost Basis			RATE														
Health Insurance	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Retirement/Pension	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
FICA	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Unemployment Insurance	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Worker's Compensation	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Other					\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X		\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X		\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
	\$	-	X	0.0%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
Subtotal Fringe Benefits	\$	-			\$	-		\$	-		\$	-		\$	-		\$	-

TOTAL SALARY & FRINGE BENEFITS	\$ -		\$ -		\$ -		\$ -		\$ -
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<b>TOTAL INDIRECT COST:</b>	\$	-	X	0.00%	\$	-	0.0%	\$	-	100.0%	\$	-	0%	\$	-	100%	\$	-
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<b>TOTAL STAFF &amp; INDIRECT COST</b>	\$ -	0.0%	\$ -	0.0%	\$ -	\$ -	100%	\$ -
--	------	------	------	------	------	------	------	------

### Notes for Bidders:

\* Each position must be supported by a job description. A complete "Per Person" cost analysis must be completed and attached as an Exhibit.

\* Hourly Wages must reflect ANY and ALL compensation changes that will occur during the grant period.

% of Time (column F) is not included in the Total Amount calculation (column G). Please manually enter the % of time (column F) using the following formula: The # of "Planned (Annual) Billable Hours" for this grant (Column E) *divided by* the total number of hours your organization intends to employ an individual in this position during the grant period timeframe. (For example, a person 25% dedicated to this grant may be employed for 2080 hours but will only bill 520 hours towards this grant.)

\* WorkLink will not reimburse Fringe Benefits that exceed 100% of the line item

\* 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

WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider

Contract # 

TBD

Modification #

Project/Activity 

Program Services

Fund Source 

Adult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
OPERATIONAL COSTS					
1 Space/Facility Costs <i>(Exclude current SC Works Center costs)</i>				0.0%	0.0%
Space/Facility Rental                      Rate/Sq Ft:    \$                      x                      #Sq. Ft				0.0%	0.0%
Utilities (Gas, Electricity)				0.0%	0.0%
Maintenance/Custodial				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
2 Non-Expendable Equipment					
Equipment Purchase (> \$5,000)				0.0%	0.0%
Equipment Purchase (< \$5,000)				0.0%	0.0%
Equipment Rental Costs				0.0%	0.0%
Maintenance and Repairs				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
3 Data Processing Costs					
Private Network costs (WAN, LAN, other)				0.0%	0.0%
List each software program cost					
				0.0%	0.0%
				0.0%	0.0%
4 Communications					
Telephone Costs (Fax, POTS)				0.0%	0.0%
Internet Costs (including internet service and VOIP)				0.0%	0.0%
Mobile Phone Costs				0.0%	0.0%
Postage/Mailing Participant Expense				0.0%	0.0%
Postage/Mailing Operations Expesnse				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%

WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider

Contract # 

TBD

Modification #

Project/Activity 

Program Services

Fund Source 

Adult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
5 Expendable Supplies and Materials					
Office/Desktop Supplies and Materials Cost				0.0%	0.0%
Staff Printing/ Copying Cost				0.0%	0.0%
Customer Supplies and Materials Cost				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
6 Outreach					
Printed Media				0.0%	0.0%
Electronic Media				0.0%	0.0%
Professional Organizations/Memberships				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
7 Staff Training and Technical Services Costs					
Subscriptions				0.0%	0.0%
Staff Background Checks and related				0.0%	0.0%
Other (List separately)					0.0%
				0.0%	0.0%
				0.0%	0.0%
8 Staff Travel					
Local Mileage				0.0%	0.0%
Out of Area Mileage (personal vehicle, including fees and tolls)				0.0%	0.0%
Out of Area Transportation (non-personal vehicle costs including fees and tolls)				0.0%	0.0%
Non-Local Per Diem/Lodging costs (inclusive of all meals, taxes and hospitality charges)				0.0%	0.0%
Other (List separately)					
				0.0%	0.0%
				0.0%	0.0%
9 Other Operational Costs (include Vendor agreements not otherwise categorized above)					
List Type and Amount					
				0.0%	0.0%
				0.0%	0.0%
TOTAL OPERATIONAL COSTS	\$ -	\$ -	\$ -	0.0%	0.0%

WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL

Service Provider

Contract #TBD

Modification #

Project/ActivityProgram Services

Fund SourceAdult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW
TRAINING FEES/PROFESSIONAL FEES/PROFIT			
1 Insurance			
LiabilityRate/Calculation			
PropertyRate/Calculation			
Other (List separately)			
2 Professional Services			
LegalRate/Calculation			
FinancialRate/Calculation			
Other (List separately)			
3 Profit			
Rate/Calculation			
4 Other (List Separately)			
TOTAL TRAINING FEES/PROFESSIONAL FEES/PROFIT	\$ -	\$ -	\$ -
TOTAL STAFF SUPPORT AND OPERATIONAL COSTS	\$ -	\$ -	\$ -

Adult % Split	DW % Split
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%	0.0%
0.0%	0.0%
0.0%	0.0%

\* Each amount listed in this budget must be supported by a cost/price analysis. A separate Excel worksheet may be included. A description should be included in the budget narrative.

WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES

Service Provider

Contract # 

TBD

Modification # 

Proposed

Project/Activity 

WIOA Program Services

Fund Source 

Adult/DW Funds

Board Approved Date:

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
CLASSROOM TRAINING COSTS					
1 High School Equivalency and Basic Skills (Adult Literacy or Basic Skills, ESL)				0.0%	0.0%
2 Individual Training Accounts (ITAs) exclude Pre-Requisite Training				0.0%	0.0%
3 Pre-Requisite Training				0.0%	0.0%
4 Other Classroom Training Costs (List Type and Amount)					
				0.0%	0.0%
				0.0%	0.0%
				0.0%	0.0%
Subtotal Classroom Training Costs	\$ -	\$ -	\$ -	0.0%	0.0%
SUPPORTIVE SERVICES					
1 Transportation				0.0%	0.0%
2 Child Care/Dependent Care				0.0%	0.0%
3 Medical (includes physicals, vaccinations, drug tests, etc. for training requirements)				0.0%	0.0%
4 Legal Aid Services				0.0%	0.0%
5 Classroom Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)				0.0%	0.0%
6 Occupational Related Exam or Test Fees				0.0%	0.0%
7 Work-Based Learning Training Related (Books, Supplies, Uniforms, Tools, Registration Fees)				0.0%	0.0%
8 Needs-Based/Need-Related Payments				0.0%	0.0%
9 Other (List Type and Amount)					
				0.0%	0.0%
				0.0%	0.0%
Subtotal Supportive Services Costs	\$ -	\$ -	\$ -	0.0%	0.0%



WORKLINK WORKFORCE DEVELOPMENT BOARD  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
PART II - GRANT BUDGET  
BUDGET DETAIL  
DIRECT PARTICIPANT SERVICES

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_ TBD \_\_\_\_\_ Modification # \_\_\_\_\_ Proposed \_\_\_\_\_  
Project/Activity \_\_\_\_\_ WIOA Program Services \_\_\_\_\_ Fund Source \_\_\_\_\_ Adult/DW Funds \_\_\_\_\_ Board Approved Date: \_\_\_\_\_

Categories/Line Items	Total Cost	ADULT	DW	Adult % Split	DW % Split
OTHER PARTICIPANT RELATED COSTS					
1 Assessments					
List Type and Amount					
				0.0%	0.0%
				0.0%	0.0%
				0.0%	0.0%
2 Other Participant Related Costs					
List Type and Amount					
				0.0%	0.0%
				0.0%	0.0%
				0.0%	0.0%
Subtotal Other Participant Related Cost	\$ -	\$ -	\$ -	0.0%	0.0%
SUB-TIER AGREEMENTS					
List Provider and Amount (attach Sub-Tier Budget)	Description of Activity Provided				
1				0.0%	0.0%
2				0.0%	0.0%
3				0.0%	0.0%
Subtotal Sub-tier Agreement Cost	\$ -	\$ -	\$ -	0.0%	0.0%
GRAND TOTAL PARTICIPANT RELATED COSTS					
	\$ -	\$ -	\$ -	0.0%	0.0%

\* Each amount listed in this budget must be supported by a cost/price analysis. A separate Excel worksheet may be included. A description should be included in the budget narrative.

**WORKFORCE DEVELOPMENT BOARD**  
WorkLink Workforce Development Area  
**PARTICIPANT FLOW BASIS & PROJECTIONS**

Service Provider	
Contract #	TBD
Project Activity	WIOA Program Services
Fund Source	Adult/Dislocated Worker Funds
Modification	Proposed
Date Board Approved	TBD

PY21 Historical Data	Adult	Dislocated Worker	Total
PY21 WIOA Local Funds <i>(Participant Expenditures Only)</i>	\$ 312,961	\$ 42,188	\$ 355,149
PY21 WIOA State Grants <i>(Participant Expenditures Only)</i>	24,980	7,630	\$ 32,610
PY21 Outside Scholarships Leveraged	106,738	-	\$ 106,738

PY21 Average Caseload			312
PY21 New Enrollments	126	14	140
PY21 Carryover (July 1, 2021)	127	23	150
PY21 Exiters	119	17	136
PY21 Total # Received Training	135	37	172

PY22 Historical Data	Adult	Dislocated Worker	Total
PY22 Carryover (July 1, 2022)	117	14	13

[illegible]

**WORKFORCE DEVELOPMENT BOARD**  
 WorkLink Workforce Development Area  
 BUDGET FLOW BASIS & PROJECTIONS

Service Provider	
Contract #	TBD
Project Activity	WIOA Program Services
Fund Source	Adult/Dislocated Worker Funds
Modification	Proposed
Date Board Approved	TBD

<b>PY21 Historical Data</b>	<b>Adult</b>	<b>Dislocated Worker</b>	<b>Total</b>
Total PY21 WIOA Local Funds Expended	609,620	115,002	724,622
PY21 WIOA State Grant Funds Expended	50,493	7,630	58,123

Q1 Expenditures (Local + State Funds)	151,506	30,765.00	182,271
Q2 Expenditures (Local + State Funds)	156,351	30,733.00	187,084
Q3 Expenditures (Local + State Funds)	178,589	20,620.00	199,209
Q4 Expenditures (Local + State Funds)	173,668	40,513.00	214,181

<b>PY23 Planned Expenditures by Month</b>	<b>Budget Expenditures</b>			<b>Cumulative</b>	<b>Adult %</b>	<b>DW %</b>
<b>Period</b>	<b>Adult</b>	<b>DW</b>	<b>Total</b>			
Anticipated Award Amount			<b>600,000</b>			
July-23			-	-	0%	0%
August-23			-	-	0%	0%
September-23			-	-	0%	0%
October-23			-	-	0%	0%
November-23			-	-	0%	0%
December-23			-	-	0%	0%
January-24			-	-	0%	0%
February-24			-	-	0%	0%
March-24			-	-	0%	0%
April-24			-	-	0%	0%
May-24			-	-	0%	0%
June-24			-	-	0%	0%
<b>PY23 Total Enrolled</b>	-	-	-		<b>0%</b>	<b>0%</b>

WORKLINK WORKFORCE DEVELOPMENT AREA  
**BIDDER** STAFF ALLOCATIONS

Slot	Position	Staff	Hourly	Planned Work	Annual	Billable	Billable	Billable	Billable	TOTAL	Project	
		Name	Rate	Hours per Year	Salary	Hrs/Wk	Hrs/Wk	Hrs/Wk	Hrs/Wk	HOURS	WL Ad/DW Program	
						Project WL Ad/DW Program	Project WL Operator & Bus Svc	Project WL Youth Program	Project Non WL Projects		FTE % of Time	Planned Wages
Example	Accountant	John Smith	\$ 35.36	2,080	\$ 73,548.80	10	5	10	15	40	25.0%	\$ 18,387.20
1					\$ -					0	0.0%	\$ -
2					\$ -					0	0.0%	\$ -
3					\$ -					0	0.0%	\$ -
4					\$ -					0	0.0%	\$ -
5					\$ -					0	0.0%	\$ -
6					\$ -					0	0.0%	\$ -
7					\$ -					0	0.0%	\$ -
8					\$ -					0	0.0%	\$ -
9					\$ -					0	0.0%	\$ -
10					\$ -					0	0.0%	\$ -
11					\$ -					0	0.0%	\$ -
12					\$ -					0	0.0%	\$ -
13					\$ -					0	0.0%	\$ -
14					\$ -					0	0.0%	\$ -
15					\$ -					0	0.0%	\$ -
16					\$ -					0	0.0%	\$ -
17					\$ -					0	0.0%	\$ -
18					\$ -					0	0.0%	\$ -

**Master Summary of Goals****Must be included in Proposal Response****Workforce Area** \_\_\_\_\_

Each bidder was asked to provide SMART goals at various points throughout their RFP response. Below summarize those goals, expected outcomes, and deadlines/evaluation period. Successful Bidders will be expected to report out to the Board/Committee regarding progress towards these goals. Selected Bidders are encouraged to develop a full internal work plan with strategies, tactics, point persons, and Threats/Risk evaluations to assist with goal attainment. Attach a sample dashboard/report of goals/outcomes of what might be presented to the Board/Committee.

	<b>Goal Description</b>	<b>Expected Outcome</b>	<b>Deadline or Evaluation period</b>
<i>Example: Goal # <u>1</u></i>	Improve Job Seeker Customer Service Satisfaction.	Receive at least 25 customer service satisfaction surveys during the reporting period, and achieve at least 80% response rate of "Satisfied" or above.	Evaluated quarterly: Sept 30, Dec 31, Mar 31, Jun 30

Goal # _____			
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Goal # _____			
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Goal # _____			
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Goal # _____			
--------------	--	--	--

Goal # _____			
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\*Duplicate as needed to capture remaining goals.

**Form D**  
**Past Performance**

Describe your past performance managing federally-funded workforce development programs, or comparable experience, for the last two years by completing:

Project Title:	
Funding Source:	
Funding Amount:	
Grant Start Date:	
Grant End Date:	
Contractual Outcomes to be Achieved:	Actual Outcomes Achieved:
Brief Summary of Project:	

Project Title:	
Funding Source:	
Funding Amount:	
Grant Start Date:	
Grant End Date:	
Contractual Outcomes to be Achieved:	Actual Outcomes Achieved:
Brief Summary of Project:	

You may add additional pages if needed to capture program performance for the past two years.

**Form F**  
**Organizational References**

**Organization One:** \_\_\_\_\_

☐ Public Agency/Government    ☐ Faith-Based Organization    ☐ Private-for-Profit Corporation  
☐ Educational Institution    ☐ Non-Profit Corporation    ☐ Other: \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description of Work Completed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Organization Two:** \_\_\_\_\_

☐ Public Agency/Government    ☐ Faith-Based Organization    ☐ Private-for-Profit Corporation  
☐ Educational Institution    ☐ Non-Profit Corporation    ☐ Other: \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description of Work Completed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Organization Three:** \_\_\_\_\_

☐ Public Agency/Government    ☐ Faith-Based Organization    ☐ Private-for-Profit Corporation  
☐ Educational Institution    ☐ Non-Profit Corporation    ☐ Other: \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description of Work Completed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Organization Four:** \_\_\_\_\_

☐ Public Agency/Government    ☐ Faith-Based Organization    ☐ Private-for-Profit Corporation  
☐ Educational Institution    ☐ Non-Profit Corporation    ☐ Other: \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description of Work Completed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Bidder's Conflict of Interest Certification

### 1. Bidder certifies that:

- a. They have not offered or cause to have offered or provided any gratuities, favors, or anything of monetary value to any member or individual employed by the WorkLink Workforce Development Board (WorkLink WDB) or Chief Elected Officials (CEOs) for the purpose of influencing the selection of their Bid or any other Bid submitted hereunder.
- b. They have not engaged in any activity to restrict or eliminate competition.
- c. No manager, employee or paid consultant of bidder's company or spouse or child of any manager, employee of paid consultant is a member of the WorkLink WDB or CEOs.
- d. They have disclosed any interest, fact or circumstance which does or may present a potential conflict of interest below:

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

- e. If the answer to any of the above certifications is yes, bidder has disclosed the relationship or action below:

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

### 2. Violation of this provision may cause an organization's Bid to be rejected. This does not preclude partnerships, consortiums, or subcontracts.

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

Of \_\_\_\_\_  
(Name of Bidder's entity)

am authorized to make the above Certifications and to submit this Bid on behalf of

\_\_\_\_\_  
(Name of Bidder's entity)

\_\_\_\_\_  
Signature Date





## **WORKFORCE DEVELOPMENT BOARD CONFLICT OF INTEREST DISCLOSURE FORM**

Article IV of the WorkLink Workforce Development Board (WDB) By-laws addresses Conflicts of Interest for board members, to include any subgroup performing duties on behalf of the WDB, in the following manner:

**Pursuant to Section 107(h) of the Act, “A member of the local board, or a member of a standing committee, may not- (1) vote on a matter under consideration by the local board- (A) regarding the provision of services by such member (or by an entity that such member represents); or (B) that would provide direct financial benefit to such member or the immediate family of such member; or (2) engage in any other activity determined by the Governor to constitute a conflict of interest as is specified in the State plan”.**

**Each such conflict of interest shall be declared by the member and so recorded in the official minutes. Any concerns or questions that may arise during meetings regarding conflict of interest may be directed to the Board Chairperson for clarification.**

By signing below, the signee acknowledges that he or she has read the conflict of interest definition and policy outlined in the preceding paragraphs and pledges to adhere to this policy to the best of his or her ability.

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

**FORM H**  
**REQUEST FOR PROPOSALS EVALUATION**

Applicant \_\_\_\_\_

Activity \_\_\_\_\_ WIOA Adult/DW Program Services 22-WIOA-02 \_\_\_\_\_

Criteria	Weight	Score
Program Proposal Synopsis	5	
Experience, Capacity & Past Performance	25	
Program Design	20	
Innovation	10	
Outreach	20	
Budget and Financial Information	20	
<b>Total</b>	<b>100</b>	

An application must receive a minimum aggregate score of 70 from the Review Panel in order to be considered for funding.

Evaluated by \_\_\_\_\_

Date \_\_\_\_\_

## Form I

### Request for Compliance Documents

Name of Bidding Organization \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Do you have a current banking agreement? Yes ( ) No ( )

Name of Bank \_\_\_\_\_

If you do not have a current banking agreement, provide a brief explanation:

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

**Attach the completed forms in this order.** (Forms are found in this packet.)

- Signatory authority
- Financial signatory authority
- Financial Separation of Duties Questionnaire
- Certification regarding Drug-Free Workplace
- Certification of lobbying activities
- Suspension and debarment certification

**Attach a copy of the following in this order:**

- List of current board members of governing body
- Charter and by-laws of organization
- Copy of indirect cost plan and approval letter by cognizant agency
- Insurance/Bonding agreement
- Copy of General Liability Policy
- Procurement Policy
- Organizational chart
- Job Descriptions of Personnel Funded by WIOA (fully or partially in the Budget Template(s)), including hiring requirements
  - If already hired, include Resumes and Qualifications of Staff
- Grievance procedures
- Staff/personnel travel policies
- Holiday Schedule
- Telework or Remote Work Policy (if available)

CERTIFICATION FOR LEGAL AUTHORITY OF  
CONTRACTOR AND SIGNATORY

I, \_\_\_\_\_, do solemnly swear and certify that I, being the  
(Typed Name of Certifying Official)

\_\_\_\_\_ for \_\_\_\_\_  
(Title of Certifying Official) (Contractor Name)

have both official and personal knowledge that: \_\_\_\_\_  
(Contractor Name)

has the legal authority to enter into an agreement to operate employment and training programs  
under the Workforce Innovation and Opportunity Act (WIOA) of 2014;

and that \_\_\_\_\_ has the legal authority to sign and execute  
(Typed Name of Signatory Official)

such an agreement on behalf of \_\_\_\_\_, if such an  
(Contractor Name)

agreement is executed. I, \_\_\_\_\_, agree to submit upon request  
(Typed Name of Certifying Official)

by the SC Appalachian Council of Governments (Administrative Entity), such information and  
documentation as may be necessary to verify the certification contained herein.

\_\_\_\_\_  
Signature of Signatory Official

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, Notary Public for South Carolina

My commission expires: \_\_\_\_\_

SC Appalachian Council of Governments  
WORKFORCE INNOVATION AND OPPORTUNITY ACT  
Signature Authorization

Grantee Name: \_\_\_\_\_

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

Name & Title (Typed):

Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The individuals whose signatures appear above are authroized to request funds  
for the contractor listed above during the current Program Year \_\_\_\_\_

Approved: \_\_\_\_\_  
Signatory Official

\_\_\_\_\_  
Date

## WIOA SEPARATION OF DUTIES QUESTIONNAIRE

(If person has not yet been hired, enter the position responsible and indicate by asterisk (\*) if position is partially or fully funded in the staff section of the Budget Template.)

Grantee:		
Address:		
Date:	Name and Title of Person Completing Form:	
I certify that the following information is true and correct to the best of my knowledge.		
Authorized Financial Signatory:		
	Separation of Duties	Employee Name and Title or N/A
1.	Approves:	
	a) Invoice & vouchers for payment	
	b) Journal entries	
	c) Personnel actions (additions, separations, pay rate changes)	
	d) Petty cash replenishment	
	e) Petty cash vouchers	
	f) Purchase orders	
	g) Vendor invoice payments	
	h) Bank Reconciliations	
2.	Prepares/Processes Payroll	
3.	Certifies payroll for:	
	a) Accuracy	
	b) Authenticity of payee	
	c) Correct wage rate	
4.	Delivers payroll checks to staff	
5.	Time and Attendance Reports:	
	a) Signs/Certifies	
	b) Collects	
	c) Posts leave earned/taken	
	d) Reviews in payroll section	
6.	Custodian of:	
	a) Blank checks	
	b) Undelivered checks	
	c) Mechanical check signer	
	d) Equipment inventory records	
	e) Petty cash fund	
	f) Supplies inventory	

7.	Makes deposits in bank accounts:	
8.	Opens:	
	a) Bank statements	
	b) Mail	
9.	Prepares:	
	a) Monthly trail balances	
	b) Personnel actions	
	c) Bank reconciliations	
	d) Financial status reports	
10.	Receives cash on-site	
11.	Records receipts in books of account (label, e.g. cash receipt journal, etc)	
12.	Records distribution in books of account (label, e.g. cash receipt journal, etc.)	
13.	Signs	
	a) Receiving documents	
	b) Payment authorizations	
	c) Checks	
14.	Contracts and Modifications:	
	a) Prepares	
	b) Approves	
	c) Signs	
15.	Data Processing	
	a) Fiscal data input	
	b) Fiscal data output	
	c) Programming fiscal programs	
	d) Access to terminals for:	
	i) Fiscal Applications	
	ii) Other (word processing, etc)	
16.	Property Control	
	a) Performs the Physical Inventory Verification	
	b) Signs/certifies that the physical inventory verification has been completed?	
	c) Signs/certifies the final reconciliation once completed?	

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE  
REQUIREMENTS**

- A.** The grantee certifies that it will 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 a 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 of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
  - (e) Notifying the agency within ten (10) days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
  - (f) Taking one of the following actions within thirty (30) days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --



- (1) Taking appropriate personnel action against such an employee, up to and including termination; and
- (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).

**B.** The site(s) for the performance of work done in connection with this specific grant is:

**Place of Performance (Street address, city, county, state, zip code):**

---

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**Certified by:**

---

**(Authorized Signature)**

---

**(Typed Name and Title of Signatory Authority)**

---

**(Date)**

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g., the first sub-awardee of the prime is the first tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in item 4 checks "sub-awardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001".
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in items 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered federal action.  
(b) Enter the full names of the individuals performing services, and include full address, if different from (10(a)). Enter last name, first name and middle initial (MI).
11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has preformed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046, Washington, DC 20503).

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 USC 1352

(See below for public burden disclosure.)

<b>1. Type of Federal Action</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b> year _____ quarter _____ date of last rept. _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee; Tier _____ if known.  Congressional District, if known: _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known: _____
<b>6. Federal Department/Agency</b>		<b>7. Federal Program Name/Description</b>  CFDA Number, if applicable: _____
<b>8. Federal Action Number, if known:</b>		<b>9. Award Amount, if known:</b>  \$ _____
<b>10a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</b>		<b>10b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</b>
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____  value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>  <div style="text-align: center;">(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>16. Information requested through this form is authorized by title 31 USC section 1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 USC 1352. This information will be reported to the Congress semi-annually and will be made available for public inspection. Any person who fails to file the required disclosure shall be subject of a civil penalty of no less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____  Print Name: _____  Title: _____  Tel. No.: _____ Date: ____/____/____

Authorized for local reproduction

Standard Form - LLL

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348--0046), Washington, DC 20503.

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**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

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

(BEFORE COMPLETING CERTIFICATION, READ 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 a federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date

## Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. 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.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which 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.
4. 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.
5. 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.
6. 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.
7. A participant in a covered transaction may rely upon a certification of prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, 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.
8. 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.
9. 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.