

## PROPOSAL COVER SHEET

<b>(1) Agency/Institution Submitting Proposal</b>	
<b>(2) Project Title</b>	
<b>(3) Project Director</b> (Name, Title, Address, Telephone, Fax, e-mail)	<b>(4) Site Coordinator</b> (Name, Title, Address, Telephone, Fax, e-mail) <b>Grant Period</b>
<b>(5) Financial Officer</b> (Name, Title, Address, Telephone)	<b>(6) Program Period</b>
	<b>(7) Amount of Funds Requested</b>
	<b>(8) Official Authorized to Sign for Proposal / Contractor</b>  <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/>           Signature         </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/>           Title <span style="float: right; margin-right: 20px;">Date</span> </div>

### **Proof of Authority from Governing Board**

***The above-named organization (proposer) accepts responsibility for the program described in this Proposal. The proposer agrees to the program and the funding terms and conditions of the County. It is agreed that any liability arising out of the performance of this Contract, including civil court actions for damages, shall be the responsibility of the recipient and the authorizing agency. The County of San Bernardino disclaims responsibility of any such liability.***

Written authorization from the governing board in support of this program is included with this Proposal Cover Sheet.

### **Acceptance of County Contract Form**

The initial draft of the County contract form to be used for the agreement is contained in Appendix B. Although the attached draft is subject to revision before execution by the parties, by submission of a proposal, the potential contractor indicates that, except as specifically and expressly noted in its submission, it has no objection to the attached draft or any of its provisions. If selected, the potential contractor will enter into a final agreement based substantially upon the attached draft.

### **Certification of Authority**

The person executing this certificate on behalf of the Proposer affirmatively represents that s/he has the requisite legal authority to do so on behalf of Proposer. Both the person executing this proposal on behalf of the Proposer and Proposer understand that the County is relying on this representation in receiving and considering this proposal.

## LETTER OF AUTHORIZATION (FORMAT)

Date

County of San Bernardino  
Department of Workforce Development  
215 North D Street, Suite 301  
San Bernardino, CA 92415-0046

SUBJECT: LETTER OF AUTHORIZATION

As a duly authorized officer or agent of Business/Agency/Organization authorized to sign for and submit proposals on behalf of this organization, I hereby certify and affirm, under penalty of perjury, the following statements:

1. In submitting this proposal in response to the Workforce Investment Act (WIA) Youth Program Title I Request for Proposal (RFP), I certify that the information presented is true and accurate. Business/Agency/Organization agrees to provide additional information regarding administrative, financial, and legal status if deemed necessary by the Department of Workforce Development (WDD).
2. Business/Agency/Organization will permit official representatives of WDD access to its facilities, staff, and records in conducting a pre-award survey in connection with this proposal.
3. Business/Agency/Organization hereby authorizes WDD to contact any or all of the references and funding or information sources named herein in order to verify credit, funding, accreditation, performance, and other information deemed necessary for review of this proposal.
4. Business/Agency/Organization will provide the product(s) and/or service(s) as described in this proposal at the price stipulated in this proposal from July 1, 2009 to June 30, 2011. The price(s) contained herein is the same charged to all other individuals or organizations contracted for and/or receiving the same product(s) and/or service(s). All material facts presented in this proposal shall be binding and included as part of the contract if this proposal is selected and the contract awarded.
5. The offer presented in this proposal is firm and binding for 120 days from the date listed above.
6. All aspects of this proposal, including costs, have been determined independently, without consultation with any other prospective proposer or competitor for the purpose of restricting competition.
7. Business/Agency/Organization will, if selected and awarded a contract, comply with all applicable rules, laws, and regulations, and the terms of the contract.
8. I, the undersigned, under penalty of perjury, am an agent authorized to submit proposals on behalf of Business/Agency/Organization.

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*Signature of Authorized Official*

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*Print Name*

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Official Title

**SERVICE PROVIDER INFORMATION SUMMARY**

Legal name of business, organization, or agency: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Organization:  Public/Government  Local Education Agency (LEA)  
 Private-For-Profit  Private Non-Profit  
 Other: \_\_\_\_\_

Type of Legal Entity:  Corporation  Sole Proprietorship  
 Partnership  Other: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name(s) of organization(s) and individual(s) who have helped developed the Request for Proposal.

Name	Organization	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CONTRACTING EXPERIENCE

**A. Current contracts in effect:**

Contract Type (e.g., services/training provided)	Contract Period	Contract Amount	Funding Agency	Agency Address / Phone	Contact Person

Check this box if the Proposer does not have any current contracts in effect.

**B. Contracts successfully completed during last two (2) years:**

Contract Type (e.g., services/training provided)	Contract Period	Contract Amount	Funding Agency	Agency Address / Phone	Contact Person

Check this box if the Proposer has not completed any contracts in the last 2 years.

**C. Contracts terminated prior to completion during the last two (2) years:**

Contract Type (e.g., services/training provided)	Contract Period	Contract Amount	Funding Agency	Agency Address / Phone	Contact Person

Check this box if the Proposer did not have any contracts terminated in the last 2 years.

## STATEMENT OF PROPOSER'S EXPERIENCE (Format)

Date

County of San Bernardino  
Department of Workforce Development  
215 North D Street, Suite 301  
San Bernardino, CA 92415-0046

SUBJECT: STATEMENT OF EXPERIENCE

As a duly authorized officer or agent of Business/Agency/Organization authorized to sign for and submit proposals on behalf of this organization, I hereby certify and affirm, under penalty of perjury, the following statements:

1. I, the undersigned affirm that Business/Agency/Organization is a valid legal entity in the State of California such as a corporation, partnership, etc. Copies of the official documents showing the formation of a corporation, partnership, or sole proprietorship are attached.
2. I, the undersigned affirm that Business/Agency/Organization has Also, is included a current copy of an applicable business license.
3. I, the undersigned affirm that Business/Agency/Organization has been in business under the present business name for \_\_\_ years. (If applicable, number of years under prior business names.)
4. I, the undersigned affirm that Business/Agency/Organization that this organization has the administrative/fiscal capacity to perform the proposed services and ensure that all services and expenditures are within federal, state and County guidelines for WIA Youth Programs.
5. I, the undersigned certify that Business/Agency/Organization that this organization has not been proposed for debarment, presently disbarred, suspended, or declared ineligible, as required by Executive Order 1259, "Debarment and Suspension," and implemented by 28 CFR, Part 67, for prospective participants in primary covered transactions.
6. I, the undersigned affirm that Business/Agency/Organization that this proposal if funded, as proposed, will not exceed 75% of the organization's gross revenues.

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*Signature of Authorized Official*

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*Print Name*

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*Official Title*

## LINKAGES

Name of Agency	Program Element(s)

**Program Elements Legend:**

1. Academic Enhancement Skills [basic and remedial education] (AES)
2. Alternative Secondary School Services (AS)
3. Summer Opportunities (SOO)
4. Paid and Unpaid Work Experience (WE)
5. Occupational Skills Training (OST)
6. Leadership Development Opportunities (LDO)
7. Supportive Services (SS)
8. Adult Mentoring (AM)
9. Follow-up Services (FUS)
10. Comprehensive Guidance and Counseling (CGS)

**TOTAL BUDGET REQUEST**

**Contractor Name:** \_\_\_\_\_

Proposed Contract Amount: \_\_\_\_\_

BUDGET SUMMARY	Column 1 WIA Youth Program Year	Column 2 WIA Youth Follow-up Year	Column 3 NON-WIA Funds Cash	TOTAL
A. In-School Youth				
B. Out-of- School Youth				
<b>TOTAL</b>				

The total of Columns 1 & 2 must equal the total contract period (7/1/09 - 6/30/11). Columns 3 must be equal to or greater than 25% of Columns 1 & 2. The total is equal to the sum of Columns 1, 2 and 3.

BUDGET DETAIL		Column 1 WIA Youth Program Year	Column 2 WIA Youth Follow-up Year	Column 3 NON-WIA Funds Cash	TOTAL
A.	Staff Salaries and Benefits				
B.	Staff Travel/Training/Meetings				
C.	Recruitment, Advertising, Outreach				
D.	*Subcontracts/Formal Agreements				
E.	Office Supplies/Postage/Janitorial				
F.	Telephone /Internet				
G.	Rent				
H.	Utilities				
I.	Insurance				
J.	**Equipment Purchases				
K.	**Equipment Rent/Lease				
L.	Equipment Maintenance				
M.	Acctg, Audit or Annual Statements				
N.	Contracted Services (including training)				
O.	Indirect Costs				
P.	Printing, Reproduction (Instruction Mtrl)				
Q.	Youth Training Costs (Tuition, Supplies, Etc.)				
R.	Participant Wages				
S.	Participant Stipends				
T.	Supportive Services				
U.	Other (List)				
<b>TOTAL EXPENDITURES</b>					

\* Subcontracts must have prior approval from WDD

\*\* Any equipment, lease or purchase over \$500 must have prior approval from WDD

Description of Cash Funds

Describe Source of Cash Funding		Amount

## JOB DESCRIPTION/RÉSUMÉ OF WIA PERSONNEL

Complete this Attachment for all positions on the Organization Chart that are included in project budget.

Position Title: \_\_\_\_\_

Name of Person Currently In This Position: \_\_\_\_\_

Position is responsible to which person: \_\_\_\_\_

Statement of Position Duties and Responsibilities:

Qualifications and Experience of Person in This Position:

Other Knowledge, Skills, and Abilities of Person in This Position:

Percentage of salary/wages funded by WDD WIA Youth Contact and how determined:



## CREDIT AUTHORIZATION

Agency or Contractor	Federal ID Number	
Address	State ID Number	
City	State	Zip
Dunn & Bradstreet ID Number (if applicable)		

I, as an authorized representative of \_\_\_\_\_, hereby authorize  
The Organization's Name  
 the Department of Workforce Development to verify \_\_\_\_\_ past  
The Organization's Name  
 employment earnings records, bank accounts, stock holdings, taxes, liens and any other assets. I further authorize the Department of Workforce Development to order a business credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Department of Workforce Development obtains is only to be used in evaluating and determining the financial stability of potential service and training contractors.

Signature of Authorized Representative	
Print Name	Date

**LEVERAGED RESOURCES**

<b>Total Amount</b>		
<b>Name of Agency</b>	<b>Amount per Agency</b>	<b>Type of resources (In-kind, office space, supplies, cash, etc.)</b>