

REQUEST FOR PROPOSALS – SUBMISSION FORM

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|---|--|
| 1. Organization Name: | 2. Date of Request: |
| 3. Organization Address: | 4. Program Address (if different from organization): |
| 5. Federal Tax ID (organization or legal entity): | 6. Current Philadelphia Works contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the organization have any connection with Philadelphia Works (including its Board of Directors or Youth Standing Committee)? <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No | 8. Has the applicant agency and its staff or director ever been barred from entering contracts with Federal or State government agencies? <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No |
| 9. Contact person (name and title): | 10. Contract signatory (name and title): |
| 7a. Contact title: | 8a. Signatory title: |
| 7b. Contact phone: | 8b. Signatory phone: |
| 7c. Contact email: | 8c. Signatory email: |
| 11. Project Title: | 12. Amount Requested: \$ |

Type of Funds:
Temporary Assistance of Needy Families – Youth Development (TANF YD)

- 13. Proposal Checklist:**
- Submission Form**
 - Attachment 1 - Program Narrative**
 - Attachment 2 - Line-Item Budget & Narrative**
 - Attachment 3 - Audited Financial Statements**
 - Attachment 4 – Letters of Support (Optional)**

APPLICANT’S CERTIFICATION

I certify that all the information provided in this application is both complete and accurate to the best of my knowledge. I also understand that if selected as a provider, I will be required to submit further detailed program and budget information.

Authorized Agency Representative Signature & Title

Date

ATTACHMENT 1: PROPOSAL NARRATIVE

Please use a separate document to provide the following information in clear, concise language and not more than 8 (8) pages. Assume that the reviewer is unfamiliar with the organization. Applicants are strongly encouraged to provide details with specific descriptions, numbers, etc. that capture the organization’s approach and capacity to successfully accomplish the services proposed. Do not include any internet addresses (URLS) that provide information necessary to review the application. Documents must not include any proprietary or sensitive business information as it may be made available to the public. Answer each question separately, and in the order in which it was asked.

1. Organization Experience, Capacity, & Past Performance

- A. Provide a general organizational description, including but not limited to year established, legal status, governance structure, mission, location, population served, principal programs and services, executive leadership, annual budget and number of full-time staff.
- B. Describe the organization’s experience similar to that required by this RFP, including but not limited to services and activities delivered, contract values, and related performance outcomes.
- C. Describe the organization’s current capacity to implement the requirements of this RFP.
- D. Describe the organization’s typical staff retention rate and capacity to fill vacant positions. Provide a copy of your organizational chart and highlight positions that will be connected to this program.

2. Plan for Services

- A. Describe the geographic area to be served and the participants who will be served with these funds.
- B. Describe the activities or services that will be provided if the funds are awarded.
- C. Describe the organization’s plan for partner development and collaboration to support youth and young adults in areas such as paid and unpaid work experience, training and certification, supportive service, and employment and postsecondary placement.
- D. Provide an overview of the anticipated program timeline including youth recruitment if applicable.

3. Technical, Fiscal, & Administrative Capacity

- A. Provide a brief description of the organization’s monitoring, oversight, and electronic data tracking approach including quality assurance processes that are currently in-place.
- B. The successful provider will be governed by Philadelphia Works policies related to grievances and record retention. Please detail the procedures the organization currently uses for:
 - a. Grievances from participants, employees, or vendors.
 - b. Handling and safeguarding information included technology for electronic transmission.
 - c. Record retention.
- C. Does the organization’s most recent fiscal audit indicate any material findings? If so, please detail and attach the corrective action plan.
- D. Please provide a short description of how the accounting system allows for the reporting of expenditures by individual grants.
- E. What is the organization’s plan to contract out or have a payment system (supportive services, incentives, wages, etc.) for youth participants?

ATTACHMENT 2: LINE ITEM BUDGET

Organization Name:

Project Title:

| EXPENSE ITEM | COST / EXPENSE | COST DESCRIPTION |
|---|----------------|---------------------------|
| ADMINISTRATION - Cost Category=Admin⁴ | | |
| Admin Staffing | | |
| Staff Salaries | | <i>Refer to Next Page</i> |
| Fringe Benefits | | |
| Admin Operating Expenses | | |
| Communications (Telephone, Postage, Internet, etc.) | | |
| Facilities – Rent | | |
| Facilities – Maintenance & Utilities | | |
| Insurances | | |
| Other Admin Operational Expenses | | |
| Staff Travel | | |
| Audit & Payroll Services | | |
| Subcontracts, Service Contracts, Consultants | | |
| Equipment - Lease | | |
| Supplies (Office Supplies & Consumable Supplies) | | |
| Admin Indirect Costs ⁶ | | |
| Other Admin Expenses (please list): | | |
| ADMIN SUBTOTAL | \$ | |
| PROGRAM SERVICES - Cost Category=Program | | |
| Program Staffing | | |
| Staff Salaries | | <i>Refer to Next Page</i> |
| Fringe Benefits | | |
| Program Operating Expenses | | |
| Communications (Telephone, Postage, Internet, etc.) | | |
| Facilities – Rent | | |
| Facilities – Maintenance & Utilities | | |
| Insurances | | |
| Other Program Operational Expenses | | |
| Staff Travel | | |
| Staff Professional Development | | |
| Subcontracts, Service Contracts, Consultants | | |
| Special Events | | |
| Equipment - Lease | | |
| Program Service & Costs for Participants | | |
| Office & Consumable Supplies | | |
| Academic Instruction & Occupational Training Costs | | |
| Outreach & Recruitment Costs | | |
| Supportive Services | | |
| Incentive Payments | | |
| Youth Work Experience Payments & Fringe | | |
| Other Program Expenses (please list): | | |
| PROGRAM SUBTOTAL | \$ | |
| PROJECT TOTAL | \$ | |

⁴ The total of Administrative **cannot exceed 10%** of the project total. Indirect Costs are only allowed as an administrative expense and organizations must have a current, federally approved Indirect Rate Agreement. Profit is only allowable as an Administrative cost.

ATTACHMENT 2: BUDGET NARRATIVE

Please provide brief descriptions (no more than 150 words) per item below.

Provide detail about your organization's cost allocation method if expenditures are not one hundred percent directly charged to this grant. Attach a separate copy of your cost allocation plan if appropriate.

If subcontracting for service contracts, consultants, etc., provide detail regarding the plan for services and list names of entities who will be providing services.

If applicable, provide detail for costs associated with Academic Instruction & Occupational Training services.

Describe the types of Supportive Services that will be offered to participants based on the amount in the budget.

Describe the types of youth work experience payments that will be offered to participants based on the amount in the budget.

ATTACHMENT 3: AUDITED FINANCIAL STATEMENTS

All applicants must attach a copy of the following:

Most recent Audited Financial Statements performed in compliance with *Government Auditing Standards* (i.e. Single Audit or a program/yellow book audit).

The audit report should include the following:

- Report on Internal Control Over Financial Reporting on Compliance and Other Matters
- Report on Compliance with Requirements Applicable to Each Major Program and on Internal Control over Compliance
- Statements of Financial Position, Activities and Changes in Net Assets and Cash Flows.
- The sign-off date of the audit and all disclosures (footnotes)

Responders must also provide a copy of the organization's management/strategic plan which must also include an allocation of expenses, processes and trends.

ATTACHMENT 4: LETTER(S) OF SUPPORT (OPTIONAL)

While letters of support are not required, applicants are encouraged to include no more than three letters of support from potential program partners. These will not be counted toward the total proposal page count.

Sample program partners include:

- Employers
- Educational Institutions
- Community based organizations
- Neighborhood based associations