

CHEMUNG, SCHUYLER, AND STEUBEN WORKFORCE DEVELOPMENT BOARD

Workforce Innovation and Opportunity Act (WIOA) Title I Youth Services REQUEST FOR PROPOSALS (RFP) APPENDICES PACKAGE

**PROPOSAL SUBMISSION DUE DATE:
Friday, October 16, 2026, by 4:00 PM EST**

**SUBMIT TO:
Operations and Oversight Committee
c/o Judy McKinney Cherry
216 North Franklin Street
Watkins Glen, New York 14891**

★ MANDATORY INSTRUCTIONS FOR ALL PROPOSERS

- Bidders must complete and submit every applicable attachment in this package in the exact order requested.
- Submission format requires two (2) complete hard-copy originals with authorized signatures and one (1) electronic PDF copy.
- Narrative pages are strictly limited to 15 pages. However, the budget sheets, job descriptions, resumes, and signed attachments (Forms 4, 5, 6, 8, 9) are fully excluded from the narrative page limit.
- Failure to submit signed versions of mandatory attachments will result in immediate disqualification during technical screening.

Attachment 1: WIOA Youth Program Proposed Budget Summary

Instructions: Complete the proposed line-item budget table below for the program period commencing January 1, 2027 and ending December 31, 2027. All costs must be reasonable, necessary, allowable, and allocable. Please separate carry-in funding from new requested allocations. Under no circumstances may administrative/indirect costs exceed 15.0% of the total budget request. Work Experience (WEX) activities must represent a minimum of 30.0% of total expenditures.

Proposing Organization Name: _____

Proposed Total Funding Request (\$): \$ _____

Projected Participant Caseload (Year-round active): _____ Out-of-School Youth (OSY)

Budget Expense Line-Item Category	Carry-In Funding	New Request	Total Projected
1. Staff Salaries (Youth Navigators/Counselors)	\$	\$	\$
2. Staff Fringe Benefits (fringe rate: _____ %)	\$	\$	\$
3. Staff Operating & Travel Expenses	\$	\$	\$
4. Program Operational Supplies & Office Rent	\$	\$	\$
5. Partner Subcontracts / Referral Services	\$	\$	\$
6. Work Experience (WEX) Participant Wages (Direct)	\$	\$	\$
7. Work Experience (WEX) Participant Fringe Benefits	\$	\$	\$
8. Supportive Services (Transportation, uniforms, gear)	\$	\$	\$
9. Indirect Costs / Administrative Fee (Max 10%)	\$	\$	\$
TOTAL CONTRACT BUDGET PROPOSAL	\$	\$	\$

Attachment 1-B: Budget Narrative Template

Bidders must attach a separate sheet titled 'Budget Narrative' that fully explains the development and calculation of every proposed line-item cost. Ensure the narrative specifically addresses:

- 1. Staffing Plan: Detail the precise FTE count, title, and salary distribution of all program staff.*
- 2. Cost Per Participant Calculation: Divide total requested contract expenses by proposed enrollment casing.*
- 3. Leveraged / In-Kind Resources: Identify all non-WIOA funds or contributions supporting this program design.*
- 4. Work Experience Expenditure Target: Explicitly detail the math demonstrating that WEX direct wages and associated training/fringe represent at least 30.0% of the total request.*

Attachment 4: Proposal Cover Sheet & Contractor Qualifications

Instructions: This sheet must be completed in full and serves as the official cover sheet for the proposal. The individual signing this cover sheet must be the legally authorized signatory authority of the proposing organization.

Legal Name of Proposing Agency:	_____
Mailing Address of Head Office:	_____ _____
Administrative Contact Person & Title:	_____
Office Telephone / Fax Numbers:	Tel: _____ Fax: _____
Official Email Address of Contact:	_____
Organization Type (Check One):	☐ Private For-Profit ☐ Not-For-Profit ☐ School District ☐ Government Agency ☐ Public Non-Profit ☐ Other (Specify): _____
Federal Tax ID Number (EIN):	_____
Total Contract Dollar Amount Requested:	\$ _____
Approved Affirmative Action Plan?	☐ Yes Date Approved: _____ By: _____ ☐ No ☐ Exempt
Has Agency Ever Filed for Bankruptcy?	☐ Yes (Attach explanatory details) ☐ No
Ever Had Questioned or Disallowed Costs?	☐ Yes (Attach formal explanation) ☐ No
Does Agency Have Capacity to Repay?	☐ Yes (Demonstrated in Audit) ☐ No
Number of Years Operating in CSS Area:	_____ Years
Date of Last Independent Single Audit:	Date: _____ (Copy must be attached)

By signing below, I certify that our organization meets all necessary fiscal capacity and legal eligibility criteria to receive federal funding under WIOA, and that all information provided in this proposal package is true, complete, and accurate.

Signature of Authorized Signatory Authority

Typed Name and Title of Representative

Date Signed

Attachment 5: Statement of Non-Collusion

Grounded in New York State General Municipal Law Section 103-d, all proposers are strictly required to sign and execute this certification of non-collusion and return it with their completed proposal package.

“By submission of this RFP, each proposer and each person signing on behalf of any proposer certifies, and in the case of a joint RFP each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

1. The prices of this RFP have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter related to such prices with any other proposer or with any competitor;

2. Unless otherwise required by law, the prices which have been quoted in this RFP have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer or to any competitor; and

3. No attempt has been made or will be made by the proposer to induce any other person, partnership, or corporation to submit or not to submit an RFP for the purpose of restricting competition.”

Organization Name: _____

Authorized Signatory Authority Signature: _____

Print Name of Representative: _____

Title: _____ Date Signed: _____

Attachment 6: Certification of Specifications Compliance

Proposers must check 'Yes' to provide formal assurances for each compliance requirement below. If the proposer cannot provide these assurances, the application will be automatically rejected as non-responsive.

Item #	Mandatory Assurance Specification Details	Check Response
1	We will provide records of our most recently completed Single Audit or show fiscal solvency if requested by the Board.	☐ Yes ☐ No
2	We maintain adequate internal accounting controls to ensure that federal WIOA grant funds are managed and audited in full compliance with GAAP and OMB Uniform Guidance (2 CFR 200).	☐ Yes ☐ No
3	We have additional diversified funding sources and are not solely dependent on this WIOA contract award for organization survival.	☐ Yes ☐ No
4	We will meet all applicable federal, state, and local compliance requirements, including EEO provisions, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.	☐ Yes ☐ No
5	We will meet all child labor law standards, and ensure that no youth are placed in positions that displace current employees.	☐ Yes ☐ No
6	Under penalty of law, we certify that no officer, board member, or staff of our agency has or will offer any gratuities, favors, or gifts to any CSS Board member or staff to influence this procurement.	☐ Yes ☐ No
7	Our organization is not debarred, suspended, or excluded from receiving federal or state procurement contracts.	☐ Yes ☐ No

I certify that our organization is in full compliance with all specifications and assurances outlined above, and that I have the legal authority to commit our agency to a binding contract.

Authorized Representative Signature: _____

Representative Name and Title (Print): _____

Date Signed: _____

Attachment 7: Proposal screening evaluation checklist

★ FOR BOARD ADMINISTRATIVE USE ONLY

Instructions: This checklist is used by CSS Workforce Board to conduct the initial technical review for completeness and responsiveness. Applications missing any of the mandatory forms below will be immediately deemed non-responsive and disqualified.

Item	Mandatory Document / Form Requirement	Present?	Comments
1	Proposal submitted before Friday, October 16, 2026, 4:00 PM EST deadline.	☐ Y ☐ N	
2	Proposer is not on federal or state debarment or suspension registers.	☐ Y ☐ N	
3	Two (2) complete original hard copies + one (1) electronic PDF submitted.	☐ Y ☐ N	
4	Attachment 4 (Proposal Cover Sheet & Contractor Qualifications) completed and signed.	☐ Y ☐ N	
5	Executive Summary attached and does not exceed the strict 2-page limit.	☐ Y ☐ N	
6	Program Narrative attached and does not exceed the strict 15-page limit.	☐ Y ☐ N	
7	Attachment 1 (Proposed Budget Table) completed in full.	☐ Y ☐ N	
8	Detailed Budget Narrative attached, supporting cost per participant and staffing.	☐ Y ☐ N	
9	Attachment 5 (Statement of Non-Collusion) signed and dated.	☐ Y ☐ N	
10	Attachment 6 (Certification of Specifications Compliance) signed.	☐ Y ☐ N	
11	Attachment B (14 WIOA Service Elements Delivery Plan) completed in full.	☐ Y ☐ N	
12	Attachment 8 (Summary of Partnership Network Template) completed.	☐ Y ☐ N	
13	Attachment 9 (Partnership Agreements / MOAs) signed for all network partners.	☐ Y ☐ N	

Proposal Screening Decision: ☐ COMPLIANT / PASSES TO EVALUATION ☐ REJECTED / NON-COMPLIANT

Screened By Board Staff (Signature): _____ Date: _____

Screened By Board Staff (Print Name): _____

Attachment B: 14 Required Program Elements Delivery Plan

Instructions: Complete the grid below for each of the 14 mandatory WIOA youth program elements. For each element, specify if it is delivered 'In-House' or through an 'Outside Partner'. If delivered by an outside partner, list their name and ensure a signed Partnership Agreement (Form 9) is attached.

#	Required Program Element	Direct Delivery or Partner Name	OSOS Outcome Tracking Method
1	Tutoring, Study Skills, & Dropout Prevention	☐ In-House ☐ Partner: _____	Academic progress & credits tracked
2	Alternative Secondary School / Dropout Recovery	☐ In-House ☐ Partner: _____	Enrollment / attendance tracking
3	Paid and Unpaid Work Experience (Min 30%)	☐ In-House ☐ Partner: _____	Worksite agreements & timesheet logs
4	Occupational Skills Training	☐ In-House ☐ Partner: _____	Credential attainment status
5	Concurrent Education & Workforce Preparation	☐ In-House ☐ Partner: _____	Integrated classroom performance logs
6	Leadership Development Opportunities	☐ In-House ☐ Partner: _____	Leadership certificate / community hours
7	Supportive Services	☐ In-House ☐ Partner: _____	Needs assessment / supportive log
8	Adult Mentoring (Min 12 months duration)	☐ In-House ☐ Partner: _____	Monthly follow-up / match log
9	Follow-up Services (Min 12 months post-exit)	☐ In-House ☐ Partner: _____	Quarterly contact log
10	Comprehensive Guidance & Counseling	☐ In-House ☐ Partner: _____	Referral logs to clinical partners
11	Financial Literacy Education	☐ In-House ☐ Partner: _____	Curriculum test / assessment
12	Entrepreneurial Skills Training	☐ In-House ☐ Partner: _____	Business plan outline submission
13	Labor Market & Career Information Services	☐ In-House ☐ Partner: _____	CareerZone portfolio completions
14	Postsecondary Transition & Prep Activities	☐ In-House ☐ Partner: _____	College/Apprenticeship applications

Attachment 8: Summary of Partnership Network

Instructions: Identify all participating agencies, community-based organizations, public departments, and private-sector business partners that have formally committed to participate in your program service delivery network. Every agency or business listed here must complete a signed Partnership Agreement (Form 9).

Participating Public/Non-Profit Agencies	Participating Private-Sector Businesses
Agency 1: _____	Business 1: _____
Agency 2: _____	Business 2: _____
Agency 3: _____	Business 3: _____
Agency 4: _____	Business 4: _____
Agency 5: _____	Business 5: _____
Agency 6: _____	Business 6: _____

Application Name: _____

Authorized Proposer Signature: _____ Date: _____

Representative Name and Title (Print):

Attachment 9: Partnership Agreement / Memorandum of Agreement (MOA)

Instructions: Complete one (1) separate form for each participating partner agency or private business listed on the Summary of Network (Attachment 8). This form must summarize the specific support, services, classroom space, or leveraged resources the partner formally agrees to provide to the WIOA Youth program.

WIOA RFP Application Name: _____

Formal Partner Agency/Business Name: _____

Partner Representative Contact Name: _____

Representative Telephone / Email: Tel: _____ | Email: _____

Agreement & Contribution Commitment:

The undersigned partnering entity formally agrees to participate in the CSS Workforce Board WIOA Youth delivery network, and commits to contributing the following specific resources, staff time, services, or classes (e.g. GED instruction, occupational skills training slots, free classroom space, worksites for WEX placements, or in-kind programmatic support):

Detailed Contribution Description (Be specific - attach additional sheets as necessary):

Valuation of Contribution (If applicable, state hourly/weekly value of in-kind donation):

Signatures:

Partner Authorized Chief Officer (Signature): _____ Date: _____

Partner Chief Officer Name and Title (Print): _____

Proposing Lead Agency Representative (Signature): _____ Date: _____

Proposing Lead Agency Name and Title (Print): _____