

SECTION XII. ATTACHMENTS AND REQUIRED FORMS

A. Respondent Information Form

| | | | |
|---|--|-----------------------|---------------------|
| Legal Name Of Applicant Agency | | | |
| Community Area and/or Priority Population | | | |
| Number of Years In Business | | | |
| FEIN Number | | | |
| DUNS Number | | | |
| Type of Organization | <input type="checkbox"/> Educational Institution <input type="checkbox"/> Private for Profit <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Private Not-for-Profit <input type="checkbox"/> Female Business Enterprise <input type="checkbox"/> Unit of Government <input type="checkbox"/> Disadvantaged Business Enterprise | | |
| Address – Administrative Office | Address | | |
| | City, State ZIP | | |
| | Web Site URL | | |
| Address of Service Location – This is the location where the services described in this application will be provided. | Address | | |
| | City, State ZIP | | |
| Principal of Agency – CEO/Executive Director/President | Name | | |
| | Title | | |
| | Email Address | | |
| | Phone | | |
| Programmatic Contact Person | Name | | |
| | Title | | |
| | Email Address | | |
| | Phone | | |
| | Amount Requested | Total Enrolled | Total Placed |
| Adult Funding | \$ | # | # |
| Dislocated Worker | \$ | # | # |
| Total Amount Requested | \$ | # | # |
| Cost per enrolled and placed | | \$ | \$ |
| Amount of Leverage Funds | \$ | Percent of Leverage | % |

B. TRAINING PROGRAM OUTCOME HISTORY FORM

Please complete the following data related to your training program for the past three 3 years.

| | |
|--|--|
| RESPONDENT NAME: | |
| | |
| Year | |
| Total Funds | |
| Source of Funds | |
| Number of Enrollments | |
| Number of Individuals Earning Industry Credentials | |
| Number of Graduates (Successful Completers) | |
| Number of Individuals Placed into Training Related Employment | |
| Number of Individuals Entering Advanced Training | |
| Average Starting Hourly Wage | |
| | |
| Year | |
| Total Funds | |
| Source of Funds | |
| Number of Enrollments | |
| Number of Individuals Earning Industry Credentials | |
| Number of Graduates (Successful Completers) | |
| Number of Graduates (Successful Completers) | |
| Number of Individuals Placed into Training Related Employment | |
| Number of Individuals Entering Advanced Training | |
| Average Starting Hourly Wage | |
| | |
| Year | |
| Total Funds | |
| Source of Funds | |
| Number of Enrollments | |
| Number of Individuals Earning Industry Credentials | |
| Number of Graduates (Successful Completers) | |
| Number of Graduates (Successful Completers) | |
| Number of Individuals Placed into Training Related Employment | |
| Number of Individuals Entering Advanced Training | |
| Average Starting Hourly Wage | |

C. Respondent Reference List Form

Please identify three references from funders or organizations that can attest to your ability to implement a training program. Please ensure the accuracy of the contact information and inform references of The Partnership's reference checking process. By identifying a reference, you are authorizing the reference to release information and data about your organization's performance to The Partnership.

| | |
|--|--|
| DELEGATE AGENCY NAME: | |
| | |
| REFERENCE LIST INFORMATION | |
| REFERENCE #1 ORGANIZATION NAME | |
| REFERENCE #1 CONTACT PERSON NAME | |
| REFERENCE #1 CONTACT PHONE NUMBER | |
| REFERENCE #1 EMAIL CONTACT | |
| REFERENCE #1 NATURE OF RELATIONSHIP | |
| | |
| REFERENCE #2 ORGANIZATION NAME | |
| REFERENCE #2 CONTACT PERSON NAME | |
| REFERENCE #2 CONTACT PHONE NUMBER | |
| REFERENCE #2 EMAIL CONTACT | |
| REFERENCE #2 NATURE OF RELATIONSHIP | |
| | |
| REFERENCE #3 ORGANIZATION NAME | |
| REFERENCE #3 CONTACT PERSON NAME | |
| REFERENCE #3 CONTACT PHONE NUMBER | |
| REFERENCE #3 EMAIL CONTACT | |
| REFERENCE #3 NATURE OF RELATIONSHIP | |

D. Proposed Outcome Plan

| CAREER PATHWAYS TRAINING PROPOSED PLAN OUTCOMES | | |
|---|---------------------------|----------------------|
| Agency Name: | | |
| | Proposed Planned Outcomes | |
| Benchmark | # Adults | # Dislocated Workers |
| Proposed Number Served | | |
| Number of Cohorts (If Applicable) | | |
| Number of participants per Cohort (If Applicable) | | |
| Proposed Number of Successful Completers | | |
| Proposed Number of Credentials Earned | | |
| Proposed Number of Placements | | |
| Proposed Number of Placements into Advanced Training | | |
| Overall Cost Per Served (<i>Requested amount/total served</i>) | | |
| Overall Cost Per Placement (<i>Requested amount/total placed</i>) | | |
| Proposed Number Exited with Training Related Employment | | |

E. Fiscal Questionnaire

| | | |
|--|---|-------------------------------------|
| Is the agency a not-for-profit or a for-profit entity? | <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> For Profit |
| Is the agency subject to the A-133 Single Audit requirement (Federal funding of \$750,000 or more effective with fiscal years starting January 1, 2015 and forward)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the agency do its own accounting? If no, indicate the name and address of the accounting firm below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name: | | |
| Address: | | |
| Contact Person: | | |
| Phone Number: | | |
| Does the agency have a current financial procedures manual? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how often is it reviewed and updated? | | |
| Does the agency have a written cost allocation plan? If yes, please submit | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what allocation methodology is used? | | |
| Does the agency have an approved Indirect Cost Rate by a cognizant agency? If yes, please submit | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the agency have a conflict of interest policy? If yes, please submit | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the agency have the ability to issue paychecks and take out taxes? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the agency have the ability to be an employer of record for work experience participants? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often is a trial balance prepared? | | |
| | | |
| Accounting System Disbursements/Reconciliation | | |
| Are all disbursements made by check? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all checks pre-numbered? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who is authorized to sign checks? Please indicate name and title(s). | | |
| | | |
| How often is the bank reconciliation prepared? | | |
| | | |
| Please provide the name, address and phone number of the agency's auditing firm below. | | |
| Name: | | |
| Address: | | |
| Contact Person: | | |
| Phone Number: | | |
| Length of Engagement: | | |

F. Statement of Compliance Form

As the authorized signatory official for: _____

I hereby certify:

- That the above-named respondent is legally authorized to submit this application requesting funding under the Workforce Innovation and Opportunity Act;
- That the above-named respondent does hereby agree to execute all work related to this application in accordance with the Workforce Innovation and Opportunity Act, U.S. Department of Labor, Illinois Department of Commerce and Economic Opportunity issuances, Local Workforce Development Board policies and guidelines, and other administrative requirements issued by the Governor of the State of Illinois. The vendor shall notify the WDB within 30 calendar days after issuance of any amended directives if it cannot so comply with the amendments; and
- That the above named respondent will ensure special efforts to prevent fraud and other program abuses, such as but not limited to, deceitful practices, intentional misconduct, willful misrepresentation, and improper conduct which may or may not be fraudulent in nature; and
- That the contents of the application are truthful and accurate and the above named respondent agrees to comply with the policies stated in this application and that this application represents a firm request subject only to mutually agreeable negotiations; and that the above named respondent is in agreement that the WDB reserves the right to accept or reject any proposal for funding; and that the above-named respondent has not been debarred or suspended from receiving federal grants, contracts, or assistance; and that the above-named respondent waives any right to claims against the members and staff of the Local Workforce Development Board and The Partnership.

Typed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

G. Assurances and Certifications Form

The authorized representative agrees to comply with all applicable State and Federal laws and regulations governing the Workforce Innovation and Opportunity Act, Local Workforce Development Boards, and any other applicable laws and regulations. The authorized representative certifies that the proposing organization possesses legal authority to offer the attached proposal. A resolution, motion or similar action has been duly adopted or passed as an official act of the organization's governing body authorizing the submission of this proposal.

In addition, the authorized representative assures, certifies and understands that: Workforce Innovation and Opportunity Act (WIOA) recipients are obligated to maintain the following assurance for the period during which WIOA Title I financial assistance is extended. Each request for proposal, proposal and application for financial assistance under WIOA Title I shall contain the following assurances.

"As a condition to the award of financial assistance from the Department of Labor under Title I of WIOA, the recipient assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 of the WIOA, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity; Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color or national origin; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities; the Age Discrimination Act of 1975, as amended, which prohibits discrimination on the bases of age; and Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs."

The recipient also assures that it will comply with WIOA implementing regulations and all other regulations implementing the laws listed above. This assurance applies to the recipients operation of the WIOA Title financially assisted program or activity, and to all agreements the recipient makes to carry out the WIOA Title I financially assisted program or activity. The recipient understands that the United States has the right to seek judicial enforcement of this assurance.

Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85}, Department of Health and Human Services (45 CFR Part 76).

The undersigned applicant certifies that neither it nor its principals:

- (1) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- (2) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this section; and
- (4) Have not within a three-year period preceding this application had one or more public transactions terminated for cause or default.

Nondiscrimination: The undersigned applicant certifies that it shall comply with the nondiscrimination provisions outlined in the WIOA of 2014 including Title I, Sec. 188.

Conflict of Interest: The undersigned applicant certifies that:

- (1) No manager, employee or paid consultant of the Respondent is a member of the Board of Directors, or an employee of the Board;
- (2) No manager or paid consultant of the Respondent is married to a member of the Board of Directors, or an employee of the Board;
- (3) No member of the Board of Directors, or an employee of the Board, owns or has any control in the Respondent's organization;
- (4) No spouse of a member of the Board of Directors, or employee of the Board receives compensation from Respondent for lobbying activities;
- (5) Respondent has disclosed within the proposal response any interest, fact or circumstance

which does or may present a potential conflict of interest;

- (6) Should Respondent fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Respondent shall not be entitled to the recovery of any costs or expenses incurred in relations to any contract with the Board and shall immediately refund the Board any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by the Board relating to that contract.

Lobbying: This certification is required by the Federal Regulations, Implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code for the Department of Agriculture (7 CFR Part 3018), Department of Labor (29 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned applicant certifies that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of Congress, or an employee of a Member of Congress, or locally elected officials.
- (2) In connection with the awarding of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (3) If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, any officer or employee of Congress, an employee of a Member of Congress, or locally elected officials in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (4) The undersigned shall require that the language of this certification be included in the award for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and provide disclosure accordingly.

Drug-Free Workplace: This certification is required by the Federal Regulations, Implementing Section 5150-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701; for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98),

Department of Education (34 CFR Part 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned applicant certifies that it shall provide a drug-free workplace by:

- (a) Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
- (b) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
- (c) Providing each employee with a copy of the Contractor's policy statement;
- (d) Notifying the employees in the Contractor's policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five (5) days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
- (e) Notifying the Commission within ten (10) days of Contractor's receipt of a notice of a conviction of an employee; and,
- (f) Taking appropriate personnel action against an employee of violating a criminal drug statute or require such employee to participate in drug abuse assistance or a rehabilitation program.

These certifications are material representations of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

WIOA Sec. 188 29 CFR Part 38 Discrimination Against Participants: If the Secretary determines that any recipient under WIOA Title I has discharged or in any other manner discriminated against a participant or against any individual in connection with the administration of the program involved, or against any individual because such individual has filed any complaint or instituted or caused to be instituted any proceeding under or related to WIOA Title I, or has testified or is about to testify in any such proceeding or investigation under or related to WIOA Title I, or otherwise unlawfully denied to any individual a benefit to which that individual is entitled under the provision of WIOA Title I or the Secretary's regulations, the Secretary shall, within 30 days, take such

action or order such corrective measures, as necessary, with respect to the recipient or the aggrieved individual, or both.

WIOA Sec.188 (a):

- (1) **Federal financial assistance.** For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101et seq.), on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under Title IX of the Education Amendments of 1972 {20 U.S.C. 1681et seq.}, or on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.
- (2) **Prohibition of discrimination regarding participation, benefits and employment.** No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.
- (3) **Prohibition on assistance for facilities for sectarian instruction or religious worship.** Participants shall not be employed under WIOA Title I to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship, in a case in which the organization operating the facility is part of a program or activity providing service to participants).
- (4) **Prohibition on discrimination on basis of participant status.** No person may discriminate against an individual who is a participant in a program or activity that receives funds under WIOA Title I, with respect to the terms and conditions affecting, or rights provided to, the individual, solely because of the status of the individual as a participant.
- (5) **Prohibition on discrimination against certain non-citizens.** Participation in programs and activities or receiving funds under WIOA Title I shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylum seekers, and parolees, and other immigrants authorized by the Attorney General to work in the United States.

Section 188 (3) WIOA Title I funds may not be spent on the employment or training of participation sectarian activities. Further, the undersigned applicant certifies that it shall comply with the provisions outlined by the U.S. Department of Health and Human Services (45 CFR 80 and 84).

With regard to Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the provider agrees to comply with the implementing regulations that require that each program of training services, when funded in all or in part with federal funds, shall be accessible to qualified individuals with disabilities. The provider further agrees to meet all applicable requirements regarding facility access.

By signing, the applicant certifies that it will comply with all other regulations implementing the laws cited above. This assurance applies to the applicant's operation of the WIOA Title I financially assisted program or activity, and to all agreements, the applicant makes to carry out the WIOA Title I financially assisted program or activity. The applicant understands that the United States, Illinois Department of Commerce and Economic Opportunity, and the Board have the right to seek judicial enforcement of this assurance. NOTE: WIOA non-discrimination regulations to be published in spring of 2015. WIOA Section 188 and WIA Section 188 are identical.

Documentation of Financial Stability: The undersigned applicant certifies that it shall comply with the Illinois Department of Commerce and Economic Opportunity with regard to providing documentation of financial stability. As part of their local application requirements, the Board is to specify its local protocol for documentation and submission requirements.

Reporting Requirements: The undersigned applicant certifies that it shall comply with the provisions of Sec. 122 of the Workforce Innovation Act of 2014 and the reporting and procedural requirements issued by the Illinois Department of Commerce and Economic Opportunity.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

The undersigned Authorized Representative of the applicant herein certifies that the statements above pertaining to Debarment, Suspension and Other Responsibility Matters; Nondiscrimination; Conflict of Interest; Education Standards and Procedures; Documentation of Financial Stability and Reporting Requirements are true and correct as of the date of submission. This does not preclude the Board from requiring additional assurances as part of the local application requirements.

Further, the Authorized Representative acknowledges that if the information given to the Board by the applicant causes harm to a third party, then applicant will be held liable for any Board action resulting from reliance on that information.

The applicant must notify the Board in writing if the authorized signatory changes.

Certified by:

| | | |
|----------------------------------|-------|------|
| Signature of Authorized Official | Title | Date |
|----------------------------------|-------|------|

Typed/Printed Name of Signatory

Organization Name

Submit one (1) original and four (4) copies of this checklist along with its contents.

Original Copy ____ of 4

H. Career Pathways Training Checklist LOG # _____ (For Internal Use Only)

Occupational Training or Bridge Program(s): _____

Agency: _____ **Service Location** _____

Please use the following checklist to confirm all the documents are included in your packet. Bind the document below using 2 inch Prong Fasteners.

- Respondent Information Form
- Memorandum of Understanding (MOU) with partners if applicable
- Executive Summary
- Program Narrative Response
- Resumes, Job Titles and Descriptions
- Curriculum Outline/Syllabus
- Letters of Support
- Reference List Form
- Training Program Outline Form
- Planned Outcomes Form
- Budget Forms (excel sheets per funding stream as applicable)
- Financial Narrative Response
- Budget Narrative
- Fiscal Questionnaire
- IRS W-9 Request for Taxpayer Identification Number and Certifications
- Certificate of Good Standing or Tax Exemption Certificate
- Copy of most recent financial audit
- Cost Allocation Plan
- List of Board Members
- Signed Statement of Assurance
- Signed Statement of Compliance