TO: POTENTIAL PROGRAM SPONSORS
FROM: TAMMY MOLINELLI
DATE: MARCH 11, 2020
RE: REQUEST FOR PROPOSAL

The Bergen County Workforce Development Board is hereby requesting proposals from potential sponsors for Work First New Jersey Training Programs.

The target population to be served by these funds must currently be receiving benefits under the Work First New Jersey Programs: Temporary Assistance to Needy Families (TANF), General Assistance (GA) and Supplemental Nutrition Assistance Program (SNAP) recipients.

The amount of funding available for the period July 1, 2020 - June 30, 2021 is approximately $330,000.00 for the following service categories:

- Case Management TANF (To-Work-Activities) $200,000.00
- Case Management GA/SNAP (To-Work-Activities) $130,000.00

TOTAL $330,000.00

Bergen County Public, Private Non-Profit or For-Profit organizations are eligible to apply for funds. A Request for Proposal package may be obtained online at http://bergenworkforce.org, or contact Vi Bicocch at the Bergen One-Stop Career Center, 201-329-9600 ext. 5505. The Bergen County Workforce Development Board must receive a complete proposal no later than April 8, 2020. Applications should be addressed to Tammy Molinelli, Executive Director, Bergen County Workforce Development Board, 60 State Street Room 200, Hackensack, NJ 07601.

A Technical Assistance Bidders’ Conference is scheduled for Wednesday, March 18, 2020 at 9:30 a.m. to be held at the Bergen One Stop Career Center, 60 State Street Room 200, Hackensack, NJ. Parking is available at the Bergen One Stop Career Center lot; however, you must register so your name can be given to the security guard. Please register by contacting Vi Bicocchi vinpin@bergen.org or Carol Polack carpol@bergen.org.
BERGEN COUNTY WORKFORCE DEVELOPMENT BOARD

2020-21
REQUEST FOR PROPOSALS FOR
WORKFIRST NEW JERSEY

ISSUED: March 11, 2020

REQUIREMENTS FOR PROPOSAL SUBMISSION:
ONE (1) ORIGINAL, EIGHT (8) PAPER COPIES, AND ONE (1) ELECTRONIC COPY, SCANNED
AND PRESENTED IN PDF FORMAT, ON A FLASH DRIVE

MUST BE SUBMITTED TO:

TAMMY MOLINELLI, EXECUTIVE DIRECTOR
BERGEN COUNTY WORKFORCE DEVELOPMENT BOARD
60 STATE STREET, 2nd Floor Rm 200
HACKENSACK, NJ 07601

BY

April 8, 2020 12:00 NOON

PROPOSALS RECEIVED AFTER 12:00 NOON ON April 8, 2020 WILL NOT BE ACCEPTED.

NO E-MAILED OR FAXED PROPOSALS WILL BE ACCEPTED
# TABLE OF CONTENTS

## I. REQUEST FOR PROPOSAL INFORMATION AND SYSTEM OVERVIEW  
4  
  a) RFP Timetable  
4  
  b) Purpose of Funding for Program Year (PY) 2018-2019  
4  
  c) Available Funds/Targeted Population  
5  
  d) WFNJ Eligible Applicants  
5  
  e) Contract Period  
6  
  f) Overview of Bergen’s Consolidated Workforce Development System  
6  

## II. PROGRAM DESCRIPTIONS FOR FUNDABLE SERVICES: Services Deliveries for RFP  
8  
  a) TANF Case Management – To Work Activities  
8  
  b) GA/SNAP Case Management – To Work Activities  
10  
  c) Managing Your Allocations and Benchmarks  
12  

## III. WFNJ PROGRAM REQUIREMENTS – TANF/GA  
13  

## IV. PROGRAM DESCRIPTION  
14  
  a) Proposal Summary  
14  
  b) Applicant’s Capacity  
14  
  c) Accessibility  
14  
  d) Evidence of Need for the Program  
14  
  e) Proposed Services  
14  
  f) Work Experience Management  
15  

## V. INSTRUCTIONS  
16  
  a) Submission Requirements  
16  
  b) Proposal Selection & Evaluation Criteria  
16  

## VI. CRITERIA FOR EVALUATION OF APPLICATIONS  
18  

## VII. REQUIRED ATTACHMENTS  
20  
  Proposal Summary (Attachment A)  
21  
  Checklist (Attachment B)  
22  
  Benchmark Information (Attachment C 1-2)  
23  
  Case Management TANF Benchmark  
23  
  Case Management GA/SNAP Benchmark  
24  
  Conflict of Interest Certification (Attachment D)  
25  
  Certification Statements Lower Tier Covered Transactions (Attachment E 1-2)  
26
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification, Lobbying Certification for Contracts (Attach F)</td>
<td>28</td>
</tr>
<tr>
<td>Certification of Compliance, Affirmative Action (Attach G 1-2)</td>
<td>29</td>
</tr>
<tr>
<td>Appeals Process (Attachment H 1-3)</td>
<td>31</td>
</tr>
<tr>
<td>Certification of Insurance Coverage (Attachment I)</td>
<td>34</td>
</tr>
<tr>
<td>Statement of Adequacy of Accounting System (Attachment J)</td>
<td>35</td>
</tr>
<tr>
<td><em>With a copy of Single Page Audit</em></td>
<td></td>
</tr>
<tr>
<td>Past Experience Worksheet (Attachment K)</td>
<td>36</td>
</tr>
</tbody>
</table>
I. REQUEST FOR PROPOSAL INFORMATION AND SYSTEM OVERVIEW

a. RFP Timetable

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 11, 2020</td>
<td>Public Notice to newspapers announcing Request for Proposal</td>
</tr>
<tr>
<td>March 11, 2020</td>
<td>Issue Date of RFP/RFPs mailed to providers; Announcement &amp; RFP posted on website</td>
</tr>
<tr>
<td>March 18, 2020</td>
<td>Bidders Conference</td>
</tr>
<tr>
<td></td>
<td>9:30 am to 11:00 am</td>
</tr>
<tr>
<td></td>
<td>Bergen One-Stop Career Center</td>
</tr>
<tr>
<td></td>
<td>60 State Street, 2nd Floor</td>
</tr>
<tr>
<td></td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>April 8, 2020</td>
<td>RFPs due by 12:00 Noon</td>
</tr>
<tr>
<td>Tammy Molinelli,</td>
<td>Bergen County One-Stop Career Center</td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>60 State Street,</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td></td>
</tr>
<tr>
<td>Hackensack, NJ 07601</td>
<td></td>
</tr>
<tr>
<td>April 14, 2020</td>
<td>RFP Mailed/Electronically Transmitted to Review Committee</td>
</tr>
<tr>
<td>April 29, 2020</td>
<td>RFP Committee Review for WDB/WFNJ Programs</td>
</tr>
<tr>
<td></td>
<td>60 State Street, 2nd Floor</td>
</tr>
<tr>
<td></td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td></td>
<td>9:30 am – 11:30 am</td>
</tr>
<tr>
<td>May 7, 2020</td>
<td>Executive Committee Approval/Rejection of Recommendations</td>
</tr>
<tr>
<td>June 3, 2020</td>
<td>Presentation/Full Board Approval/Rejection</td>
</tr>
<tr>
<td>June 4, 2020</td>
<td>Announcement Letter of Approval/Rejection of RFP pending Appeals Process</td>
</tr>
<tr>
<td>June 18, 2020</td>
<td>Appeals due by 12:00 Noon</td>
</tr>
<tr>
<td>Tammy Molinelli,</td>
<td>Bergen County Workforce Development Board</td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>60 State Street,</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td></td>
</tr>
<tr>
<td>Hackensack, NJ 07601</td>
<td></td>
</tr>
<tr>
<td>Date to be announced</td>
<td>Award Notice will be sent pending final approval of funding</td>
</tr>
<tr>
<td>July 1, 2020</td>
<td>Program Begins</td>
</tr>
</tbody>
</table>

b. Purpose of Funding for Program Year (PY) 2018-2019

This document represents a Request for Proposal Process (RFP) by the BERGEN COUNTY WORKFORCE DEVELOPMENT BOARD (WDB), on behalf of the COUNTY OF BERGEN. The purpose of this funding is to provide case management, educational remediation, and other activities that support social and economic self-sufficiency for individuals receiving benefits through the Work First New Jersey (WFNJ) Program through the Bergen One-Stop Career Center (BOSCC). Persons served by including those receiving benefits under the Temporary Assistance for Needy Families (TANF), General Assistance (GA), and Supplemental Nutrition Assistance Program (SNAP) programs.

The services funded under this RFP are part of a consolidated workforce system that is inclusive of the BOSCC and all of its partners. The goal of these programs is to assist the above-outlined populations with the skills necessary to obtain and retain gainful employment.
Available Funds: The funds available for this RFP are federal/state funds awarded to the WDB/County of Bergen via the New Jersey Department of Labor and Workforce Development. Estimates for Program Year 2020 (July 1, 2020 – June 30, 2021) funds that will be available for WFNJ clients pursuant to this RFP are not yet available. However, if local allocations remain at the same level as provided during the 2020 Program Year, approximately $330,000 may be available for programs to serve WFNJ clients under this RFP.

Due to limited funding, the WDB reserves the right to adjust final grant awards for less than the amount requested by the applicant.

Funded programs will be eligible for continuation funding (2nd year) if the funded programs meet satisfactory program and monitoring outcomes as well as funding priorities. However, the WDB is not obligated to fund the programs in future years.

Target Population: Targeted populations for this RFP include:

- Single parent and two-parent families with minor children who are eligible for, or are receiving benefits under the Work First New Jersey Temporary Assistance to Needy Families (TANF) program.
- General Assistance (GA) and/or Supplement Nutrition Assistance Program (SNAP) recipients.

The Bergen County Board of Social Services (BCBSS), Bergen County One-Stop Career Center (BOSCC) or the New Jersey Department of Labor & Workforce Development (LWD) are the referring agencies for all funded programs.

Applicants can apply for one or both Service Categories (TANF Case Management and/or GA/SNAP Case Management).

This solicitation in no way implies a contractual obligation to any proposer. The award of funds and entry into contracts with provider organizations shall be dependent on the allocation of funds from the New Jersey Department of Labor and Workforce Development (LWD).

d. WFNJ Eligible RFP Applicants

Public, private-non-profit, or private-for-profit agencies which serve residents of Bergen County may submit a proposal. Funded agencies will be required to:

- Have insurance coverage consistent with the County of Bergen requirements.
- Comply with Affirmative Action requirements.
- Comply with all Federal, State and Local laws, rules and regulations.
- Submit monthly level of service and expenditure reports.
- Report all client activity to the BOSCC using Individual Responsibility Plan (IRP) forms.
- Participate in the scheduled Work First NJ Collaborative meetings and BOSCC Case Management Meetings.
e. Contract Period

The contract period is July 1, 2020, through June 30, 2021. All clients must be enrolled in activities by June 30, 2021, even if the client completes their program subsequently. For clients enrolled before June 30, 2021, services must be performed and billed for by October 1st of the same year.

The Bergen County Workforce Development Board reserves the right to extend this contract for one additional year.

f. Overview of County’s Local Plan

The services requested through this RFP are guided by Bergen County’s Workforce Development Local Plan, the State Employment and Training Commission, the NJ Department of Labor and Workforce Development and the NJ Division of Family Development (Department of Human Services). This plan was developed under the leadership of the Bergen County Workforce Development Board. It describes a unified workforce development system for Bergen County. This RFP is also guided by the TANF Regulations issued by the U.S. Department of Health and Human Services.

The vision described in the plan is the establishment of a system of accessible and seamless “to work” services, support services, and education and literacy services, to assist WFNJ clients and other job seekers throughout Bergen County to meet their social and employability needs by preparing them to obtain and retain employment, advance in their chosen career(s), and achieve self-sufficiency.

The plan, and the direction towards which Bergen County’s workforce development system continues to evolve, integrates the processes and services through which clients are served, utilizing the Bergen One-Stop Career Center at 60 State Street, Hackensack, New Jersey, to centralize and coordinate services to help individuals on public assistance—and other distressed populations—to achieve social and economic self-sufficiency. It also consolidates English as a Second Language, and Job Search/Job Readiness programs into the One-Stop service delivery system.

To meet the needs of the all populations identified under WFNJ regulations (TANF and GA) and other specialty populations served through the County’s workforce development activities, the BOSCC constantly strives to:

- Achieve greater client engagement and focus
- Allow for appropriate counseling of clients leading to employment.
- Improve client employment and job retention rates

**REQUIREMENTS FOR THE TANF POPULATION ONLY**

Currently, federal law requires states to achieve a 50% work participation rate for families on TANF. In short, this means more than 50% of all the clients served must be engaged in a “countable work activity” in order to meet this requirement. Clients must be fully engaged throughout the program year in order to remain eligible to receive benefits. The goals and activities outlined in this proposal have been designed to meet the 50% work participation rate for TANF clients.

In Bergen County, this is accomplished through 1) intensive screening, 2) referrals to appropriate services, 3) close coordination with contracted service providers, and 4) timely, accurate e-timesheet reporting. Collectively,
the system provides educational remediation, occupational training, and job search/job readiness services. Clients are also given access to employment opportunities and job search services throughout various points in the system.

In order for the County to exceed a 50% participation rate, the TANF population must adhere to the following guidelines:

- TANF Clients are required to attend and complete all programs and services they are referred to for a total of 35 hours per week.
- TANF Clients must participate in a State approved “Work Activity.” This is defined as an activity that is either vocational in nature or a remedial education program combined with a blended work experience.
- TANF Clients’ participation rates are captured on State reports on a monthly basis. If a client is not compliant with the 35 required hours per week, the provider must put notify the One Stop.
- TANF Clients must remain in a continuous activity throughout the month, with no breaks in services. This means that One Stop Services, Training Providers, and Case Managers must coordinate to ensure that TANF clients are scheduled for continuous activities throughout the year.
- TANF clients served by One Stop Partners or contracted service providers must ensure that they have provided accurate and timely attendance reporting on the New Jersey State e-timesheet system. This electronic method of attendance does not replace the need for on-site documentation of attendance.
- TANF clients who comply with the required activities are provided the support services necessary to ensure that clients are able to remain (i.e. child care, bus passes, Temporary Housing Assistance, SNAP, etc.) while engaged in activities.
- TANF clients served by To Work Case Managers must be in compliance with program activities or training which leads the client to employment and self-sufficiency.

The BOSCC will work cooperatively with service providers to achieve these goals. Because this RFP and contract process is based upon the receipt of State and Federal funds, the final contract amounts may be altered to reflect awards (greater/lesser) than listed below.
II. PROGRAM DESCRIPTION FOR FUNDABLE SERVICES:

Service Deliveries for RFP:

Applicants can apply for one or both service categories: TANF Case Management and/or GA/SNAP Case Management. Awards will be given based on program proposals which deliver the best overall services to the clients for the respective services.

a. TANF Case Management – To Work Activities

Goal: To help close welfare cases by assisting participants to secure and retain unsubsidized employment through Case Management Activities.

Available Funds: TANF: $200,000.

Unit Rate: Up to $2,250-$2,600 per client depending on completion of benchmarks.

Benchmarks:

| Benchmark 1 | Preliminary Intake | $100 |
| Benchmark 2 | Full Intake & Completion of 5 days  
Case notes filed and E-Time sheets are complete | $100 |
| Benchmark 3 | Placement in Activity or Confirm Employment  
Backup Documentation confirming activities/employment collected.  
Protocols set for ongoing activity back-up collection.  
Case noted filed // E-Time sheets timely, complete, and correct | $300 |
| Benchmark 4 | Complete 3 months – continued or adjusted (add note) activity  
Case notes and appropriate documentation filed // E-Time sheets timely, complete and correct | $400 |
| Benchmark 5 | Complete 6 months – continued or adjusted (add note) activity  
Case notes and appropriate documentation filed // E-Time sheets timely, complete and correct | $400 |
| Benchmark 6 | Complete 9 months – continued or adjusted (add note) activity  
Case notes and appropriate documentation filed // E-Time sheets timely, complete and correct | $400 |
| Benchmark 7 | Complete 9 months – continued or adjusted (add note) activity  
Case notes and appropriate documentation filed // E-Time sheets timely, complete and correct | $400 |

* Participants must be marked fully participating in e-time; partially participants will not count towards the benchmark.
| Benchmark 8 | Referral/assistance to access Med deferral, SAI, BHI OR Sanction (case closed)
Case notes and appropriate documentation filed // E-Times sheets timely, complete, and correct | $ 50 |
| Benchmark 9 | Secure NEW Employment (Client not employed at Intake) Retains for 3 months
Case notes and appropriate documentation filed // E-Time sheets timely, complete and correct | $500 |
| Benchmark 10 | Welfare Case Closed for Employment (Client Employed at Intake)
Case notes and appropriate documentation filed | $150 |

*Participant must be marked fully participating in E-Time.
Partially participants will not count towards benchmark.

**Target Outcome:** 60% of participants will become employed and remain employed for 180 days.

Case Managers will serve as the primary facilitators and support mechanism for assisting clients in the WFNJ process. The Bergen One Stop will assess and refer clients to the Case Managers who will then evaluate the needs of the client and place them in, or provide, appropriate activities.

Applicants must be able to perform the following Case Management activities which include but are not limited to: intake, development of individual referral plan (IRP), career, personal or educational counseling, including job development, placement in CWEP, placement in literacy or occupational training, weekly employability workshops that incorporate financial literacy & soft skills training. The applicant must have a well-defined job search/job development plan, including the staff and resources necessary to carry out full-time job development and placement. This must include job coaching, employment retention, post- WFNJ re-employment, counseling and educational counseling. Applicant must monitor client attendance and performance, conduct ongoing reassessment and activity reassignment as indicated, grievance review, communicate with One-Stop Case Managers, facilitate information and referral, linkage to other services, crisis intervention, and advocacy.

To ensure that participants meet the minimum federal and state participation requirements, Case Managers will be responsible for placing participants into Community Work Experience Programs (CWEP). CWEP is defined as an activity to be utilized to provide work and training to enable the recipient to adjust to, and learn how to, function in an employment setting. Placements shall only be with a public or private nonprofit or private charitable employer. CWEP placements are directed towards organizations and agencies directly involved in useful public service areas such as health, recreation, child and adult care, education, environmental protection, social services, etc. A CWEP participant shall not be placed with a private for-profit employer.

Case Managers maintain accurate, objective case notes that clearly indicate all customer interactions, the substance of any discussions and the results of those discussions. Case notes reflect the facts of the situation are clear and comprehensive enough for the case to be easily followed through the notes and are maintained in a timely fashion. Case Managers also file all paperwork to meet deadlines and ensure that clients do not experience gaps in service. Back up paperwork is maintained in conjunction with case notes.

The agency will send Benchmark Report by the 7th working day of each month to Bergen County Department of Human Services (BC-DHS) for all currently enrolled clients. Enter all CWEP e-time sheets (mandatory) every
two weeks for TANF participants and maintain a separate daily time sheet file for TANF. Complete IRP for any activity change or update of information to the Bergen One-Stop. The agency is also responsible for reporting a non-compliant client to the Bergen One-Stop with an IRP form.
b. GA/SNAP Case Management – To Work Activities

**Goal:** To help close welfare cases by assisting participants to secure and retain unsubsidized employment through Case Management Activities.

**Available Funding:**

GA/SNAP: $130,000

**Unit Rate:** Up to $1,300 per client depending on completion of benchmarks.

**Benchmarks:**

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Activity Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Client Registration/Intake</td>
<td>$200</td>
</tr>
<tr>
<td>2</td>
<td>Completion of services past-intake such as assessment, development of employment plan, and Enrollment in WFNJ activity such as CWEP with full participation for 30 consecutive days or Sanction Request</td>
<td>$350</td>
</tr>
<tr>
<td>3</td>
<td>Reassessment (after 6 months). Client compliant in activity or is sanctioned and case closed within the same time period.</td>
<td>$300</td>
</tr>
</tbody>
</table>
| 4         | Completion of Balance of Services for the year or Job Placement for at least 30 Hours Per Week based on the previously stated formula. *(Employment Verification Form or First Pay Stub)*  
*Employment of a client and closing of case and sustained* | $450    |

**Note:** Total benchmarks are not to exceed the Unit Rate.

Other requirements: attendance will be reported bi-weekly to the One Stop, and billing for this service will follow the agency’s existing monthly reporting and quarterly billing schedule.

**Target Outcome:** 60% of participants will become employed and remain employed for 180 days.

Case Managers will serve as the primary facilitators and support mechanism for assisting clients in the WFNJ process. The Bergen One Stop will assess and refer clients to the Case Managers who will then evaluate the needs of the client and place them in, or provide, appropriate activities.

Applicants must be able to perform the following Case Management activities which include but are not limited to: intake, development of individual referral plan such as career, personal or educational counseling, including job development, placement in literacy or occupational training, weekly employability workshops that incorporate financial literacy & soft skills training. The applicant must have a well-defined job search/job development plan, including the staff and resources necessary to carry out full-time job development and placement. This must include job coaching, employment retention, post-WFNJ re-employment, counseling and educational counseling. Applicants must monitor client attendance and performance, conduct ongoing reassessment and activity reassignment as indicated, grievance review, communicate with One Stop Case Managers, facilitate information and referral, linkage to other services, crisis intervention, and advocacy.
To ensure that participants meet the minimum federal and state participation requirements they must provide a 30 hour week schedule. The participants must submit a weekly job search, participate in workshops, and volunteer hours on a weekly basis. If a client works 15 hours or more they must complete a job search log to equal the 30 hour requirement for benefits.

Case Managers maintain accurate, objective case notes that clearly indicate all customer interactions, the substance of any discussions and the results of those discussions. Case notes reflect the facts of the situation are clear and comprehensive enough for the case to be easily followed through the notes and are maintained in a timely fashion. Case Managers also file all paperwork to meet deadlines and ensure that clients do not experience gaps in service. Back up paper work is maintained in conjunction with case notes.

The agency will send Levels of Service (LOS) Report by the 7th working day of each month to BC-DHS for all currently enrolled clients. All GA/SNAP Case Managers must submit compliance hours to the One Stop no later than the 15th and 30th of each month. If the 15th or 30th falls on a weekend or holiday the report is due before the weekend or holiday. The agency is responsible for requesting a sanction when a client is non-compliant to the One Stop.
c. Managing your Allocations and Benchmarks

Serving the WFNJ population requires coordination and strong support services. Clients face multiple barriers while receiving benefits and Case Managers work hard to keep clients in “committable activities” in compliance with WFNJ regulations and the Federal “participation rate,” ensuring payment and successful completion. The following internal management tools are part of the County’s ongoing review of the consolidated system and new innovations for the delivery of contracted services.

Client Attrition and Slot Management

In order to accommodate the documented attrition of the WFNJ clients and to remain in compliance with the Federal Participation rate, the WDB has authorized a client “slot management” system that will help keep clients engaged in continuous activities and better utilize the County’s WFNJ allocation to provide services for approximately 45 TANF and 114 GA/SNAP clients in Bergen County. Because all contracts are performance-based, vendors are compensated based on how many clients reach specific benchmarks. Historically, WFNJ clients are often met with various barriers to remaining engaged in contracted services; this equates to unmet benchmarks and underutilized funding.

This section of the RFP amends allotted Levels of Service (LOS). In short, this means that an agency can enroll as many clients as needed to reach their contract ceiling. This is allowable because clients that leave the program early leave unobligated benchmarks; the unused funds can be applied towards the creation of a new slot. It is important to understand that the tracking of an agency’s contracted LOS and its “slot management” is the responsibility of the Case Manager and will be verified by the Bergen County One-Stop. The effective management of your awarded funds will now be part of vendor compliance. Below is a graphical representation of how slot management will increase your ability to enroll past your awarded level of service while remaining within your contracted ceiling. Below is a graphic representing this the relationship between your contracted ceiling and the process by which unused funds will change your contracted level of service:

When awarded a contract, service providers can use the following method to effectively manage their contract award and slot allocation, on a monthly basis.

- **Step 1:** Receive and Record your allotted slots as per your award letter. This initial number represents the maximum amount of students you can enroll in the 1st month.
- **Step 2:** Enroll clients into your program and begin to provide service.
- **Step 3:** At month end, assess the number of clients you have lost in that month.
- **Step 4:** Translate the number of unused Benchmarks into what is considered “remaining funds” for each slot.
- **Step 5:** Divide the total remaining funds—for clients who have dropped out—and will not return—by the unit cost. The total number of slots created with the remaining funds should be added to your Level of Service (LOS) as additional slots.

Any client that reaches the 12th month of service will be referred by the Bergen County Board of Social Services.

Example Slot Management

- Client A enrolls in the program and completes 2 benchmarks. The value of those two benchmarks will be paid to the provider.
- Client A is no longer participating, resulting in the value of the remaining benchmarks being applied to a new slot.
- Once the total value for the remaining benchmarks is equal to the value of a new slot, the BOSCC will refer a new client to the provider.
III. WFNJ Program Requirements – TANF and GA/SNAP

Responses to this RFP must incorporate the following, so participants are effectively served and integrated into the labor market:

- **Program outcomes** must be job placement, retention in unsubsidized employment, and closure of the participants’ WFNJ case. Vendor must have successful, documented track record of successful job placement, job retention and case closure with WFNJ population. This criteria should include enrollments, completions, entered employment, average wage, cost and other program specific criteria in a chart format.

- **Job development services** with targeted business outreach, financial literacy, and soft-skill training must be important components of the proposed program. All proposals must demonstrate how the program could accomplish these.

- Report all DOL-funded participant’s attendance and enrollment in all activities to the Bergen County Human Services and the One Stop as appropriate.

- Participants must be actively involved in the development of above activities.

- All funded agencies must be able to ensure that participants can meet the minimum federal and state participation requirements: TANF 35 hours per week and GA/SNAP 30hours per week. The “To Work” case management staff will calculate the CWEP hour requirement for the appropriate provider (TANF only).

- All training providers must qualify and be listed on the New Jersey Department of Labor and Workforce Development’s ETPL (Eligible Training Provider List)

- The Board of Social Services, Labor and Workforce Development Employment and Training, or the Bergen One Stop Career Center will be the referral agencies for all funded programs.

- Ensure the weekly entering of all activity hours into E-Time for TANF.

- Report bi-weekly activity to the One Stop for GA/SNAP via email.
IV. PROGRAM DESCRIPTION

INSTRUCTIONS: Provide a narrative in the same sequence as the following outline. Number your narrative consistent with the outline and number your pages. Please provide concise, complete answers. Limit this narrative to 15 typewritten pages. Use 8½ x 11 paper and 12-point font.

a. Proposal Summary

Provide a one page summary of your proposal. Identify the specific service(s) you propose to provide. See Attachment A page 21.

b. Applicant’s Capacity

1. Provide the mission, goals, and objectives of the agency.
2. Describe the agency’s experience with the target population to be served by the proposed program. Give specific data that demonstrates how the participants have benefited or changed as a result of service.
3. List any accreditations and licenses that the agency holds that pertain to the funding request.
4. List formal and proposed cooperative/collaborative agreements with other programs that pertain to the funding request.
5. Provide a description of the requirements necessary for the employment of Case Managers and Work Experience Counselors.

c. Accessibility

1. Provide information on the accessibility of service. Include all of the following:
   • Hours and days that service(s) will be available
   • List locations where service(s) will be provided
   • List standard days when program sites will be closed (holidays, etc.)
   • Transportation options (how participants reach your program location)
   • Accommodations for people with disabilities (ADA compliance)
   • Accommodations for bilingual/bicultural participants
   • Accommodations for long-term welfare recipients

d. Evidence of Need for the Program

1. Describe the need for the program based on your experience or data from existing programs. (Cite sources)
2. Describe how your program will meet needs not already addressed by existing services in the county.

e. Proposed Service(s)

Answer this section for the service category(ies) for which you are requesting funds.

1. Provide a detailed description of the following, including the role of staff and time frames. The description should reflect the RFP guidelines for the specific service category: TANF Case Management and/or GA/SNAP Case Management.
- Intake procedures – after referral, how long will it take for a client to start the program and complete the program
- Methodology for working with the specific target population to achieve the goal of the Service, including statistic past performance worksheet(s). This criteria should include enrollments, completions, entered employment, average wage, cost and other program specific criteria in a chart format. (Attachment L)
- Category(s) /specific activities for implementing the proposed program and time frames
- Use of consultants or volunteers to provide service activities
- Coordination of client services within the agency and with other agencies, formal and informal referral mechanisms, affiliation agreement with other agencies, including participation in the One Stop System
- Discharge/termination, reasons for discharge (client and program initiated), the appeals process
- Follow-up services

2. Describe methods which will be used to measure customer progress and satisfaction, including each benchmark.

3. Describe the proposed outcome(s). Describe the methods and indicators which will be used to measure participant outcome(s). Outcome(s) illustrate how the participant has benefited or changed as a result of participating in program activities.

4. Describe how the program will use client satisfaction and participant outcome information to change or improve services. How often will this program evaluation process be conducted?

5. Describe procedures to be used to ensure timely and accurate submission of the monthly level of service reports.

6. Attach one copy of the following items:
   - Job descriptions for all positions of proposed Service Categories.
   - If applicable, letters of support from collaborating agencies and descriptions of activities they will be responsible for.

---

**f. Work Experience Management**

1. Describe your program and staffing requirements to appropriately manage CWEP site visits, Management and timesheet maintenance.

2. Describe your program staffing requirements to appropriately develop job opportunities and coach clients placed in employment.
V. INSTRUCTIONS

a. Submission Requirements

Submit one original signature and eight (8) copies of each application with scanned PDF on a flash drive. Each copy of the application must include all of the following:

- Program Summary Sheet (Attachment A, page 21)
- Program Description (Narrative, see pages 14-15)

*Note: It is recommended that a blue ink pen be used for all required signatures in order to differentiate the original from the copies.*

Applications must be received by **12 noon, Friday, April 8, 2020**. Applications may be hand delivered or mailed.

No extensions of the deadline will be considered. Failure to meet the deadline or to provide the required number of copies of the application, and/or to submit a complete application will result in the application being eliminated from funding consideration.

The original signed application, eight (8) copies and scanned PDF on a flash drive must be submitted to:

Tammy Molinelli, Executive Director  
Bergen County Workforce Development Board  
60 State Street, 2nd Floor Rm 200  
Hackensack, NJ 07601

b. Proposal Selection & Evaluation Criteria

The Bergen County Workforce Development Board (WDB) has in place a process for the evaluation of new programs, requests for proposals, and other initiatives. Standard evaluation elements and review requirements address the local goals, objectives, and priority use of funding. All proposals will be reviewed by the Bergen County Workforce Development Board or a subgroup (review panel) thereof. The review panel will consist of volunteers drawn from the WDB’s general membership, partners, committee members. The WDB also reserves the right to include community leaders and local business representatives on the review panel. Proposals will be reviewed by members of the review panel who do not have a vested interest in the awarding of funding, thereby eradicating any conflict of interest or an appearance thereof.

The WDB reserves the right to reject any and all proposals when circumstances indicate it is in its best interest to do so which include but is not limited to: loss of funding; inability of the applicant to provide adequate services; indication of misrepresentation of information and/or non-compliance with county, state and federal laws and regulations.

Please note as stated in the New Jersey Public Contract Law: “Under no circumstances shall the provisions of the proposal be subject to negotiation.”
V. CRITERIA FOR EVALUATION OF APPLICATIONS

NEED JUSTIFICATION 10 points

Program Description (a, d and e)
- The applicant has developed the proposal consistent with the RFP guidelines.
- The applicant clearly states the problem to be addressed.

CAPACITY 10 points (b and c)
- The applicant can accommodate the special needs of the targeted population(s).
- The applicant has demonstrated funding resources are combined in order to maximize services to participants.
- The applicant has experience serving the target population in the Service Category applied for; Case Managers and Work Experience Counselor qualifications will benefit the target population.

PROGRAM Design and Innovation 50 points (e. 1 and f.)
- The applicant has fully developed the program: it has defined intake, methodology, discharge and follow-up processes.
- The applicant has a well-defined job search, job development plan, including staff & resources necessary to carry out full-time job development.
- Program must include financial literacy and soft skills training components.
- The application reflects an innovative approach to program design and implementation.

OUTCOMES 25 points (e. 1 and f. 1 & 2)
- The applicant has clearly delineated specific and measurable outcomes and their indicators, including documented track record of job placement, job retention and case closure with WFNJ population. [Complete Chart Attachment L]
- The applicant has developed methods for measuring and evaluating participants’ progress and satisfaction as a result of participating in the program.
- The applicant’s projected outcomes are realistic and consistent with the goals of the RFP.
- The applicant has clearly defined how they plan to use outcome data for program development.
- Monitoring Reports will be reviewed.

COORDINATION 5 points
Section V
The applicant has established or proposed relationships/affiliations with the Bergen County One Stop System and other agencies in the community in order to coordinate and integrate services on behalf of the participant.
Proposals receiving a score of 65 or below will not be considered for funding.

All proposals submitted for consideration must include all of the following items in the order stipulated and be securely fastened.

1) Proposal Summary with signatures (Attachment A – Signature Required)
2) Check List (Attachment B)
3) Benchmark Information (Attachment C)
4) Conflict of Interest Certification (Attachment D - Signature Required)
5) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment E- Signature Required)
6) Certification Regarding Lobbying (Attachment F - Signature Required)
7) Affirmative Action (Attachment G – Signature Required)
8) Appeal Process (Attachment H)
9) Certification of Liability Insurance (Attachment I – Signature Required)
10) Statement of Adequacy of Accounting System (Attachment J – Signature Required and copy of applicant’s most recent single page audit.
11) Past Experience Worksheet (Attachment K)
REQUIRED ATTACHMENTS
Bergen County Workforce Development Board
PROPOSAL SUMMARY

Work First New Jersey
REQUEST FOR PROPOSAL

Applicant Agency: _____________________________________________________________

Type:   Public ___ Profit Non ___ Profit Private ___ Community Based Org. ___ Faith Based ___

Address of Applicant:_________________________________________________________________________

Service(s) Offered and note Funding Requested:

Case Management and To-Work Activities      TANF $_______________    GA/SNAP $_______________

Federal ID Number: ___________ Phone Number: ___________________ Fax: _________________

Contact Person for RFP:
   Title: ___________________________________ Phone Number: _______________________

Contact Person for Program Information:
   Title: ___________________________________ Phone Number: _______________________

Brief description of services to be provided:

Applicants can attach a maximum of one additional page if necessary

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hereby certify the information contained in this proposal is to the best of my knowledge correct.

CERTIFYING OFFICIAL:

NAME: ___________________________ TITLE: ________________________________

SIGNATURE: ___________________________ DATE: ___________________________
<table>
<thead>
<tr>
<th>Check List Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal Summary *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narratives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict of Interest Certification *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification Regarding Debarment, Suspension*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ineligibility and Voluntary Exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification of Lobbying for Contracts, Grants, Loans and *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative Agreements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification of Compliance Affirmative Action *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification of Grievance Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification of Liability Insurance Coverage *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Adequacy of Accounting System *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Experience Worksheet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Requires Signature
At this time, it is **estimated** that funding will be $200,000.00, which is paid upon completion of benchmarks.

Your contract is based on benchmarks.

**EXAMPLE:**
If you have 100 people that participate fully from start to finish, the full value of your contract will be paid. If during the year some individuals do not reach particular benchmarks, additional slots will be created to allow for the BOSCC to refer additional individuals to you, resulting in the payment of the remaining benchmarks.

*The value of this contract is based on the completion of benchmarks by the clients you are serving.*

| Benchmark 1 | $100 |
| Benchmark 2: | $100 |
| Benchmark 3: | $300 |
| Benchmark 4: | $400 |
| Benchmark 5: | $400 |
| Benchmark 6: | $400 |
| Benchmark 7: | $400 |
| Benchmark 8: | $50  |
| Benchmark 9: | $500 |
| Benchmark 10: | $150 |

**ALL** figures are contingent upon actual funding available.
BENCHMARK INFORMATION

Case Management Benchmarks – GA/SNAP

At this time, it is estimated that funding will be $130,000.00, which is paid upon completion of Benchmark.

Your contract is based on benchmarks.

*EXAMPLE:
If you have 100 people that participate fully from start to finish, the full value of your contract will be paid. If during the year some individuals do not reach particular benchmarks, additional slots will be created to allow for the BOSCC to refer additional individuals to you, resulting in the payment of the remaining benchmarks.

The value of this contract is based on the completion of benchmarks by the clients you are serving.

<table>
<thead>
<tr>
<th>Benchmark 1</th>
<th>$200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark 2:</td>
<td>$350</td>
</tr>
<tr>
<td>Benchmark 3:</td>
<td>$300</td>
</tr>
<tr>
<td>Benchmark 4:</td>
<td>$450</td>
</tr>
</tbody>
</table>

ALL figures are contingent upon actual funding available.
CONFLICT OF INTEREST CERTIFICATION

The undersigned certifies to the Board of Chosen Freeholders of the County of Bergen that in performing services to Bergen County he/she knows of no circumstance that would constitute a conflict of interest, financial or otherwise, between himself/herself or his/her firm, and the Board, its members or with the interest of the County of Bergen in general. The undersigned further certifies that he/she knows of no circumstances or relationships between himself/herself or his/her firm and third parties that would cause the actual or appearance of a conflict of interest or a compromise of judgment and dependence in the performance of the designated services.

The undersigned acknowledges this is a continuing certification, and shall remain in effect for the term of the services contained in the solicited Request for Proposal. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, and I am subject to punishment.

Applicant Signature: _________________________________________

Typed Name: _______________________________________________

Title: ______________________________________________________

Date: ______________________________________________________
READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is 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 lower tier participant is unable to certify to 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

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primarily covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning 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 lower tier participant 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," 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 a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 Federal Procurement and 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 does a prudent person in the ordinary course of business dealings normally possess.
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 proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
CERTIFICATION REGARDING LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf to the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress with the awarding of any Federal contract, the making 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.

(2) 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, an officer or employee of Congress, or any employee of a Member of Congress in connection with a Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans, and cooperative agreement) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation 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 imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

______________________________________________________________________________
Contractor/ Organization

______________________________________________________________________________
Name of Certifying Official    Signature   Date

NOTE: In these instances, "ALL," in the Final Rule was clarified to show that it applies to covered contract/grant transactions over $100,000.
CERTIFICATION OF COMPLIANCE
AFFIRMATIVE ACTION, P.L.1975, C.127
N.J.S.A 10:5-31 et seq

1. The Contractor assures it will comply with the requirements of P.L. 1975, c. 127.

2. During the performance of this contract, the Contractor (for purposes of this section "contractor") agrees as follows:
   The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status or affectional or sexual orientation, sex, or atypical hereditary cellular or blood trait of any individual. The contractor will take affirmative action because of age, race, creed, color, national origin, ancestry, marital status or sex. The contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause;

   The contractor or subcontractor, where applicable will, in all solicitations, or advertisements for employees placed by or on behalf of the contractor, state that all applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status or sex. The contractor or subcontractor, where applicable will, send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act shall post copies of the notice in conspicuous places available to employees and applicants for employment.

   The contractor or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

   The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable County employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable County employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

   The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.
The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

The contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status or sex, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractors shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to subchapter 10 of this chapter.

3. Contractor shall submit to the County of Bergen, prior to or at the time the contract signed by the contractor is returned to the Workforce Development Board for signing) in accordance with N.J.A.C 17:27-4.3 promulgated by the Treasurer pursuant to P.L. 1975, c. 127) one of the following:

a. Appropriate evidence that the Vendor is operating under an existing federally approved or sanctioned affirmative action program; and,
b. A Certificate of Employee Information Report Approval; and,
c. If the vendor cannot present "a" or "b" and the Vendor has never applied for "b", the Vendor shall complete and Employee Information Report (Form AA 302). This form will be made available to the Vendor, on request, by the County of Bergen, Affirmative Action Office, One Bergen County Plaza, Hackensack, New Jersey 07601. When the vendor completes the Employee Information Report, the copy marked "Public Agency" shall be submitted to the Workforce Development Board, the copy marked "Contractor" will be retained by the Vendor, and the remaining copies will be forwarded immediately to:

Affirmative Action Office
Department of the Treasury
CN 209
Trenton, New Jersey 08625

______________________________
Contractor

______________________________
Name of Certifying Official

______________________________
Signature Date
APPEAL PROCESS

BERGEN COUNTY
WORKFORCE DEVELOPMENT BOARD


BACKGROUND: The WDB is responsible for recommending the allocation of county funds received through the Federal Workforce Innovation & Opportunity Act.

PURPOSE: To identify the process, to be followed, when an agency/applicant request a hearing on the WDB Allocation Recommendations.

Section I. GROUNDS FOR APPEAL

The grounds for appeal for the WDB’s allocation recommendation(s), as prepared by the Welfare to Work committee shall be limited to a charge of violation of the written procedures of the WDB, as described in this application and/or malfeasance.

Section II. NOTIFICATION OF WDB RECOMMENDATIONS AND APPLICATION FOR APPEAL

BERGEN COUNTY WDB ADMINISTRATIVE STAFF

1) Notify the agency/applicant, in writing, of the program review and/or allocation recommendation(s) prepared by the WDB and attach the Appeal Request Form.
2) The agency/applicant shall have seven (7) days form the date of notification of the WDB program review and/or allocation recommendation(s) to submit an appeal.

Section III. BCWDB RECEIVES APPEAL REQUEST

BCWDB ADMINISTRATION STAFF

1) Contact appropriate WDB Allocation Committees that an Appeal Request Form has been submitted.
2) Request the WDB Chair to appoint a Hearing Team/Chairperson composed of four members of the WDB who have no conflict of interest. The Hearing Team shall also include, as non-voting ex-officio members, the Chair or Co-Chairs of the WDB’s Allocations Committees, and the WDB’s Executive Director. (Note: Members of the WDB’s Allocations Committee, with the exception of the Chair or Co-Chairs, shall not be appointed to the Hearing Team).
3) Schedule a hearing, in collaborations with the appointed Hearing Team, and agency/applicant within ten (10) working days of receiving the Appeal Request.

Section IV. REVIEW OF APPEAL REQUEST

1) The Hearing Team will develop its decision(s) based on the information provided at the hearing, and make additional recommendations, if deemed necessary.
2) The decision(s) of the Hearing Team shall be final.

Section V. NOTIFICATION OF HEARING RESULTS

BCWDB ADMINISTRATIVE STAFF

1) Shall notify the agency/applicant, in writing, on the outcome of the hearing within ten (10) working days following the scheduled date of the hearing.
2) Maintain disposition of hearing, on file in the WDB’s Administrative Office, and make available upon request, to the participants of the hearing.

Hearing Team Chairperson

The Chairperson of the Hearing Team, shall present a report to the WDB, and, where appropriate, other committees/councils, etc of the WDB, after which, the Hearing Team shall be disbanded by the WDB Chair.
BERGEN COUNTY
WORKFORCE DEVELOPMENT BOARD
APPEAL REQUEST FORM

Section I. Agency/Applicant to Complete

A. Name of Agency/Applicant: ____________________________________________________________

Address: _______________________________________________________________________

B. Contact Person:     Phone: ______________________________________________________________________

C. Agency/Applicant statement: We are appealing the WDB Allocations Recommendation because:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

and therefore are requesting a hearing.
___________________________________________________________________________________________

Section II. BCWDB ADMINISTRATIVE STAFF

A. Date of Hearing: _________________________________________________________________

B. Results of Hearing:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

C. Date Agency/Applicant Notified: _________________________________________________

SEND COMPLETED FORM TO: Tammy Molinelli, Executive Director, Bergen County Workforce Development Board, 60 State Street, Room 200, Hackensack, NJ 07601
CERTIFICATION OF INSURANCE COVERAGE

A CERTIFICATE OF INSURANCE SHOULD BE FURNISHED WITH THE PROPOSAL FOR THE PROGRAM. IN THE EVENT THAT A CERTIFICATE OF INSURANCE CANNOT BE FURNISHED WITH THE PROPOSAL, A LETTER FROM THE BIDDER’S INSURANCE BROKER/INSURANCE COMPANY INDICATING THAT IN THE EVENT THE BIDDER IS SUCCESSFUL IN OBTAINING THIS CONTRACT THAT THE REQUIRED INSURANCES WOULD BE AVAILABLE FOR CERTIFICATION BEFORE THE CONTRACT BECOMES EFFECTIVE.

Certification of Insurance Coverage:
- A. Statutory workers’ compensation and employer's liability insurance;
- B. Comprehensive, all risks general liability coverage for personal injury and property damage liability of not less than $1 million for each occurrence and $2 million annual aggregate;
- C. Comprehensive automobile bodily injury and property damage coverage liability of not less than $1 million combined single unit.
- D. Professional Liability Insurance in the amount of $1 million each wrongful act/$2 million aggregate.

The bidder shall submit to the County of Bergen Certificates of Insurance evidencing that said insurance will be in effect during the term of this Agreement. The County of Bergen shall be named as additional insured under the General Liability and Automobile Insurance. Certificates should be issued to:

Bergen County Board of Chosen Freeholders
One Bergen County Plaza
Hackensack, New Jersey 07601
Attention: Insurance and Risk Management

Certificates should reference the applicable program.

The firm shall be solely responsible for and shall keep, save and hold harmless the County of Bergen and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith on account of the loss of life, property of any persons, agency, corporations or government entity, which shall arise out of the course of or in consequence of any of the negligence acts or omissions or tortuous acts or omissions of the firm, its employees, agents or subcontractors, in the performance of the work covered by this Agreement or the failure to comply with the terms and conditions of the Agreement. The firm's liability in this Agreement shall continue after the termination of the Agreement with respect to any liability, loss, expenses or damage, resulting from negligent acts or omissions or tortuous acts or omissions, occurring prior to termination. This indemnification obligation is not limited by but is in addition to other insurance obligations contained in the Agreement.

Typed Name: _______________________ Applicant Signature: __________________________

Title: _____________________________ Date: ________________________________
STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM

Gentlemen:
I am a certified public accountant (or a duly licensed public accountant) and have been engaged to examine the financial records of Name of Contractor: ___________________

which will be maintained for Name of Program: _____________________.

In my opinion, the accounting system □ in use □ to be established internal controls □ in use □ to be established in this program □ are □ will be adequate to:

1. provide the accurate identification of the receipts and expenditures of these allocated funds by approved budget categories;
2. provide for documentation supporting each book entry, filed in such a way that it can be readily located; and
3. provide accurate and current financial reporting information.

____________________________________  ________________________
Signature of Accountant     Date

____________________________________
Name of Accountant

____________________________________
License Number (State)

A Copy of the applicant’s most recent single page audit must be attached.
Past Experience Worksheet

Applicant Organization: __________________________________________________________

In the charts below, please combine service numbers, by population served, for all geographic areas served.

**Geographic Areas where services have been provided**

<table>
<thead>
<tr>
<th>County</th>
<th>City/Town</th>
<th>County</th>
<th>City/Town</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past performance- WorkFirst New Jersey (WFNJ)**
(This includes the TANF, GA, and SNAP programs)

<table>
<thead>
<tr>
<th></th>
<th>7/1/17 – 6/30/18</th>
<th>7/1/18 – 12/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollments (Total # of clients served)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Completions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Entered Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other positive outcomes (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cost per participant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past Performance- Workforce Investment Act (WIOA)**

<table>
<thead>
<tr>
<th></th>
<th>7/1/17 – 6/30/18</th>
<th>7/1/18 – 12/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollments (Total # of clients served)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Completions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Entered Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other positive outcomes (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cost per participant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past Performance- Unemployed/Displaced Workers**

<table>
<thead>
<tr>
<th></th>
<th>7/1/17 – 6/30/18</th>
<th>7/1/18 – 12/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollments (Total # of clients served)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Completions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Entered Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other positive outcomes (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cost per participant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Past Experience Worksheet (Continued)

**Past Performance- Private Pay**

<table>
<thead>
<tr>
<th></th>
<th>7/1/17 – 6/30/18</th>
<th>7/1/18 – 12/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollments (Total # of clients served)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Completions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Entered Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other positive outcomes (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cost per participant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past Performance- Other population (please specify) ________________________________**

<table>
<thead>
<tr>
<th></th>
<th>7/1/17 – 6/30/18</th>
<th>7/1/18 – 12/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollments (Total # of clients served)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Completions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Entered Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other positive outcomes (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cost per participant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. For new programs with no related performance history, please explain why you would be an effective provider of services and how you have knowledge of serving the populations listed above. If you are providing a shorter performance period (e.g. - Calendar Year, Fiscal Year, etc.) please explain why that information is being provided for that period of time.