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December 8, 2014

**HCJFS REQUEST FOR PROPOSAL
WIOA YOUTH SERVICES RFP#SC0914-R**

ADDENDUM 2

Providers in Attendance at the RFP Conference

Cincinnati-Hamilton County Community Action Agency
Cincinnati Reserve Corps
Cincinnati State Technical & Community College
Cincinnati Training Coalition
Cincinnati Youth Collaborative
Easter Seals Tri-State
Lighthouse Youth Services
ResCare Workforce Services
Santa Maria Community Services
Tri-City Staffing
Urban League of Greater Southwest Ohio
YWCA - Workforce

Questions Received during RFP Conference

Q1. Regarding 1.2.4 “Program Elements,” how many of the 14 listed elements must a program provide? All 14 or at least some of the 14?

A: In order to support the attainment of a secondary school diploma or its recognized equivalent, entry into postsecondary education, and career readiness for participants, the vendor shall provide all 14 program elements.

Q2. May we have copies of all attachments that were not part of RFP on-line?

A: We have checked the website at www.hcjfs.hamilton-co.org and the RFP and all attachments are posted. It is one pdf with 115 total pages. Please check the website again. The unlocked, Excel budget and Attachment A are a part of this addendum.



- Q3.** If the agency is not providing the specific services currently, what should they provide for item J on page 23?
- A:** Provide an explanation of why your agency can not provide this (i.e. our agency is a startup program and we do not yet have agency/company brochures).
- Q4.** Page 11 states that proposals should identify the cost per youth exited (initial and subsequent years).
Page 18 states the cover sheet should indicate the cost per youth served. Should we assume we should calculate and provide both cost per served and cost per exited? Please clarify.
- A:** Page 11 is a typo and should read “cost per youth served.”
- Q5.** Does the program have to address all the elements?
- A:** Yes.
- Q6.** Are there any elements that Area 13 want to be specifically addressed?
- A:** All 14 program elements.
- Q7.** Is collaboration mandated?
- A:** It is encouraged. In the case of youth with disabilities, coordination with the Opportunities for Ohioans with Disabilities State office is required.
- Q8.** Page 20 addressed expected outcomes for traditional WIOA services and in-school. What about out-of-school? Does this section apply to both?
- A:** It applies to both in-school and out of school youth.
- Q9.** What is the total administration cost? Are you including admin cost with indirect cost?
- A:** There are no admin costs. The column has been removed from the budget. The 15% is only management indirect. Please refer to budget instructions included as part of Addendum 1.
- Q10.** Is our annual report included in the 300 page limit?
- A:** Yes.
- Q11.** Are the Excel budget pages included in the 300 page limit?
- A:** Yes.



- Q12.** Page 14 of the RFP at top states “Youth who are engaged in pre-enrollment activities are not billable as WIOA youth.”
Are ID’s and birth certificates for eligibility billable?
- A:** No. WIOA funds cannot be spent on youth who are not eligible. Pre-enrollment activities occur prior to a youth being found eligible.
- Q13.** Are previous proposals available for review?
- A:** Yes, per public record request. However, prior submissions were responsive to WIA law which sunsets 6/30/2015.
- Q14.** Is Provider recruiting youth or will HCJFS provide youth?
- A:** Provider is recruiting youth.
- Q15.** What is program length per youth?
- A:** Length is until the youth has attained positive WIOA outcomes.
- Q16.** Are Providers able to apply for 2015 SYEP?
- A:** Yes, if there are 2015 SYEP funds.
- Q17.** Connecting-the Dots – does this funding include CTD’s?
- A:** No.
- Q18.** Is this additional money or a re-slice of the WIA money?
- A:** This is not additional money. WIA funding ends 6/30/15 and WIOA funding begins 7/1/15.
- Q19.** Can you give specific details about what is expected in the summer program?
- A:** We are awaiting regulatory guidance from ODJFS regarding the entire Workforce Innovation and Opportunity Act. The law states that one of the program elements **must be** paid and unpaid work experiences that have as a component academic and occupational education, which may include—
(i) summer employment opportunities and other employment opportunities available throughout the school year; (ii) pre-apprenticeship programs; (iii) internships and job shadowing; and (iv) on-the-job training opportunities;.
- Q20.** Please define work-based activities? What are the required elements (number of hours, formal curriculum, lead to employment or credentials)?
- A:** Once again, we are awaiting regulatory guidance from ODJFS regarding the entire Workforce Innovation and Opportunity Act. The law states that work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment.



Q21. How many can serve?

A: The number of youth an agency can serve will be based upon the allocation amount they are awarded divided by their cost per youth amount in their proposed budget.

Q22. What is cost per youth for contract (allowable)?

A: There is no limit for cost per youth. However, the review committee will be looking to select proposals that offer a high level of service in a cost-effective manner.

Q23. Budget submitted only soft?

A: No. In addition to budget being submitted with your proposal, it must also be submit in unlocked Excel format on a CD or flash drive.

Q24. What is the local WIB definition of an individual who requires additional assistance to complete and educational program or to secure or hold employment (ISY) AND for OSY – to enter or complete an educational program?

A: Area 13's definition of a youth who requires additional assistance to complete an educational program, or to secure and hold employment is as follows:

- A youth with a physical or learning disability as determined by medical or education records.
- A youth with limited English proficiency. Such barriers must be documented in the case notes of SCOTI/ OWCMS.
- A youth who is basic skills deficient or behind a grade level based on standardized testing or documentation from education records.
- A youth who faces serious barriers. Such barriers must be documented in the case notes of SCOTI OWCMS.
- A youth that lacks transportation, despite the availability of public transportation. Providers are cautioned to use discretion when selecting this option as the sixth barrier. The reason(s) for this barrier must be explicitly documented in the case notes of SCOTI/ OWCMS.
- A youth who requires additional assistance, commonly referred to as the sixth barrier, (e.g., chronic job instability, changing jobs frequently and unstable work history). The reason(s) that the youth requires additional assistance must be documented in the case notes of SCOTI/ OWCMS.

This definition applies for In-school and out-of-school youth.

Q25. Can you provide copies of the mandated forms (ISS eligibility, etc.)?

A: Yes. Attached are the Area 13 Eligibility form, ISS form and Objective Assessment form.



Q26. Can you break out PY 13-14 enrollments and exits by ISY vs OSY?

A: Yes. During Program Year 13-14 (7/1/13 to 6/30/14) there were 330 new enrollments. 141 were in-school youth and 189 were out-of-school youth. There were 271 exits. 195 were in-school and 76 were out-of-school (The exits were youth who were enrolled in PY13-14 and PY 12-13 but were exited during PY 13-14).



AREA 13 WIA YOUTH SERVICES APPLICATION

Basic Intake - General

Eligibility Date	First Name	Last Name	M.I.
Address		City	State Zip
Mailing Address (if different)		City	State Zip
Home #	Cell #	Work #	
Email	SSN	DOB	
Emergency Contact			Phone
Ethnicity	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Basic Intake - Additional

UI Status at Intake: <input type="checkbox"/> Exhaustee for Unemployment Insurance <input type="checkbox"/> Not Current Claimant and Not an Exhaustee <input type="checkbox"/> Eligible Claimant Referred by WPRS <input type="checkbox"/> Eligible Claimant Not Referred by WPRS		
Education Level (Last grade completed)	Education Status: <input type="checkbox"/> Not Attending School; HS Dropout <input type="checkbox"/> In School; HS or less <input type="checkbox"/> HS Graduate	
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Driver's License State	Class

Basic Intake - Program Data

Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other	Documented Reason for Youth Eligibility: <input type="checkbox"/> Cash Public Assistant Recipient <input type="checkbox"/> Homeless <input type="checkbox"/> System Calculated Low Income <input type="checkbox"/> Food Stamp Recipient/Eligible to Receive <input type="checkbox"/> Foster Child <input type="checkbox"/> Disability/Income <input type="checkbox"/> 5% Override	Youth Barriers Documentation: <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> School Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Offender <input type="checkbox"/> Foster Child <input type="checkbox"/> Requires Additional Assistance
Registered for Selective Service <input type="checkbox"/> Yes, Selective Service # _____ <input type="checkbox"/> No <input type="checkbox"/> Exempt: <input type="checkbox"/> Female <input type="checkbox"/> Male Under 18 <input type="checkbox"/> Male Born Before 01/01/1960 <input type="checkbox"/> Honorably Discharged Veteran <input type="checkbox"/> Mental/Physical Disability <input type="checkbox"/> Male 26+ Did Not Willfully Skip Registration		
Public Assistance Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #
Family Size	Family 6 Month Income	Individual 6 Month Income

Barriers Data
(check all that apply)

- Disabled Single Parent Runaway Limited English Proficiency Behind Grade level Basic Skills Deficient
- Substance Abuse Homeless Offender Foster Child Pregnant/Parenting Youth Requires Additional Assistance
- School Dropout Face Serious Barriers Lacks Transportation

Certifying Statement

I certify, to the best of my knowledge, the information is accurate and true. I understand that all information is subject to review and verifications. I understand that falsification shall be grounds for termination and may subject me to prosecution under the law. I authorize release of this information to determine and verify eligibility in accordance with applicable laws, rules, and regulations, and to share my program status and progress. I am not related to any employee of an organization funded by the Workforce Investment Act, Workforce Investment Act employees, or Administrative Entity employees. I understand that all information is treated as strictly confidential and is available only to me and the agencies (WIA and non-WIA) serving me.

Applicant's Signature	Date
Parent/Guardian's Signature	Date
Interviewer's Signature	Date

Area 13 Individual Service Strategy (ISS)

Initial & Review Dates	
Initial Date	Staff
Review Date	Staff
Review Date	Staff
Review Date	Staff

Contact Information			
Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State Zip
DOB	SSN	Cell	Email
Who will know how to contact you if contact information changes?	Name	Phone	Relationship

Educational Status			
<input type="checkbox"/> In-School <input type="checkbox"/> Out-Of-School	Highest Grade Completed	School	
Reading	Math	Language	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Needs	
Why are you seeking services?	
What are your immediate needs?	Solution

Effective:
 SWORWIB Approved:
 Revised: 07/10/2004, 07/30/10
 Reviewed (no changes):

Program Elements			
Program Elements	Provider	Planned Start Date	Planned End Date
Tutoring, Study Skills Training, Instruction leading to completion of secondary school including dropout prevention			
Alternative Secondary School Service			
Summer Employment Opportunities linked to academic and occupational skills			
Paid and Unpaid Work Experience			
Occupational Skills Training			
Leadership Development Opportunities			
Supportive Services			
Adult Mentoring for at least 12 months			
Comprehensive Guidance and Counseling			
Follow-up Services for at least 12 months			

Goals	
Long-Term Employment Goals	Short-Term Employment Goals
Long-Term Educational Goals	Short-Term Educational Goals
Other Achievement Goals	Other Achievement Goals

Action Plan				
Goal 1:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goal 2:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goal 3:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Statement of Agreement	
I own the results of my ISS and goals. I authorize the release of my ISS to agencies that will services me to facilitate the successful completion of my ISS.	
Youth Signature	Date
Employment & Training Advisor Signature	Date

Area 13 Objective Assessment

Academic Level, Skill Level, & Needs to Assess	Objective Assessment <small>(tool used to assess level or need, e.g. TABE, School Reports, Kuder, Pre/Post Work Readiness, Objective Assessment Questionnaire, Past Assessments; must be in file)</small>	Appropriate Services <small>(service and/or program element identified to improve skill or need)</small>
Basic Skills		
Occupational Skills		
Employability		
Occupational Interests		
Aptitude		
Developmental		

Prior Work Experience		
Current Employer	Title	
Start & End Date	Wage	# Hours/Week
Previous Employer	Title	
Start & End Date	Wage	# Hours/Week
Previous Employer	Title	
Start & End Date	Wage	# Hours/Week

Supportive Service Needs

Effective:
 SWORWIB Approved:
 Revised: 07/30/10
 Reviewed (no changes):

Area 13 Objective Assessment Questionnaire

Occupational Skills & Interests	
What is your career goal?	
Why would you like to work in this field?	
Do you have any experience in this field?	
Do you have the skills necessary to do this job?	
Have you ever received any training in this field?	
Do you have any computer skills?	
What are your strengths?	
Developmental Needs	
I ask for what I need in an appropriate manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I communicate appropriately with those I work with.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a stable place to live.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can make a meal for myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I know how to operate household equipment in order to function independently.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I clean my living area regularly.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I refrain from being with people who influence me to behave inappropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I arrive on time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can solve problems that yield good results the majority of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I make good decisions majority of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Effective:

SWORWIB Approved:

Revised: 07/30/10

Reviewed (no changes):