# NOTICE OF POTENTIAL FUNDING AVAILABILITY

# TRAINING AND WORKFORCE DEVELOPMENT PROGRAM

**APPLICATION PACKAGE**

# ATTACHMENT A: APPLICATION

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**TRAINING AND WORKFORCE DEVELOPMENT PROGRAM**

**APPLICATION**

Applicants applying to serve as the CONTRACTOR for the Training and Workforce Development Program must answer the following questions and/or provide the requested information. Please be sure to complete the entire application. The application includes the following:

* One signed original application (Attachment A);
* One signed Required Certifications (Attachment B);
* One Pre-Award Risk Assessment (Attachment C) and;
* Past Performance (Attachment D).

# Organizational Information

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| **1.** Organization Legal Name:Click or tap here to enter text. |
| **2.** Physical Street Address (include City and Zip Code):Click or tap here to enter text. |
| **3.** Mailing Address (include City and Zip Code):Click or tap here to enter text. |
| **4.** Main Business Phone Number:Click or tap here to enter text. |
| **5.** Business Office Hours:Click or tap here to enter text. |
| **6.** Executive Officer Name:Click or tap here to enter text. | Title:Click or tap here to enter text.Phone Number:Click or tap here to enter text. |
|  | Email Address:Click or tap here to enter text. |
| **7.** Primary Contact Name: | Title:Click or tap here to enter text. |
|  Click or tap here to enter text. | Phone Number:Click or tap here to enter text. |
|  | Email Address:Click or tap here to enter text. |
| **8.** Fiscal Contact Name:Click or tap here to enter text. | Title:Click or tap here to enter text. |
| Phone Number:Click or tap here to enter text. |
| Email Address:Click or tap here to enter text. |
| **9.** Federal Tax ID No.: Click or tap here to enter text. |
| **10.** GET No: Click or tap here to enter text. | Expiration Date: Click or tap here to enter text. |
| **11.** How long has the organization been in operation in the State of Hawaii? Click or tap here to enter text. |
| **12.** Has the organization operated under another name? [ ]  No/Not Applicable [ ]  YesIf “Yes”, please provide the previous organization’s name(s): Click or tap here to enter text. |
| 1. Provide one complete copy of the following documents, as applicable:
	1. Internal Revenue Service (IRS) tax-exempt determination letter
	2. Cost Allocation Plan for Indirect Cost Rate (If Applicable)
	3. List of the Board of Directors and principle officers, including name, occupation, and affiliations
 |
| **AUTHORIZED SIGNATURE OF APPLICANT: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application are used for the purposes set forth herein and the organization will comply with all contractual obligations.**Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name and Title: Click or tap here to enter text.Date Signed: Click or tap here to enter text. |

**Program Administration and Fiscal Management**

### Please describe your organization’s management ability. Describe the mission, management structure and staffing of your organization. Provide a detailed description of your organization’s experience and ability in implementing and managing a training and workforce development program. Describe the experience and competencies of your organization in managing the proposed program or similar training and workforce development program, in particular the State and timeline to execute the program described in the Notice of Potential Funding Availability.

Click or tap here to enter text.

### Please describe how your firm meets the Eligibility Criteria in the Notice of Potential Funding Availability for the Training and Workforce Development Program.

Click or tap here to enter text.

### Provide a detailed proposal including an overall strategy, plan, timeline and budget for accomplishing all of the desired Program Objectives;

### Describe the activities, include who will do the work and timelines for each activity.

### Describe who will oversee the project activities.

### Describe how all partners identified commit to and will work toward the goals.

### Submit a budget and identify the sources of funding.

###  [ ]  ATTACHED

1. **If subcontractor(s) will be used, append a statement to this Application, signed by an individual authorized to legally bind the subcontractor and stating:**
2. **The general scope of work to be performed by the subcontractor;**
3. **The subcontractor’s willingness to perform for the indicated.**

[ ]  **ATTACHED (if applicable)**

### Please describe the minimum qualifications of the subcontractors that your organization will partner with to carry out services; the amount and method of compensation.

### Click or tap here to enter text.

1. **Please describe your organization’s internal control procedures. Does your organization have policy and procedures regarding the financial operations of the organization? What is the framework the organization follows for internal controls? How does the organization ensure the proper use and safeguarding of public funds?**

Click or tap here to enter text.

### Please describe your organization’s current financial condition and outlook for sustainability. If the organization is facing financial challenges, describe what steps are being taken to strengthen the organization’s financial condition.

Click or tap here to enter text.

### Please describe your organization’s fiscal management system, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Click or tap here to enter text.

### Please describe how your organization will monitor and prevent fraud and duplication of benefits.

Click or tap here to enter text.

### Please identify the software that will be used by CONTRACTOR and SUB-CONTRACTOR for reporting and monitoring.

Click or tap here to enter text.

### Are there any legal actions or potential lawsuits pending against your organization? If so, please describe.

Click or tap here to enter text.

# Personnel

### Provide an organizational chart showing the staffing and lines of authority for the key personnel to be used in the program.

Click or tap here to enter text.

### Who will be responsible for the overall operation of the program and what are their qualifications? Please include the name and position titles of staff that will be working on the program.

Click or tap here to enter text.

### The CONTRACTOR is required to have personnel with a working knowledge of CARES Act funds and required regulations. Please list the person’s name, job title, and a brief description of the person(s) working knowledge of CARES Act funds.

Click or tap here to enter text.

### Will you need to hire new staff for this project?

Click or tap here to enter text.

# Past Performance

### Please indicate if your organization has received other Federal, State, local or private financial assistance in the past three (3) years. Complete *Attachment D* for each award and include it with your application.

Click or tap here to enter text.

**ATTACHMENT B: REQUIRED CERTIFICATIONS**

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**REQUIRED CERTIFICATIONS**

This form must be signed and submitted with the Application. This form must contain the signature of the person(s) authorized to execute a contract on behalf of the organization.

By submitting this Application and by my signature on this document, the undersigned acknowledges that he/she has carefully read and understands the terms and conditions specified in the Notice and Application. The undersigned further understands and agrees that by submitting this Application, the undersigned certifies that applicant:

* 1. Has current certificates of good standing in all states in which it operates.
	2. Is currently authorized to do business in the State of Hawaii.
	3. Has program offices and services that are accessible to people with disabilities.
	4. Shall comply with all applicable federal and State laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, sex, age, sexual orientation, gender identity and expression, marital status, handicap, human immunodeficiency virus infection (HIV), or arrest and court records in employment and any condition of employment with the Contractor or in participation in the benefits of any program or activity funded in whole or in part by the State.
	5. Currently uses an online or other electronic participant and employing company management system that will supply the necessary participant and employing company level and aggregate reporting data.
	6. Has the capacity to track and report both participant and employing company level and aggregate data. Reporting must be done via electronic data files.
	7. Has the capacity to furnish client level data and aggregate reports on program activity in electronic file format.
	8. Agrees to comply with quality control, compliance, and evaluation of the program through the end of the federal monitoring period.
	9. Has documented service capacity, outreach capacity, past successful performance and positive outcomes with documented program plans related training and workforce development program.
	10. Has submitted a budget composed of costs and prices that are fair and reasonable based on current market conditions and industry standards;
	11. Acknowledges and agrees that applicant shall comply with HRS Section 11-355, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by a legislative body; and
	12. Acknowledges and agrees that applicant shall comply with all the requirements, provisions, terms, and conditions specified in the Notice and Application.

### Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application are used for the purposes set forth herein and the organization will comply with all contractual obligations.

Click or tap here to enter text.

 Printed Name and Title

Signature

Click or tap here to enter text.

 Agency

Click or tap here to enter text.

Date

# ATTACHMENT C:

**PRE-AWARD RISK ASSESSMENT WORKSHEET**

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**Pre-Award Risk Assessment Worksheet**

**Instructions**

Answer all questions and comment on your answers. If you have to submit supporting documents, please verify the dates are correct, dollar amounts, the most current policies are submitted, and correct agency information are provided. Pre-Award Risk Assessments are governed by 2 CFR Part 200. **Submit the most current documentation and all requested documentation.**

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| **Financial Stability** | **Yes** | **No** | **NA** | **Comments** |
| 1. Has the organization had changes to key staff or positions in the past twelve (12) months? Key staff may include the Director, Program Supervisor and Fiscal Manager. If yes, please provide the title of the position and the length of time the person serving in the position has been at the organization. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 2. Does the organization have any outstanding obligations with federal, state or local governments? If yes, please explain and provide the plan(s) for re- payment. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Management System** | **Yes** | **No** | **NA** | **Comments** |
| 1. Does the accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget, and provide for complete disclosure? If yes, please explain. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 2. Has your organization had changes to business systems in the past twelve (12) months? If yes, please describe. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 3. Is there a time and effort tracking system in place to adequately record staff hours worked against awards? Please provide a sample timesheet and a report showing how staff time is charged to grants and programs. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 4. Does management review financial reportsmonthly to assess the status of performance activity? If yes, please provide an example of the reports reviewed. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **History of Performance** | **Yes** | **No** | **NA** | **Comments** |
| 1. Has the organization had any challenges in meeting grant reporting deadlines on time in the past three years? If yes, please explain. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Audit Reports and Findings** | **Yes** | **No** | **NA** | **Comments** |
| 1. Did your organization expend $750,000 or more in federal funds in any one of the past three (3) fiscal years? | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 2. Has your organization had any type of independent audit within the last three years? Provide a copy of the organization’s most recent financial audit and report on internal control over financial reporting and on compliance or, if an audit has not been completed, reviewed financial statements by a third party. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 3. Did your organization have any monitoring visits by grantors or funders in the last three years? Provide a list of significant monitoring findings and whether they are resolved. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 4. Has the agency submitted any corrective action plans to resolve audit findings within the last three (3) years? If yes, please provide copies. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 5. Has an audit indicated any questioned or unallowable costs within the last three (3) years? If yes, please explain. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Applicants Ability to Implement Requirements** | **Yes** | **No** | **NA** | **Comments** |
| 1. Does the organization have the resources of staff and funding to meet the performance requirements of the award? If yes, please provide the staff positions and the capacity to perform grant deliverables. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 2. Does the organization have the resources to undertake additional requirements? Please explain. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| 3. Has the agency been suspended or debarred within the last thirty-six (36) months? If yes, explain the circumstances. | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Please submit the most current documentation** | **Yes** | **No** | **NA** | **Comments** |
| 1. Agency Financial Statements – Please provide the last three months of organization’s Balance Sheets and Income Statements, by month. |  |  |  | Click or tap here to enter text. |

Prepared by: Click or tap here to enter text.

Date Prepared: Click or tap here to enter text.

# ATTACHMENT D: PAST PERFORMANCE

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**Past Performance**

Indicate if you received other Federal, State, local or private financial assistance in the past. If yes, briefly describe the program and project(s) and include:

1. Project Title

Click or tap here to enter text.

1. Project Amount

Click or tap here to enter text.

## Project Status

Click or tap here to enter text.

## Project achievement and if there were any problems encountered.

Click or tap here to enter text.

## Explain any delays encountered and the reasons for the delays.

Click or tap here to enter text.