



**North Country Workforce Development Board
Request for Proposals (RFP)**

**WIOA (Workforce Investment and Opportunity Act) for Title 1 Youth Services
Program Year 2019**

Issued by:	North Country Workforce Development Board
Grant period:	July 1, 2019- June 30, 2020 Optional up to two (2) one-year extensions based upon performance and funding availability
Estimated funding:	Funding is contingent upon award received from New York State and will be divided between in-school youth and out-of- school youth at a rate of 25% in-school and 75% out-of-school
Submission requirement:	Provide two (2) hard copy proposals with original signatures in a sealed envelope, and one (1) electronic copy to be sent to katrina@ncworkforce.com no later than 3:00pm, April 24, 2019
Direct all questions and submit proposals to:	Katrina Garrand, Program Director North Country Workforce Development Board 194 US Oval Plattsburgh, NY 12903 Phone: (518) 561-4295 ext: 3073 Email: katrina@ncworkforce.com

**Proposals Due:
April 24, 2019
No Later than 3 P.M.**

**Late Proposals Will Not Be Accepted
Please Note:**

The requirements under this solicitation are based on the new federal Workforce Innovation and Opportunity Act signed into law on July 22, 2014, with an effective date of July 1, 2015. This legislation represents a significant change in priorities and requirements from previous federal workforce legislation. All potential applicants should read this RFP carefully.

RFP Timeline:

RFP Released	February 25, 2019
RFP Questions to be reviewed at bidders conference due to Katrina Garrand at katrina@ncworkforce.com by 12:00pm	March 11, 2019
Mandatory Bidders Conference at 10:00am at 194 US Oval (Room 220)	March 14, 2019
Mandatory Letter of Intent Due to NCWDB to be sent to Katrina Garrand at 194 US Oval, Plattsburgh, NY 12903	March 25, 2019
Proposal Due Date by 3:00pm	April 24, 2019
Award Letter(s) Sent	May 10, 2019
Contracts Begin	July 1, 2019

The scoring value of each section of the RFP is as follows:

Category	Total Points Possible
1. Statement of Need	20
2. Target Group	35
3. Program Design	50
4. Goals and Objectives	35
5. Local Collaboration and provision of Elements	20
6. Statement of Capabilities	20
7. Budget Summary	20
	Total 200

The North Country Workforce Development Board (NCWDB) is soliciting proposals for the operation of federally funded Workforce Innovation and Opportunity Act (WIOA) Title I youth employment and training programs for eligible youth residing in the North Country area (Clinton, Essex and Franklin Counties). Funding will be for the period of July 1, 2019 through June 30, 2020. The NCWDB intends to extend the contract for up to two additional program years without reissuing a new RFP. Final contracts will be based on actual PY19 allocations which has not yet been announced. Services under this RFP are exclusively for services to youth as defined in the Workforce Innovation and Opportunity Act, and a minimum of 20% of contract spending must be for WIOA work experience activities.

Entities eligible to apply for funding consideration are public and private, for-profit and not-for-profit entities. For those contractors awarded each needs to comply with submission of the required single audit and insurances annually.

The North Country Workforce Development Board is a policy making board comprised of representatives from local businesses, labor organizations, educational providers, public agencies and other entities interested in workforce development issues. Additionally, the NCWDB as fiscal agent, administers all Workforce Innovation and Opportunity Act funds, develops and implements policies regarding the allocation and spending of the region's WIOA funds for adults, dislocated workers and youth.

The NCWDB is responsible for the youth programs and system development, the RFP process, monitoring youth program performance measures and expenditures, and determining youth policy and allocation of program funding. Contractors will report program outcomes and expenditures to the NCWDB.

In keeping with the intent of WIOA, the NCWDB is committed to helping disadvantaged youth prepare for and enter employment, increase occupational and academic skills, attain a high school equivalency diploma or recognized certificate, enroll in job training or higher education and increase earnings. The NCWDB is seeking organizations that have a successful record of assisting youth and can demonstrate the ability to meet the challenge of creating more effective, performance-based services. Youth serving organizations are invited to respond to this RFP as an important step toward building a system of integrated youth services that provide the region's youth with the necessary skills and opportunities to succeed in education, at work and as members and leaders in their communities.

The NCWDB Youth Program goals and priorities are:

1. Awardee is accountable per WIOA to work closely with the North Country Workforce Development Board.
2. Delivery of services by third parties will have a maximum of a 5% administration fee.

3. To develop a comprehensive system to address the academic, occupational, social, economic, and personal needs of the region's disadvantaged youth ages 16-24.
4. To fund programs that result in measurable outcomes.
5. To allocate 100 percent of the region's WIOA youth funds to serve youth only.
6. To spend a minimum 20% of WIOA Youth funds on Work Experience activities.
7. To fund programs that meet the established federal performance measures and any state measures established after approval of the award.
8. Partnerships of service delivery within the region are encouraged.
9. Contract holders past performance will be taken into consideration.
10. Awardees must outreach to all school districts within the North Country (Franklin, Essex and Clinton County's).
11. OSOS experience will be given a priority.

Program Year 2019 WIOA YOUTH

REQUEST FOR PROPOSAL COVER PAGE

Applicant Organization:	
Name and Title of Contact Person:	
Address, Phone, E-mail & Fax Numbers:	
Organization Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Educational Institution n <input type="checkbox"/> Other
Amount of Funds Requested:	
Number of Youth to be Served:	
Target Population	<input type="checkbox"/> Foster Care <input type="checkbox"/> Youth with Disabilities <input type="checkbox"/> Migrant Youth <input type="checkbox"/> Juvenile Justice Youth <input type="checkbox"/> Public Assistance
Geographic Region to be Served:	<input type="checkbox"/> Clinton County <input type="checkbox"/> Essex County <input type="checkbox"/> Franklin County <input type="checkbox"/> Hamilton County

In the space below, provide an executive summary of your proposed program and its outcomes.

Please attach additional sheet if necessary

I certify that the information provided in this proposal is true and correct to the best of my knowledge and that I have been duly authorized by applicant's governing body or other authority to file this proposal. This proposal is submitted as a firm and fixed offer valid from 180 days of the submission deadline.

Signature: _____ Date: _____

Name and Title of Person Signing:

Unsigned proposals will be rejected. Proposals must be signed by an authorized representative of the applicant.

Applicant Name: _____

**North Country Workforce Development Board
WIOA Youth RFP Program Year 2019**

Proposal Narrative Form

Section I - Statement of Need

1. What are the educational needs and training challenges of the area you plan to serve? Explanations should include the following information:
 - Local economic factors - Using labor market information data describe the local and regional current and future economic needs and or strengths.
 - Demographics of the local area – Describe local workforce development needs and strengths.
2. Explain why the need cannot be addressed with existing resources through the local or regional educational, employment of training service delivery infrastructures

Section II - Target Group

1. Check each of the at-risk youth populations the project will serve:
 - Foster Youth/Former Foster Youth
 - Offender
 - Pregnant or Parenting Youth
 - Homeless/Runaway
 - Youth with Disabilities
 - Youth at-risk for dropping out of school
 - Other Youth who face serious barriers to employment, as evidenced by:
 - Migrant and seasonal farm worker youth
 - Youth of incarcerated parent(s)
 - Lack of career goals
 - Lack of family support
 - No/Sporadic/Poor work history
 - Cyclical patterns of DSS involvement
 - Basic Skills Deficient
 - Low Income by as defined by the local definition

2. Describe the characteristics of the target population that will be served by this project including barriers and basic and occupational skill needs.

3. Describe the specific outreach and recruitment methods you plan to use (for each target group indicated above) that will be used to contact and recruit each target population and demonstrate how these methods will enable you to reach this segment of the youth population.

Section III – Program Design

1. What geographic areas do you propose to serve?

2. Please provide a timeline of proof of outreach to all North Country school districts.

3. Describe each component of the program design; for example, orientation, determination of eligibility, your objective assessment and testing process, referral process, intensive case management, development and maintenance of the Individual Services Strategy (ISS); how (and by whom) literacy and Numeracy skills will be provided, other education services, counseling, and training leading to WIOA-approved certifications, etc; provision of supportive services, and service delivery for follow-up services.

4. Describe the specific service delivery and design of your proposed program in relation to each of the services as listed below, including any unique areas of your proposed program design and note if these will be provided directly by the applicant or through a partner agency. Identify the main locations for all activities.

- Describe how occupational skills training will be provided.
- Describe the specific partnerships between your program and community based organizations and educational institutions.
- Describe strategies to re-connect and/or re-engage out-of-school youth into educational services as well as occupational skills development.
- Describe the academic instruction provided to youth. Include details on how diverse learning styles and academic abilities will be identified and accommodated.
- Describe your approach to subsidized or supported employment as a strategy to keep youth engaged in their educational/skills training activities.
- Describe your employment development component, including staff resources dedicated to maintaining youth in jobs or training. How are these opportunities tied into the current job market?
- Identify and describe the frequency and services that will be available to exited youth during the follow-up period.
- Describe what type of assessments or tests will be utilized. Describe our use of tutors, volunteers, mentors and peers.
- Describe the availability of public transportation and the ability of the youth to access it to participate in services.
- Describe how individuals with disabilities will access your services and any support/accommodations you can offer to participants so they may access the program.

- Describe the proposed bilingual capability of your service delivery plan, including translation services if necessary.
- What type of coordination do you foresee with the OWS Centers?

5. Outline your marketing strategy to involve employers and businesses into your program. Provide labor market data and sources.

Section IV - Goal and Objectives

1. Enrollment and Cost Matrix—

Part 1 - Participant Information.

Geographic area to be served:

	2019-2020 ENROLLMENTS	
A. Total planned enrollments		
Part 2 - Cost Information		
	2019-2020	
	Costs calculated using only amount requested in this proposal, include cost for follow-up activities provided during this period.	
A. Cost per participant during program years.		
B. Cost per participant during follow-up period.		

2. Performance Goals Matrix—Provide your estimated levels of performance for the performance measures listed below. See RFP Instructions for the North Country Workforce Investment Board Youth Contractor Standards. If your projected performance is lower than the North Country Workforce Investment Board WIA Contractor Standard provide an explanation.

3. Placement in Employment or Education: Describe your program strategy to achieve successful

Performance Measures	2019-2020 (Percentage)
1) Placement in employment or education	
2) Attainment of degree or certificate	
3) Literacy and Numeracy gains	

outcomes towards meeting your level of performance. Describe how you will ensure youth are participating in one of the following activities in the first quarter after exit: a) employment (unsubsidized ;) b) military; c) post-secondary education; d) advanced training/occupational skills training.

4. **Attainment of a Degree or Certificate:** Describe your program strategy to achieve successful outcomes towards meeting your level of performance. Describe your strategy for ensuring all youth achieve one of the following by the end of the third quarter after exit: a) High School Diploma b) High School Equivalency Diploma c) Certificate. Also include the projected number of National Work Readiness Credential (NWRC) attained.

5. **Literacy/Numeracy Gains:** Describe your program strategy to achieve successful outcomes towards meeting your level of performance. Describe your process for providing literacy and Numeracy training and for documenting and reporting the results of such training.

6. **Complete Enrollment, Exit, and Follow-up Plan.** The purpose of this form is to demonstrate your organization's performance capacity in providing services to targeted youth and meeting performance targets for the period July 1, 2019 through June 30, 2020.

Questions 1-6 are intended to capture information that will assist the evaluation committee validate proposal projected performance when used with the data provided regarding planned enrollments, participant services, and anticipated exit flow.

Section V - Local Collaboration & Provision of Program Elements

1. Describe how your organization has successfully formed effective partnerships with local public education, community based organizations, employers and others.

2. Complete RFP, Local Collaboration and Provision of Program Elements. For each element, identify whether a partner, the applicant, or sub-contractor will be the provider of the specific WIA mandated element of service. Identify the cost of services and if these services will be provided as in-kind contribution, cash match or through reimbursement of a portion of the Contractor's WIOA funds.

Section VI - Statement of Capabilities

1. Briefly summarize your organization's mission, organizational structure and organization's history of working with grant-funded projects. Provide examples of past or present experience in managing projects similar to this proposal.
2. List your experience(s) and length of time your organization has provided employment and training services to economically disadvantaged youth. What has been the result of these experiences?
3. Provide an estimate of the number and duties of "critical" staff positions that will be dedicated to the program. Include for example, the anticipated ratio of participants to case managers, instructors or counselors and related fiscal and administrative support staff that will be providing program and expenditure reports. Indicate how your agency or partners are qualified to provide the services requested in this RFP. Job descriptions including the qualifications and minimum requirements for program staff should be attached to your proposal that describe the minimum education and work experience requirements for all critical staff positions.
4. Describe how your program provides internal and external evaluation and assessment to determine program effectiveness. Give a specific example of how this has occurred in your agency. What is your process for continuous quality improvement?

Section VII – Budget Summary

1. Complete and attach a Line Item Budget Summary Plan for: Program Year 2019 -2020.

Note: These budgets relate to your Enrollment, Participant and Exit plan. Provide a detailed justification for all line items contained in the Budget Summary Plan. Explanations should include how the proposed costs are necessary and reasonable in terms of benefits to participants.

Note: Proposals submitted must include itemized budgeting for provision of each of the required program components. The specific components are: Orientation, Referral Information, Determination of eligibility, assessments, Development of a comprehensive Individual Service Strategy, Intensive case management, Supportive Services, Follow-up services.

2. Describe how your agency maintains effective internal controls to safeguard assets and assure the proper use of funds. Please provide two copies of your most recent financial audit.

3. Do you have a federally approved indirect cost rate? If yes, please provide a copy of the approval. Please provide a list of the costs/items included in the indirect. If you do not have a federally approved indirect charge, what methodology do you use to calculate overhead allocation? Be specific in the description and also include the cost/items included in the overhead allocation.

LINE ITEM BUDGET SUMMARY (For Program Year 2019 - 2020)

A. SALARIES AND EMPLOYEE BENEFITS

Salaries - List each position, hourly rate, total cost for position, percentage working on WIOA and funding requested. Also include a brief summary of the WIOA associated duties for which funding is requested.

Position(s)	Hourly Rate	Annual Total Cost For Position	% Applicable to WIOA	Funding Requested
1.				
Associated Duties:				
2.				
Associated Duties:				
3.				
Associated Duties:				
4.				
Associated Duties:				
5.				
Associated Duties:				
6.				
Associated Duties:				
Sub-Total Salaries:				

Employee Benefits - List type of employee benefit(s) and amount budgeted.

Type of Employee Benefit – Briefly Describe	Total Cost of Benefit	% Applicable to WIOA	Funding Requested
Sub-Total Employee Benefits			
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$		

B. SERVICES AND SUPPLIES

1) Services - List any consultant(s) or contract services – briefly describe.

Name of Consultant(s)/Contract Services	Total Cost of Service/Contract	% Applicable to WIOA	Funding Requested
1.			
2.			
3.			
4.			
5.			
Sub-Total Services	\$		

2) Supplies For Administration/Program

Item	Total Costs	% Applicable to WIOA	Funding Requested
Provide a detailed breakdown of expenses in space provided below for each item			
1. Office Expenses			
2. Telephone			
3. Mileage/Travel			
4. Conferences/Training			
5.			
6.			
7.			
Sub-Total Supplies			

3) Supplies For Clients

Item	Total Costs	% Applicable to WIOA	Funding Requested
Provide a detailed breakdown of expenses in the space provided.			
1. Supportive Services			
2. Supplies			
3. Mileage/Travel			
4. Vocational/Occupational Training			
5. Subsidized Employment/Internships/Stipends			
6. Incentives			
7. Work Readiness/Customer Service Credential			
Sub-Total Supplies			
TOTAL SERVICES AND SUPPLIES			

C. OPERATING EXPENSES

<i>Item</i>	Funding Requested
1. Facility Costs	
Note: WIOA funds requested to pay for facilities costs (not included in overhead or indirect) will require back-up before contract.	
2. Equipment Lease/Rental	
Note: WIOA funds requested to purchase or lease equipment (not included in overhead or indirect) will require back-up before purchase.	
3. Insurance (Refer to General Contract Provisions for Insurance Requirements)	
4.	
5.	
6.	
7.	
Total Operating Expenses	

Indirect Cost Rate/Overhead Rate	
TOTAL WIOA FUNDS REQUESTED	

Organization

Supplemental Budget Form

Applicant Name: _____

I. Equipment				
Equipment Item Description*	Quantity	Total Cost	Percent Charged to Project	Total Cost Charged to Project

*List equipment items having a useful life of more than one year with a unit acquisition cost of \$5,000 or more being charged to this project. All equipment purchases must have prior approval from the NCWIB. The approval of the budget plan contained in this sub-grant does not constitute approval of the equipment request. **A separate request to purchase equipment must be submitted for approval by the NCWDB.**

II. Contractual Services		
Contractual Services Description—Type of Service	Cost	Service Provider If Known
Total		

LOCAL COLLABORATION AND PROVISION OF WIOA YOUTH ELEMENTS

Activity	Description	Duration of Activity		Provided by applicant, partners, sub contractor	Funding Source
		Hours	Months		
1. Tutoring/Drop-out prevention strategies					
2. Alternative/Secondary School Services Work Readiness Credential					
3. Summer Employment					
Paid & Unpaid Work Experience					
Internships					
Job Shadowing					
4. <i>Work Activities</i>					
Paid & Unpaid Work Experience					
Internships					
Job Shadowing					
5. Occupational Skills Training					
6. Leadership Development					
7. Supportive Services					
8. Adult Mentoring					
9. Follow-up					
10. Comprehensive Guidance and Counseling					

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing executive Order 12549, Debarment and Suspension, 29 CFR Part 9B Section 98.510 Participants Responsibilities. The regulations were published as Part VII of the May 26, 1983 Federal Register (pages 19160 – 19211).

(READ ATTACHED INSTRUCTIONS FOR CERTIFICATION BEFORE COMPLETING)

1. The prospective recipient of Federal assistance funds certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach explanation to this proposal.

AGREEMENT NUMBER _____

CONTRACTOR/BORROWER/AGENCY

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE DATE

CERTIFICATION REGARDING DRUG-FREE WORKPLACE

COMPANY / ORGANIZATION NAME

The contractor or grant recipient named above certifies compliance with Government Code Section 8355 in manors relating to providing a drug-free workplace. The above named contractor will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations required by Government Code Section 8355 (a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355 (b), to inform employees about all of the following:
 - (a) the dangers of drug abuse in the workplace,
 - (b) the person’s or organization’s policy of maintaining a drug-free workplace,
 - (c) any available counseling, rehabilitation and employee assistance programs, and
 - (d) penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355 (c) that every employee who works on the proposed contract or grant:
 - (a) will receive a copy of the company’s drug-free policy, statement, and.
 - (b) will agree to abide by the terms of the company’s statement as a condition of employment on the contract or grant.

RFP FORM CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of New York.

OFFICIAL’S NAME

DATE EXECUTED

EXECUTED IN THE COUNTY OF

CONTRACTOR or GRANT RECIPIENT’S SIGNATURE

TITLE

FEDERAL I.D. NUMBER

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 of the undersigned to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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 an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – “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 subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.
4. 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.

AGREEMENT NUMBER _____

CONTRACTOR/AGENCY

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE **DATE**

AGENCY LITIGATION INVOLVEMENT

Agency Name and Address:

Agency Involvement in Litigation

Check YES or NO to the following questions. If a YES answer is checked, please explain fully the circumstances and include discussion of the type of program involved as well as the potential impact on this program, if funded.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the organization or any of its principal officers involved in litigation now or within the last two years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the Executive Director involved in litigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any members of the Board of Directors unable to be bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any key staff members unable to be bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has the Agency or Project Director ever been cited for improper management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the Agency or Project Director ever had public or foundation funds withheld? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has the Agency, if nonprofit, ever had its nonprofit status revoked or withheld? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has the Agency, Project Director, or any Key staff member ever been involved in, or cited for, any civil rights violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Response Section (Use extra pages, as necessary)

Completed By:

Name and Title

Reporting Entity:

Page _____ of _____

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose activities pursuant to 31 U. S. C, 1352

<p>1. Type of Federal Action</p> <p>a. Contract</p> <p>b. Grant</p> <p>c. Cooperative Agreement</p> <p>d. Loan</p> <p>e. Loan Guarantee</p> <p>f. Loan Insurance</p>	<p>2. Status of Federal Actions</p> <p>a. Bid / Offer / Application</p> <p>b. Initial Award</p> <p>c. Post-Award</p>	<p>3. Report Type:</p> <p>a. Initial Filing</p> <p>b. Material Change</p> <p>For Material Change Only: Year _____ Quarter _____</p> <p>Date of Last Report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p>5. Prime Subwardee Tier _____, <i>if known:</i></p> <p>Congressional District, <i>if known:</i></p>	<p>6. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, <i>if known:</i></p>	
<p>7. Federal Department / Agency:</p>	<p>8. Federal Program Name / Description:</p> <p>CFDA Number, <i>if applicable:</i></p>	
<p>9. Federal Action Number, <i>if known</i></p>	<p>10. Award Amount, <i>if known:</i></p>	
<p>11. a. Name and Address of Lobbying Entity (if individual, last name, first named, MI)</p>	<p>b. Individual Performing Services (include address if different from No. 10a.) (last name, first name, MI)</p>	
<p>12. Amount of Payment (check all that apply):</p> <p>\$ actual planned</p>	<p>13. Form of Payment (check all that apply):</p> <p>a. <input type="checkbox"/> Cash</p> <p>b. <input type="checkbox"/> In-kind; specify: nature _____ value _____</p>	
<p>13. Type of Payment (check all that apply):</p> <p>a. <input type="checkbox"/> Retainer</p> <p>b. <input type="checkbox"/> One-time free</p> <p>c. <input type="checkbox"/> Commission</p> <p>d. <input type="checkbox"/> Contingent fee</p> <p>e. <input type="checkbox"/> Deferred</p> <p>f. <input type="checkbox"/> Other; specify: _____</p>	<p>14. Brief description of services performed or to be performed and date(s) of service, including officer(s), employee(s), or member(s) contacted, for payment indicated on No. 11:</p>	
<p>15. Continuation Sheet(s) SF-LLL-A attached:</p> <p style="text-align: center;">Yes / No</p>		
<p>16. Information requested through this form is authorized by Title 31 U.S.C. Section 1332. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____</p> <p>Date: _____</p>	

**Signed proposals must be received by NCWDB staff no later than 3:00pm on Thursday
April 28, 2016**

You must submit two (2) proposals by mail or hand delivered to:

Katrina Garrand, Program Director
North Country Workforce Development Board
194 US Oval
Plattsburgh, NY 12901

You must also submit one (1) electronic copy to:

Email: katrina@ncworkforce.com

The signed original proposal packet must be submitted along with an electronic version to the above address. Proposal packets lacking signatures or the complete number of copies will be returned and no further consideration will be given.

Proposals submitted solely by fax or email will not be accepted.

Proposals received after the submission deadline will not be accepted.