

**MACOMB/ ST. CLAIR WORKFORCE DEVELOPMENT BOARD, INC.**

**MICHIGAN WORKS!**

**EMPLOYMENT SERVICE SYSTEM**

**GRANT APPLICATION & PRELIMINARY QUESTIONNAIRE**

**JULY 1, 2021 – JUNE 30, 2022**

This application must be completed and returned to the administrative office of the **Macomb/St. Clair Workforce Development Board, Verkuilen Building, 21885 Dunham Rd, Suite #11, Clinton Township, Michigan 48036-1030** no later than **12:00 p.m.** on **Friday, April 23rd, 2021**. Failure to meet this deadline will disqualify a proposal from funding consideration. A formal bid opening will be conducted on Friday, April 23rd, 2021 at 3:00 p.m.

Please type the information requested onto your application form. Submit an original and one copy.

**An electronic copy of this bid form in Word format can be obtained by visiting:** [**www.macomb-stclairworks.org/rfp**](file:///C%3A%5CUsers%5CDeb%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C5OR21L8P%5Cwww.macomb-stclairworks.org%5Crfp)

Please respond to all items included in the preliminary questionnaire. Failure to do so may disqualify your proposal from funding consideration. Add attachments only where requested.

**I. IDENTIFYING INFORMATION**

**Name of Service Provider**

 **Street Address**

 **City State/Zip Code**

 **Director Phone**

 **Contact Representative (If Different) Phone**

**II. Program Design**

1. **Facilitated Services**

**Employment Service Registration and the Pure Michigan Talent Connect System:** Describe your vision for implementing this phase of employment services. Include any special enhancements that you would add to that already described on page 4. Include an attachment if necessary. (Label as “Response to II – A.”)

1. **Mediated Services**

Describe your vision for the implementation of mediated services. Include a list of any special activities, teaching materials, etc. that you would include as part of your efforts to implement. Include a description for each category including resume preparation, specific labor market information, job search planning, job search workshops, and job search clubs. (label as “Response to item II-B”).

**III. Ability to Provide Solicited Service**

Cite evidence that your organization is qualified and capable of meeting expectations of the Employment Service Initiative. Include past performance on related projects and program outcomes. List below or include attachment (labeled as “Response to Item III”).

**IV. Staff**

1. The qualifications of staff people chosen to work on this project will be crucial to its success. Staff persons should possess strong communications skills (both oral and written), a familiarity with computers and the Internet, and previous experience providing customers with job search assistance. Since service providers are expected to begin delivering Employment Services on July 1, 2021 the Workforce Development Board requests specific staff identification for all individuals listed in the attached budget. (The more specific you are about staffing, the more points you will earn in this section.) However, if proposers are unable to identify staff people who will be assigned to the project at this time, then they must include a copy of the job description that will be posted to recruit qualified staff for this project.

Submit a resume for each staff person whom you identify as assigned to this project. Include the following:

* Name
* Current position in your organization
* Position in Employment Service project
* Credentials (educational background, prior work history, etc.…)
* Experience related to human services
* Personal attributes as they relate to occupational requirements

 Label as “Attachment to Item IV-A”

1. Does your organization meet the requirements of a "public merit staffed" organization as defined on page 9 of the instructions?

 \_\_\_\_\_YES \_\_\_\_\_ NO

**If "YES", you must include a signed letter (printed on organizational letterhead) that certifies that fact.**

1. Does your organization agree to have Employment Service staff available to work during normal business days (Monday through Friday excluding official State of Michigan Holidays)?

\_\_\_\_YES \_\_\_\_ NO

1. Have you reviewed and do you agree to the Professional Development/Credentialing requirement for staff as described on page 10?

 \_\_\_\_YES \_\_\_\_ NO

1. Type of Organization

\_\_\_\_ Unit of the State of Michigan \_\_\_ Intermediate School District

\_\_\_\_ Unit of Local Government \_\_\_ Public Community College

\_\_\_\_ Special Purpose Unit of Government \_\_\_ Public College

\_\_\_\_ Local School District \_\_\_ Public University

**V. BUDGET**

**A**. List the **TOTAL** amount of funding that you are requesting for PY 2021 (July 1, 2021 through

 June 30, 2022) as reported on the budget sheet (ATTACHMENT A)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B**. Do you plan on using additional resources (cash or in-kind) to fund this program?

 \_\_\_\_YES \_\_\_\_ NO

 If “YES”, please describe each resource and its value (include an attachment if necessary)

**C**. **Line-Item Budget/ Program Year 2021**: On Attachment A-Budget, list projected costs in ALL categories that you wish to charge to the Workforce Development Board. Projected costs are broken into two major categories: administrative costs (those tied to the administrative operations of the program such as auditing fees and supervision of staff), and direct program costs (those tied directly to the delivery of services to our customers such as salaries and wages of staff.) Submit a separate line-item budget for each MW! Career Center Direct Services and one line-item budget for Administration Costs.

See Attachment A - Budgets.

* Complete one Administrative Budget to cover all five sites.
* Complete a separate Direct Service Budget for each site.

**VI. BIDDER’S SIGNATURE SHEET**

Bidding under the name of:

Federal Employer Identification Number:

Which is (check one of the following):

 Assumed Name (Register No. )

 Individual

 Partnership

 Corporation, incorporated under the laws of the State of

 List all officers and stockholder:

Is any owner, partner, stockholder, or employee of the company or institution completing this bid associated with or have family members serving on the Macomb/St. Clair Workforce Development Board, Inc., Macomb County Board of Commissioners, St. Clair County Board of Commissioners, or administrative employee of the Macomb/St. Clair Workforce Development Board or Michigan Works! or the Macomb County Executive Office!

 YES NO

If “YES”, name of company member:

I certify that this proposal is a firm offer to begin in Program Year 2021 (July 1, 2021 through June 30, 2022) and that complete and accurate records justifying all expenditures, leaving a clear audit trail to point of origin will be maintained, subject to periodic audit by the Macomb/St. Clair Workforce Development Board, and/or the State of Michigan. I further certify that I have read and understand the specifications preceding this application.

NOTE: This document must be signed by the individual who has signatory authority for the organization under whose sponsorship this bid has been submitted.

Authorized Signature:

Printed or Typed:

Title:

Address:

Telephone:

If another individual is authorized to sign the contract as a result of this bid, indicate:

Name of Authorized Individual:

Signature of Authorized Individual:

When payment on such contract is to be directed to the same company at an address different from above, fill in that address: