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**EARN Request for Proposal**

**Cover Sheet, Agreement and Checklist**

## A. Cover Sheet

### Organization

Name:

Department/ Division:

Street Address:

City:       State:       Zip Code:

Person Responsible for Proposal:

Title:       Phone Number:       Email Address:

### Category

Private  Non-Profit  School District / LEA

Government (Specify):  Federal  State  County  Local

Other (Specify)

**Budget Summary**

Total EARN funds requested for period October 1, 2021 – June 30, 2022: $

Number of new participants to be registered/served:

Number of current participants to be served:

Cost per participant served: $

(Divide proposed number of new and current participants to be served by the total amount requested.)

Total EARN funds requested for period July 1, 2022 – June 30, 2023: $

Total matching funds identified for period October 1, 2021 – June 30, 2022: $

**Proposed Service Area**

Following is a list of each County in the Central Region. Please indicate your plan to provide service.

Centre  Montour

Clinton  Northumberland

Columbia  Snyder

Lycoming  Union

Mifflin

## B. Agreement and Ability to Perform Basic Requirements

|  |  |  |
| --- | --- | --- |
| Agree to provision of services and ability to perform that will at a minimum will: | Yes | No |
| Incorporate all federal, state, and Advance Central PA requirements. |  |  |
| Follow Advance Central PA’s vision and plan for the workforce development system. |  |  |
| Ensure all required documentation is accurate, clearly filed, and data entered in a timely and compliant manner. |  |  |
| Achieve or surpass performance measures and other metrics Advance Central PA or DHS may require. |  |  |
| Ensure an Individual Employment Plan (IEP) is developed with each EARN participant, is a living document updated as goals are outlined and plans evolve, and is the cornerstone of the case management influenced by the Family Needs Assessment and participant choice. |  |  |
| Ensure staff are properly trained and competent in ensuring compliance with the EARN Manual and accurate/timely data entry into CWDS. |  |  |
| Demonstrate administrative and fiscal capability to provide and manage the proposed services, to ensure an adequate audit trail and to fulfill DHS-required documentation and record keeping such as:   * 1. Collecting data and preparing required documents;   2. Ensuring security and confidentiality of participant records at all times;   3. Accounting controls;   4. Preparing and submitting monthly requests for reimbursement; and   5. Handling of corrective actions and findings, if needed |  |  |
| Adhere to and comply with all laws and regulations that are prepared, issued, and implemented; comply with state and local administrative entities’ instructions, agency policies, and other applicable federal, state, and local laws and regulations. |  |  |
| Maintain (throughout management and direct staff) an understanding of the overall strategic mission and vision of Advance Central PA and provide a program that goes beyond meeting performance measures to support innovative service delivery methods that demonstrate flexibility, cross-training, creativity, individualized service, equity, and performance-driven evaluation. |  |  |
| Fulfill contract requirements, including indemnification and insurance requirements. |  |  |
| Maintain adequate files and records and meet all reporting requirements. |  |  |
| Demonstrate the administrative and fiscal capability to provide and manage the proposed services and to ensure an adequate audit trail. |  |  |
| Be free of conflicts and exercise active oversight of program management, program operation and outcomes. |  |  |
| Integrate the proposed and approved program into overall operations. |  |  |
| Implement an internal monitoring system that will effectively identify program, personnel and fiscal issues and provide corrective action procedures. |  |  |
| Provide continuous quality improvement that includes quality assurance measures for all aspects of the program. |  |  |

## C. Proposal Checklist

Cover Sheet, Agreement and Checklist (Advance Central PA attachment)

Executive Summary

Proposal Narrative

Performance outcomes

Resumes of known staff (if applicable)

Job descriptions for proposed staff

Chart of organizational and management structure

Social media post

Budget

Budget Form (Advance Central PA attachment)

Last two year’s audited financial statements (one electronic copy of each)

Copy of your business license (one copy if applicable, electronic or hard copy)

**Signature Agreement/Certification**

**The proposing organization certifies that, to the best of its knowledge and belief, the data supplied in this application/proposal is true and accurate. The organization agrees to comply with all local, state and federal regulations if a contract is awarded.**

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Signature Date

Typed Name and Title

Phone Number