**Instructions**

* Incomplete applications will not be evaluated
* Applications that do not follow instructions (e.g., word limits) will not be evaluated
* If applying for more than one service area, please submit only one application
* Responses may not include any confidential client information
* Use Calibri, 11 point font, single-spaced for all answers
* Use up and down arrow keys to move to the next entry area
* Do not alter the application

**Organization Summary Information (not scored, threshold review only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** | **Tax Identification Number (TIN):** | | |
| enter text | enter text | | |
| **DUNS :** | **UBI:** | | |
| enter text | enter text | | |
| **Mailing Address:** | **City:** | **State**: | **Zip**: |
| enter text | enter text | enter text | enter text |
| **Telephone:** | **Website:** | | |
| enter text | enter text | | |

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| **Authorized Official’s Signature** |
| To the best of my knowledge, all data and information in this application are true and correct. As the Applicant, we will comply with the terms of this RFQ and any submitted responses, if funds are awarded.    Name Title    Authorized Signature Date |

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| **Type of Agency** | | |
| Check organization type | | |
| For-profit  Private nonprofit  Public nonprofit | State agency  Federally recognized tribe  County agency | Other, please describe: enter text |
| Check legal status of organization | | |
| For-profit  Private nonprofit  Public nonprofit | Government  Federally recognized tribe  Other, please describe | |

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| **Service Area(s) addressed by this application:** | | | | | | |
| Service Area | Provide Direct Services | Subcontract Services |  | Service Area | Provide Direct Services | Subcontract Services |
| **1** |  |  |  | **11** |  |  |
| **2** |  |  |  | **12** |  |  |
| **3** |  |  |  | **13** |  |  |
| **4** |  |  |  | **14** |  |  |
| **5** |  |  |  | **15** |  |  |
| **6** |  |  |  | **16** |  |  |
| **7** |  |  |  | **17** |  |  |
| **8** |  |  |  | **18** |  |  |
| **9** |  |  |  | **19** |  |  |
| **10** |  |  |  |  |  |  |

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| **Minimum Qualifications** | | | |
| ***All applicants must meet the following minimum qualifications in order for their application to be considered:*** | | | |
| Is your organization licensed in Washington State, are registered and have maintained status as a non-profit, for profit, or tribal corporation with the Secretary of State’s Office? | Yes | No | N/A |
| Does your organization have three (3) years of experience managing funding, payroll, and administrative functions? | Yes | No | N/A |
| Does your organization have the ability to offer services at or near the local DSHS CSO’s in the Commerce service area(s) you are applying for starting July 1, 2019? | Yes | No | N/A |
| Does your organization have the minimum hardware and software requirements to be able to contract with Commerce? Minimum hardware requirements include a computer with internet access. Minimum software requirements include Office 2010 (or higher) and Internet Explorer Version 10 (or higher). | Yes | No | N/A |
| *Applicants who will be providing direct services must meet the additional minimum qualification in order for their application to be considered:* | | | |
| Does your organization have three (3) years of experience managing and providing employment and training programs and case management services? | Yes | No | N/A |
| *Applicants who will be applying as a consortium must meet the additional minimum qualification in order for their application to be considered:* | | | |
| Does your organization have at least three (3) years of experience managing subcontractors, to include but not limited to: monitoring, fiscal oversight, and contract management? | Yes | No | N/A |

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| Audit Information | |
| Type of last audit: | enter text |
| Date of last audit: | enter text |
| Name of the company performing the audit: | enter text |
| Audit findings or management letter: | Yes, please detail: enter text  No |
| Please submit a copy of this audit. Attached: | Yes  No, please detail: enter text |

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| --- | --- | --- | --- |
| References – please include five (5) references who Commerce may contact | | | |
| **Name** | **Business** | **Phone number** | **E-mail** |
| enter text | enter text | enter text | enter text |
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| **Contact Information** | | |
| Contact Person for Application Questions | | |
| Name: | enter text | |
| Phone: | enter text | |
| Email: | enter text | |
|  | | |
|  | Executive Director | Fiscal Director | |
| Name: | enter text | enter text | |
| Title: | enter text | enter text | |
| Address:  *(if different from mailing address)* | enter text | enter text | |
| Phone: | enter text | enter text | |
| Fax: | enter text | enter text | |
| E-Mail: | enter text | enter text | |

**General Information (not scored)**

1. **Does your organization have any pending lawsuits for wrongful determination or client discrimination?**

No Yes, please detail. **(250-word limit)**

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| **enter text** |

1. **Has your organization contracted with the state of Washington during the past two (2) years?**

No Yes, please detail agency name, contract number, project description and/or other information available to help us identify the contract. **(250-word limit)**

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| **enter text** |

1. **Has your organization had a contract terminated for default in the last five years? (Termination for default is defined as notice to stop performance due to the Applicant’s non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Applicant, or (b) litigated and such litigation determined that the Applicant was in default.)**

No Yes, please detail the details of the terms for default including the other party's name, address, and phone number. Present the Applicant’s position on the matter. **(400-word limit)**

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| **enter text** |

**Consortium Information (for consortium applicants only) (Pass/Fail)**

1. **How are you qualified to act as a lead organization? If applicable, include information about how you have provided fiscal management, program monitoring, and ensured that subcontractors uphold responsibilities to contract terms, contract conditions, and program delivery requirements. (400-word limit)**   
    Does not apply

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| **enter text** |

1. **For consortium lead applicants who will act as an administrative entity and also provide direct services, in the event your organization is disqualified as a consortium lead, will you be able to provide direct services to the entire service area(s) that you are applying for without sub-contractors?**

No Yes

**Organizational Experience and Program Management (Scored)**

1. **How are you qualified to sustain and meet payroll and administration functions for employment, training, and internship programs that require intensive documentation? (400-word limit)**

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| **enter text** |

1. **How are you qualified to manage federal and state funds? (400-word limit)**

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| **enter text** |

1. **Clearly list and detail programs through which your organization has successfully provided services similar to Commerce WorkFirst Programs.** **(400-word limit)**

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| **enter text** |

1. **Describe your organization’s experience in using data entry systems to capture and track participant information. (250-word limit)**

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| **enter text** |

1. **How are staff qualified to provide services in Commerce WorkFirst Programs? Include information on all staff who will have primary responsibility for managing, directing, and providing services in Commerce WorkFirst Programs. Where applicable, include years of experience and qualifications in the following areas (700-word limit):**

* Project design, implementation, continuous improvement, and overall project management experience
* Developing and administering assistance to worksites
* Business outreach and marketing
* Providing employment and training services
* Providing intensive case management services
* Working with key partners
* Providing cultural and language appropriate services to limited English proficient participants

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| **enter text** |

**Program and Service Delivery Experience (Scored)**

1. **How are you qualified to provide case management services to low-income, unemployed, underemployed, and TANF recipients in the service area(s) you have identified? (700-word limit)**

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| **enter text** |

1. **How are you qualified to provide culturally and linguistically competent case management services to limited English participants in the service area(s) you are applying for? Include information on your experience providing services in individuals’ preferred language. (700-word limit)**

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| **enter text** |

1. **Describe how you are qualified to provide services to participants in rural and/or urban areas. (700-word limit)**

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| **enter text** |

1. **How are you qualified to provide employment and training services that result in program participants gaining unsubsidized employment? Include past performance data in this section. (700-word limit)**

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| **enter text** |

1. **How are you qualified to provide the following types of activities? (700-word limit)**

* Orientation and assessment
* Job readiness and hunting activities
* Life skills and soft skills development
* ESL classes and/or other educational opportunities that build employment skills
* Peer and professional mentoring activities and opportunities
* Community service volunteer activities that support the family

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| **enter text** |

1. **How are you qualified to develop and manage worksites? Include the following information if appropriate. (700-word limit)** 
   * Matching worksite opportunities to participant experience and employment goals
   * Provide worksites with support and training on how to work with populations similar to those in Commerce WorkFirst Programs
   * Collaborating with worksite supervisors to turn workplace issues into growth opportunities
   * Ensuring worksites provide support and skill development to LEP and all other participants
   * Developing opportunities at for-profit organizations that lead to unsubsidized employment

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| **enter text** |

**Community Partnerships (Questions 1, 2, and 4 are Scored)**

1. **How are you qualified to develop community partnerships so additional resources can be accessed by participants in your programs? (700-word limit)**

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| **enter text** |

1. **What experience do you have in developing partnerships in communities you have not previously served?** **(700-word limit)**

|  |
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| **enter text** |

1. **List five (5) partners that you have worked with that shows your experience in developing community** **partnerships.** *Commerce reserves the right to confirm the existing relationship with each contact listed.*

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| --- | --- | --- | --- | --- |
| **Contact Name** | **Business** | **Phone** | **Address** | **Resource** |
| enter text | enter text | enter text | enter text | enter text |
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| enter text | enter text | enter text | enter text | enter text |

1. **What is your experience developing employer partnerships that lead to unsubsidized employment for your program participants? (700-word limit)**

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| **enter text** |

1. **List five (5) employer partners that you have worked with that shows your experience in developing employer partnerships.** *Commerce reserves the right to confirm the existing relationship with each contact listed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name** | **Business** | **Phone** | **Address** | **Industry** |
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| enter text | enter text | enter text | enter text | enter text |
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