

## **REQUEST FOR PROPOSAL (RFP):**

## FY 2015 Community Service Block Grant (CSBG) Funding for

Latino Based Employment and Employment Support Services

RFP # 2014 - 07-1

#### Request for Proposal (RFP) Cover Page

Proposal Issue Date: Friday, Aug 1, 2014

Proposal Solicitation Closing Date: Tuesday, September 2, 2014 Proposal Solicitation Closing Time: 5:00 PM ( EST)

Issued By: United Planning Organization

Address: 301, Rhode Island Ave, NW, Washington, DC 20001

Telephone Number: 202-238-4600

United Planning Organization is a non-profit agency in the District of Columbia founded in 1962 and is exempt from any state or federal tax.

Responses must be received on or before **Tuesday**, **September 2**, **2014** by 5:00 PM (EST.) in the Procurement Office, United Planning Organization, 301 Rhode Island Avenue, NW, Washington, DC 20001.

Hard copy responses; please submit one (1) original and three (3) copies in a sealed envelope to Chin Yee Chong, Acting Procurement Officer, United Planning Organization, 301 Rhode Island Avenue, NW, Washington, DC 20001. Referencing "CSBG Sub-grantee RFP 2014 – 07-1"

For general questions/information, please email Chin Yee Chong, Acting Procurement Officer, **cchong@upo.org**, referencing "CSBG Sub-grantee RFP # 2014-07-1". For all technical questions, please e-mail Mark Koiwai, Senior Program Evaluator at **mkoiwai@upo.org**, with a copy to **cchong@upo.org**, referencing "CSBG Sub-grantee RFP # 2014-07-1" in the subject line; your email will be answered within three (3) business days and will be posted on our website. Questions/information must be emailed ten (10) business days prior to the proposal closing or no later than **Monday**, **August 18**, **2014**.

United Planning Organization reserves the right to waive informalities or irregularities, to reject any or all proposals received, to accept the proposal deemed best for the organization, and/or request new proposals if necessary.

Any objection to the above conditions must be clearly indicated in the proposals.

In compliance with this RFP and to all the conditions imposed herein, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

VENDOR IDENTIFICATION										
Company Name:										
Address:										
Telephone:										
Email:										
Federal ID:										
Print Name	Title	Authorized Signature	Date							

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## I. GENERAL INFORMATION

#### A. Background on UPO

The United Planning Organization (UPO) was established December 10, 1962 as a 501(c)(3) non-profit organization to plan, coordinate, and implement human services programs for low-income residents in the Nation's Capital. In 1964, it was designated the Community Action Agency for the District of Columbia. For over 50 years, UPO has been on the forefront of the war on poverty. As the catalyst for economic security and growth for all Washington, DC residents, UPO has laid the groundwork for innovative social service programs such as weatherization and energy conservation services, Head Start, workforce development training and youth development.

Today, UPO continues to provide residents with comprehensive resources for early childhood education; youth development; employment and training; family and community services; case management; and referrals to other supportive services.

The Community Services Block Grant is a federally-funded, state-administered grant targeting anti-poverty efforts. Funding is allocated to states using a formula system. CSBG funds Community Action Agencies such as UPO which work to reduce poverty, revitalize communities and <u>assist individuals and families move toward self-sufficiency</u>. The National CSBG Goals are:

- Goal 1: Low-Income People Become Self-Sufficient;
- Goal 2: The Conditions in Which Low-Income People Live are Improved;
- Goal 3: Low-Income People Own a Stake in Their Community;

Goal 4: Partnerships Among Supporters and Providers of Services to Low-Income People are Achieved;

Goal 5: Agencies Increase Their Capacity to Achieve Results; and

Goal 6: Low-Income People, Especially Vulnerable Populations, Achieve Their Potential by Strengthening Family and Other Supportive Systems.

In the District, UPO distributes funding to community-based organizations selected through a competitive process to join the CSBG network and support its efforts. <u>This RFP is performance-based</u>. Rates are set for each outcome. Payment is earned as outcomes are achieved.

#### B. Target Population

The target population for this funding is Latino District residents, age 18 years or older, whose household income is at or below 125% of the federal poverty guidelines according to household size. Based on current guidelines, the maximum income for an individual is \$14,588 and a family of four (4) is \$29,813. Both residency and household income must be demonstrated prior to providing CSBG-funded services.

#### C. Eligibility

To be eligible to receive this funding, community-based organizations whose service population is at least 50% Latino must demonstrate that they are a legally incorporated private nonprofit organization licensed to conduct business in the District of Columbia. They must also have a sound organizational structure and financial stability as evidenced by a formal governing body, a track record of at least five (5) years in operation and audited financial statements for each year of operation. Specific requirements are listed in the Corporate Capability Documentation Section. All of the requirements must be met. Individuals are not eligible to apply.

#### D. Grant Award Amount and Use of Funding

The grant period is October 1, 2014 through September 30, 2015. The grant may be renewed for an additional year subject to satisfactory performance and availability of funding. It is anticipated that two (2) grants will be awarded. The total amount of funding available for award is approximately \$420,000.

Funding may be sought only for ongoing programs that are consistent with the organization's mission and experience and that of Community Action. Funds shall only be used to support services as delineated in the Program Outcome Earnings Plan. They may not be used for planning, development, construction or for start-up projects.

#### E. Contacts

An informational meeting, Pre-Proposal Conference on the RFP, will be held on Tuesday, August 12, 2014 at 10:00 a.m., in the Russell Simmons Board Room, UPO Headquarters, 301 Rhode Island Avenue, NW, Washington, DC 20001. Attendance is strongly encouraged. Please confirm your participation with the contact persons listed below.

Questions concerning this RFP are to be e-mailed at least ten (10) business days prior to the submission due date and time or no later than August 18, 2014. Responses to questions will be posted on the UPO website within three (3) business days of receipt. Verbal questions and/or responses will not be permitted and will not be considered binding.

All general non-technical questions or information regarding this RFP are to be directed via email to:

Chin Yee Chong, Acting Procurement Officer E-mail: cchong@upo.org

All technical questions regarding this RFP shall be submitted via e-mail to:

Mark Koiwai, Senior Program Evaluator E-mail: <u>mkoiwai@upo.org</u>

(With a copy to <u>cchong@upo.org</u>)

## II. PROPOSAL SCOPE OF SERVICES

#### A. Program Purpose

The United Planning Organization, pursuant to its authority as amended by P.L. 105-285, the Coats Human Services Reauthorization Act of 1998, which authorizes the Community Services Block Grant, proposes to establish Agency Agreements with community based organizations. Through these Agreements, UPO seeks to assure the effective delivery of services and activities in the program areas covered by CSBG National Goals. RFP respondents must demonstrate that the proposed services will have a <u>measurable</u> impact on assisting low-income District of Columbia residents.

Applicants for this solicitation are required to select goals and performance indicators that correspond to the work their proposed program will perform. Applicant CBOs will be mandated to report program outcomes using UPO's client data tracking information system—Community Action Statistical Access (CASA), and adequate and reliable access to the Internet.

This RFP is performance-based. Therefore, the emphasis is on results, impact and accomplishment.

This RFP focuses on Employment and Employment Supports outcomes in Goal 1 and work related Initiatives in Goal 2. Applicants may choose among the four (4) National CSBG Goals from below. However, RFP respondents must demonstrate that proposed services will have a <u>measurable</u> impact on assisting low-income District of Columbia residents achieve employment related goals. <u>Respondents MUST include job placement AND retention outcomes as an integral part of their proposal</u>.

**Goal 1: Low-Income People Become Self-Sufficient**: The performance indicators are employment, employment supports, economic asset enhancement and utilization management.

**Goal 2: The Conditions in Which Low-Income People Live are Improved**: The performance indicators are community improvement and revitalization and community quality of life and assets. Community engagement is measured by the use of volunteers.

**Goal 3:** Low-Income People Own a Stake in Their Community: The performance indicators are community enhancement through maximum feasible participation, and community empowerment through maximum feasible participation as measured by the use of low-income volunteers.

Goal 4: Partnerships Among Supporters and Providers of Services to Low-Income People are Achieved: The performance indicator is expanding opportunities through community-wide partnerships. Preference will be given to those proposals that provide employment or employment support services under Goal 1 which prepare participants for high-demand careers and occupations. According to the DC Department of Employment Services, the top twenty-five (25) high-demand occupations for 2008-2018 are:

Lawyers	Cashiers
General and Operations Managers	Paralegal and Legal Assistants
Security Guards	Registered Nurses
Janitors and Cleaners	Legal Secretaries
Management Analysts	Food Preparation and Service Worker
Waiters and Waitresses	Network and Computer Administrators
Accountant and Auditors	Network and Computer Analysts
Public Relations Specialists	Retail Sales Workers
Executive Secretaries and Administrative Assistants	Computer System Analysts
Customer Services Representatives	Computer Software Engineers,
	Applications
General Office Clerks	Computer Support Specialists
Receptionists and Information Clerks	Financial Managers
Maids and Housekeeping Cleaners	

Applicants should include all information necessary to fully describe their objective and plans for services. It is important that applications reflect continuity among goals and objectives, program design, plan of activities, and staffing. The proposal should contain all of the sections described below.

#### **B.** Abstract Requirements

Provide a one (1) page abstract of your proposal including:

(1) a brief description of your organization including your efforts to address poverty in the District and to move residents toward self-sufficiency;

(2) the program focus area(s) and program indicator(s) and/or initiative(s) you will address;

- (3) a brief description of the proposed program and/or initiative;
- (4) the target population(s);
- (5) the need for the proposed program and/or initiative;
- (6) if applicable, the name and program function(s) of your partner CBOs;
- (7) the dates of program operation (must be within the grant award period);
- (8) your location(s) and hours of operation; and
- (9) the amount of projected earnings requested.

#### C. Program Narrative Requirements

The Program Narrative should answer the question: How does the proposed program move the targeted clients toward self-sufficiency? It should describe in detail the program to be implemented and its anticipated impact on the clients served. Be sure to include an explanation of the identified need, services you intend to provide, expected outcomes, tools for measuring those outcomes, processes for quality management and improvement, and procedures for record-keeping. The Program Narrative should not exceed twenty-five (25) pages in length, attachments excluded, and must include the following elements.

#### 1. Organization's Mission

Describe your organization's mission and how it comports with the purpose of the Community Services Block Grant.

#### 2. Population and Need for Program

Provide a detailed description of the proposed target population, including demographics, DC Ward number(s), economic levels, total number of persons to be served and the percentage of the target population your program will address must be provided. Provide a detailed description of client need, clearly referencing all data and information sources used as documentation either within text or foot- or end-noted. Justify the selection of the target population and approach proposed. If services outlined are not unique to the target population or area, explain why the activities proposed do not supplant existing services provided by your program or other agencies serving the population outlined.

Only low-income individuals and families who are DC residents and whose family income does not exceed 125% of the federal poverty guidelines are eligible for services funded through this program. This policy does not preclude participation of persons in your program with family incomes above 125% of the federal poverty guidelines. However, participants not meeting the UPO target population criteria cannot be served with CSBG funding. Provide your system for maintaining administrative records that clearly demonstrate Customer Proof of CSBG Eligibility (see Exhibit I Customer Proof of CSBG Eligibility and Instructions) and administrative records that clearly identify alternate funding sources for persons ineligible for services through CSBG funding.

#### 3. Specific Services

Identify the specific program areas and indicators your organization will address. Discuss why these particular indicators were selected. Detail the program's implementation. Specify the activities to be performed by your staff and services to be provided to clients participating in the program. Explain any how these methods are innovative or unique and different from services provided to the target population or area by existing organizations. Services provided should be consistent with staffing, organizational capacity, history, agency accomplishments

and the proposed outcome earnings plan (See Attachment B, Program Outcome Earnings Plan).

Outline the methodology designed to ensure goal attainment and achievement of projected performance indicators and outcomes. Describe the system for monitoring and reporting processes and outcomes, and identify an evaluation or quality management plan to ensure deficiencies are addressed. The evaluation or quality management plan should also focus on linkages, efficiencies and client outcomes.

Programs that include vocational skills training of 31+ days must include the training curriculum and a monthly schedule of training classes. Programs that offer ABE/GED/EDP/ESL services must also include the curriculum, monthly schedule of training classes as well as indicate whether they receive funding from the Office of the State Superintendent of Education. The monthly training schedule should show the beginning and ending dates for each cohort, daily classes/training scheduled and holidays. Label as Attachment J Curriculum and Training Schedule.

#### 4. Program Linkages

Fully describe your program's relationship to other organizations and programs within the community. Relate program goals to proposed strategies for assisting clients to achieve self-sufficiency. To achieve planned outcomes respondents are highly encouraged to form coalitions and/or partnerships with private companies, governmental entities, other non-profit organizations as well as UPO Community Service Centers, Head Start, and other UPO funded programs.

Attachment C, Coordination and Linkages is provided for use in documenting these relationships. This form must be fully completed and attached to your proposal. The UPO City-Wide Network can be found on our website: <u>www.upo.org</u>.

#### 5. Program Organizational Structure and Operation

Fully describe the capacity of your organization to manage and operate the proposed program. Briefly describe your overall organization structure, management and staffing including staffing for the proposed program, and how it will function within the organization. Provide an overall organizational chart including proposed program staffing that clearly identifies personnel by name and title. Vacant positions should be designated "vacant" or "to be hired (TBH)." This chart should be labeled Attachment D, Organizational Chart and attached to your proposal.

Fully disclose all other funding to include Federal, State, Local, private and other sources on Attachment E, Other Resources to be Utilized or Administered by the Program.

#### a. Position Descriptions

Provide a position description for each person assigned to the program. Clearly identify the name of the person to be assigned to the position or label "to be hired (TBH). Clearly identify the individual responsible for the successful operation of the program. Position descriptions

should be limited to one page or less. These items should be placed in the Attachments Section of your response and should NOT be counted in the page limit. Position descriptions must be consistent with the services outlined and should be labeled as Attachment F, Position Descriptions and attached to your proposal. If applicable, position descriptions for each person assigned to the project under your partner CBO(s) should also be included.

#### b. Staff Qualifications

Describe the qualifications of key personnel in your proposed program. <u>Current</u> resumes or curriculum vitae should be provided for all personnel assigned to this program. Resumes or curriculum vitae for the Chief Executive Officer/Executive Director and Chief Financial Officer submitted under the Corporate Capability Documentation do NOT have to be resubmitted in the proposal. Qualifications must be appropriate for all positions. Staffing should be consistent with positions descriptions, organizational chart, program narrative, and profile. Persons selected to provide services must be qualified to perform tasks outlined in the job description. Each resume included should be labeled as Attachment G, Staff Qualifications and attached to your proposal. If applicable, a current resume or curriculum vitae should be provided for all personnel assigned to the project under your partner CBO(s) as well. Resumes or curriculum vitae should not exceed two (2) pages. These items should NOT be counted in the page limit.

#### 6. Program Location(s) and Facility Conditions

Provide a description and location of your program facility. The facility must be safe and conform to health, sanitation, fire, licensing, zoning and building codes as established and regulated by the District of Columbia government. The facility must be suitable for the program purpose, handicapped accessible and subject to inspection by UPO in the event the award is granted. Evidence of DCRA inspection/certification and/or an Occupancy Authorization Letter must be submitted to UPO. Complete Attachment H, Occupancy Authorization Letter and attach it to your proposal.

UPO promotes the concept of "thriving" communities and neighborhoods. Therefore, we encourage programs to embody the idea of community revitalization and neighborhood pride. Programs should attempt to operate in facilities that are community landmarks such as public housing centers, local health clinics, metropolitan boys & girls clubs, faith-based centers, multipurpose buildings and schools. The facilities should be readily accessible to the participants.

#### 7. Past Performance

Fully describe any experience that your organization has had with performance based program funding. Please state whether this experience involved a program similar to that proposed in response to this RFP. Indicate the funder, amount funded, funding period, partners if any, specific outcomes and results. Discuss both positive and negative program outcome performance. Complete Attachment I, Notice of Past Performance and attach it to your proposal.

# NOTE: Organizations who currently hold performance based program agreement with UPO are not eligible to apply for this RFP.

#### 8. Reports & Records

UPO utilizes Community Action Statistical Access (CASA), a web based data reporting system. Applicants must have Internet access, and be able to access and enter data into the CASA System on a regular basis. Reporting to UPO is required on a weekly, monthly, quarterly and annual basis depending on the report. Mandatory CASA training shall be provided by UPO. <u>Please describe your technological capability to access the Internet and the CASA System.</u>

In addition to reporting in CASA, awardees must maintain physical documentation to support the outcomes reported. Detail your procedures for maintaining accurate records or services and outcomes. Please address the issue of confidentiality and access to records for monitoring purposes.

If the proposal is funded, the awardees shall provide UPO with the following reports by the designated due date (formats will be provided by UPO):

- Monthly Community Action Statistical Access (CASA) data on consumer program services.
- Monthly Program Outcome Earnings Report (POER), including its narrative progress reporting which includes information on activities conducted during the month, meetings attended during the month, resource contacts, upcoming events, program comments and/or issues to be addressed and up-to-date staffing information. This report is due the 5<sup>th</sup> day following the last day of (end of) the previous month. If the 5<sup>th</sup> day falls on a weekend, the report is due the Friday before.
- Quarterly Progress and Financial Report, including a case study/success story.
- Final report, summarizing all program deliverables inclusive of program modifications along with an accompanying financial summary. This report is due no later than forty-five (45) days after expiration of the Award Agreement and prior to receiving the final disbursement.
- UPO reserves the right and may request current or unaudited financial documentation that will be due no later than forty-five (45) days after expiration of the Award Agreement and prior to receiving the final disbursement.

#### D. Program Outcome Earnings Plan and Instructions

Clearly state the selected National CSBG Goals, Performance Indicators and UPO Focus Areas, your program will address.

Download Attachment B, Program Outcome Earnings Plan from the UPO website; complete the Plan in its entirety, print and attach to your proposal. The Plan is a self-populating electronic Excel spreadsheet. Instructions for completing your Program Outcome Earning Plan may be found in the Appendix and may also be downloaded from the UPO website.

Develop a Program Outcome Earnings Plan for your organization that outlines the selected National Goals and Performance Indicators. A listing of selected goals, indicators and rates has been entered on the form to offer suitable choices. You may use only those program indicators and service measures listed. The applicant should propose strategies that address one or more of the selected National Goals and Performance Indicators.

Performance indicators must have outcomes that can be quantified. Consider the needs of clients when determining the types of services your programs will offer. For example: Your target population of unemployed persons may require some type of remedial education to enable them to get a job. Thus, you would design your program accordingly. Educational programs should concentrate on helping clients to obtain their high school equivalency diploma or vocational skill training certification.

## **III. CORPORATE CAPABILITY DOCUMENTATION**

#### A. Introduction

This RFP seeks to determine the eligibility of CBOs to provide programs and services that supplement activities of the existing organization.

#### B. Listing of Required Documentation

CSBG requires the following corporate capability documentation for the United Planning Organization and any of its sub-grantees:

# ALL DOCUMENTATION <u>MUST</u> BE CURRENT, ACCURATE, AND APPLICABLE TO THE LEAD CBO AND ITS PARTNER CBO(S) RESPONDING TO THIS RFP.

# DOCUMENTATION MUST BE ORGANIZED AND NUMBERED IN THE FOLLOWING MANNER:

- 1. Federal Tax Exempt Status Verification (<u>i.e.</u>, proof of 501 (c) (3) tax-exempt status)
- 2. IRS Employer Identification Number
- 3. DC Tax Exempt Status Verification
- 4. Articles of Incorporation (include all amendments)

- 5. Most current copy of Bylaws
- 6. Current DC Basic Business License
- 7. Certificate of Good Standing (DC Office of Tax & Revenue)
- 8. Current Board Membership Roster, including Name, Address, Telephone Number, Position on the Board and Committee membership list, and state ex-officio status (voting or non-voting) if applicable
- 9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- 10. Certification Regarding Lobbying
- 11. Certification Regarding Drug-free Workplace Requirements
- 12. Certification Regarding Environmental Tobacco Smoke (Pro-Children Act of 1994)
- 13. Statement of Compliance with Applicable Federal, State Statutes and Regulations
- 14. Board of Directors Minutes from past two quarters
- 15. Most recent Audited Financial Statement (drafts unacceptable)
- 16. CBOs with \$500,000 or more in US Federal funding, must submit a prior year Single Audit (OMB Circular A-133) including findings, opinions and recommendations (drafts unacceptable)
- 17. Most recent Income/Expense Statement, Financial Statement and Balance Sheet (no more than 3 months old)
- 18. Most recent Federal Tax Revenue Return 990 (signed and completed) and/or copy of signed and completed extension request/letter
- 19. Resume of Chief Financial Officer or person providing regularly scheduled or ongoing services of a qualified fiscal officer or Chief Financial Officer
- 20. Resume of Chief Executive Officer and/or Executive Director
- 21. Certificate of Insurance for comprehensive general liability coverage inclusive of property coverage, vehicle liability coverage, sexual abuse liability coverage (applicant operations involving interaction with youth), worker's compensation (employees eligible for coverage under existing worker's compensation laws and regulations) or accidental medical insurance and, if available, Director's & Officer's liability insurance policy
- 22. Proof of Bonding/Employee Dishonesty Insurance
- 23. List of organization headquarters and/or proposed program site location(s) and hours of operation
- 24. Board and Employee Conflict of Interest Policies
- 25. Criminal Background Check Policy
- 26. Disclosure of any administrative or legal proceedings within the last three years; including any pending actions.

If documentation is unavailable, please mark "**Documentation Unavailable**" and provide a brief explanation on a single sheet with the documentation number. If documentation does not exist, please mark "**None**" and provide a brief explanation on a single sheet with the documentation number. If documentation is not applicable, please mark "**N/A**" and provide a brief explanation on a single sheet with the documentation number.

Only CBOs determined by UPO to have met the corporate capability requirements will have their proposal reviewed. Any proposal not responsive to <u>all</u> requested corporate capability documentation may be declined automatically. All services under the grant are to be performed solely by the lead CBO and/or its approved partners; and may not be otherwise subcontracted or assigned without prior written approval and consent of UPO.

## IV. PROPOSAL FORMAT AND SUBMISSION REQUIREMENTS

#### A. Corporate Capability Documents

The requested corporate capability documents should be printed on 8½ by 11 inch paper, assembled in the order requested and labeled with the corresponding document number. Standard formats have been provided for documents numbered 9-13. The original and three (3) copies of the documents should be placed in an envelope marked on the front with the name of your organization and "Corporate Capability Documentation" and sealed.

#### **B.** Proposal

Applicants are required to follow the format below and each application must contain the following information:

- 1. Applicant Profile and Proposal Cover Page (Not counted in page total, Attachment A)
- 2. Table of Contents that list the major sections of the proposal with page numbers (Not to exceed 1 page)
- 3. Abstract that highlights the major aspects of the proposal (Not to exceed 1 page)
- 4. Program Narrative (Not to exceed 25 pages)
- 5. Program Outcome Earnings Plan (Not counted in page total, Attachment B)
- 6. Appendices (Attachments C K) (Not counted in page total)

The requested proposal should be printed on 8½ by 11 in paper. Margins must be 1 inch and a font size of 12-point is required (New Times Roman or Courier type recommended). Pages should be numbered. The proposal should be arranged in the order listed above. Standard forms are provided for Attachments A, B, C, E, H, I and K. All attachments should be labeled with the corresponding number or letter noted in this RFP.

The original and three (3) copies of the proposal should be placed in an envelope marked on the front with the name of your organization and "FY2015 CSBG Proposal RFP 2014-07-1" and sealed.

The review panel will not review applications that do not conform to these requirements.

#### C. Proposal Submission

Applicants must submit the sealed envelope labeled "Corporate Capability Documentation," the sealed envelope labeled "FY 2015 CSBG Proposal RFP 2014-07-1," and a flash drive containing the full submission in PDF format together in a sealed envelope.

#### 1. Submission Date and Time

In order to be considered for funding, applications must be received by Tuesday, September 2, 2014 at 5:00 p.m. (EST). No applications will be accepted after that time. No changes can be made to the application after submission unless requested by UPO.

#### 2. Submission Location

Applications must <u>be received</u> by the deadline at the following location:

United Planning Organization 301 Rhode Island Avenue, NW Washington, DC 20001

ATTN: Chin Yee Chong, Acting Procurement Officer FY 2015 CSBG Proposal RFP 2014-07-1

Proposal cover sheet (Attachment A) must be signed by an official or agent who is legally authorized to act on behalf of the single applicant CBO or lead CBO in carrying out the proposed program activities.

Proposals must comply fully with the requirements detailed in the UPO FY 2015 CSBG RFP. Incomplete proposals, proposals containing errors or inconsistencies in the program outcome plan, proposals not organized as instructed; and other process errors or deficiencies, may constitute cause for rejection. UPO may request clarification or additional information from the applicant at any point during the application process. UPO reserves the right to reject any proposal for noncompliance with the RFP provisions; not award an agreement at any time because of unforeseen circumstances; negotiate with applicants regarding services and costs; and cancel in part or in its entirety this RFP based on a review of the proposals submitted.

#### **D. Required Form Attachments**

The following forms or attachments should be labeled accordingly, fully completed as instructed in the RFP; and attached to the proposal in the following order: Using Attachment K Organization/Agency Checklist as a guide:

- 1. Attachment A Applicant Profile and Proposal Cover Page
- 2. Attachment B Program Outcome Earnings Plan
- 3. Attachment C Coordination & Linkages
- 4. Attachment D Organizational Chart
- 5. Attachment E Other Resources to be Utilized or Administered
- 6. Attachment F Position Descriptions
- 7. Attachment G Staff Qualifications
- 8. Attachment H Occupancy Authorization Letter
- 9. Attachment I Notice of Past Performance
- 10. Attachment J Vocational Training Curriculum/DC OSSE Recognition (GED)
- 11. Attachment K Organization/Agency Checklist

## V. EVALUATION AND SCORING

An initial review will be conducted by an internal panel including financial, legal and procurement professionals to determine whether the corporate capability requirements have been met. Applicants that have been determined to meet those requirements will have their proposal reviewed.

The proposal review panel will be composed of neutral, qualified, professional individuals with experience in human services, program planning and implementation, data analysis and evaluation. The panel will review and score each applicant's proposal. Upon completion of the review, the panel will make recommendations for awards based on the scoring process. UPO will make the final determinations regarding funding.

PROPOSAL EVALUATION & SCORING FY 2015 Request for Performance-Based Proposals	POSSIBLE POINTS PER SECTION					
CORPORATE CAPABILITY DOCUMENTATION	Declined - Accepted					
ABSTRACT	5					
NARRATIVE						
ORGANIZATION'S MISSION	5					
TARGET POPULATION AND NEED FOR THE PROGRAM	10					
SPECIFIC SERVICES AND OUTCOMES	15					
PROGRAM LINKAGES	5					
PROGRAM STRUCTURE AND OPERATION	15					
REPORTS AND RECORDS	5					
PROGRAM LOCATION	5					
PAST PERFORMANCE	5					
PROGRAM OUTCOME EARNINGS PLAN	30					
TOTAL SCORED POINTS 100						
There are a maximum of 100 points. UPO reserves the right to accept or reject any proposal.						

#### A. Scoring Criteria

#### B. Decision on Awards

The recommendations of the proposal review panel are advisory only. Following review of the panel's recommendations and in consideration of overall client needs and available funding, UPO will make the final decision regarding the awards.

## VI. GENERAL PROVISIONS/TERMS AND CONDITIONS

All Award Agreements resulting from this RFP shall be subject but not limited to the following terms and conditions:

#### A. Payment Provision

Payments under this Award are performance based and will be processed on a monthly basis. Awardees will submit the prior month's Program Outcome Earnings Report by the fifth (5<sup>th</sup>) day of each month. If the 5th day falls on a weekend, the report shall be due the Friday before.

#### B. Audits

At any time or times before final payment and three (3) years thereafter, UPO may require an audit of the awardee.

#### C. Insurance

Awardees shall obtain, prior to this Agreement, and keep in force during the operating period of this Agreement, Employer's Liability, Worker's Compensation, General Liability and Property Damage insurance. UPO must be listed as an additional covered entity.

#### D. Youth Safety Requirements

Programs that provide direct services to minors must meet the requirement of the Child and Youth Safety and Health Omnibus Amendment of 2004.

#### E. Privacy and Confidentiality

All awardees are required to have a privacy policy applicable to all personal information of clients served through its programs which includes a provision for written notice to the client or guardian of uses and disclosures of the personal information provided by the client.

#### F. CSBG Grant Terms and Conditions

Funds are available for expenditure in accordance with Title II of Public Law 105-285, Coats Human Services Reauthorization Act of 1998, and are subject to all of the applicable Community Services Block Grant regulations, guidelines or other actions which may be adopted by the U.S. Department of Health and Human Services, D.C. Department of Human Services or UPO, pursuant to the requirements. In addition the following terms and conditions are applicable to the Community Services Block Grant Program:

- 1. Payments to Awardees for any fiscal year shall be earned within the contract period.
- 2. No person shall, on the basis of race, color, national origin, sex, age, or with respect to an otherwise qualified individual with a disability be subjected to discrimination under any program or activity funded in whole or in part by the United Planning Organization.

- 3. Applicants shall adhere to the Limitations on Use of Grants for Construction outlined in Section 680 (42 U.S.C. 9909).
- 4. Applicants shall adhere to the provisions of 678 D which address the Applicant's responsibilities for fiscal control, fund accounting and audit procedures.
- 5. The earnings of funds under this program is subject to the annual audit requirements under the Single Audit Act of 1984 (P.L. 98-502) and the Office of Management and Budget CircularA-133 (Audits of Institutions of Higher Education and Other Non-Profit Organizations).
- 6. Applicants under Section 678D (a)(1)(B) (14) shall adhere to cost and accounting standards of the Office of Management and Budget Circulars A-110 (Administrative Standards for Grants and Cooperative Agreements to Non-Profit Organizations), codified at 45 CFR Part 74, and A-122 (Cost Principles for Non-Profit Organizations).
- 7. As stated in Section 507 of Public Law 103-333 it is the sense of Congress that, to the extent practicable, all equipment and products purchased with funds made available in this Act should be American made.
- 8. As stated in Section 508 of Public Law 103-333, statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
- 9. DHHS regulations codified in Title 45 of the Code of Federal Regulations are applicable:

Part 30 - Claims Collection Part 76 - Debarment and Suspension from Eligibility for Financial Assistance Subpart F. Drug-Free Workplace Part 93 - New restrictions on lobbying Part 96 - Block grants Part 97 - Consolidation of grants to the insular areas

10. Applicants must comply with Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreement, loans or loan guarantees, and provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

- 11. The applicant further agrees that the above language will be included in any subawards which contain provisions for children's services and that all sub-Applicants shall certify compliance accordingly. Failure to comply with the provisions of this law may result in imposition of a civil monetary penalty of up to \$1,000 per day.
- 12. The Applicant is prohibited from employing a person whose employment is supported by UPO funds or by contribution of the non-federal share in the event that the person would:

Hold a job while he/she or a member of his/her immediate family serves on a board or committee of a UPO Delegate agency if that board or committee has authority to order personnel actions affecting his/her job;

Hold a job over which a member of his/her immediate family exercises supervisory authority; or

Hold a job while either he/she or a member of his/her immediate family serves on a board or committee which, either by rule or by practice, regularly nominates, recommends, or screens candidates for the agency or program. Immediate family shall include any of the following persons:

Husband	Wife
Father	Father-in-law
Mother	Mother-in-law
Brother	Brother-in-law
Sister	Sister-in-law
Son	Son-in-law
Daughter	Daughter-in-law

#### G. UPO Monitoring and Evaluation of Programs

Upon notification of award, UPO will designate representatives to monitor and render technical assistance to the programs. The procedures and criteria for reviewing the program's progress will be outlined in the Award Agreement. One of the tools to be used to measure impact and program effectiveness is data from the Community Action Statistical Access (CASA) system. All recipients of CSBG funding are expected to fully utilize the CASA reporting database.

#### **VII. APPENDICES**

Attachment A Attachment B Attachment C Attachment E Attachment H Attachment I Attachment K Document 9	Applicant Profile and Proposal Cover Page Program Outcome Earnings Plan Coordination & Linkages Other Resources to be Utilized or Administered Occupancy Authorization Letter Notice of Past Performance Organization/Agency Checklist Certification Regarding Debarment, Suspension, Ineligibility and Voluntary
Document 10 Document 11	Exclusion Certification Regarding Lobbying Certification Regarding Drug free Workplace Requirements
Document 12	Certification Regarding Drug-free Workplace Requirements Certification Regarding Environmental Tobacco Smoke (Pro-Children Act of 1994)
Document 13	Statement of Compliance with Applicable Federal, State Statutes and Regulations
EXHIBIT I	Customer Proof of CSBG Eligibility and Instructions

# **ELECTRONIC VERSIONS OF ALL FORMS AND ATTACHMENTS** MAY BE DOWNLOADED FROM

http://www.upo.org/AU8-bo.php

## Attachment A: Applicant Profile and Proposal Cover Page

<b>General Information</b>	Organization's Name:						
	Street Address:						
	City, State, Zip Code:						
	Website:						
Primary Contact	Name:						
Person	Title:						
	Phone No.:						
	E-mail Address:						
Primary Program	(1) <b>Employment</b> :(a) job readiness;(b) job placement assis-						
Areas (check all that	tance; and/or(c) job retention assistance.						
apply)	(2) <b>Employment Supports</b> :(a) vocational skill training;(b)						
	ABE/ GED/EDP/ESL preparation;(c) post-secondary education						
	assistance;(d) transportation assistance;(e)						
	child/dependent care; and/or(f) health care.						
	(3) Economic Asset Enhancement:(a) tax credits;(b) budg-						
	eting;(c) savings; and/or(d) checking.						
	(4) <b>Community Engagement</b> :volunteers.						
	(5) <b>Community Enhancement</b> :low-income volunteers.						
	(6) <b>Expanding Opportunities through Partnerships</b> :partners.						
Program	Number of persons to be served:						
Information	Number of dedicated staff (as FTEs):						
	Wards served:						
	Program start/end date:						
	Days of operation:						
	Hours of operation:						
	Funding amount requested:						
Signature and Title							
of Authorized Agent							

Attachment B: Program Outcome Plan and Instructions

# ATTACHMENT B Program Outcome Plan

Download the full Three (3) sheets Excel Workbook And Instructions from

http://www.upo.org/AU8-bo.php

Hardcopy see next pages

			UPO	FY-201	5 PROGR	AM OUTO	COME EA	RNINGS PL	AN			
AGENC	Y NAME:				REPORTIN	IG PERIOD:	10/1/2014	9/30/2015	PROPOSED AN	INUAL EARNIN	IGS:	
				OUTCO		NGS SUMMA	DV					
		0041 707410	Annual	Period			Annual	Period Plan				
		GOAL TOTALS	Plan	Plan YTD	Actual YTD	Difference	Plan	YTD	Actual YTD	Difference		
		TOTAL GOAL I	0	0	0	0	\$0	\$0	\$0	\$0		
		TOTAL GOAL 2	0	0	0	0	\$0	\$0	\$0	\$0		
		TOTAL GOAL 3	0	0	0	0	\$0	\$0	\$0	\$0		
		TOTAL GOAL 4	0	0	0	0	\$0	\$0	\$0	\$0		
		TOTA	L 0	0	0	0	\$0	\$0	\$0	\$0		
	PLAN SL	IMMARY										
	GOAL 1:	Low-income People Bec	ome More Se	f-Sufficient								
		The Conditions in Which				ved						
		ize the activities you are										
		nal, or housing program bers of customers to be										
		on Manual."	Serveu. De s	sule your in	inuauve me		lia describer	u iii ule mau	unai Penunnai			
	moutou											
		ive summary of prog										
	NAKKAI	IVE SUMMARY OF PROG										

(1) N 1.1. EN 1.1.A 1.1.A 1.1.B 1.1.B 1.1.C.	Measure No. (2) MPLOYN 125 16 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 PROGRAM AREAS AND SERVICES (3)  AENT SERVICES Demonstrates Job Readiness Skills (Unduplicated clients) Obtains Full-Time Job (Unduplicated clients) Obtains Part-Time Job (Unduplicated clients) Full-Time Part-Time Part-Time Part-Time Obtains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Full-Time Obtains Job with benefits (Unduplicated clients) Full-Time Obtains Job with benefits (Unduplicated clients) Full-Time Obtains Job with senefits (Unduplicated clients) Full-Time Obtains Job with senefits (Unduplicated clients) Full-Time Obtains Job with senefits (Unduplicated clients) Complexes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Altendance Complexes training with National certification or License - 1 to 30 class days (Unduplicated clients)	CASA Code (5) 1201 1330 1340 1331 1341 1333 1343 1333	\$300 \$500 \$1,000 \$200	Annual Plan (8)	000000000000000000000000000000000000000	Actual YTD (10)	0	PROPOSED A Annual Plan (14) 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	AMOUI Period Plan YTD (15) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	VT (13) Actual YTD (16) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0
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1.1.A 1.1.A 1.1.B 1.1.B 1.1.C. 1.2. EN 1.2.A	MPLOYM 125 16 17 17 1 31 MPLOYM Voca 39 42 40 41 43	IENT SERVICES Demonstrates Job Readiness Skills (Unduplicated clients) Obtains Full-Time Job (Unduplicated clients) Relains Job for 30 or more days (Unduplicated clients) Full-Time Part-Time Retains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal IENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Completes training with National certification or License - 1 to 30 class	1201 1330 1340 1331 1341 1333 1343 1333 1343 1337	\$200 \$400 \$300 \$500 \$1,000 \$200					\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0
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1.1.B 1.1.C. 1.2.A	16 17 1 31 31 Voca 39 42 40 41 43	Obtains Full-Time Job (Unduplicated clients)         Obtains Part-Time Job (Unduplicated clients)         Relains Job for 30 or more days (Unduplicated clients)         Full-Time         Part-Time         Relains Job for 90 or more days (Unduplicated clients)         Full-Time         Part-Time         Obtains Job with benefits (Unduplicated clients)         Full-Time         Part-Time         Obtains Job with benefits (Unduplicated clients)         Subtotal         IENT SUPPORTS         tional Skills Training         Completes Enrollment Requirements (Unduplicated clients)         Repeats Training Class (Unduplicated clients)         Cass Attendance         Completes training with National certification or License - 1 to 30 class	1330 1340 1331 1341 1333 1343 1337 1343 1337 1443 1337 1443 1337 1444 1337 1444 1337 1444 1337 1444 1337 1444 1337 1344 1344	\$400 \$300 \$500 \$1,000 \$200	••••			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0
1.1.B 1.1.C. 1.2.A	17 1 31 MPLOYM Voca 39 42 40 41 41 43	Obtains Part-Time Job (Unduplicated clients) Retains Job for 30 or more days (Unduplicated clients) Full-Time Part-Time Part-Time Part-Time Obtains Job with benefits (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal MENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training (Class (Unduplicated clients) Cass Altendance Completes Iraining with National certification or License - 1 to 30 class	1340 1331 1341 1333 1343 1337 1337 1337 1343 1337 1343 1337 1343 1337 1340 1340 1340 1340 1340 1340 1340 1341 1341	\$300 \$500 \$1,000 \$200	••••	000000000000000000000000000000000000000		000000000000000000000000000000000000000	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0
1.1.C. 1.2. EN 1.2.A	1 31 MPLOYN Voca 39 42 40 41 43	Full-Time Part-Time Relains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal IENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Altendance Completes raining with National certification or License - 1 to 30 class	1331 1341 1333 1343 1337 1337 1343 1337 1440 1620 1621	\$1,000		000000000000000000000000000000000000000		0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0
1.1.C. 1.2. EN 1.2.A	31 MPLOYM Voca 39 42 40 41 43	Part-Time Retains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal MENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Attendance Completes training with National certification or License - 1 to 30 class	1341 1333 1343 1337 1620 1620	\$1,000		0 0 0		0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
1.1.C. 1.2. EN 1.2.A	31 MPLOYM Voca 39 42 40 41 43	Retains Job for 90 or more days (Unduplicated clients) Full-Time Part-Time Obtains Job with benefits (Unduplicated clients)  IENT SUPPORTS  tional Skills Training Completes Enrolment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Cass Altendance Completes training with National certification or License - 1 to 30 class	1333 1343 1337 1337 1337 1620 1621	\$1,000		0 0 0		0	\$0	\$0	\$0	
1.1.C. 1.2. EN 1.2.A	31 MPLOYM Voca 39 42 40 41 43	Full-Time Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal MENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Cass Altendance Completes training with National certification or License - 1 to 30 class	1333 1343 1337 1337 1620 1621	\$200		0 0 0		0	\$0	\$0	\$0	
1.2. EN	MPLOYM Voca 39 42 40 41 41 43	Part-Time Obtains Job with benefits (Unduplicated clients) Subtotal IENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Altendance Completes training with National certification or License - 1 to 30 class	1343 1337 1337 1620 1621	\$200		0		0				
1.2. EN	MPLOYM Voca 39 42 40 41 41 43	Obtains Job with benefits (Unduplicated clients)         Subtotal           AENT SUPPORTS         Subtotal           tional Skills Training         Completes Enrollment Requirements (Unduplicated clients)           Repeats Training Class (Unduplicated clients)         Completes training Class (Unduplicated clients)           Class Attendance         Completes training with National certification or License - 1 to 30 class	1337 1620 1621	\$200		0					\$0	\$0
1.2.A.	Voca 39 42 40 41 43	IENT SUPPORTS tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Attendance Completes training with National certification or License - 1 to 30 class	1620 1621		0			0	\$0	\$0	\$0	\$0
1.2.A.	Voca 39 42 40 41 43	tional Skills Training Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Attendance Completes training with National certification or License - 1 to 30 class	1621	\$250		0	0	0	\$0	\$0	\$0	\$0
	39 42 40 41 43	Completes Enrollment Requirements (Unduplicated clients) Repeats Training Class (Unduplicated clients) Class Attendance Completes training with National certification or License - 1 to 30 class	1621	\$250								
1.2.B.	42 40 41 43	Repeats Training Class (Unduplicated clients) Class Attendance Completes training with National certification or License - 1 to 30 class	1621	\$250								
1.2.B.	40 41 43	Class Attendance Completes training with National certification or License - 1 to 30 class		¢250		0		0	\$0	\$0	\$0 ¢0	\$0
1.2.B.	41 43	Completes training with National certification or License - 1 to 30 class		\$250	┍╼┍╸╸	0		0	\$0	\$0	\$0 \$0	\$0
1.2.B.	41 43					0		0				
1.2.B.			1627	\$250		0		0	\$0	\$0	\$0	\$0
1.2.B.	44	Tested, demonstrates vocational skills proficiency - 30+ class days only (Unduplicated clients)	1625	\$250		0		0	\$0	\$0	\$0	\$0
1.2.B.	77	Completes training with National certification or License - 31+ class days	1622	\$750		0		0	\$0	\$0	\$0	\$0
1.2.B.		(Unduplicated clients)	-			-		0				
1.2.B.					0	0	0	0	\$0	\$0	\$0	\$0
		GED/EDP/ESL Enrollment Completes Enrollment Requirements (Unduplicated clients)		\$250								
	45	ABE/GED/EDP	2610	\$250	┍╼╼╼	0		0	\$0	\$0	\$0	\$0
		ESL	2640			0		0	\$0	\$0	\$0 \$0	\$0
	46	Class Attendance		\$20								
		ABE/GED/EDP	2616			0		0	\$0	\$0	\$0	\$0
		ESL	2645			0		0	\$0	\$0	\$0	\$0
	49	Advances 1 or more grade/ESL levels (Unduplicated clients)		\$750								
		ABE/GED/EDP FSI	2613 2643			0		0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
	50	ESL Obtains GED or Diploma (Unduplicated clients)	2643	\$1,250		0		0	\$0 \$0	\$0	\$0 \$0	\$0 \$0
	50	GED Examination (Unduplicated clients)	2617	\$120		0		0	\$0	\$0 \$0	\$0 \$0	\$0
		GED Retesting	2618	\$30		0		0	\$0	\$0	\$0	\$0
		Subtotal			0	0	0	0	\$0	\$0	\$0	\$0
1.2.C.		Secondary Education (Unduplicated clients)										
$\rightarrow$		Enrollment in Post-Secondary Education	2821	\$250		0		0	\$0	\$0	\$0	\$0
	121	Completed Post-Secondary Education	2612			0		0	\$0	\$0	\$0	\$0
1.2.E.	Child	VDependent Care	┍╺╸╸	pece	0	0	0	0	\$0	\$0	\$0	\$0
1.Z.E.		Obtains care for Child/Dependent	2550	\$100		0		0	\$0	\$0	\$0	\$0
	122		2000			0		0	\$0	\$0	\$0	\$0
1.2.F	Trans	sportation										
		Obtains Employment Related Transportation	1730	\$6		0		0	\$0	\$0	\$0	\$0
-+	53	Obtains Educational Related Transportation	2740	\$6		0		0	\$0	\$0	\$0	\$0
1.2.G.	Llook	Subtotal Subtotal			0	0	0	0	\$0	\$0	\$0	\$0
1.2.6.		Health care treated										
	50	Dental services (Unduplicated clients)	9220			0		0	\$0	\$0	\$0	\$0
$\pm$		Treatment program enrollment, substance abuse (Unduplicated	9410			0	<u> </u>	0	\$0	\$0	\$0 \$0	\$0
		Treatment substance abuse counseling sessions	9411	\$10		0		0	\$0	\$0	\$0	\$0
$-\top$		Comprehensive counseling, mental health	9520			0		0	\$0	\$0	\$0	\$0
-+		Medical services, health screening (Unduplicated clients)	9210			0		0	\$0	\$0	\$0	\$0
<u> </u>		Health services, participant treated (Unduplicated clients)	9811	\$750		0		0	\$0 \$0	\$0 \$0	\$0 <b>\$0</b>	\$0 <b>\$0</b>
<del></del>	CONOM	Subtotal	الا <u>م</u> الع الح		0	0	0	0	<u>۵</u> ۵	<u>۵</u> ۵	\$U	<u></u> \$0
	129	Economic Security Assessment (Unduplicated clients)	8000	\$15		0		0	\$0	\$0	\$0	\$0
	129	"In Crisis" - ENTER FIGURES - NOT A PAYPOINT	8000									
— <del> </del>	130	"At Risk" - ENTER FIGURES - NOT A PAYPOINT										<u>9999</u>
	197					0	0			\$0	\$0	
	C C C T C 4	VHANCEMENT & UTILIZATION			0	0	0	0	\$0	\$0	\$0	\$0
1.3.E.		ating and Savings										
1.3.E.		Opens and maintains a savings account (Unduplicated clients)	3600	\$50		0	0	0	\$0	\$0	\$0	\$0
—		Opens and maintains a savings account (Unduplicated clients)	3600	\$50		0			\$0	\$0 \$0	\$0 \$0	\$0
	137			\$50		0			\$0 \$0	\$0 <b>\$0</b>	\$0 <b>\$0</b>	\$0 \$0
		Subioial			0	0			\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0

Goal &	GOAL 2: 1	HE CONDITIONS IN WHICH LOW-INCOME PEOPLE LIVE ARE IMPROVE	D		UNIT	S (7)			AMOU	NT (13)	
2.1	PROJECT Instruction	S/INITIATIVES (See pages 14 to 18 National Performance Indicators Manual)	Rate	Annual Plan	Period Plan YTD	Actual YTD	Difference (11)	Annual Plan (14)	Period Plan YTD	Actual YTD (16)	Difference (17)
A.1		Initiative: Jobs created or saved from reduction or elimination	\$2,000		0		0	\$0	\$0	\$0	\$0
A.2	54	Results: Number jobs created or retained	\$2		0		0	\$0	\$0	\$0	\$0
B.1	24	Initiative: Living wage jobs created or saved from reduction or elimination	\$2,000		0		0	\$0	\$0	\$0	\$0
B.2	25	Results: Number of living wage jobs created or retained	\$5		0		0	\$0	\$0	\$0	\$0
		Subtotal		0	0	0	0	\$0	\$0	\$0	\$0
2.3	COMMUN	ITY ENGAGEMENT									
2.3.A	52	Volunteers to Community Action (\$10 per Volunteer per month)	\$10		0		0	\$0	\$0	\$0	\$0
		Number of Volunteer hours			0		0				
		Subtotal		0	0	0	0	\$0	\$0	\$0	\$0
		TOTAL GOAL 2		0	0	0	0	\$0	\$0	\$0	\$0
3.1	COMMUN	ITY ENHANCEMENT THROUGH MAXIMUM FESIBLE PARTICIPATION									
3.1.A		Low-income People Volunteer to Community Action (\$20 per low- income volunteer per month)	\$20		0	0	0	\$0	\$0	\$0	\$0
3.1.B		Number of Low-income Volunteer hours			0	0	0			00000	
		Subtotal		0	0	0	0	\$0	\$0	\$0	\$0
		CSBG TOTAL GOAL 3		0	0	0	0	\$0	\$0	\$0	\$0
4.1	EXPANDI	NG OPPORTUNITIES THROUGH COMMUNITY WIDE PARTNERSHIPS									
4.1.A		Partners with Community Action									
	7	Partners with Community Action (\$100 per org.)	\$100		0	0	0	\$0	\$0	\$0	\$0
		TOTAL GOAL 4		0	0	0	0	\$0	\$0	\$0	\$0
				0	0	0	0	\$0	\$0	\$0	\$0

#### Attachment C: Coordination and Linkages

#### PROGRAM RELEVANCE: DOCUMENTATION OF COORDINATION AND LINKAGES

Applicant \_\_\_\_\_\_ has established partnerships, collaborations and/or relationships with the following UPO programs and other organizations/agencies in an effort to decrease the duplication and fragmentation of services and to improve coordination and linkages between programs and projects, designed to address the needs of the low income District of Columbia resident.

Under "Link with current program" check yes to indicate that the listed UPO programs and other organizations/agencies have a current working relationship (i.e., exchanging referrals, conducting regular review and/or strategy sessions, providing direct services or performing other services in support of the proposed program or project).

#### UPO FUNDED PROGRAMS

Name of UPO Program	Name & Title	Link with current program*				
Name of OFO Flogram	UPO Program Representative	Yes	No			

#### OTHER PARTNERS, COLLABORATORS & RELATED ORGANIZATIONS

	Name & Title		
Name of Organization or Agency	Organization or Agency Program Representative	Yes	No

## UNITED PLANNING ORGANIZATION

#### FY 2015 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL

# Attachment E: Other Resources to be Utilized or Administered by Applicant during the Performance Period

Name of Applicant:	
Amount Requested from UPO:	
Other Resources to be Utilized or Administered by the Agency during the Performance Period	I
Section I. Federal Resources	Amount
Funding Source/Name	
Total Federal Resources	
Section II. State Resources	
Funding Source/Name	
Total State Resources	
Section III. Local Resources	
Funding Source/Name	
Total Local Resources	
Section IV. Private Sector Resources Funding Source/Name	
Funding Source/Name	
Total Local Resources	

All Other Resources		
Funding Source/Name		
	<b>Total Other Resources</b>	
TOTAL: (Federal, State, Local, Private, & Other)		0

## UNITED PLANNING ORGANIZATION

#### FY 2015 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL

#### **Attachment H: Occupancy Authorization Letter**

Use the language set below and submit on Landlord's Stationery addressed to:

Procurement Officer United Planning Organization 301 Rhode Island Avenue, N.W. Washington, DC 20001

Or submit on this form with original signatures.

\_\_\_\_\_ is authorized to utilize the premises of

[Name of Organization, Agency or Program]

(Street Address)

Suite/Floor/Room

City/State/Zip Code

For the period of \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_for the following purpose(s) of the program:

The facility is safe and conforms to health, sanitation, fire, licensing, zoning and building codes as established and regulated by the D.C. Department of Consumer and Regulatory Affairs (D.C. D.C.R.A.).

The D.C. D.C.R.A. certificate of occupancy and current inspection certificates are maintained by the landlord and will be made available to UPO upon request.

It is agreed that \_\_\_\_\_\_ is permitted to utilize the premises at:

cost or no cost (check one)

for the purpose(s) mentioned above.

Sincerely,

(Landlord's signature)

(Landlord's Printed Name)

#### Attachment I: Notice of Past Performance

Prior Performance Based Programs				
Programs	Funding Source	Amount	Planned Outcome	Outcomes/Achievements

Please indication whether your organization has received funding through the United Planning Organization since during the last three fiscal years (October 1, 2010 to September 30, 2013). If yes, please provide the percentage of outcomes achieved for each year.

- □ Organization has not received funding through UPO since FY 2011
- Organization has received funding through UPO for the following fiscal years:

Fiscal Year	Performance Level
2011 (October 1, 2010-September 30, 2011)	
2012 (October 1, 2011-September 30, 2012)	
2013 (October 1, 2012-September 30, 2013)	

NOTE: The information provided on this form is subject to verification.

#### Attachment K: Organization/Agency Checklist

This document should be attached to the last page of your submission. We recommend that you complete it to assure that all components of your submission have been included.

	Check When <u>Attached</u>	<u>Documents</u>	Form Attachment
1.		Corporate Capability Documentation	Separate Sealed Envelope
2.		RFP Response (Includes 3 Through 15)	Separate Sealed Envelope
3.		Applicant Profile and Proposal Cover Page	Attachment A
4.		Table of Contents	
5.		Program Outcome Earnings Plan	Attachment B
6.		Coordination & Linkages	Attachment C
7.		Program Narrative (not to exceed 25 pag- es)	
8.		Organizational Chart	Attachment D
9.		Other Resources To Be Utilized	Attachment E
10.		Position Descriptions	Attachment F
11.		Staff Qualifications	Attachment G
12.		Occupancy Authorization Letter	Attachment H
13.		Notice of Past Performance	Attachment I
14.		Curriculum/DC OSSE Recognition	Attachment J
15.		Organization/Agency Checklist	Attachment K

# Document 9: Certification of Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or District department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements on this certification, such prospective participant shall attach an explanation to this proposal concerning each statement to which certification has not been made.

The prospective lower tier participant certifies that neither it nor its principals are on the consolidated List of Debarred, Suspended or Ineligible Contractors prepared by the General Services Administration, the Department of Housing and Urban Development or other Federal or District department or agency.

Signature

Printed Name and Title of Authorized Signatory

#### **Document 10: Certification Regarding Lobbying**

#### **Certification for Contracts, Grants, Loans and Cooperative Agreements**

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.

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 any cooperative agreements, 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 LLL, "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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Signature

Print Name and Title of Authorized Signatory

## UNITED PLANNING ORGANIZATION

#### FY 2015 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL

#### Document 11: Certification Regarding Drug-Free Workplace

By signing and submitting this grant application, the applicant, in accordance with 28 CFR Part 83, certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition,
- (b) Establishing a drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The applicant's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a) above, that as a condition of employment under the grant, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d) (2) above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2) above, with respect to any employee who is so convicted:
  - (1) Taking appropriate personnel action against such an employee, up to an including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f) above.

#### Signature

Print Name and Title of Authorized Signatory

#### Document 12: Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State of local governments, by Federal grant, contract loan, or loan guarantees. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, then undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Signature

Print Name and Title of Authorized Signatory

# Document 13: Statement of Compliance with Applicable Federal, State Statutes and Regulations

By signing this statement, the undersigned certifies that the applicant organization is and will continue to be in compliance with all applicable Federal and District statutes and regulations as amended, including but not limited to:

- (1) The Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq., and applicable regulations.
- (2) Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d <u>et seq</u>., as amended, and applicable regulations at 45 C.F.R. Part 80 (Nondiscrimination Under Programs Receiving Federal Assistance Through the Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964)(USDHHS).
- (3) Equal Employment Opportunity, Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., and applicable regulations.
- (4) Equal Pay Act of 1963, 29 U.S.C. § 206(d), and applicable regulations.
- (5) Rehabilitation Act of 1973, Pub. L. 93-112, as amended by the Rehabilitation Act of 1974, Pub. L. 93-516, 29 U.S.C. § 794 (Section 504) and the applicable regulations at 45 C.F.R. 84 (Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance) (USDHHS).
- (6) Title IX of the Education Amendments of 1972, Pub. L. 92-318, as amended by Section 3 of Pub. L. 93-568, 20 U.S.C. §§ 1681 – 1688, and the applicable regulations at 45 C.F.R. Part 86 (Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving or Benefiting from Federal Financial Assistance) (USDHHS).
- (7) The Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 <u>et seq.</u>, and applicable regulations.

- (8) The Age Discrimination Act of 1975, 42 U.S.C. §§ 6101 <u>et seq</u>., and applicable regulations at 45 C.F.R. Part 90 (Nondiscrimination on the Basis of Age in Programs and Activities Receiving Federal Financial Assistance) and Part 91 (Non-discrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance) (USDHHS).
- (9) Equal Treatment for Faith-Based Organizations, 5 U.S.C. § 301, and applicable regulations at 45 C.F.R. Part 87 (Equal Treatment for Faith-Based Organization) (USDHHS).
- (10) Hatch Act, 42 U.S.C. § 9918(b)(1) and 5 U.S.C. § 1501 et seq.

#### Signature

Print Name and Title of Authorized Signatory

#### **EXHIBIT I: Customer Proof of CSBG Eligibility**

[SEE SAMPLE AND INSTRUCTION FORMS NEXT PAGES]

			FY 2014		
VERIFICATION OF CUSTOMER ELIGIBILITY FOR CSBG SERVICES FORM					
UP Un	ited Planning Organization - Co	mmunity Services Block Grant	Program		
Service Provider Name:					
Address:					
Customer's Name:					
Social Security Number:		Date of B	irth:		
Street Address:					
City:	Zip Code:				
Home Phone Number:					
	Total Number in Family Includ	ing Yourself:			
SELECT ONE AND INDICAT					
	Bi-Weekly Income: \$	Semi Monthly Income: \$	Monthly Income: \$		
Liweekiy income. 5	Libi-weekly income. 5	Lisemi Monthly Income. 5			
	For families of more than one individual, the				
supported by the income of the sport	use, parent(s) or guardian(s), and (2) related to	o the spouse, parent(s) or guardian(s) by bloc	od, marriage, or adoption.)		
	Annual Family Income Verificat	ion Documents (check all that ap	oply)		
Tax Return:	Se	ocial Security Pensi	ion/Retirement:		
TANE:		urity Income:	W2 or 1099:		
Child Support:		Allotments:	No Income:		
Alimony:	Train	ing Stipends:	Other:		
Explain Other:					
	rovided supporting documents to	certify that I am eligible to receive	e CSBG services.		
(B) I have or	ot provided supporting documents	but by initialing and signing this	document		
	t my income and my family income				
		n of Zero Income			
I hereby certify that neit	her I nor my family receive(s) in		e sources:		
	nent (including commisson, tips				
	ents, annuities, insurance polici		or death benefits:		
	limony, child support, or money				
	ovment resources (Avon, Mary	•	S , , , , , , , , , , , , , , , , , , ,		
(e) Income from operation	on of a business;	(f) Rental income from real es	tate or property;		
(g) Interest or dividends from assets;		(h) Unemployment or disability payments			
(i) Public assistance payn	nents; or	(j) Any other source not name	d above.		
	ot provided supporting documents	s because my income and my fam	ilv income is zero.		
INITIALS			,		
	ial on the appropriate line above to indicate th				
	rify income eligibility but that your family incon tion provided on this form is solely for the purp ervice providers.				
Customer/Parent	Signature:		Date:		
DO NOT WRITE BELOW THIS L	UNE. FOR STAFF ONLY.				
	Name of Staff Person Verify	ring Eligibility:			
	Customer's Total Annual Far	mily Income:			
is the Customer's inc	ome Below 125% of the Applicable P	Poverty Level? YES	NO		

Revised 01-30-13

Is the Customer a Resident of Washington, DC Presently?

NOM STAFF CANNOT ANSWER YES ON BOTH QUESTIONS ARE

NO

YES



#### CUSTOMER INSTRUCTIONS VERIFICATION OF CUSTOMER ELIGIBILITY FOR CSBG SERVICES FORM United Planning Organization, Community Services Block Grant Program

#### STEPS TO FOLLOW

1. Provide your name, address, social security number, date of birth and phone numbers.

- 2. Place a check against the type of income verification supporting documentation you will be providing.
- 3. Truthfully initial one of the following three options:
  - A. I have provided supporting documents to certify that I am eligible to receive CSBG services.
  - B. I have not provided supporting documents, but by initialing and signing this document, I certify that my family income meets the criteria to qualify for CSBG services.
  - C. I have not provided supporting documents because my family income is zero.
- NOTE: Prior to selecting option 'C', ensure that every option provided under the zero income certification is true about your situation.
- 4. Sign and date the form.
- 5. Submit the form along with supporting documentation to staff for verification.
- 6. Do not write below the dotted line at the bottom of the form.

#### NOTES:

A. All UPO CSBG funded programs are required to verify the income eligibility and DC residency of all customers served. Staff must document that persons served have a family income that is below 125% of the applicable federal poverty level for the current fiscal year and also that the customer is a resident of Washington, DC. Returning customers are required to fill out this form and to provide supporting documentation to the extent possible. In the absence of supporting documentation, customers may initial the applicable line on the form. Customers should note that the information provided on this form is solely for the purpose of determining whether your familu is eligible for this program and will be kept confidential by UPO and/or its service providers.

B. Family: A family may be a single individual. For families of more than one individual, the definition of "family" means all persons living in the same household who are: (1) supported by the income of the spouse, parent(s) or guardian(s), and (2) related to the spouse, parent(s) or guardian(s) by blood, marriage, or adoption.

Revised 01-30-13

FY 2014