

United Planning Organization

CSBG

Request for Performance Based Proposals

**Fiscal Year 2012
Wards 2 & 4**

RFP Issuance: January 10, 2012

Corporate Capability Documentation & Proposal Due: February 9, 2012

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SECTION A: GENERAL

PURPOSE: This Request for Proposals (RFP) is being issued by the United Planning Organization (UPO) which is the Community Action Agency for the District of Columbia. Its purpose is to support community based programs that provide services authorized under the Community Services Block Grant (CSBG) to assist low-income residents of the District of Columbia in becoming self-sufficient. All programs must exclusively benefit residents in Wards 2 and 4 of the District of Columbia living at or below 125% of the poverty level (2011 “Federal Poverty Guidelines”) (See Form B.4.b). Funding will not be provided for planning, development, construction, or start-up projects.

A.1 Eligibility

This RFP seeks to identify community based organizations (CBOs) that can provide programs and services that promote self-sufficiency and/or improve the conditions of low-income residents living in poverty. The program categories are community based initiatives that serve low-income individuals and families in Wards 2 and 4 of the District of Columbia.

Programs and services must support the following national goal and incorporate one or more of the associated performance indicators:

Low- Income People Become Self-Sufficient: The performance indicators are employment, employment supports, economic asset enhancement (e.g. housing) and utilization management;

Proposals must address those programs and services that address one or more of the following four (4) priority focus areas below:

1. Education & Training
2. Housing Support Services
3. Job & Workforce Readiness
4. Employment

In support of these priorities, programs and services shall be performance based as set by the program areas/services measures and rates in Form B.6 Program Outcome Earnings Plan of this document.

A.2 Award Amount and Length of Funding

It is expected that one (1) grant will be awarded for the 2012 fiscal year. Successful applicants will be awarded a grant for seven (7) months beginning March 1, 2012 and ending September 30, 2012. The maximum grant award is \$175,000. The community based initiative will exclusively benefit low income individuals and families in Wards 2 and 4 of the District of Columbia.

A.3 CBO Qualifications and Eligibility

This request seeks to determine the eligibility of CBOs to provide programs and services that supplement activities of the existing organization or new programs operated by the non-profit organization. Eligible

CBOs must be able to demonstrate that they are a legally incorporated private non-profit organization with current tax-exempt status (i.e., 501(c)(3)), have a formal governing body, have been operating for a minimum of three years providing community services to District residents, are financially capable, and have a sound organizational structure. In order to qualify, UPO requires that the CBO submit the below mentioned documents in a separate envelope marked “**Corporate Capability Documentation**” that will be used to determine the eligibility of the CBO to provide CSBG services.

In the case that a CBO may want to partner with another organization(s), a lead CBO must be identified and will be responsible for managing and compensating its partner CBO(s). Partner CBOs must also be clearly identified and must also submit the required corporate capability documentation. Their information should be submitted in a separate envelope marked “**Partner-Corporate Capability Documentation.**”

ALL DOCUMENTATION MUST BE CURRENT, ACCURATE, AND APPLICABLE TO THE LEAD CBO AND ITS PARTNER CBO(S) RESPONDING TO THE RFP AND ORGANIZED IN THE FOLLOWING ORDER:

CORPORATE CAPABILITY REQUIREMENTS

- Organizational profile with brief description of organization’s mission and vision, how long it has served the District of Columbia community, and examples of successful outcomes
- Board approved A-133 Audit for most recent year, if applicable
- Most recent Audited Financial Statements
- Most recent Income/Expense Statement, Statement of Financial Position or Balance Sheet (no more than 3 months old)
- Most recent completed Federal Tax Revenue Return 990
- IRS 501 (c)(3) Determination Letter
- DC Certificate of Exemption from local sales and use taxes
- Articles of Incorporation with Certification from the Secretary of State
- Certificate of Good Standing dated within the past three months
- Current Board Membership Roster with Name, Address, Telephone Number, and Position on the Board and/or Advisory Board membership, state ex officio status (voting or non-voting), if applicable
- Copy of Minutes for the past 12 months of Board meetings
- Board and Employee Conflict of Interest Policies
- Resume of the applicant’s qualified fiscal officer (i.e., staff person or ongoing contractor) who oversees the operation of the financial management system
- Certificate of Insurance for Comprehensive General Liability Policy, inclusive of student accident insurance, transportation liability and, if available, Director’s & Officer’s Liability Insurance Policy, and Worker’s Compensation Insurance, dated within the last thirty (30) days.
- Copy of DC Basic Business License
- Proof of Bonding/Employee Dishonesty Insurance
- Organization Chart with names of personnel for each unit
- Resume of Chief Executive Officer or Executive Director
- List of Work Sites and Hours of Operation

- Disclosure of any administrative or legal proceedings within the last three years; including any pending actions.

Only CBOs determined to have met the corporate capability requirements will have their proposal reviewed. Any proposal not accompanied by the requested corporate capability documentation may automatically be declined. Funding will not be provided for planning, development, construction, or start-up projects. All services under the grant are to be performed solely by the lead applicant and/or its approved partners; and may not be otherwise subcontracted or assigned without prior written approval and consent of UPO.

A.4 Type and Term of Agreement

Successful applicants shall be required to enter into a “written agreement” with UPO. The terms of the Agreement shall be performance based as set by the program areas/services measures and rates in Form B.6 attached to this document; in accordance with the approved program performance standards, budget allocation, and time frames established within the award notification. **The performance period for the award will be March 1, 2012 through September 30, 2012.**

A.5 Contact Person

Questions concerning the CSBG program or this RFP are to be submitted in writing at least ten (10) days prior to the submission due date. Responses to questions will be posted in a document titled UPO CSBG FY’ 12 Wards 2 and 4 Q&A’s on the UPO website under Contact – UPO RFPs. Any verbal responses will not be binding. All questions or requests for information regarding this RFP are to be directed (via e-mail or fax) to:

Nashid Rasool
Procurement Officer
United Planning Organization
301 Rhode Island Ave., N.W.
Washington, D.C. 20001
E-mail: nrasool@upo.org
Fax No.: (202) 588-7174

A.6 Proposal Submission

Mail or deliver all proposal packages to: **(Note: Proposals will only be accepted at the address below)**

United Planning Organization
301 Rhode Island Avenue, N.W.
Washington, D.C. 20001

Attention: Nashid Rasool, Procurement Officer
UPO CSBG FY’12 Proposal Wards 2 and 4

All corporate capability documentation and proposals must be received by **5:00 p.m., on Thursday, February 9, 2012** and will be date stamped. Submissions received after this may automatically be declined.

Applicants must submit one (1) copy of the corporate capability documentation in a separate sealed envelope marked "Corporate Capability Documentation" in the manner prescribed in Section A.3 of this RFP.

Applicants must submit an original and four (4) copies of the proposal in a sealed envelope.

Please do not submit double-sided copies. Proposals must be accompanied by the Proposal Cover Page (Form B.2) signed by an official or agent who is legally authorized to act on behalf of the lead organization in carrying out the proposed program activities.

Proposals must comply fully with the requirements detailed in the UPO CSBG FY 2012 RFP for Wards 2 and 4. Incomplete proposals, proposals containing errors or inconsistencies in the program outcome plan, 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.

SECTION B: SCOPE OF PROGRAM

B.1 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 the establishment of Agency Agreements with community based organizations. Through these Agreements, UPO seeks to assure the effective delivery of services and activities within the program areas covered by the six (6) CSBG National Goals. RFP respondents must demonstrate that the proposed services will have a measurable impact on assisting low-income District of Columbia residents to attain the following national goal: Low-Income People Become Self-Sufficient. Applicants for this solicitation are required to select performance indicators that correspond to the work their program will perform. Agencies are mandated to report program outcomes using UPO's client data tracking information system, Community Action Statistical Access (CASA). **This will require Internet access and regular data entry.**

B.2 Proposal Format

Applicants should submit the typed proposal on "8.5 x 11" paper. The proposal shall have margins of one inch and type face shall be 12 point font, single spaced. **Copies should not be double-sided.** The attachments provided in Section F of this package as well as forms provided throughout the document should be used to submit information as requested. Feel free to reproduce forms and attachments as needed. The electronic version of this RFP and all forms associated may be downloaded at the UPO website under Contact – UPO RFPs. The file title is UPO CSBG FY'12 Wards 2 and 4. **Your submission shall not exceed thirty-five (35) pages. Current resumes; job descriptions; Attachments B.4.c, B.4.d(4), F.1 and F.2; and section separators pages are NOT included in the 35 page limit.**

THE PROPOSAL MUST BE ORGANIZED IN THE FOLLOWING ORDER:

<u>Content</u>	<u>Attachments</u>
1. Proposal Cover Page	Section F, Form B.2
2. Organization Identification and Participant Profile	Form B.5
3. Executive Summary	Section B.3
4. Program Narrative	Section B.4
5. Program Relevance: Coordination & Linkage	Attachment B.4.c
6. Program Outcome Earnings Plan	Form B.6
7. Attachments	
a. Job Descriptions	
b. Resumes	
c. Occupancy Authorization Letter	Attachment B.4.d (4)
d. Drug-Free Workplace Certification	Attachment F.1
8. Organization/Agency Checklist	Attachment F.2

Attachments must be labeled as stated above and fully completed.

B.3 Executive Summary

Provide a summary of your proposal including: (1) provide a brief organization introduction; (2) state the program focus areas you will address; (3) provide a brief program description; (4) state the target population(s); (5) state the program indicators you will address; (6) if applicable, state the name and program function(s) of your partner CBOs; (7) state the dates of program operation (must be within the grant award period); (8) state your location(s) and hours of operation; and (9) state the amount of funding requested.

B.4 Program Narrative

Provide a justification for your program, a description of your target population(s), and the percentage of the target population you believe your program will serve. Discuss the relevance of your program and how it integrates or links with other community activities, or furthers community goals and/or strategies. Fully describe the proposed program, explain its operations, any special techniques you will use to achieve your goals, and the specific methodology that will be used to determine goal achievement. Explain how you will fulfill reporting, records maintenance, and monitoring and evaluation requirements including client tracking. Discuss program location and facility conditions. Additional instructions regarding these items are provided by section below for the purpose of clarification.

B.4.a Population and Need for Program

Justify the selection of the target population and approach proposed. Provide a detailed description of client need, clearly referencing all data and information sources used as documentation. Describe the percentage of the target population which your project will address. A detailed description of the proposed target population, including demographics, economic levels and total number to be served must be provided. 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 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 (See Form B.4.b).

The above 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 through UPO's CSBG funding. Provide your system for maintaining administrative records that clearly demonstrate Customer Proof of CSBG Eligibility (Form B.4.b) and administrative records that clearly identify alternate funding sources for persons ineligible for services through CSBG funding.

B.4.b Specific Services

Specify activities to be performed by your staff and if applicable, the activities performed by your partner CBO(s). State the specific services which will be provided to clients participating in the program. Explain 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 proposed outcome earnings plan.

Discuss the program indicators selected, why they were selected and innovative methods to be used in program implementation. Outline the methodology designed to ensure goal attainment and achievement of projected performance indicators and outcomes. Describe the system or methodology 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.

B.4.c Program Linkages

Fully describe your program's operation and the relationship to other organizations and programs within the community. Relate program goals to both prior successes and proposed strategies for assisting clients to achieve self-sufficiency. Respondents are encouraged to form coalitions and/or partnership with UPO Community Service Centers, Head Start and Community Based Delegate Agencies, and other UPO funded Programs.

Form B.4.d is provided for use in documenting these relationships and must be fully completed. The UPO City Wide Network can be found on our website: www.upo.org.

Fully describe any prior or current relationship with UPO including a description of the nature and history of that relationship. Discuss both positive and negative program outcome performance.

B.4.d Program Structure and Operation

Demonstrate the capacity of your agency to manage and operate the proposed program.

B.4.d (1) Organizational Structure

Briefly describe your agency structure, the management and staffing for this particular component, and how it will function within the organization. Provide a program organizational chart that clearly identifies program staff and the person(s) responsible for the overall success of the program. This chart should be marked Attachment B.4.d(1). Designate staff directly assigned to render services under CSBG and the applicable percentage of time which will be committed to this project for each person assigned.

B.4.d (2) Job Descriptions

Provide a job description for each person assigned to the project. Clearly identify the person responsible for the successful operation of the program. Job description 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. Job descriptions must be consistent with the services outlined and should be marked as Attachment B.4.d(2). If applicable, job descriptions for each person assigned to the project under your partner CBO(s) should also be included.

B.4.d (3) Staff Qualifications

Current resumes or curriculum vitae should be provided for all personnel assigned to this project. Resumes or curriculum vitae for the Chief Executive Officer/Executive Director and Chief Financial Officer submitted under the Corporate Capability Requirements do NOT have to be resubmitted in the proposal. Qualifications must be appropriate for all positions. Staffing should be consistent with job descriptions, organization 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 marked Attachment B.4.d (3). 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.

B.4.d (4) Program Location and Facility Conditions

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, multi-purpose buildings and schools. The facilities should be readily accessible to the participants.

The facility must also be safe and conform to health, sanitation, fire, licensing, zoning and building codes as established and regulated by the District of Columbia government, Department of Consumer and Regulatory Affairs (DCRA). The facility shall be suitable for the program purpose, handicapped accessible and subject to inspection by UPO in the event of grant award.

In the event that private facilities are utilized, evidence of DCRA inspection/certification and/or an Occupancy Authorization Letter must be submitted to UPO (Attachment B.4.d.(4)). UPO encourages the use of donated space.

In addition, a Drug-Free Workplace Certification must be submitted as Attachment F.1 and the Organization/Agency Checklist must be submitted as Attachment F.2.

B.4.d (5) 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 daily basis. Mandatory CASA training shall be provided by UPO. Please describe your technological capability to access the Internet and the CASA System.**

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 5th day following the last day of (end of) the previous month. If the 5th day falls on a weekend, the report is due the Friday before.
- 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.

B.4.d (6) 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.

B.5 Organization Identification and Participant Profile

Form B.5 (Organization and Participant Profile) should be completed in its entirety.

B.6 Program Outcome Earnings Plan

Achievable outcomes that are quantified are required for each application. National CSBG Goals and program indicators are provided for the use in the development of Form B.6, Program Outcome Earnings Plan. The applicant should propose strategies that address the selected National CSBG Goal and accompanying Performance Indicators provided on Form B.6.

B.6.a Purpose/Requirement

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 programs accordingly. Educational programs should concentrate on helping clients to obtain their high school equivalency diplomas. Develop a Program Outcome Earnings Plan for your organization that outlines the selected national CSBG Goal and Program Indicators provided on Form B.6. A listing of selected indicators and rates has been entered on the form to offer suitable choices. You may use only those program area and service measures listed in Form B.6.

B.6.b Program Outcome Earnings Plan Instructions

Purpose of the Program Outcome Earnings Plan

The Program Outcome Earnings Plan (in Excel spreadsheet format), is to be used to plan the agency's/program's FY-12 Performance. The purpose of the Program Outcome Earnings Plan is to:

- Align UPO's service delivery system to meet the reporting requirements dictated by the National Performance Indicators;
- Enhance and/or advance program performance leading to improved outcomes for the individuals and families we serve; and
- Establish reimbursement rates for desired outcomes.

Planning

The Excel spreadsheet is to be used to plan and document FY'12 service delivery for Wards 2 and 4. Planning starts with the one goal targeted by this RFP:

Low-Income People Become More Self-Sufficient

The above goal has corresponding National Performance Indicators which are:

Employment Services
Employment Supports
ABE/GED/EDP/ESL Enrollment
Child/Dependent Care
Housing

The definitions for the National Performance Indicators are contained in the *National Performance Indicators Instruction Manual* at:

www.ncdhhs.gov/oeo/CSBG/CSBG_IS_FY09_NPI_Instruction_Manual.pdf.

How to Complete the Program Outcome Earnings Plan

Determine which of the National Performance Indicators your proposed program will address. Under each National Performance Indicator is a listing of services or outcomes. Identify which services/outcomes your proposed program will provide. The Program Outcome Earnings Plan contains the CASA Code assigned to each service/outcome and a corresponding rate. In the “Annual Plan Units” column, enter the number of clients to be served or units of service to be provided for each service/outcome you have identified for your program for fiscal year 2012.

Following are examples of how to complete the Program Outcome Earnings Plan.

Example 1: Under NPI 1.1.A, Employment, you will see CASA Code 1330 (Obtains Full-Time Job) and a rate of \$400. If you plan a minimum of 30 full-time job placements, then enter 30 under Annual Plan Units.

Form B.6	UPO FY-2012 W2&4 PROGRAM OUTCOME EARNINGS PLAN						\$175,000
	AGENCY NAME:			REPORTING PERIOD: 03/01/12-09/30/12			
Goal & NPI	Measure No.	PROGRAM AREAS AND SERVICES	CASA Code	Rate	Annual Plan Units	Annual Plan Amount	
1.1.A.	EMPLOYMENT SERVICES						
	125	Demonstrates Job Readiness Skills (Unduplicated clients)	1201	\$200	0	\$0	
	16	Obtains Full Time Job (Unduplicated clients)	1330	\$400	30	\$12,000	
		Obtains Part-Time Job (Unduplicated clients)	1340	\$300	0	\$0	
	31	Obtains Job with Benefits (Unduplicated clients)	1337	\$200	0	\$0	

The electronic spreadsheet will automatically calculate the Annual Plan Amount. The total annual plan amount may not exceed \$175,000.

NOTE: Obtains Job with Benefits is a bonus payment. A client who obtains a job would be included in the annual plan units for obtains full-time job or obtains part-time job. If that client ALSO receives employer-sponsored benefits they would also be included in the annual plan units for obtain job with benefits.

Example 2: If you plan to offer an ESL Program, you will see CASA Code 2640 (Completes Enrollment Requirements), CASA Code 2643 (Advance 1 or more grade/ESL levels) and CASA Code 2612 (Obtains GED or Diploma). Enter the number of students expected in each program area. For CASA Code 2645 (Class Attendance), enter the number of clients multiplied by the number of class days.

Form B.6	UPO FY-2012 W2&4 PROGRAM OUTCOME EARNINGS PLAN					\$175,000
AGENCY NAME:			REPORTING PERIOD: 03/01/12-09/30/12			
Goal & NPI	Measure No.	PROGRAM AREAS AND SERVICES	CASA Code	Rate	Annual Plan Units	Annual Plan Amount
1.2.B.	ABE/GED/EDP/ESL Enrollment					
	45	Completes Enrollment Requirements (Unduplicated clients)		\$250		
		ABE/GED/EDP	2610		0	\$0
		ESL	2640		80	\$20,000
	46	Class Attendance		\$10		
		ABE/GED/EDP	2616		0	\$0
		ESL	2645		2,000	\$20,000
	49	Advances 1 or more grade/ESL levels (Unduplicated clients)		\$750		
		ABE/GED/EDP	2613		0	\$0
		ESL	2643		15	\$11,250
	50	Obtains GED or Diploma (Unduplicated clients)	2612	\$1,250	4	\$5,000
		GED Examination	2617	\$100		\$0
		Subtotal			2,099	\$56,250

Definitions:

1. Employment Services

Demonstrates Job Readiness Skills means that the customer is “job ready” by having completed job counseling and preparation activities and has gone out on at least one (1) job interview.

Obtains Full-Time Job and Obtains Part-Time Jobs pay points pertain to customers working full-time, over 30 hours a week, and part-time, those working less than 30 hours a week. If an individual holds both a full-time and part-time job at the same time, payment can be earned for both jobs with proper supporting documentation.

Obtains Job with Benefits pay point allows a customer to obtain a job with benefits (i.e., health insurance, annual leave, etc.). By obtaining a job with benefits, the agency can earn an additional bonus incentive of \$200 per client.

Retains Job for 30 or more days pay point combines Full-Time and Part-Time units.

Retains Job for 90 or more days pay point combines Full-Time and Part-Time units.

2. Employment Supports

Vocational Skills Training

Completes Enrollment Requirements pay point is for in-house operated training programs only, or those under “Purchase of Service” agreements.

Repeats Training Program pay point is for customers who have failed their certification examination and have to repeat the training program. The pay point can only be used for a customer repeating the training program once. There must be evidence that the customer had fully attended the first training program but failed to pass the certifying exam.

Class Attendance pay point is used both for skills training programs that have 1 to 30 class days, as well as those with 31 or more class days. Class attendance is the number of days the student attends.

Tested, demonstrates vocational skills proficiency pay point is only for skills training programs that have 31 or more class days.

A certification is a state or industry recognized designation attesting to achievement of skills in an area of training. There are two different Completed training with certification pay points. One is for skills training programs that have 1 to 30 class days and one is for those that have 31 or more class days.

ABE/GED/EDP/ESL Enrollment

Completes Enrollment Requirements pay point is for in-house operated educational programs only or those under “Purchase of Service” agreements.

Class Attendance pay point is for the number of class days a student attends.

Advances 1 or more grade/ESL Level pay point can only be used once per student.

Obtains GED or Diploma the program must have a copy of diploma or GED certificate from the school or certifying body in the customer file verifying completion.

GED Examination pay point is for customers for whom the GED administrative fee was paid.

3. Child/Dependent Care

Obtains care for Child/Dependent needs a referral for Child Care (CASA code # 2105)

4. Housing

Obtains a safer and more stabilized housing adds together Transitional Housing placements, Subsidized Housing, Public Housing, and Unsubsidized Housing units. A referral for housing (i.e., CASA codes #4101 & \$ 4102 copy of or evidence of a lease) is required.

Retains stabilized housing 90 or more days; customer remains in the housing placement for at least 90 days.

SECTION C: TERMS AND CONDITIONS OF THE AWARD AGREEMENT

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

C.1 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 (5th) day of each month. If the 5th day falls on a weekend, the report shall be due the Friday before.

C.2 Audits

At any time or times before final payment and three (3) years thereafter, UPO may require an audit of the awardee. UPO also reserves the right to request current unaudited financial documentation at any time.

C.3 Insurance

Awardees shall obtain and keep in force public liability and property damage insurance during the program operating period.

C.4 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.

C.5 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.

C.6 Community Services Block 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 expended 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 expenditure 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 Circular A-133 (Audits of Institutions of Higher Education and Other Non-Profit Organizations).
8. 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).
9. 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.
10. 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.
11. 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
12. 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.

13. The applicant further agrees that the above language will be included in any sub-awards 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.
14. 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:
 - a. 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;
 - b. Hold a job over which a member of his/her immediate family exercises supervisory authority; or
 - c. 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

SECTION D: EVALUATION OF PROPOSALS

D.1 General Criteria

UPO will award Agency Agreements to the responsible applicant whose project is most advantageous to the accomplishment of the identified CSBG National Goals and associated Performance Indicators. Proposals will be scored in the categories outlined on the synopsis of procurement. The points in the evaluation criteria indicate their relative importance. The total scores will not necessarily be a determination of award. The total scores will guide UPO in making an award decision based upon the evaluation criteria.

D.2 Total Points

RFP SECTION	Evaluation Scoring FY 2011 Request for Performance Based Proposals	POSSIBLE POINTS PER SECTION
A.3	CORPORATE CAPABILITY DOCUMENTATION	Declined, Accepted For Proposal Review, Pending Proposal Review
B.5	ORGANIZATION IDENTIFICATION AND PARTICIPANT PROFILE	5
B.3	EXECUTIVE SUMMARY	10
B.4	NARRATIVE	10
B.4.a	POPULATION AND NEED FOR THE PROGRAM	10
B.4.b	SPECIFIC SERVICES	15
B.4.c	PROGRAM LINKAGES	5
B.5	PROGRAM STRUCTURE AND OPERATION	15
B.6a	NATIONAL GOALS	5
B.6b	PROGRAM OUTCOME EARNINGS PLAN	25
	TOTAL SCORED POINTS	100
	There are a maximum of 100 points. UPO reserves the right to accept or reject any offer.	

D.3 Award Notice

Notification of award will be made following evaluations of all eligible applications. If your organization is not selected for award then notification will occur by email accompanied by a read receipt for notification confirmation. If your organization is selected for award then your organization will be notified by mail. Any other award notifications will not be honored and should not be considered as valid.

SECTION E: PROPOSAL PREPARATION AND SUBMISSION

Corporate Capability Documentation should be submitted in a separate sealed envelope. Proposals should be submitted with one (1) original and four (4) copies in sealed envelopes. Hand-deliver or mail proposal to:

United Planning Organization
301 Rhode Island Avenue, N.W.
Washington, D.C. 20001

Attention: Nashid Rasool, Procurement Officer
UPO CSBG FY'12 Wards 2 and 4 Proposal

E.1 Submission Date and Time

Proposals must be received by **5:00 p.m., Thursday, February 9, 2012**. Proposals received after this time will not be accepted and automatically declined. If submitting via mail delivery, your proposal must be received by the above stated date and time. Post marks will not be accepted to qualify date of delivery. No electronic proposals will be accepted.

E.2 Completed Proposal

All proposals should contain numbered pages and a table of contents. **All proposals shall be sectioned and organized as specified in Section B.2 Proposal Format.**

SECTION F: FORMS APPENDIX

FORM B.2 Proposal Cover Page

FORM B.4.b Customer Proof of CSBG Eligibility and Instructions

FORM B.5 Organization Identification and Participant Profile

FORM B.6 Program Outcome Earnings Plan

ATTACHMENT B.4.d Program Relevance Form

ATTACHMENT B.4.d (4) Occupancy Authorization Letter

ATTACHMENT F.1 Drug-Free Workplace Certification

ATTACHMENT F.2 Organization/Agency Checklist

UNITED PLANNING ORGANIZATION

FORM B.2 COVER PAGE

FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL WARDS 2 AND 4

PROGRAM FOCUS AREA(S): (Please check all that apply)	<input type="checkbox"/> Education & Training <input type="checkbox"/> Housing Support Services <input type="checkbox"/> Job & Workforce Readiness <input type="checkbox"/> Employment
LEAD CBO NAME:	
ADDRESS:	
CONTACT PERSON: (Name & Title)	
TELEPHONE NO.:	
FAX NO.:	
E-MAIL ADDRESS:	
DATE:	
AMOUNT OF FUNDING REQUESTED:	
If partnering with another CBO(s), list CBO name, address, contact person, telephone number, fax number, and e-mail address. Corporate capability documentation for the Partner CBO(s) should also be attached in a separate sealed envelope marked "Partner-Corporate Capability Documentation."	
Signature _____ Title _____ (Authorized Lead CBO Official)	
Printed Name _____ Date _____	

(FYI Purposes Only)

UNITED PLANNING ORGANIZATION

FORM B.4.b CUSTOMER PROOF OF CSBG ELIGIBILITY

ENGLISH & SPANISH VERSIONS

FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL WARDS 2 AND 4

[SEE NEXT TWO PAGE]



VERIFICATION OF CUSTOMER ELIGIBILITY FOR CSBG SERVICES FORM

United Planning Organization, Community Services Block Grant Program

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 household 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. The US Department of Health and Human Services (DHHS) 2011 poverty levels are provided below. All new and 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 below. After the customer has completed the document, the staff person providing services must review, and indicate at the bottom of the form that the customer's income level is above or below 125% of the applicable poverty level and whether s/he is a DC resident. DC residency is to be verified either by examining a state issued ID or by examining a bill or statement showing the customer's residential address. A completed copy of this form **MUST** be placed in the file of EVERY new or returning customer served in 2011. Each customer needs to complete this form only once in the fiscal year. Customers should note that the information provided on this form is solely for the purpose of determining whether your household is eligible for this program and will be kept confidential by UPO and/or its service providers.

Service Provider Name: _____
Address: _____
 CHECK IF YOUR FULL NAME AND ADDRESS ARE PHOTOCOPIED FROM A STATE ISSUED I.D. ONTO THE BACK OF THIS SHEET.

Customer's Name: _____
Social Security Number: _____ **Date of Birth:** _____
Street Address: _____
City: _____ **Zip Code:** _____
Home Phone Number: _____ **Work Phone Number:** _____

Total Annual Family Income: _____
Total Number in Household (or Family), including Yourself: _____

US DHHS 2011 Poverty Guideline		
Family Size	100%	125%
1 Person	\$10,890	\$13,613
2 Persons	\$14,710	\$18,388
3 Persons	\$18,530	\$23,163
4 Persons	\$22,350	\$27,938
5 Persons	\$26,170	\$32,713
6 Persons	\$29,990	\$37,488
7 Persons	\$33,810	\$42,263
8 Persons	\$37,630	\$47,038
For each additional person, add	\$3,820	\$4,775

Annual Family Income Verification Documents (check all that apply)			
Tax Return:		Social Security	
TANF:		Supplemental Security Income:	
Child Support:		Military Family Allotments:	
Alimony:		Training Stipends:	
W2 or 1099:		Pension/Retirement:	
No Income:		Other:	
Explain Other:			

I have provided supporting documents to certify that I am eligible to receive CSBG services.
 INITIALS _____

I have not provided supporting documents, but by initialing and signing this document ,
 INITIALS _____
 I certify that my household income meets the criteria to qualify for CSBG services.

Customer must initial on the appropriate line appearing above to indicate that you do not have supporting documents to verify income eligibility, but that your household income falls within the poverty guideline. Additionally, the customer must sign the form.

Customer/Parent Signature: _____ **Date:** _____

FOR STAFF ONLY

Name of Staff Person Verifying Eligibility: _____

Is the Customer's Income Below 125% of the Applicable Poverty Level? YES NO

Is the Customer a Resident of Washington, DC Presently? YES NO

STAFF CANNOT ANSWER YES ON BOTH QUESTIONS ARE INELIGIBLE TO RECEIVE CSBG FUNDED SERVICES PROVIDED BY UPO

**FORMULARIO DE VERIFICACIÓN DE REQUISITOS PARA SERVICIOS A CLIENTES CSBG**

United Planning Organization, Community Services Block Grant Program

(Programa de Subvenciones Integrado de Servicios Comunitarios)

Todos los programas financiados por UPO CSBG están obligados a la verificación de ingresos y residencia en el Distrito de Columbia para todos sus clientes. Los empleados responsables de prestar los servicios deberán documentar que los clientes atendidos tengan un ingreso familiar que este por debajo del 125% del nivel de pobreza dado por el gobierno federal aplicable para el año fiscal en curso y que el cliente es un residente del Distrito de Columbia. La tabla correspondiente a los niveles de pobreza del Departamento de Salud y Servicios Humanos (DHHS) de los EE.UU. se proporcionan a continuación. Todos los clientes nuevos o antiguos tienen que llenar este formulario y aportar ésta documentación en la medida de lo posible. A falta de documentación soporte, los clientes pueden colocar sus iniciales en las líneas correspondientes mostradas a continuación de las tablas. Después de que el cliente halla completado el documento, el empleado responsable de la prestación de servicios debe revisar, e indicar en la parte inferior de la forma que el nivel de ingresos está por encima o por debajo del 125% del nivel de pobreza exigido y si ella/él es un residente del Distrito de Columbia. La residencia en el Distrito de Columbia se podrá verificar ya sea mediante el examen de una identificación emitida por el estado o mediante el examen de una factura o un estado de cuenta que muestra la dirección residencial del cliente. Una copia de este formulario debe reposar en el archivo de cada cliente servido en el 2011 ya sea nuevo o antiguo. Cada cliente tiene que llenar este formulario solamente una vez en el año fiscal. Los clientes deben tener en cuenta que la información proporcionada en este formulario tiene como único fin el de determinar si su hogar es elegible para este programa y será mantenido confidencialmente por UPO y/o sus proveedores de servicios.

Nombre del Prestador del servicio:

Dirección del Prestador del servicio:

 REVISE SI SU NOMBRE COMPLETO Y DIRECCIÓN COINCIDEN CON LA IDENTIFICACION PROPORCIONADA.

Nombre del Cliente:

Nº Seguridad Social: Fecha de Nacimiento:

Dirección:

Ciudad: Código Postal:

Nº Teléfono Casa: Nº Teléfono Trabajo:

El Total de Ingresos Familiares Anuales:

Número Total de Miembros en el Hogar (o Familia), Incluido Usted Mismo:

EE.UU. DHHS 2011 Niveles de Pobreza		
Tamaño de la Familia	100%	125%
1 Persona	\$10,890	\$13,613
2 Personas	\$14,710	\$18,388
3 Personas	\$18,530	\$23,163
4 Personas	\$22,350	\$27,938
5 Personas	\$26,170	\$32,713
6 Personas	\$29,990	\$37,488
7 Personas	\$33,810	\$42,263
8 Personas	\$37,630	\$47,038
Por cada persona adicional, añada	\$3,820	\$4,775

Documentos de Verificación sobre Ingresos Anuales de la Familia	
Seguridad Social:	Declaración Impuestos:
TANF:	Ingresos Suplementarios:
Pensión Niños:	Asignación Familia Militar:
Pensión Retiro:	Gastos de Entrenamiento:
No Ingresos:	Pensión Cónyuge:
Otros:	Otros:
Explicar otros:	

He proveido documentos probatorios para certificar que poseo elegibilidad para recibir servicios CSBG.
 INICIALES

No he proveido documentos probatorios, pero al escribir mis iniciales y firmar este documento, certifico que los ingresos de mi familia cumplen los criterios para calificar servicios del CSBG.
 INICIALES

El cliente debe iniciales en la línea correspondiente que aparece arriba para indicar que no tiene documentos para verificar la elegibilidad de ingresos, pero que el ingreso familiar está dentro de los parametros de pobreza. Además, el cliente debe firmar el formulario.

Cliente / Firma del padre: Fecha:

SÓLO PARA EL PERSONAL

Nombre del Empleado Responsable de la Verificación de Elegibilidad:

Estan los ingresos del cliente debajo del 125% del Nivel de Pobreza aplicable? Sí NO Es el cliente residente en Washington, DC en la actualidad? Sí NO

NOTA: AQUELLOS CLIENTES A LOS QUE EL EMPLEADO RESPONSABLE DE LA VERIFICACION NO PUEDA RESPONDER SÍ A AMBAS PREGUNTAS NO SERAN ELEGIBLES PARA RECIBIR CSBG SERVICIOS PRESTADOS POR FONDOS UPO O SUB-BENEFICIARIOS DE LA UPO.

UNITED PLANNING ORGANIZATION
FORM B.5 ORGANIZATION IDENTIFICATION AND PARTICIPANT PROFILE
FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL WARDS 2 AND 4

Organization Name:						
Program Location:						
(Street Address)						
City/State/Zip code					Ward:	
Contact Person Name:						
Contact Person Title:						
Phone:	Fax:		E-Mail		Duns #	
Primary Program Areas:						
<input type="checkbox"/>		Education & Training				
<input type="checkbox"/>		Housing Support Services				
<input type="checkbox"/>		Job & Workforce Readiness				
<input type="checkbox"/>		Employment				
Program Information						
1.	Total Program Outcomes					
2.	Start Date					
3.	End Date					
4.	Time of Day	From:	To:			
5.	Wards to be Served	WARD 2 ()	WARD 4 ()	BOTH ()		
6.	Census Tracts Served					
7.	Number of Persons to be Served					
8.	Number of Staff					
9.	Ratio: Staff to Participants					
PARTICIPANT PROFILE						
10.	Age Range of Participants					
11.	Gender of Participants -Use %	Males:	Females:			
12.	% Unemployed					
13.	% Living in Assisted Housing					
14.	% w/ HS Diploma/GED					
15.	% African American					
16.	% Hispanic or Latino					
17.	% White					
18.	% Other					
19.	% Residing in MPD Hot Spots					
20.	% Homeless					

Form B.6	UPO FY-2012 W2&4 PROGRAM OUTCOME EARNINGS PLAN					\$175,000
	AGENCY NAME:			REPORTING PERIOD: 03/01/12-09/30/12		
Goal & NPI	Measure No.	PROGRAM AREAS AND SERVICES	CASA Code	Rate	Annual Plan Units	Annual Plan Amount
1.1.A.	EMPLOYMENT SERVICES					
	125	Demonstrates Job Readiness Skills (Unduplicated clients)	1201	\$200	0	\$0
	16	Obtains Full Time Job (Unduplicated clients)	1330	\$400	0	\$0
		Obtains Part-Time Job (Unduplicated clients)	1340	\$300	0	\$0
	31	Obtains Job with Benefits (Unduplicated clients)	1337	\$200	0	\$0
	17	Retains Job for 30 or more days (Unduplicated clients)		\$500		
		Full -Time	1331		0	\$0
		Part - Time	1341		0	\$0
	1	Retains Job for 90 or more days (Unduplicated clients)		\$1,000		
		Full -Time	1333		0	\$0
		Part -Time	1343		0	\$0
		Subtotal			0	\$0
1.2.A.	EMPLOYMENT SUPPORTS					
	Vocational Skills Training					
	39	Completes Enrollment Requirements (Unduplicated clients)	1620	\$250	0	\$0
	42	Repeats Training Class (Unduplicated clients)	1621	\$250	0	\$0
	40	Class Attendance	1626	\$10	0	\$0
	43	Tested, demonstrates vocational skills proficiency 31+ class days only (Unduplicated clients)	1625	\$250	0	\$0
	41	Completes training with certification, 1 to 30 class days (Unduplicated clients)	1627	\$250	0	\$0
	44	Completes training with certification 31+ class days (Unduplicated clients)	1622	\$750	0	\$0
		Subtotal			0	\$0
1.2.B.	ABE/GED/EDP/ESL Enrollment					
	45	Completes Enrollment Requirements (Unduplicated clients)		\$250		
		ABE/GED/EDP	2610		0	\$0
		ESL	2640		0	\$0
	46	Class Attendance		\$10		
		ABE/GED/EDP	2616		0	\$0
		ESL	2645		0	\$0
	49	Advances 1 or more grade/ESL levels (Unduplicated clients)		\$750		
		ABE/GED/EDP	2613		0	\$0
		ESL	2643		0	\$0
	50	Obtains GED or Diploma (Unduplicated clients)	2612	\$1,250	0	\$0
		GED Examination	2617	\$100		\$0
		Subtotal				\$0
1.2.E.	Child/Dependent Care					
	122	Obtains care for child/dependent	2550	\$100	0	\$0
		Subtotal			0	\$0
1.2.H.	Housing					
	127	Obtains safer and more stabilized housing (Unduplicated clients)		\$250		
		Transitional Housing	4231		0	\$0
		Subsidized Housing	4233		0	\$0
		Public Housing	4235		0	\$0
		Unsubsidized Housing	4236		0	\$0
	69	Retains stabilized housing 90 or more days (Unduplicated clients)	4813	\$300		\$0
		Subtotal			0	\$0
		TOTAL GOAL 1			0	\$0
		TOTAL AGENCY			0	\$0

**UNITED PLANNING ORGANIZATION
ATTACHMENT B.4.D PROGRAM RELEVANCE
 FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL
 WARDS 2 AND 4**

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

_____ has established partnerships, collaborations and/or relationships with
 (Name of Applicant)

the following organizations in an effort to decrease the duplication and fragmentation of services and to improve and/or expand coordination and linkages between programs and projects designed to address services to low income citizens of the District of Columbia. Check yes to indicate inclusion of:

 (Name of Program Submitted for Funding)

by way of notification, service availability, and acceptance of referrals, regular review and/or strategy sessions, provision of direct services or performance of other services in the operation of the above named project.

UPO FUNDED PROGRAMS

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

OTHER PARTNERS, COLLABORATORS & RELATED ORGANIZATIONS

Name of Organization or Agency	Name & Title Organization or Agency Program Representative	Link with current program*	
		Yes	No

Please use back of page, if you want to list more organizations or agencies.

UNITED PLANNING ORGANIZATION
ATTACHMENT B.4.d (4) Occupancy Authorization Letter
FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL
WARDS 2 AND 4

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 _____ until _____ 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)

UNITED PLANNING ORGANIZATION
ATTACHMENT F.1 CERTIFICATION REGARDING DRUG-FREE WORKPLACE
FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL WARDS 2 AND 4

CERTIFICATION REGARDING DRUG-FREE WORKPLACE

By signing and submitting this grant application, the applicant, in accordance with 45 CFR Part 76, 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,
 - 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 and including termination,
 - 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 _____ Title _____

Printed Name _____

Date _____

UNITED PLANNING ORGANIZATION
ATTACHMENT F.2 ORGANIZATION/AGENCY CHECK LIST
FY 2012 CSBG REQUEST FOR PERFORMANCE BASED PROPOSAL

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.

	<u>Check When Attached</u>	<u>Documents</u>	<u>Attachment</u>
1.		Lead CBO Corporate Capability Documentation	Separate Sealed Envelope
	If Applicable	Partner(s) CBO-Corporate Capability Documentation	Separate Sealed Envelope(s)
2.		Proposal Cover Page	Form B.2
3.		Organization Identification/Participant Profile	Form B.5
4.		Proposal (not to exceed 35 pages)	
6.		Program Relevance Form	Attachment B.4.c
7.		Program Outcome Earnings Plan	Form B.6
8.		Occupancy Authorization Letter/Certifications/Affidavits	Attachment B.4d(4)
9.		Drug-Free Workplace Certification	Attachment F.1
10.		Organization/Agency Checklist	Attachment F.2