REQUEST FOR PROPOSAL (RFP):

FY 2018 Community Services Block Grant (CSBG) Funding for Employment Placement and Retention Services-Only

RFP # 2017-08
## Request for Proposal (RFP) Cover Page

<table>
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<tr>
<th>Solicitation Issue Date: Wednesday, August 30, 2017</th>
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<tbody>
<tr>
<td>Solicitation Closing Date: Open <em>(For priority consideration, submit proposal by Thursday, September 28, 2017)</em></td>
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<td>Solicitation Closing Time: 2:00 PM (ET)</td>
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<tr>
<td>Even after the indicated closing date of September 28, 2017, proposals will be accepted for consideration depending on the needs of the organization (UPO) and the availability of funds.</td>
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<td>Issued By: United Planning Organization (UPO)</td>
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<tr>
<td>Address: 301 Rhode Island Ave, NW, Washington, DC 20001</td>
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<tr>
<td>Telephone Number: 202-238-4600</td>
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<tr>
<td>UPO is a non-profit agency in the District of Columbia founded in 1962 and exempt from any state or federal tax.</td>
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<tr>
<td>Responses must be received on or before Thursday, September 28, 2017 by 2:00 PM (ET.) in the Procurement Office of UPO at 301 Rhode Island Avenue, NW, Washington, DC 20001 for priority consideration.</td>
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<td>Hard copy responses: please see detailed instructions on pages 10, 11, and 12. OR</td>
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<td>Electronic responses: please see detailed instructions on pages 10, 11, and 12.</td>
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<tr>
<td>Pre-Proposal Conference: There will be no Pre-Proposal Conference for this solicitation. Questions may be emailed for clarifications, if needed.</td>
</tr>
<tr>
<td>For general questions/information please e-mail Rizwanul Haque, Procurement Officer at <a href="mailto:rhaque@upo.org">rhaque@upo.org</a> referencing “RFP#2017-08 CSBG Employment Placement and Retention Services-Only”.</td>
</tr>
<tr>
<td>For technical questions, please e-mail Daniel Ofori-Addo, Director of Performance Management at <a href="mailto:doforo@upo.org">doforo@upo.org</a> with a copy to <a href="mailto:rhaque@upo.org">rhaque@upo.org</a>, referencing “RFP#2017-08 CSBG Employment Placement and Retention Services-Only” in the subject line. All questions received will be answered within three (3) business days and will be posted on the UPO website. Questions/information must be e-mailed no later than Thursday, September 14, 2017. Verbal questions and/or responses will not be permitted and will not be considered binding.</td>
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<tr>
<td>UPO 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.</td>
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<td>Any objection to the above conditions must be clearly indicated in the proposals.</td>
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<tr>
<td>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.</td>
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### VENDOR IDENTIFICATION

<table>
<thead>
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<th>Company Name:</th>
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<td>E-mail:</td>
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<td>Federal ID#:</td>
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<td>Print Name</td>
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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 (DC). 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, D.C. 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; employment and training; family and community services; case management; youth development; and referrals to other supportive services.

The Community Services Block Grant (CSBG) is a federally-funded, state-administered grant targeting anti-poverty efforts. Funding is allocated to states and territories using a formula system. CSBG funds Community Action Agencies such as UPO that work to reduce poverty, revitalize communities and assist individuals and families in moving toward self-sufficiency.

The new National CSBG Goals are:

- Goal 1: Individuals and families with low income are stable and achieve economic security;
- Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity; and
- Goal 3: People with low incomes are engaged and active in building opportunities in communities.

In the District, UPO receives a federal pass-through award from the DC Department of Human Services and then issues subawards to community-based organizations selected through a competitive process to join the CSBG network. This RFP is being issued to support community-based organizations that provide services to D.C. residents living at or below 125% of the federal poverty guidelines in accordance with the above-mentioned national goals. Based on current guidelines, the maximum income for an individual is $15,075 and for a family of four (4) it is $30,750.

B. General Community-Based Organization Eligibility Requirements

Eligible community-based organizations (CBOs) must demonstrate that they are a legally incorporated private non-profit organization licensed to conduct business in the D.C., have current 501 (c) (3) tax-exempt status, have a formal governing body, have been in existence for a minimum of three (3) years, are financially capable with audited financial statements for each year of operation and have a fiscally viable organizational structure. Specific requirements are
listed in the Corporate Capability Documentation Section. All of the requirements must be met. Individuals and for profit organizations are not eligible to apply.

All services under the grant are to be performed solely by the CBO and/or its approved partners; and may not be otherwise subcontracted or assigned without prior written approval and consent of UPO. If the applicant is partnering with another CBO, a Letter of Agreement or Memorandum of Understanding detailing the arrangement must be submitted.

**C. Grant Award Amount and Use of Funding**

The grant period is November 1, 2017 through September 30, 2018. The grant may be renewed for an additional year subject to satisfactory performance and availability of funding. The maximum grant award is $50,000. This RFP is performance-based. Rates are set for each outcome. Funding is earned up to the total amount requested, as outcomes are met. Therefore, the number of grants to be awarded is dependent upon the amount requested by the individual community-based organizations selected.

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

**D. Pre-Proposal Conference**

There will be no Pre-Proposal Conference for this solicitation.

**E. Contacts**

Questions concerning this RFP are to be e-mailed no later than **Thursday, September 14, 2017**. Responses to questions will be posted on the UPO website within three (3) days of receipt. Verbal questions and/or responses will not be permitted and will not be considered binding.

All non-technical questions or information regarding this RFP are to be directed via e-mail to:
Rizwanul Haque, Procurement Officer
E-mail: rhaque@upo.org

All technical questions regarding this RFP shall be submitted via e-mail to:
Daniel Ofori-Addo, Director of Performance Management
E-mail: dofori@upo.org
(With a copy to rhaque@upo.org)
II. SCOPE OF SERVICES

A. Program Purpose

The UPO, pursuant to its authority as amended by P.L. 105-285, the Coats Human Services Reauthorization Act of 1998, which authorizes the CSBG, proposes to establish Service Provider 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. The National Goals and performance indicators to be addressed by respondents are:

- **Goal 1**: Individuals and families with low income are stable and achieve economic security—employment placement, employment services, education services, income and asset building, health and social/behavioral development services and supportive services;
- **Goal 2**: Communities where people with low incomes live are healthy and offer economic opportunities—partnerships and volunteerism;
- **Goal 3**: People with low incomes are engaged and active in building opportunities in the community—volunteerism among people with low incomes.

Applicants for this solicitation are required to select goals and performance indicators that correspond to the work their proposed program will perform. This RFP focuses on Employment Placement and Retention Services Only in Goal 1. Respondents MUST include a total job placement target that breaks down to no less than an average of 5 placements a month for each of the months included in the plan. For example, a program requesting funding for 10 months should therefore include no less than 50 planned job placements and a program requesting funding for 6 months should include no less than 30 job placements in the plan. Associated planned retention 30 day and 90 day outcomes are an integral part of the proposal and must be realistic based on the total planned job placements indicated.

Although not a requirement, it is preferred that proposals provide employment placement in such high-growth careers and occupations as identified by the D.C. Department of Employment Services (listed below):

**DC occupations with most job growth 2014 & projected 2024**

- Home Health Aides
- Lawyers
- Personal Care Aides
- Management Analysts
- Registered Nurses
- Combined Food Preparation & Serving Workers, Including Fast Food
- Market Research Analysts & Marketing Specialists
- General & Operations Managers
- Computer System Analysts
- Maintenance & Repair Workers, General
- Retail Salespersons
- Security Guards
- Bus Drivers, School or Special Client
- Customer Services Representatives
- Software Developers, Proposals
- Network & Computer Systems Administrators
- Demonstration & Product Promotors
- Software Developers, Systems Software
Janitors & Cleaners, Except Maids & Housekeeping Cleaners

Cooks, Restaurants
Accountants & Auditors
Public Relations Specialist
Computer User Support Specialist

Construction Laborers
Secretaries & Administrative Assistants, Except Legal, Medical, & Executive
Financial Analysts
Paralegals & Legal Assistants
Maids & Housekeeping Cleaners

1 DOES, Office of Labor Market Research & Information, 05/5/2016

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

This RFP is performance-based, therefore, emphasis is on results, impact and accomplishment. Proposals must demonstrate that proposed services will have a measurable impact on assisting low-income DC residents achieve employment-related goals.

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) A brief description of the proposed program and/or initiative;
(3) The target population(s);
(4) The need for the proposed program and/or initiative;
(5) The dates of program operation (must be within the grant award period);
(6) The amount of projected earnings requested.

C. Program Narrative Requirements

1. Program Description
   The program narrative should:
   a. state the mission of your organization
   b. describe your organization
   c. summarize the demographics of population you are targeting
   d. describe the need for the program
   e. describe your program
   f. describe your approach to job placement and job retention service delivery

2. Program Organizational Structure and Operation
   Fully describe the capacity of your organization to manage and operate the proposed program.
   a. Briefly describe the overall organizational structure, management and staffing.
b. Describe the proposed program, including staffing and how it will function within the organization.

c. Provide an overall organizational chart and a program chart including proposed program staffing that clearly identifies personnel by name and title (alternatively, if the organizational chart adequately shows the program chart, the provision of a single organizational chart will suffice).

d. Vacant positions should be designated “vacant” or “to be hired (TBH)”.

3. Position Descriptions

Provide a position description for each person assigned to the program.

a. Clearly identify the name of the person to be assigned to the position or label “to be hired (TBH)”.

b. 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 the proposal and should not be counted in the page limit. Position descriptions must be consistent with the services outlined and should be labeled as Attachment E, 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.

4. Program Location(s) and Facility Conditions

Provide a description and location(s) 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 D.C. 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 Department of Consumer and Regulatory Affairs (DCRA) inspection/certification and/or an Occupancy Authorization Letter must be submitted to UPO. Complete Occupancy Authorization Letter and attach it to the 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, multi-purpose buildings and schools. The facilities should be readily accessible to the participants.

5. Past Performance

Fully describe any past grants received from the UPO and experience that your organization has had with UPO performance-based program funding. Also, fully describe any past grants received from other funding sources in excess of $100,000 and
experience that your organization has had with any performance-based program funding. Please state whether any of the 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 H, Notice of Past Performance and attach it to the proposal.

6. Reports & Records
Describe how your organization will comply with UPO’s expectations around client data tracking and reporting.

For context, note that 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. Describe your organization’s technological capability to access the internet and the CASA System.

In addition to reporting in CASA, service providers 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 awardee 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 consists of 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 3rd day following the last day of (end of) the previous month. If the 3rd 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
D. Program Outcome Earnings Plan and Instructions

Download Attachment B, Employment Focused Program Outcome Earnings Plan from the UPO website. The Plan is a self-populating electronic Excel spreadsheet. Instructions for completing the Program Outcome Earnings Plan may be found in the first tab of the spreadsheet. Complete the Plan in its entirety, print and attach it to your proposal.

Develop an Employment Focused Program Outcome Earnings Plan for your organization that is consistent with the 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 listed on the Employment Focused Program Outcome Earnings Plan. Given the number of months in the anticipated period during which services are to be delivered, the number of total planned job placement outcomes must be at least equal to the product of the number of months and five. A program covering 10 months therefore must have at least 50 jobs proposed. Associated retention outcomes must be realistic based on the program’s past experience in delivering job retention services to customers served.

III. CORPORATE CAPABILITY DOCUMENTATION (CCD)

A. Introduction

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

B. List of Required Documentation

UPO requires the proposers to provide the following corporate capability documentation:

ALL DOCUMENTS MUST BE CURRENT, ACCURATE, AND APPLICABLE TO THE CBO RESPONDING TO THIS RFP.

DOCUMENTS MUST BE ORGANIZED AND NUMBERED IN THE FOLLOWING MANNER:

1. Federal Tax Exempt Status Verification (i.e., proof of 501 (c) (3) tax-exempt status)
2. IRS Employer Identification Number
3. D.C. Tax Exempt Status Verification
4. Current D.C. Basic Business License
5. Certificate of Good Standing (issued by Department of Consumer & Regulatory Affairs, Corporations Division, District of Columbia, within the last six months)
6. Articles of Incorporation (include all amendments)
7. Most current copy of Bylaws
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. Board of Directors Minutes from past two quarters

10. Most recent Audited Financial Statement (drafts not acceptable)

11. CBOs with $750,000 or more in US Federal funding expenditure, must submit a prior year report required in accordance with the Uniform Guidance 2CFR Part 200 Subpart F including findings, opinions and recommendations (drafts not acceptable)

12. Most recent Statement of Activities and Statement of Financial Position/Balance Sheet Statement or Balance Sheet (no more than 3 months old)

13. Most recent Federal Tax Revenue Return 990 (signed and completed) and/or copy of signed and completed extension request/letter

14. Resume of Chief Financial Officer or person providing regularly scheduled or ongoing services of a qualified fiscal officer or Chief Financial Officer

15. Resume of Chief Executive Officer and/or Executive Director

16. Board and Employee Conflict of Interest Policies

17. Criminal Background Check Policy

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

19. List of organization headquarters and/or proposed program site location(s) and hours of operation

20. A copy of the existing 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. (An explanation must be provided in the event that no current insurance coverage is in place). All applicants must be aware that a Certificate of Insurance will be required prior to execution of any agreement with UPO. (Refer to Section VI.C on page 14 for details).

21. Letter of Agreement or Memorandum of Understanding of partnership with another CBO (if applicable).

22. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.

23. Certification Regarding Lobbying.


27. Completed and signed Vendor Identification Form (for blank form see Attachment-L).
If any document 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.

Any proposal not responsive to requested Corporate Capability Documentation may be rejected.

IV. PROPOSAL FORMAT AND SUBMISSION REQUIREMENTS

A. Corporate Capability Documents

The requested corporate capability documents should be printable or printed on 8½ by 11 inch paper, assembled in the order requested and labeled with the corresponding document number. Standard forms have been provided for documents numbered 22 – 27 (refer to attachments G through L of RFP).

If submitted in hard copy, 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 “RFP#2017-08 CSBG Employment Placement and Retention Services-Only, Corporate Capability Documentation” and sealed.

If submitted electronically, the Corporate Capability file(s) should be sent separately through e-mail to procurement@upo.org and labeled “RFP#2017-08 CSBG Employment Placement and Retention Services-Only, Corporate Capability Documentation”.

B. Proposal

Proposers are required to follow the format below and each proposal must contain the following information:

1. Applicant Profile and Proposal Cover Page - Attachment A (Not counted in page total)
2. Table of Contents that list the major sections of the proposal with page numbers
3. Abstract that highlights the major aspects of the proposal (Not to exceed 1 page)
4. Program Narrative (Not to exceed 10 pages)
5. Employment Focused Program Outcome Earnings Plan - Attachment B
6. All Other Attachments (C through F)

The requested proposal should be printable or printed on 8½ by 11 inch paper. Margins must be 1 inch and a single spaced font size of 12-point is required (Times New Roman or Courier type recommended). Pages should be numbered.

The review panel will not review proposals that do not conform to these requirements.
C. Proposal Submission

If submitting hard copy, applicants must submit the sealed envelopes labeled “RFP#2017-08 CSBG Employment Placement and Retention Services-Only, Corporate Capability Documents” and “RFP#2017-08 CSBG Employment Placement and Retention Services-Only, Proposal” and a flash drive containing the full submission in PDF format together in a sealed envelope. Label this large envelope “RFP#2017-08 CSBG Employment Placement and Retention Services-Only”.

If submitting electronically, the proposals should be sent separately through e-mail to procurement@upo.org and labeled according to instructions given in Section IV - A and B above.

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 this 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.

1. Submission Date and Time

In order to receive priority consideration for funding, proposals must be received by Thursday, September 28, 2017 at 2:00 p.m. (ET). No changes can be made to the proposals after submission unless requested by UPO.

UPO will continue to accept proposals even after the stated closing date depending on organizational needs and the availability of funds.

2. Submission Location

Hard copy proposals must be received by the deadline at the following location:

UPO
301 Rhode Island Avenue, NW
Washington, DC 20001

ATTN: Rizwanul Haque
RFP#2017-08 CSBG Employment Placement and Retention Services-Only,

Electronic copy proposals must be received by the deadline at procurement@upo.org.
D. Required Form Attachments

The required 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 F Organization/Agency Proposal Submission Checklist as a guide:

- Attachment A Applicant Profile and Proposal Cover Page
- Attachment B Program Outcome Earnings Plan
- Attachment C Coordination & Linkages
- Attachment D Occupancy Authorization Letter
- Attachment E Notice of Past Performance
- Attachment F Organization/Agency Proposal Submission Checklist

V. EVALUATION AND SCORING

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

An external proposal review 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.

A. Scoring Criteria

<table>
<thead>
<tr>
<th>PROPOSAL EVALUATION &amp; SCORING FY 2018 Request for Performance-Based Proposals</th>
<th>POSSIBLE POINTS PER SECTION</th>
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<tbody>
<tr>
<td>CORPORATE CAPABILITY DOCUMENTATION</td>
<td>Declined - Accepted</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>5</td>
</tr>
<tr>
<td>PROGRAM NARRATIVE</td>
<td></td>
</tr>
<tr>
<td>Program Description</td>
<td>20</td>
</tr>
<tr>
<td>Program Organizational Structure and Operation</td>
<td>10</td>
</tr>
<tr>
<td>Program Location(s) and Facility Conditions</td>
<td>5</td>
</tr>
<tr>
<td>Past Performance</td>
<td>10</td>
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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 Agreements resulting from this RFP shall be subject but not limited to the following terms and conditions:

A. Payment Provision

Payments under this Agreement are performance based and will be processed on a monthly basis, within 30 days from UPO's receipt of the required documentation and reports. Service Providers will submit the prior month's Program Outcome Earnings Report by the third (3rd) day of each month. If the 3rd 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 Service Provider.

C. Insurance

Service Providers shall obtain, prior to this Agreement, and keep in force during the operating period of this Agreement the types of insurance specified below. UPO must be listed as an additional insured on coverages, except Workers' Compensation. All certificates of insurance or evidence of insurance must contain a thirty (30) day written notice of any cancellation, change, or termination of coverage. The insurance required shall be obtained from insurance company (ies) licensed to do business in the District of Columbia and shall be kept in force for 90 days after the last payment under the contract. The minimum required coverages are:

- Commercial General Liability Insurance coverage with a minimum of $1,000,000 per occurrence/$2,000,000 aggregate limit.
Professional Liability (Errors & Omissions) insurance to cover liability resulting from any error or omission in the performance of professional services under the Agreement. The policy shall provide limits of $1,000,000 per claim.

Property Insurance for building, facilities and personal property on a replacement basis.

Workers’ Compensation Insurance providing statutory limits for the District of Columbia.

Business Automobile Liability Insurance with a minimum of $1,000,000 per occurrence.

Proof of Bonding/Employee Dishonesty Insurance.

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 Act of 2004.

E. Privacy and Confidentiality

All Service Providers must 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.

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 CSBG laws, 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. In addition, the following terms and conditions are applicable to the CSBG Program:

1. Payments to the Service Providers 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 Federal Funds.

3. Applicants shall adhere to the Limitations on Use of Grants for Construction outlined in Section 678F (42 U.S.C. 9918).

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 are subject to the annual audit requirements under the “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” codified at 2 CFR Part 200, Subpart F (45 CFR Part 75).

6. Applicants under Section 678D (a)(1)(B) shall adhere to cost and accounting standards of the Office of Management and Budget “Uniform Administrative
7. As stated in Section 507 (a) 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 75 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards
- 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. Applicant further agrees to uphold the DC “Wage Theft Prevention Clarification Emergency Amendment Act of 2015”.

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 the Applicant 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:

<table>
<thead>
<tr>
<th>Husband</th>
<th>Wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Father-in-law</td>
</tr>
<tr>
<td>Mother</td>
<td>Mother-in-law</td>
</tr>
<tr>
<td>Brother</td>
<td>Brother-in-law</td>
</tr>
<tr>
<td>Sister</td>
<td>Sister-in-law</td>
</tr>
<tr>
<td>Son</td>
<td>Son-in-law</td>
</tr>
<tr>
<td>Daughter</td>
<td>Daughter-in-law</td>
</tr>
</tbody>
</table>

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 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. RFP APPENDICES

Attachment A  Applicant Profile and Proposal Cover Page
Attachment B  Employment Focused Program Outcome Earnings Plan & Instructions
Attachment C  Coordination & Linkages
Attachment D  Occupancy Authorization Letter
Attachment E  Notice of Past Performance (Over the last 3 fiscal years)
Attachment F  Organization/Agency Proposal Submission Checklist
Attachment G  Certification of Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
Attachment H  Certification Regarding Lobbying; Certification for Contracts, Grants, Loans
Attachment I  Certification Regarding Drug-free Workplace Requirements
Attachment J  Certification Regarding Environmental Tobacco Smoke (Pro-Children Act of 1994)
Attachment K  Statement of Compliance with Applicable Federal, State Statutes and Regulations
Attachment L  Vendor Identification Form
Attachment M  Customer Proof of CSBG Eligibility and Instructions
ELECTRONIC VERSIONS OF ALL FORMS AND ATTACHMENTS MAY BE DOWNLOADED FROM

# Attachment A: Applicant Profile and Proposal Cover Page

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>Organization’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Street Address:</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Person</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title:</td>
</tr>
<tr>
<td></td>
<td>Phone No.:</td>
</tr>
<tr>
<td></td>
<td>E-Mail Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Areas (check all that apply)</th>
<th>Employment Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Full Time Job Placements ___</td>
</tr>
<tr>
<td></td>
<td>(2) Part Time Job Placements ___</td>
</tr>
<tr>
<td></td>
<td>(3) 30 Day Job Retention ___</td>
</tr>
<tr>
<td></td>
<td>(4) 90 Day Job Retention ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Information</th>
<th>Number of persons to be served:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of dedicate staff (FTEs):</td>
</tr>
<tr>
<td></td>
<td>Wards served:</td>
</tr>
<tr>
<td></td>
<td>Program start/end dates:</td>
</tr>
<tr>
<td></td>
<td>Days of operations:</td>
</tr>
<tr>
<td></td>
<td>Hours of operations:</td>
</tr>
<tr>
<td></td>
<td>Funding amount requested:</td>
</tr>
</tbody>
</table>

| Signature and Title of Authorized Agent | |
|-----------------------------------------|
Attachment B: Employment Focused Program Outcome Earnings Plan and Instructions

ATTACHMENT B

Download the full Two (2) Sheets Excel Workbook From


Hard copy - see next pages
INSTRUCTIONS
PROPOSING OUTCOMES

1. Enter your organization's name in place of [[ORGANIZATION NAME]] in the Planned Outcomes tab.
2. Enter the expected number of outcomes in the respective key performance indicators on the Planned Outcomes tab.
3. Review the Planned Earnings tab to see the total earnings that your projected outcomes will yield.
4. Adjust your entries in the Planned Outcomes tab as necessary to arrive at your total anticipated earnings.

<table>
<thead>
<tr>
<th>CASA Code</th>
<th>Rate</th>
<th>Nov '17 - Sep '18</th>
<th>Year to Date Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1330</td>
<td>$350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1340</td>
<td>$250</td>
<td></td>
<td></td>
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<tr>
<td>1331</td>
<td>$500</td>
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<td></td>
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<tr>
<td>1332</td>
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<td>1341</td>
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<td>1333</td>
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<tr>
<td>1343</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1337</td>
<td>$200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) Customers reported as placed in a job in any given month cannot be repeated in a subsequent month for job placement.
(2) Customers reported must have been determined income eligible at 125% of the federal poverty guidelines for 2018.
<table>
<thead>
<tr>
<th>CASA Code</th>
<th>Rate</th>
<th>Nov '17 - Sep '18</th>
<th>Year to Date Totals</th>
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<tbody>
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</tbody>
</table>

(1) Customers reported as placed in a job in any given month cannot be repeated in a subsequent month for job placement.
(2) Customers reported must have been determined income eligible at 125% of the federal poverty guidelines for 2018.
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 D.C. 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**

<table>
<thead>
<tr>
<th>Name of UPO Program</th>
<th>Name &amp; Title UPO Program Representative</th>
<th>Link with current program*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name of Organization or Agency</td>
<td>Name &amp; Title Organization or Agency Program Representative</td>
<td>Link with current program</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Attachment D: Occupancy Authorization Letter

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

Procurement Officer
UPO
301 Rhode Island Avenue, N.W.
Washington, D.C.  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   (circle one)

for the purpose(s) mentioned above.

Sincerely,

_______________________________
(Landlord’s signature)

_______________________________
(Landlord’s Printed Name)
Attachment E: Notice of Past Performance (Over the last 3 fiscal years)

Please indicate whether your organization has received funding through the UPO during the last three fiscal years (October 1, 2013 to September 30, 2016). If yes, please provide the percentage of outcomes achieved for each year.

☐ Organization has not received funding through UPO since FY 2014
☐ Organization has received funding through UPO for the following fiscal years:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 (October 1, 2013-September 30, 2014)</td>
<td></td>
</tr>
<tr>
<td>2015 (October 1, 2014-September 30, 2015)</td>
<td></td>
</tr>
<tr>
<td>2016 (October 1, 2015-September 30, 2016)</td>
<td></td>
</tr>
</tbody>
</table>

Non-UPO Prior Performance Based Programs (in excess of $100,000)

<table>
<thead>
<tr>
<th>Programs</th>
<th>Funding Source</th>
<th>Amount</th>
<th>Planned Outcome</th>
<th>Outcomes/Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

NOTE: The information provided on this form is subject to verification.
Attachment F: Organization/Agency Proposal Submission 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.

<table>
<thead>
<tr>
<th>Check When Attached</th>
<th>Documents</th>
<th>Form Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Corporate Capability Documentation</td>
<td>Separate Sealed Envelope</td>
</tr>
<tr>
<td>2.</td>
<td>Proposal (Includes 3 through 10)</td>
<td>Separate Sealed Envelope</td>
</tr>
<tr>
<td>3.</td>
<td>Applicant Profile and Proposal Cover Page</td>
<td>Attachment A</td>
</tr>
<tr>
<td>4.</td>
<td>Table of Contents (not to exceed one page)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Abstract (not to exceed one page)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Program Narrative (not to exceed 25 pages)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Employment Focused Program Outcome Earnings Plan</td>
<td>Attachment B</td>
</tr>
<tr>
<td>8.</td>
<td>Coordination &amp; Linkages</td>
<td>Attachment C</td>
</tr>
<tr>
<td>10.</td>
<td>Notice of Past Performance</td>
<td>Attachment E</td>
</tr>
</tbody>
</table>
Attachment G: 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

______________________________________________________
Date
Attachment H: 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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

______________________________________________________
Signature

_____________________________________________________
Print Name and Title of Authorized Signatory

_____________________________________________________
Date
Attachment I: Certification Regarding Drug-Free Workplace Requirements

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 and 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
Attachment J: Certification Regarding Environmental Tobacco Smoke (Pro-Children Act of 1994)

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 sub-awards which contain provisions for children’s services and that all sub-recipients shall certify accordingly.

______________________________________________________
Signature

______________________________________________________
Print Name and Title of Authorized Signatory

______________________________________________________
Date
Attachment K: 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:


(4) Equal Pay Act of 1963, 29 U.S.C. § 206(d), and applicable regulations.


(8) The Age Discrimination Act of 1975, 42 U.S.C. §§ 6101 et seq., 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
(Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance) (USDHHS).


______________________________________________________
Signature

______________________________________________________
Print Name and Title of Authorized Signatory

______________________________________________________
Date
Attachment L: Vendor Identification Form

<table>
<thead>
<tr>
<th>Company/Individual's Name:</th>
<th>.......................................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business As (DBA):</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Company Federal ID # or</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Remit To Address:</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Telephone:</td>
<td>.......................................................................................................................</td>
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<tr>
<td>Fax:</td>
<td>.......................................................................................................................</td>
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<tr>
<td>Email:</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Web address:</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Main Contact Person:</td>
<td>.......................................................................................................................</td>
</tr>
<tr>
<td>Person responsible for</td>
<td>.......................................................................................................................</td>
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<tr>
<td>response (if different):</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Authorized Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Appendix A
## Attachment M: Customer Proof of CSBG Eligibility and Instructions

### FY 2017 CSBG Employment Placement & Retention Services

**Verification of Customer Eligibility for CSBG Services Form**

United Planning Organization - Community Services Block Grant Program

<table>
<thead>
<tr>
<th>Service Provider Name:</th>
<th>[ faker ]</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Customer’s Name:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>Street Address:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>City:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>Home Phone Number:</td>
<td>[ faker ]</td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td>[ faker ]</td>
</tr>
</tbody>
</table>

**Total Number in Family Including Yourself:** [ faker ]

**Select One and Indicate Amount:**
- [ ] Weekly Income: $ [ faker ]
- [ ] Bi-Weekly Income: $ [ faker ]
- [ ] Semi Monthly Income: $ [ faker ]
- [ ] Monthly Income: $ [ faker ]

*(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.)*

### Annual Family Income Verification Documents (check all that apply)

- [ ] Tax Return
- [ ] Social Security
- [ ] Pension/Retirement
- [ ] TANF
- [ ] Child Support
- [ ] Supplemental Security Income
- [ ] W2 or 1099
- [ ] No Income
- [ ] Military Family Allotments
- [ ] Training Stipends
- [ ] Other: [ faker ]

**Explain Other:** [ faker ]

(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 initia ling and signing this document, I certify that my income and my family income meets the criteria to qualify for CSBG services.

**Certification of Zero Income**

I hereby certify that neither I nor my family receive(s) income from any of the following sources:

- [a] Wages from employment (including commissions, tips, bonuses, fees, etc.);
- [b] Social Security payments, annuities, insurance policies, retirement funds, pension or death benefits;
- [c] Allowances such as alimony, child support, or money received from persons not living in my family;
- [d] Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc);
- [e] Income from operation of a business;
- [f] Rental income from real estate or property;
- [g] Interest or dividends from assets;
- [h] Unemployment or disability payments;
- [i] Public assistance payments;
- [j] Any other source not named above.

**Details:** [ faker ]

Customer information: You must initial the appropriate line above to indicate that you have income and have provided documentation, have income and are unable to provide supporting documents to verify income eligibility but that your family income falls within the poverty guideline or that you have zero income. Additionally, you must sign the form. Note that the information provided on this form is solely for the purpose of determining whether you or your family are eligible for this program and will be kept confidential by UPO and/or its service providers.

Customer/Parent Signature: [ faker ]

Date: [ faker ]

**DO NOT WRITE BELOW THIS LINE FOR STAFF ONLY.**

Name of Staff Person Verifying Eligibility:

<table>
<thead>
<tr>
<th>Customer’s Total Annual Family Income:</th>
<th>[ faker ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the Customer’s Income Below 125% of the Applicable Poverty Level?</td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>Is the Customer a Resident of Washington, DC Presently?</td>
<td>[ ] YES [ ] NO</td>
</tr>
</tbody>
</table>

**Note:** Customers for whom staff cannot answer yes on both questions are ineligible to receive CSBG funded services provided by UPO or Sub Recipients of UPO.

Revised 02-06-17
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 family 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.
1. Documentation of income and DC residency must be completed at intake, prior to the delivery of any services to the customer. This directive applies to new and returning customers. Additionally, eligibility must be verified upon initiation of a new category of service even if it is within the same year.

2. In order to meet this requirement, a copy of the Verification of Income Eligibility for CSBG Services form must be completed by the customer. Supporting documents provided by the customer to establish family income and DC residency. These documents must be copied and placed in the customer’s file.

3. The form to be completed as follows:
   - Customer fully completes the name, address and income section at the top of the form.
   - Customer checks one or more of the following sources of income or check and explains "other."

<table>
<thead>
<tr>
<th>Annual Family Income Verification Documents (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Return:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Child Support:</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Allimony:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Explain Other:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

4. The customer must initial the appropriate line to indicate that they have or have not provided supporting documents to verify income eligibility. In the event the customer does not have proof of income eligibility he/she may elect to complete the remainder of the intake process and receive services. However, this is to occur with the understanding that the customer will either not sign and not certify eligibility or provide appropriate documents on a return visit. The customer must also sign the form prior to being served.

5. Staff must verify that the customer has read, fully completed, and signed the Verification of Eligibility for CSBG Services form. The form must be completed and signed by each new or returning customer served in a CSBG funded program/service once each fiscal year. Additionally, income eligibility must be verified upon initiation of a new category of service even if it is within the same year.

6. Staff must verify DC residency by examining one of the documents indicated on the checklist.

7. Staff must verify identity of customer by examining at least one of the types of picture identification cards indicated on the check list.

8. Before serving the customer, staff must review the form, ensure all fields are completed, ensure that customer has initial the appropriate line and ensure that the customer has signed the form. Subsequently, staff must compute the annual salary of the customer and answer the two questions about residency and income as it pertains to the customer. Staff must also self-identify by writing his/her full name in the field provided for staff name. Prior to serving the customer, staff must provide information about the availability of child support services to custodial parents in single-parent families and mark all documents on checklist provided by the customer.

9. To verify income eligibility, staff must compute the customer’s annual family income and cross check the result of the computation with the table below. To compute annual family income, staff must multiply weekly pay by 52, or multiply the bi-weekly pay by 26, or multiply the semi-monthly pay by 24, or multiply the monthly pay by 12. For customers who work less than a full year, the calculation will have to be adjusted to reflect the period worked by the customer in a year. Note that 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.

10. If either or both of the answers to the two questions at the bottom of the form is NO, the customer is ineligible to receive CSBG funded services. If a customer is determined to be ineligible, staff may make every effort to refer the customer to an appropriate agency for services. For customers determined eligible, the executed form is valid for one year only.

<table>
<thead>
<tr>
<th>US Census 2017 Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Family Size</td>
</tr>
<tr>
<td>1 Person</td>
</tr>
<tr>
<td>2 Persons</td>
</tr>
<tr>
<td>3 Persons</td>
</tr>
<tr>
<td>4 Persons</td>
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<tr>
<td>5 Persons</td>
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<tr>
<td>6 Persons</td>
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<tr>
<td>7 Persons</td>
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<tr>
<td>8 Persons</td>
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<tr>
<td>9 Persons</td>
</tr>
<tr>
<td>10 Persons</td>
</tr>
<tr>
<td>Additional person, add</td>
</tr>
</tbody>
</table>