

Midlands Workforce Investment Area (MWIA)
Request for Proposals
Title: Incumbent Worker Training Program

ISSUANCE DATE: January 11, 2007

PROGRAM TO BE PROPOSED: Incumbent Worker Training

SUBMITTAL DEADLINE: Friday February 16, 2007

REQUEST: TO PROVIDE RESOURCES TO TRAIN CURRENTLY EMPLOYED WORKERS IN AN EFFORT TO KEEP BUSINESSES AND WORKERS COMPETITIVE

You are invited to submit a Proposal in accordance with the requirements of the solicitation contained herein. Proposals are to be submitted to MWIA, 100 Executive Drive, Suite 218, Columbia, SC not later than Friday February 16, 2007, at which time respondents to this request will be publicly identified. Your proposal must be signed by an official who is authorized to bind the offer and must contain a statement to the effect that the offer is firm for a period of at least 90 calendar days from the date of submission. Due to the possibility of negotiation with any offeror submitting a proposal which appears to be eligible for contract award pursuant to the selection criteria set forth in the Request for Proposal, prices will not be divulged at time of opening.

Proposals submitted must show the above proposal title. The MWIA assumes no responsibility for unmarked or incorrectly marked envelopes being considered for award.

This solicitation does not commit the MWIA to award a contract, to pay any costs incurred in the preparation of a proposal in response to this request, or to procure or contract for the articles of goods or services. The MWIA reserves the right to accept or reject any or all proposals received as a result of this Request for Proposal (RFP), to negotiate with all qualified offerors, or to cancel in part or in whole this Request if it is in the best interest of the MWIA to do so.

REQUEST FOR PROPOSAL
INCUMBENT WORKER TRAINING PROGRAM

PREPARED BY THE
MIDLANDS WORKFORCE INVESTMENT AREA

DATE JANUARY 11, 2007

Part 1: GENERAL INFORMATION

A. Pre-Proposal Conference

There will be no Pre-Proposal Conference for this program. All questions must be submitted in writing no later than 01/19/2006 at 5:00 pm. To make answers available to any interested parties, all questions and responses will be posted on the MWDB website (midlandsworkforce.org) no later than 01/24/2006. After this date, there will be no additional questions, written or verbal, addressed. Please submit all questions to:

Chris White
Midlands Workforce Investment Area
100 Executive Drive, Suite 218
Columbia, SC 29210
Phone: 803-744-1680
Fax: 803-744-1671

B. Key Events and Dates

1.	Request for Proposals Issued	01/11/2007
2.	Deadline for Receipt of Written Questions	01/19/2007
3.	Deadline for Receipt of Formal Proposals	02/16/2007
4.	Commencement of Evaluations	03/01/2007
5.	Announcement of Award(s)	No later than 03/23/2007
6.	Commence Contract Performance	No later than 03/26/2007

C. Delivery of Proposals

Proposals in response to this Request for Proposal must be received by the MWIA no later than February 16, 2007 at 3:00 pm. At this time and location, the proposals will be publicly opened and identified. Due to the possibility of negotiation with any offeror submitting a proposal, prices will not be divulged at time of opening. Any proposals received after the scheduled date and time will be immediately disqualified. Proposals may be hand delivered or mailed to MWIA at the above address.

D. Policy of Competition

The MWIA conducts all procurement transactions in a manner providing full and open competition. This Request for Proposal identifies all evaluation factors and their relative importance. Technical evaluations will be made of all proposals received. Awards will be made to the responsible offerors and firms whose proposals are most advantageous to the program.

PART 2: SPECIAL INSTRUCTIONS AND CONDITIONS

A. Purpose

The purpose of this Request for Proposals (RFP) is to solicit competitive proposals for Employee training in Richland, Lexington and Fairfield Counties.

B. Applicable Act and Regulations

The Incumbent Worker Training Program is funded by the Federal Workforce Investment Act.

C. Amendments

If it becomes necessary to revise any part of the Request for Proposal, all amendments will be provided in writing to all offerors. Verbal comments or discussion relative to this solicitation cannot add, delete or modify any written provision. Any alteration must be in the form of a written amendment to all offerors.

D. Number of Proposals to be submitted

Each offeror must submit an original and six (6) copies of their proposal under seal. One should have original signatures and shall be clearly stamped or marked with the word ORIGINAL.

E. Presentations and Negotiations

Any offeror may be requested to make an oral presentation of its proposal to the MWIA after the proposal opening. Such presentations provide an opportunity for the offeror to clarify its proposal and to ensure mutual understanding. Any presentations will be determined and scheduled solely by MWIA.

F. Confidential Information

No documents relating to this procurement will be presented or made otherwise available to any other person, agency or organization until after award. Commercial or financial information obtained in response to this Request for Proposal, which is privileged and confidential and is clearly marked as such, will not be disclosed at any time. Such privileged and confidential information includes information that, if disclosed, might cause harm to the competitive position of the offeror supplying the information. All offerors therefore must visibly mark as "Confidential" each part of their proposal which they consider to contain proprietary information. Simply marking the entire proposal as confidential is not acceptable.

G. Appeal Policy

Offerors dissatisfied with the decisions regarding contract award can appeal to the Midlands Workforce Development Board, (MWDB).

The protest must be filed in writing by the authorized signatory official for the offeror addressed to the Executive Committee, MWDB within ten working days of the announcement of the contract awards. Announcement of our "Intent to Award Contracts" will be posted on the Central Midlands Council of Governments (CMCOG) web site,(centralmidlands.org). The ten working days to file appeals will begin on the date the "Intent to Award Contracts" is posted on the web site. All offerors are encouraged to review the CMCOG web site daily during the RFP evaluation period. The MWDB will not consider appeals from individuals or organizations that do not have standing to appeal nor from subcontractors of parties with which contracts have been placed. The signature of a party on an appeal document constitutes a certification by the signer that the signer has read the document and to the best of their knowledge, information, and belief and, after reasonable inquiry, it is well grounded in fact. It must be warranted by existing law or by a good faith argument, and that it is not submitted for any improper purpose such as to harass, limit competition, or cause unnecessary delay or needless increase in the cost of the procurement or the appeal. The cost of the appeal will be borne solely by the appealing organization or individual. The CMCOG will issue a written decision in accordance with its contract appeals procedures. Frivolous appeals will not be addressed by the MWDB. The decision of the MWDB is final. There will be no formal debriefing on the appeal decision.

H. Affirmative Action

The contractor shall take all necessary affirmative steps to assure compliance with all federal and state requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, without regard to discrimination by reason of race, color, religion, age, sex, national origin or physical disabilities. The contractor will indemnify and hold MWIA harmless from all claims for damages from violations of state or federal law, and all cost and expenses, including Attorney's fees arising from or relating to such claims.

I. Format for Proposal

Proposals are to be prepared in a manner designed to provide the MWIA with a straightforward presentation of the offeror's capability to satisfy the requirements of this RFP. Offerors must complete the attached application for funds. All requested information must be provided.

J. Contract Award

A contract shall be awarded to the responsive offeror whose proposal is determined to be most advantageous, taking into consideration the evaluation factors set forth hereinafter. However, the right is reserved to reject any and all proposals received, and in all cases the MWIA will be the sole judge as to whether an offerors proposal has or has not satisfactorily

met the requirements of this RFP. MWIA may require Best & Final Offerors selected to participate in negotiations, technical revisions or other revisions to their proposals prior to contract finalization. There may be a preliminary selection for Best and Final Offerors. Terms and conditions that are included in this RFP will be a part of all Contracts awarded.

K. Notice of Award

Notice of "Intent to Award Contracts" will be mailed to all offerors informing them of the success, or lack thereof, of their proposal to receive an award.

PART 3. EVALUATION CRITERIA

The MWIA will take into consideration the following information in determining acceptance and approval of proposals. The proposal will be reviewed based on the following specific criteria.

Eligibility for Funds	10%
Priority	35%
Budget	20%
Program Performance	10%
Training Program Considerations	5%
Other	20%

Ex-Parte Contacts: Ex-Parte contact with any member of the Midlands Workforce Development Board with the aim of providing information or influencing a recommendation outside a scheduled meeting established by the MWDB shall be grounds for disqualification of the proposal from further consideration.

PART 4. SCOPE OF SERVICES

The services included in this Request for Proposal are identified in the Attachment to this RFP.

Incumbent Worker Training Program

Guidelines & Application

Midlands Workforce Investment Area

PROGRAM GUIDELINES

The Incumbent Worker Training (IWT) Program is funded by the Federal Workforce Investment Act (WIA). Applications for funding in the Midlands Workforce Investment Area are open to all South Carolina companies meeting the guidelines listed below.

Business Applying For Funding:

- ◆ Must be a private for profit or non-profit business (government agencies are not eligible)
- ◆ Must have been in operation in South Carolina for a minimum of one year prior to application date to be eligible for grant funding
- ◆ Must be current on all state tax obligations
- ◆ Must have at least one full-time employee (not counting the business owner) and have no more than 400 fulltime employees
- ◆ Employers must provide a matching contribution to the training project that shall not be less than:
 - (1) 10% of the costs for businesses with 50 or fewer employees
 - (2) 15% of the costs for businesses with more than 50 employees, but fewer than 100 employees
 - (3) 25% of the costs for businesses with 100 or more employees

Priority Will Be Given to Training Proposals that Result in the Following:

- ◆ Use of the Midlands Workforce Investment Area's *WorkKeys™* job profiling and assessment services and *Worldwide Interactive Network Career Solutions™* training; and/or,
- ◆ Use the staffing resources of, or otherwise partner with the Midlands One Stop system or youth programs; and/or
- ◆ A significant upgrade in employee skills; and/or,
- ◆ Employee wage increases as a result of training; and/or,
- ◆ A significant layoff avoidance strategy; and/or,
- ◆ Trainee retention opportunities; and/or,
- ◆ Trainee receipt of a portable credential upon successful completion of training; and/or
- ◆ Training opportunities to businesses that have not received an IWT award during the prior or current program year

Training Services:

- ◆ Can be provided through South Carolina's technical colleges, school districts, area vocational-technical centers, state universities, or licensed and certified private entities/institutions
- ◆ Can be conducted at the business's own facility, at the training provider's facility or at a combination of sites
- ◆ Instructors can be either full or part-time educators or professional trainers from the business

Reimbursable Training Expenses:

- ◆ Instructors'/trainers' salaries
- ◆ Curriculum Development
- ◆ Textbooks/manuals
- ◆ Materials and supplies

Non-Reimbursable Costs:

- ◆ Trainee wages
- ◆ Trainee travel
- ◆ Training equipment
- ◆ Capital improvements
- ◆ Purchase of any item or service that may possibly be used outside of the training project
- ◆ Costs incurred prior to the approval date of the application

Grant Awards:

- ◆ With the high demand and limited funding available, all applications will be evaluated to leverage other state, federal and private funds with Incumbent Worker Training funds
- ◆ Businesses approved for funds must sign an agreement to complete the training project as proposed
- ◆ Businesses must keep accurate records of the project's implementation process
- ◆ Businesses must submit reimbursement requests with required documentation

Project Completion:

- ◆ Training projects are performance based with specific measurable outcomes, including the completion of the training and job retention
- ◆ Businesses will provide sufficient documentation for identification of all employee trainees for calculation of performance measures and outcomes deemed pertinent to the local workforce system.
- ◆ Last payment will be withheld until the final report is submitted and all performance criteria specified in the grant agreement have been achieved to include:
 - (1) Submission of required documentation
 - (2) Employer matching contribution requirement

APPLICATION INSTRUCTIONS

Complete the attached IWT Program Application. Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number and attached to the back of the application form. Submit one original and six (6) copies of the signed completed application to:

**ATTN: IWT Application
MIDLANDS WORKFORCE INVESTMENT AREA
100 Executive Drive, Suite 218
Columbia, SC 29210**

YOUR APPLICATION MUST BE RECEIVED AT THE ADDRESS ABOVE BY 3:00 PM February 16, 2006 FOR CONSIDERATION. YOU MAY FAX OR E-MAIL YOUR APPLICATION TO CHRIS WHITE (SEE BELOW). HOWEVER, AN ORIGINAL SIGNED APPLICATION AND SIX COPIES MUST BE RECEIVED IN THE MWIA OFFICE BY THE DEADLINE. YOU SHOULD NOT PLAN TO BEGIN TRAINING FOR AT LEAST 30 DAYS AFTER THE APPLICATION DEADLINE.

If you have any questions or need assistance in completing the application, please contact:

**Midlands Workforce Development Board
100 Executive Center Drive, Suite 218
Columbia, SC 29210
Fax: (803) 744-1671**

Chris White
Phone: (803) 744-1680
E-mail: cwhite@mwdb.org

Mike Caulder
Phone: (803) 744-1670 ext 105
E-mail: mcaulder@mwdb.org

Incumbent Worker Training Program Grant Application

LWIA ADMIN. USE ONLY

Date Received

Date

Approval/Disapproval

SECTION 1. Company Information:

Company Name:											
Authorized Company Representative:					Title:						
Phone:			Ext.:			Fax:					
Email:					Website Address:						
Street/Mailing:											
City:			ZIP:			County:					
Date of Inception:											
Years in Business:					Total Number of Full-time Employees:						
Total Number of Part-time Employees:					Legal Structure of Business:						
<input type="checkbox"/> Sole Proprietor			<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation (Designation:)						
Employer's Federal ID #:					Unemployment Comp ID #:						
South Carolina Sales Tax Reg. #:					NAICS Code:						
Is your company current on all State of South Carolina tax obligations? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Please estimate the total amount your company will spend on training this year.											
Is your company receiving/applying for other public training funds? <input type="checkbox"/> YES <input type="checkbox"/> NO											
If yes explain:											
Has this business site had an IWT agreement before? <input type="checkbox"/> YES <input type="checkbox"/> NO					If yes, when:						
Has there been a layoff at this site within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO											
If yes: <input type="checkbox"/> Temporary Layoff			Number affected:			<input type="checkbox"/> Permanent Layoff			Number affected:		
Has the business or part of the business relocated operations within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO											
If yes:		Relocated from:			Relocated to:			Date of Relocation:			
Does your company use One-Stop Center Services?							<input type="checkbox"/> YES		<input type="checkbox"/> NO		
If Yes, please check all applicable services:		<input type="checkbox"/> List Job Openings		<input type="checkbox"/> Job Fairs		<input type="checkbox"/> Testing & Assessment		<input type="checkbox"/> Mass Hires		<input type="checkbox"/> Other	
							<input type="checkbox"/> On-the-Job Training (OJT) (Employees cannot participate in both WIA funded OJT and IWT simultaneously)				
If no, reason:											
Type/description of your business, product(s) and/or service(s):											
Amount of Grant Request:					Number of trainees:						
Start Date:					End Date:						
Our company is minority owned. (Please check one of the boxes below)											
<input type="checkbox"/> Women-owned					<input type="checkbox"/> Asian/American owned						
<input type="checkbox"/> African/American owned					<input type="checkbox"/> Native/American owned						
<input type="checkbox"/> Hispanic/American owned					<input type="checkbox"/> Other minority owned (specify):						

SECTION 2. Training Provider Information:

Please check the appropriate boxes:		
<input type="checkbox"/> We intend to use a public training organization	<input type="checkbox"/> We will use a private training organization	
<input type="checkbox"/> We will use a private instructor	<input type="checkbox"/> We will use an employee to train our employees	
<input type="checkbox"/> Training will be delivered on-site	<input type="checkbox"/> Training will be delivered at an educational institution	
<input type="checkbox"/> Training will be delivered at a remote location. (Please specify location):	<input type="checkbox"/> Training will be provided during paid work hours	
Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	

SECTION 3. Training Project Information:

Describe the proposed training project – by type of training or course name, provide the following:

1. number of employees to be trained
2. job titles and departments (as appropriate) of employees to be trained
3. number of hours of training
4. how cash or shared costs will be invested in the training project (include in proposed budget under Employer Contribution)
5. identification of any resulting certifications/credentials to be earned by trainees
6. anticipated wage advancement (hourly increase or %) expected to result from training
7. how layoffs will be avoided through this training or retention will result (if appropriate)
8. how MWIA WorkKeys and/or WIN will be coordinated or made a part of the proposed training
9. how the applicant intends to use MWIA One Stop services or otherwise partner with the Midlands One Stop system.

Special Note: Proposals should include a discussion of how training schedules will be met. Specifically, if the applicant receives funding under this grant, assurances that training will be conducted as scheduled should be included in this section of the proposal. MWIA reserves the right to limit changes in the dates, times and courses offered based on adequate justification of the need for such changes

SECTION 4. Training Program Budget

LWIA ADMIN. USE ONLY

Total Number of Employees: _____ (Include Full and Part-time)
 Employer Contribution: _____ Budget Total: _____
 % of Budget: _____ (Emp. Contrib. ÷ Budget Total)

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs occurring before the application is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	IWT ASSISTANCE REQUESTED	*EMPLOYER CONTRIBUTION	TOTAL
Instructor Wages/Tuition (Break out costs for individual programs including total hours and instructor wages – include instructor led WIN training, (as appropriate))	_____	_____	_____
Curriculum Development (WorkKeys job profiling goes here, if included in this proposal)	_____	_____	_____
Materials/Supplies Textbooks (itemize – include costs of WIN materials and supplies as appropriate)	_____	_____	_____
Training Equipment Purchase (itemize)	XXXXXXXXXX	_____	_____
Other Costs (describe)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Travel	XXXXXXXXXX	_____	_____
Trainee Wages	XXXXXXXXXX	_____	_____
Total	_____	_____	_____

* Employers must provide a matching contribution to the training project that shall not be less than:
 (1) 10% of the costs for businesses with 50 or fewer employees
 (2) 15% of the costs for businesses with more than 50 employees, but fewer than 100 employees
 (3) 25% of the costs for businesses with 100 or more employees

SECTION 5. Anticipated Outcomes of the Training Project

Please check the boxes that apply to the anticipated outcomes of the proposed training project. *Attach a brief statement to this application for each checked box explaining "how" and/or "why" this training would result in the specific outcome.*

<input type="checkbox"/> Critical to the long-term viability of our company	<input type="checkbox"/> Critical to the short-term viability of our company
<input type="checkbox"/> Important to the stated mission of our company	<input type="checkbox"/> Would lower employee turnover in our company
<input type="checkbox"/> Would increase the profitability of our company	<input type="checkbox"/> Would save jobs within our company How many?
<input type="checkbox"/> Would create new jobs within our company. How many?	<input type="checkbox"/> Would improve the long-term wage levels of trainees %
<input type="checkbox"/> Would improve the short-term wage levels of trainees %	<input type="checkbox"/> Would assist in the improvement of international trade opportunities
<input type="checkbox"/> Would assist in the training of veterans	<input type="checkbox"/> Would assist in the training of minorities
<input type="checkbox"/> Would assist in the training of the disabled	<input type="checkbox"/> Would assist welfare-to-work participants
<input type="checkbox"/> Would help prevent company from having to relocate its operations	<input type="checkbox"/> Would create openings in entry-level positions How many?
<input type="checkbox"/> Would result in employees receiving a recognized certification/credential Number of employees to receive certifications/credentials	
<input type="checkbox"/> Would be an important component of our company's overall workforce employee development efforts	

How did you learn about the WIA Incumbent Worker Training Program?

SECTION 6. Certification by Authorized Company Representative

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
<i>Print Name:</i>	<i>Date:</i>

Mail original and 6 copies to:

**Attn: Incumbent Worker Training
Midlands Workforce Development Board
100 Executive Center Drive, Suite 218
Columbia, SC 29210**

OR e-mail or fax and follow up via mail with original and 5 copies:

Email: cwhite@mwdb.org
Fax: (803) 744-1671
Phone: (803) 744-1680

or

Email: mcaulder@mwdb.org
Fax: (803) 744-1671
Phone: (803) 744-1670 ext 105

MIDLANDS IWT EVALUATION CRITERIA/RATING SHEET ROUND 6UR

Applicant Company: _____

Reviewer: _____ **Review Date:** _____ **Total Score:** _____

Amount Requested: _____ **Amount Recommended:** _____

Incumbent Worker Training applications will be rated using the criteria and point values shown below. An application must receive an aggregate score of 70 points in order to be considered for funding.

	Max	Rating
A. Eligibility for Funds 1. Has the business been in operation in South Carolina for a minimum of one year prior to application date? (If no, disqualify. If yes, score 1 pt.) 2. Does the business meet the requirements for number of employees? That is, 400 or fewer FTE and at least one employee other than the owner? (If no, disqualify. If yes, score 1 pt.) 3. Is the business current on all tax obligations? (If no, disqualify. If yes, score 1 pt.) 4. Is the business a private for profit or private non-profit business with operations in the Midlands area? (If no, disqualify. If yes, score 1 pt.) 5. Is the applicant providing a matching contribution at the required level based on # of employees? (If no, disqualify. If yes, score 0 to 6 pts.)	10	
B. Priority – Does the application: 1. Show a significant upgrade in employee skills and/or employee wage increases as a result of training? (score 0 to 5 pts.) 2. Reflect an expected wage increase? (score 0 to 5 pts.) 3. Represent a significant layoff avoidance strategy and provide retention opportunities? (score 0 to 5 pts.) 4. Lead to a portable credential upon successful completion of training? (score 0 to 5 pts.) 5. Show use of MWIA's WorkKeys and WIN? (score 0 to 5 pts.) 6. Does the application indicate coordination/relationship with the Midlands One Stop system? (score 0 to 5 pts.) 7. Indicate applicant has not received IWT funding in the current or previous program year? (score 0 to 5 pts.)	35	
C. Budget 1. Are costs reasonable in terms of the activities to be provided and the performance outcomes to be achieved? (score 0 to 5 pts.) 2. Was the budget detailed and sufficiently explained? (score 0 to 5 pts.) 3. Is the proposed cost per trainee reasonable? (score 0 to 5 pts.) 4. Are costs listed allowable? (score 0 to 5 pts.)	20	
D. Proposed Performance 1. Has the applicant clearly outlined the goals and objectives of the training? (score 0 to 5 pts.) 2. Has the applicant proposed outcomes that are acceptable? (score 0 to 5 pts.)	10	
E. Training Provider Considerations 1. Does the training provider have the capability to provide the training proposed? (score 0 to 5 pts.)	5	
F. Other Considerations 1. Is the company minority owned? (score 0 to 4 pts.) 2. Does the proposed training assist in the training of special target populations (i.e. veterans, minorities, disabled, etc.)? (score 0 to 4 pts.) 3. Does the proposed training create entry-level positions? (score 0 to 4 pts.) 4. Is the application completed in all material elements? (score 0 to 4 pts.) 5. Are proposed training occupations demand occupations in the Midlands? (score 0 to 4 pts.)	20	