

## ATTACHMENT A-1

<b>1.</b>	<b>Proposing to provide the following services (check all that apply)</b>  Job Readiness Instruction & Facilitation _____ Workplace Essentials Instruction & Facilitation _____
<b>2.</b>	<b>Name of business:</b> _____ <b>Mailing address:</b> _____  <b>Business location address:</b> _____  <b>Business type:</b> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (please specify) _____ <b>Owner(s) of the business:</b> _____ <b>Federal Employer Identification Number:</b> _____ <b>Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Business hours:</b> _____ <b>Services provided:</b> _____ <b>Number of years in business:</b> _____ <b>Years of experience providing classes:</b> _____ <b>Experience in working with the unemployed or underemployed:</b> _____  <b>Experience working with the TANF/VIEW client population:</b> _____  <b>Brief history of the business:</b> _____  <b>Type(s) of license(s) (attach copy):</b> _____ <b>Issued by:</b> _____ <b>Certification(s) (attach copy)</b> _____ <b>Relevant Credentials (if an individual applicant)</b> _____ <b>Liability Insured (check one) Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Amount?</b> _____  <b>Worker's Compensation Insured:</b> (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4.</b>	<b>Units of service provided:</b> Hours <input type="checkbox"/> Per Class <input type="checkbox"/> Other _____
<b>5.</b>	<b>Price per unit of service proposed:</b> \$ _____ per _____ or <b>Fixed price amount:</b> \$ _____ Attach outline of proposed annual program budget.
<b>6.</b>	<b>Computer literacy and experience. Rate from 1 – 10 with ten being the highest.</b> Fluid in the use of Microsoft Word _____ Excel _____ Power Point _____ Uses e-mail and internet on a regular basis _____ Ability to provide instruction on developing resumes on the computer _____ Ability to provide instruction in using the internet to complete on-line applications _____

7. <b>Describe experience in providing proposed services:</b> _____
8. <b># Staff employed by business applicant:</b> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
9. <b># Staff and supervisory staff proposed to staff SVSS proposal:</b> # Staff _____ # Supervisory Staff _____ Substitute Staff _____
10. <b>Name of supervisory staff and relevant credentials</b> _____
11. Indicate specifically how the requirements of the RFP will be met. Include what will be done, by whom, and when. Attach additional page(s) if necessary. _____
12. <b>Hours &amp; availability</b>  Services provided: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Times services will be provided: _____
13. <b>Scheduling practices: i.e. employee availability and substitutions for ill/vacationing employees.</b> _____
14. <b>Quality assurance policy and procedure: Please describe:</b> _____
15. <b>List three professional references with contact information that may attest to your ability to provide the services checked in section one of this application</b> _____
16. <b>List of additional documentation or materials being submitted to support this application.</b> _____

