

**Bergen County Workforce Investment Board**  
**327 East Ridgewood Ave**  
**Paramus, NJ 07652**  
**Tel: 201/343-8830**



**Dennis McNerney**  
County Executive

**Jim Black**  
WIB Chairperson

**Tammy Molinelli**  
WIB Executive Director

TO: POTENTIAL PROGRAM SPONSORS  
FROM: TAMMY MOLINELLI  
DATE: MARCH 16, 2010  
RE: REQUEST FOR PROPOSAL

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The Bergen County Workforce Investment Board is hereby requesting proposals from potential sponsors for Work First New Jersey Training Programs.

The target population to be served by these funds must currently be receiving benefits under the Work First New Jersey Programs: Temporary Assistance to Needy Families (TANF), General Assistance (GA) and Food Stamps (FS) recipients.

The amount of funding available for the period July 1, 2010 - June 30, 2011 is **approximately** \$380,000 for the following service categories:

Early Employment Initiative (EEI)	\$ 5,000
Case Management	\$203,000
Occupational Skills Training	\$ 98,300
Basic Skills/ESL/GED	<u>\$ 73,700</u>
TOTAL	\$380,000

Bergen County Public, Private Non-Profit or For-Profit organizations are eligible to apply for funds. **A request for proposal package may be obtained** by contacting Vi Pinto-Biococchi or Maria Valdes, Planning Department at Bergen One-Stop Career Center, 60 State St. Room 200, Hackensack, N.J. 07601 or call (201) 329-9600 extension 5505 or 5516 between 8:00 a.m. – 4:00 p.m. The RFP application can also be viewed online at [www.bergenwib.org](http://www.bergenwib.org). The Bergen County Workforce Investment Board must receive a complete proposal no later than 12 noon April 28, 2010. Applications should be addressed to: Tammy Molinelli, Executive Director, Bergen County WIB, 11 Carol Court, Hackensack, NJ 07601.

A Technical Assistance Conference is scheduled for Wednesday, March 31, 2010 at 9:30 a.m. at the Bergen One Stop Career Center, 60 State Street Room 200, Hackensack, NJ. Parking is available at the Bergen One Stop Career Center lot; **however, you must register** so your name can be given to the security guard. Please register by contacting Vi Pinto-Biococchi ([vinpin@bergen.org](mailto:vinpin@bergen.org)) or Maria Valdes ([marvel@bergen.org](mailto:marvel@bergen.org)).

**Bergen County  
Workforce Investment Board  
Request for Proposal (RFP)  
For  
Work First New Jersey Services**

**Technical Assistance/Bidders Conference: Wednesday, March 31, 2010  
Deadline for Submission: Wednesday, April 28, 2010 (12:00 Noon)**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## BACKGROUND INFORMATION/GUIDLINES

The goal for this RFP is to fund a continuum of innovative programs which is consistent with Work First New Jersey Legislation and Regulations and which will facilitate WFNJ recipients' placement and retention in unsubsidized employment.

**Available Funds:** The funds available for this RFP are federal/state funds awarded to the County of Bergen via the New Jersey Department of Labor and Workforce Development. Estimates for Program Year 2010 (July 1, 2010- June 30 2011) funds that will be available for WFNJ clients pursuant to this RFP are not yet available. However, if local allocations remain at the same level as provided during the 2008 Program Year approximately \$380,000 may be available for WFNJ clients.

Due to limited funding, the WIB reserves the right to adjust final grant awards for less than the amount requested by the applicant.

Funded programs will be eligible for continuation funding if the funded programs demonstrate satisfactory program outcomes and continue to meet funding priorities. However, the County is not obligated to fund the programs in future years.

### **Target Population: Targeted populations for this RFP include:**

- Single parent and two parent families with minor children who are eligible for, or are receiving benefits under the Work First New Jersey Temporary Assistance to Needy Families (TANF) program.
- General Assistance (GA) and Food Stamp (FS) recipients.

**The Bergen County Board of Social Services (BSS), Bergen County One Stop Career Center or New Jersey Employment Services (ES) are the referring agencies for all funded programs.**

Applicants can apply for only one of four Service Categories (Early Employment Initiative, Case Management, Occupational Skills, or Basic Skills Remediation/GED/ESL) with the following exception – Early Employment Initiative can be linked with Case Management.

### TARGET POPULATION– TANF

Service Category:

1. EARLY EMPLOYMENT INITIATIVE (EEI) – Approximately \$ 5,000

**Target Population: All participants for this program will be prescreened to determine eligibility and will be referred by the Bergen County Board of Social Services (BSS).**

Referred participants will meet the following criteria:

- For mandatory participation, the participant will have a high school diploma or a GED and a work history that equals or exceeds 6 months of full-time employment in the last 12 month period;
- For voluntary participation, the participant will have a high school diploma or a GED or a work history that equals or exceeds 4 consecutive weeks of employment within the 52 weeks prior to applying for WFNJ cash assistance. Once the decision is made to voluntarily participate in the EEI program, then participation becomes mandatory.

- All participants will have at least one dependent child.
- All participants will appear to meet all financial and non-financial WFNJ eligibility requirements, including initial cooperation with child support, and are considered eligible candidates for receipt of WFNJ cash assistance.
- No participant will be in immediate need, in accordance with the immediate need provisions of the WFNJ program.
- No participant will meet the criteria for a deferral from work requirements under the WFNJ program.

### **Program Requirements**

- The provision of an intensive job search/job placement service to participants referred by the BSS for a minimum of 15 days (or the date employment is secured, if less) to a maximum of 30 days.
- The development of an EEI participation plan for each participant who meets with the EEI provider.
- Assessment of the need for support services such as transportation and child care in order for the participant to seek and obtain employment.
- Issuance of support payments in the form of a check from a local bank **no later than the day following the determination.**
- Maintenance of participation records that at a minimum must include attendance, job search contracts, the participation plan and payments issued, and a description of the employment obtained.
- Assessment and issuance of one-time lump sum payments to those participants that obtain employment.
- Referral to the BSS and the Bergen County Office for Children as appropriate upon the participant obtaining employment.
- The provision of four months of employment retention services to participants who obtain employment.

**Available Funds: WFNJ Department of Labor and Workforce Development (DOL) \$ 5,000.** The funding components are as followed:

- For each referred individual that completes the job search/job placement component the provider will receive \$275 fee.
- For each referred individual that obtains employment sufficient to render the individual ineligible for WFNJ/TANF the provider will receive a \$175 fee.
- For each individual that retains their employment for a minimum of 4 months the provider will receive a \$300 fee.
- An administrative fee of 7.5% of client support payments is available to the provider.

### **Programmatic Reporting Requirements**

- Daily or otherwise mutually agreed upon communication with the Bergen One Stop of the availability of participants from referral that day.
- Reporting to Bergen One Stop of referred participants who either fail to initially show up or who subsequently fail to comply with program requirements.
- Reporting of participants to the Bergen One Stop who obtain employment including the name and address of the employer, type of occupation, the hourly or weekly wage, the number of hours of employment promised per week and what employment benefits are available such as health, dental, pension vacation, etc.
- Submit LOS forms to the Bergen County Department of Human Services by the 7<sup>th</sup> day of each month.

**Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI).**

Service Category:  
**CASE MANGEMENT**

Goal – To help close welfare cases by assisting participants to secure and retain unsubsidized employment through Case Management Activities.

Available Funds:	TANF \$118,800	GA/FS \$85,000
Level of Services (LOS)	TANF 108	GA/FS 78

Unit Rate \$825 per client

The planned unit rate per client is \$825 (subject to actual funding received): \$660 will be paid via a line item budget and \$165 will be paid for each client who is enrolled for a minimum of 5 days.

**(If funding permits, an additional performance payment of \$275/client will be negotiated for compliance maintenance).**

**Target Outcome:** 60% of participants will become employed and remain employed for 90 days.

Case managers will serve as the primary facilitators and support mechanism for assisting clients in the WFNJ process. The Bergen One Stop will assess and refer clients to the Case Managers who will then evaluate the needs of the client and place them in or provide appropriate activities.

Applicants must be able to perform the following Case Management Activities which include but are not limited to: intake, development of individual referral plan, career, personal or educational counseling, placement in CWEP, placement in literacy or occupational training, weekly employability workshops, monitoring of client attendance and performance, ongoing reassessment and activity reassignment as indicated, grievance review, communication with One Stop case managers, information and referral, linkage to other services, crisis intervention, advocacy, job search, job development and placement, job coaching/employment retention, post-WFNP re-employment, counseling, educational counseling.

To ensure that participants meet the minimum federal and state participation requirements case managers will be responsible for placing participants into Community Work Experience Programs (CWEP). CWEP is defined as: an activity to be utilized to provide work and training to enable the recipient to adjust to, and learn how to function in an employment setting. Placements shall only be with a public or private nonprofit or private charitable employer. CWEP placements are directed towards organizations and agencies directly involved in useful public service areas such as health, recreation, child and adult care, education, environmental protection, social services, etc. A CWEP participant shall not be placed with a private for profit employer.

Case Management Documentation & Paperwork - Maintains accurate, objective case files that clearly indicate all customer interactions, types of interactions, the substance of any discussions and the results of those discussions. Case notes reflect the facts of the situation are clear and comprehensive enough for the case to be easily followed through the notes and are maintained in a timely fashion. Files all paperwork to meet deadlines and ensure that clients do not experience gaps in service.

The agency will send LOS Report by the 7<sup>th</sup> working day of each month to BC-DHS for all current enrolled clients. Enter all CWEP e-time sheets (mandatory) every two weeks for TANF participants and maintain a separate daily time sheet file for TANF and GA/FS. Complete IRP for any activity change or update of information to BC-BSS. The agency is responsible to notify the Board of Social Services when a client is non-compliant. Complete the One Stop CWEP OSOS Reporting form with any activity change and send to the One

Stop. The agency will also complete the TANF/GA/FS Assessment Enrollment form on a monthly basis and send to the One Stop.

**Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI)**

**Service Category:  
OCCUPATIONAL SKILLS TRAINING**

Goal – To help close welfare cases by assisting participants to secure and retain unsubsidized employment through Occupational Training and Job Search/Placement Assistance.

Available Funds:	TANF \$60,800	GA/FS \$37,500
Level of Service (LOS)	TANF 40	GA/FS 25

Unit Rate \$1,500 per client

The planned unit rate per client is \$1,500; this may change depending on actual funding received. Payment will be made on a line item budget based on \$825 per planned LOS with additional performance payments of \$200 for each actual enrollment, \$275 per client for Compliance Maintenance, and \$200 per client for completion of course.

**Target Outcome:** 60% of participants will become employed and remain employed for 90 days.

Occupational Skills Training must be for a labor market demand occupation which will prepare a client for entry level employment upon successful completion of the training. A listing of demand occupations can be found on [www.wnjp.in.com](http://www.wnjp.in.com).

Priority will be given to those applications that offer qualified credential training programs. A credential is a nationally recognized degree or certificate or state locally recognized credential which ensures that training services are designed to equip individuals to enter or re-enter employment.

Applicants will perform the following activities which include but are not limited to: Enrollment, development of an Occupational Training Goal Plan, Information and Referral, Communication with WFNJ Case Managers, Occupational Training, Job Search, Completion of Occupational Training, Achievement of Credential, Job Development, Placement, and Employment Retention.

- All training providers must qualify to be listed on the New Jersey Department of Labor and Workforce Development’s ETPL (Eligible Training Provider List).
- The program must have a monitored job search/employment retention component.

**Documentation & Paperwork**

The agency will send LOS by the 7<sup>th</sup> working day of each month to BC-DHS for all current contract clients enrolled. Enter all occupational e-time sheets (mandatory) every two weeks for TANF participants and maintain a separate daily timesheet file for TANF and GA/FS. Complete the TANF/GA/FS Assessment Enrollment form on a daily basis and send to the One Stop. The agency will complete the One Stop OSOS Reporting form with any activity change to the One Stop

**Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI).**

Service Category:

**BASIC SKILLS, ENGLISH AS A SECOND LANGUAGE AND GED**

**Goal** – To help close welfare cases by assisting participants to improve their literacy/educational levels in **all of the following areas** - English as a Second Language, Basic Skills, Basic Remediation Skills (BREM) and GED.

Available Funds	TANF \$57,200	GA/FS \$15,400
Level of Service (LOS)	TANF 52	GA/FS 14

Unit Rate \$825 per client (subject to actual funding received)

The planned unit rate per client is \$825: \$660 will be paid via a line item budget and \$165 will be paid for each client who is enrolled for a minimum of 5 days.

**(If funding permits, an additional performance payment of up to \$275/client will be negotiated into each contract for compliance maintenance).**

**Applicants must perform initial assessment of ESL students at intake to determine participant’s initial ESL placement level.** Initial assessment of Basic Skills, BREM, and GED participants will be completed by the Bergen One Stop.

Basic Remedial Education (BREM) – applicants must provide BREM for all clients who are assessed to be in need of this service by case management. Applicants must be able to service clients with a very low grade level and raise their grade level to 5. At which point the client will be referred to a “Workforce Learning Link” to attain the appropriate grade level.

For clients requiring **GED training**, the applicant must provide GED training that will prepare the client to pass the Official State of New Jersey GED Examination.

**English as a Second Language** must be provided for the following levels:

Beginning ESL 1 and 2, Low Intermediate ESL  
High Intermediate ESL, Low and High Advanced ESL

The program must serve clients who are in need of short-term educational support to improve their future work prospect by improving their English language communication skills (ESL), their math and or writing skills, BREM skills or attainment of the GED.

- All training providers must qualify to be listed on the New Jersey Department of Labor and Workforce Development’s ETPL (Eligible Training Provider List).

**Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI).**

## **WFNJ PROGRAM REQUIREMENTS – TANF and GA/FS**

Responses to this RFP must incorporate the following so participants are effectively served and integrated into the labor market:

- Program outcomes must be job placement, retention in unsubsidized employment, and closure of the participants' WFNJ case.
- Report all DOL funded participant's attendance and enrollment in all activities to the Board of Social Services, Labor and Workforce Development Employment and Training, Bergen County Human Services or the Bergen One Stop as appropriate.
- Individualized referral plans must be developed for all participants in all activities.
- Participants must be actively involved in the development of such plans.
- All funded agencies must be able to ensure that participants can meet the minimum federal and state participation requirements. The general rule for activities is that they total 35 hours per week. The "To Work" case management staff will calculate the CWEP hour requirement for the appropriate provider. **Programs must be flexible to allow for individual participant requirements for CWEP activity.**
- All training providers must qualify to be listed on the New Jersey Department of Labor and Workforce Development's ETPL (Eligible Training Provider List)
- The Board of Social Services, Labor and Workforce Development Employment and Training, or the Bergen One Stop Career Center will be the referral agencies for all funded programs.

### **WFNJ ELIGIBLE RFP APPLICANTS**

Public, private-non-profit, or private-for-profit agencies or a group of collaborating agencies with a designated lead agency which serve residents of Bergen County may submit a proposal. Funded agencies will be required to:

- Have insurance coverage consistent with the attached Bergen County Requirements.
- Comply with affirmative action requirements.
- Comply with all federal, state and local laws, rules and regulations.
- Submit monthly level of service reports and quarterly expenditure reports as appropriate.
- Report all client activity to the Bergen One Stop Career Center using AOSOS forms.
- Participate in the Work First NJ Collaborative meetings on a bi-monthly basis.

# WFNJ PROGRAM DESCRIPTION

**INSTRUCTIONS:** Provide a narrative in **the same sequence** as the following outline. Number your narrative consistent with the outline and number your pages.

**Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI).**

Please provide concise, complete answers.

## **I. PROPOSAL SUMMARY:**

Provide a one page summary of your proposal. Identify the specific service(s) you propose to provide. **See Attachment A page 13.**

## **II. APPLICANTS CAPACITY:**

1. Provide the mission, goals and objectives of the agency.
2. Describe the agency's experience with the target population to be served by the proposed program. Give specific data that demonstrates how the participants have benefited or changed as a result of service.
3. List any accreditations and licenses that the agency holds that pertain to the funding request.
4. List formal and proposed cooperative/collaborative agreements with other programs that pertain to the funding request.

## **III. ACCESSIBILITY:**

1. Provide information on accessibility of service. Include all of the following:
  - Hours and days that service(s) will be available
  - List locations where service(s) will be provided
  - Transportation options (how participants reach your program location)
  - Accommodations for people with disabilities (ADA compliance)
  - Accommodations for bilingual/bicultural participants
  - Accommodations for long-term welfare recipients

## **IV. EVIDENCE OF NEED FOR THE PROGRAM:**

1. Describe the need for the program based on your experience or data from existing programs. (Cite sources)
2. Describe how your program will meet needs not already addressed by existing services in the county.

## V. PROPOSED SERVICE(S):

Answer this section for every service category for which you are requesting funds. **Applicants can apply for only one Service Category with one exception – Case Management can be linked with Early Employment Initiative (EEI).**

1. Provide a detailed description of the following, including the role of staff and time frames. Your descriptions should reflect the RFP guidelines for the specific service category (Early Employment Initiative, Case Management, Basic Skills/ESL/GED, or Occupational Skills Training).
  - Intake procedures – after referral, how long will it take for a client to start the program and complete the program
  - Methodology for working with the specific target population to achieve the goal of the Service Category(s) /specific activities for implementing the proposed program and time frames
  - Use of consultants or volunteers to provide service activities
  - Coordination of client services within the agency and with other agencies, formal and informal referral mechanisms, affiliation agreement with other agencies, including participation in the One Stop System
  - Discharge/termination, reasons for discharge (client and program initiated), appeals process
  - Follow-up services
2. Describe methods which will be used to measure customer progress and satisfaction.
3. Describe the proposed outcome(s). Describe the methods and indicators which will be used to measure participant outcome(s). Outcome(s) illustrate how the participant has benefited or changed as a result of participating in program activities.
4. Describe how the program will use client satisfaction and participant outcome information to change or improve services. How often will this program evaluation process be conducted?
5. Describe procedures to be used to insure timely and accurate submission of monthly level of service reports.
6. Attach one copy of the following items:
  - Job descriptions for all positions of proposed Service Categories.
  - If applicable, letters of support from collaborating agencies and descriptions of activities they will be responsible for

Limit this narrative to 15 typewritten pages. Use 8 ½ x 11 paper and 12-point font.

# INSTRUCTIONS

Submit one original signature and ten (10) copies of each application. Each copy of the application must include all of the following:

- Program Summary Sheet (Attachment A, page 14)
- Program Description (see pages 9-10)
- Budget (must use the same format as Attachment C, pages 16-22).

Applications must be received by **12 noon, Wednesday, April 28, 2010**. Applications may be hand delivered or mailed.

No extensions of the deadline will be considered. Failure to meet the deadline or to provide the required number of copies of the application, and/or to submit a complete application will result in the application being eliminated from funding consideration.

The original signed application and ten (10) copies must be submitted to:

Tammy Molinelli, Executive Director  
Bergen County Workforce Investment Board  
11 Carol Court  
Hackensack, NJ 07601

## **Proposal Selection & Evaluation Criteria:**

The Bergen County Workforce Investment Board (WIB) has in place a process for the evaluation of new programs, requests for proposals, and other initiatives. Standard evaluation elements and review requirements address the local goals, objectives, and priority use of funding. All proposals will be reviewed by the Bergen County Workforce Investment Board or a subgroup (review panel) thereof. The review panel will have representation from the Bergen County Department of Human Services and consist of volunteers drawn from the WIB's general membership, partners, committee members, or/and staff members of the Bergen County Workforce Investment Board. The WIB also reserves the right to include community leaders and local business representatives on the review panel. Proposals will be reviewed by members of the review panel who do not have a vested interest in the awarding of funding, thereby eradicating any conflict of interest or an appearance thereof.

The WIB reserves the right to reject any and all proposals when circumstances indicate it is in its best interest to do so which include but is not limited to: loss of funding, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with county, state and federal laws and regulations.

## **CRITERIA FOR EVALUATING APPLICATIONS**

### **NEED JUSTIFICATION**

**15 points**

#### **Sections, I, IV and V (from Program Description)**

- The applicant has developed the proposal consistent with the RFP guidelines.
- The applicant clearly states the problem to be addressed.

### **CAPACITY**

**35 points**

#### **Section II**

- The applicant can accommodate the special needs of the targeted population(s).
- The budgeted expenses are consistent with the program design. Justifications for calculating program expenses are clear.
- The applicant has demonstrated funding resources are combined in order to maximize services to participants.
- The applicant has experience serving the target population in the Service Category applied for.

### **PROGRAM**

#### **Design and Innovation**

**25 points**

##### **Section I and V**

- The applicant has fully developed the program: it has defined intake, methodology, discharge and follow-up processes.
- The applicant has a well defined job search, job development plan.
- The application reflects an innovative approach to program design and implementation.

#### **Outcomes**

##### **Section V**

**15 points**

- The applicant has clearly delineated specific and measurable outcomes and their indicators.
- The applicant has developed methods for measuring and evaluating participants' progress and satisfaction as a result of participating in the program.
- The applicant's projected outcomes are realistic and consistent with the goals of the RFP.
- The applicant has clearly defined how they plan to use outcome data for program development.

#### **Coordination**

##### **Section V**

**10 points**

- The applicant has established or proposed relationships/affiliations with the Bergen County One Stop System and other agencies in the community in order to coordinate and integrate services on behalf of the participant.

**Proposals receiving a score of 65 or below will not be considered for funding.**

All proposals submitted for consideration must include all of the following items in the order stipulated and be securely fastened.

- 1) Proposal Summary with signatures (Attachment A – Signature Required)
- 2) Check List (Attachment B)
- 3) Budget Forms (Attachment C)
- 4) Conflict of Interest Certification (Attachment D - Signature Required)
- 5) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment E - Signature Required)
- 6) Certification Regarding Lobbying (Attachment F - Signature Required)
- 7) Affirmative Action (Attachment G – Signature Required)
- 8) Grievance Procedures (Attachment H)
- 9) Certification of Liability Insurance (Attachment I – Signature Required)
- 10) Statement of Adequacy of Accounting System (Attachment J – Signature Required)

**Bergen County Workforce Investment Board**  
**PROPOSAL SUMMARY**

*Work First New Jersey*  
*REQUEST FOR PROPOSAL*

**Applicant Agency:** \_\_\_\_\_

**Type:** Public \_\_\_ Profit Non \_\_\_ Profit Private \_\_\_ Community Based Org. \_\_\_ Faith Based \_\_\_

**Address of Applicant:** \_\_\_\_\_

**Service(s) offered:** \_\_\_\_\_  
And funding requested \_\_\_\_\_

**Federal ID Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person For RFP:**

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Contact Person For Program Information:**

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Total Number of Participants to be served:** \_\_\_\_\_

**Brief description of services to be provided:** Applicants can attach a maximum of one additional page if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the information contained in this proposal is to the best of my knowledge correct.

**CERTIFYING OFFICIAL:**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Bergen County Board of Chosen Freeholders sponsors the Bergen County WIB.

CHECK LIST

	<u>YES</u>	<u>NO</u>
Proposal Summary *	_____	_____
Narratives	_____	_____
Budget Forms	_____	_____
Conflict of Interest Certification *	_____	_____
Certification Regarding Debarment, Suspension* Ineligibility and Voluntary Exclusion	_____	_____
Certification of Lobbying for Contracts, Grants, Loans and * Cooperative Agreements	_____	_____
Certification of Compliance Affirmative Action *	_____	_____
Certification of Grievance Procedures	_____	_____
Certification of Liability Insurance Coverage *	_____	_____
Statement of Adequacy of Accounting System *	_____	_____

**\*Requires Signature**

## BUDGET

- **Case Management, BREM, ESL, GED Budgets:**

The budget is broken down into two categories, Personnel and Non-personnel.

On the personnel budget list each job title, the amount of funding, the type of funding (WFNJ or In Kind) and the total budget for each job title. In kind contributions are program costs which will not be paid for by WFNJ funds. Describe each job title on the personnel budget narrative, which directly follows the personnel budget. Please show the calculation of the budgeted amount as described in the examples. On the non-personnel budget the same information is required except this page is for all non-personnel line items. These items should be described on the non-personnel budget narrative directly following the non-personnel budget. The total WFNJ funding should be summarized at the bottom of the non-personnel budget (total personnel and non-personnel requests).

**Do not list WFNJ costs as TANF or ABAWD/GA/FS these costs will be negotiated if a contract is awarded.**

WFNJ cost per participant-please show calculation of the WFNJ cost per participant at the bottom of the non-personnel budget page. This is the planned number of clients served divided into the total WFNJ funding requested (**this must equal \$825**).

At this time it is **estimated** that funding will be based on a per participant **WFNJ** cost of \$825.

For Case Management, BREM, ESL, and GED programs, a **line item budget** totaling 80 % of the total WFNJ funding requested (\$660 per client) should be submitted following the above guidelines. The remaining 20% of the WFNJ funding (\$165 per client) will be paid based on actual enrollment (the client must be enrolled for a minimum of five days).

In the following example, **70** is the **planned** level of service:

<b>Total WFNJ funding requested</b> -----	70 @ \$825 = \$57,750
80% of the total (\$660/client) is paid via a line item budget	
<b>(Based on the planned level of service)</b> ----	70 @ \$660 = \$46,200
20% of the total (\$165/client) is paid for each client	
<b>(Actually enrolled for five days)</b> -----	70 @ \$165 = \$11,550

If funding permits, a performance payment of \$275 for “Compliance Maintenance” for each client will be negotiated into each contract.

Please see sample budget for **Case Management, BREM, ESL /GED programs**.

Case Mgmt., BREM, GED, ESL  
Programs

**Personnel Budget**

		COLUMN A	COLUMN B	COLUMN C
Line Item	Job Title	WFNJ	In Kind	Total Budget
1.	Instructor of Career Exploration	\$20,400	----	\$20,400
2.	Reading Instructor	\$25,225	----	\$25,225
3.				
4.				
5.				
6.				
7.				
8.				
9.				
	TOTAL	\$45,625		\$45,625

**SAMPLE**

List each line item and the budget amount on this page. Describe each line item in your budget narrative and include the method used to calculate the budgeted dollar amount. This budget format must be used.

Budget Narrative

Personnel

Use the same number that is on the budget page to identify the line item in the budget narrative. In the example above the career exploration instructor is #1 on the budget and #1 on the budget narrative. The reading instructor is line item #2 on the budget and #2 on the budget narrative.

1. Instructor of Career Exploration – will instruct students in career exploration for 85 hours per month x \$20 per hour x 12 months= \$20,400.
2. Reading Instructor – will instruct students in reading for 85 hours per month x 24.73/hr. x12 months = \$25,225

Case Mgmt., BREM, GED, ESL Programs

**Non-Personnel Budget**

		<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
Line Item	Description	WFNJ	In Kind	Total Budget
1.	Supplies	\$575		\$575
2.	Utilities		\$1,500.	\$1,500.
3.				
4.				
5.				
6.				
7.	Enrollment payment 70 clients @\$165 for each client Actually enrolled (5 day minimum)	\$11,550		\$11,550
	<b>TOTAL</b>	<b>\$12125</b>	<b>\$1,500.</b>	<b>\$13,625</b>

Total WFNJ funds requested:

Total WFNJ Personnel Funds      \$45,625

Total WFNJ Non-Personnel Funds    \$12,125

Total WIA Funding Requested      \$57,750.

WFNJ cost per participant: Planned # of clients served divided by total WFNJ funding requested:

\$57,750/ 70 clients = \$825.

Budget Narrative

Non-Personnel

Use the same number that is on the budget page to identify the line item in the budget narrative. In the example above supplies is line item #1 on the budget and #1 on the budget narrative. Utilities are #2 on the budget and #2 on the budget narrative and the Enrollment Payment is #3.

1. Supplies – Stationary and various office supplies associated with the program - \$575.
2. Utilities – The cost of gas and electric will not be charged to the grant and is an in-kind contribution to the program. The cost of utilities averages \$15,000per year and the program uses 1/10 of the building space or \$1,500.
3. \$165 will be paid for each client actually enrolled into the program for a minimum of five days

**In the above example 70 participants is the planned level of service.**

**\$825 x 70 = \$57,750 – the total WFNJ funding requested.**

**80% of the total WFNJ funding = \$46,200 (The total of the line item budget).**

**\$165 will be paid for each client who is enrolled for a minimum of 5 days (70 x \$165 = \$11,550)**

**BUDGET FOR EEI PROGRAMS**

Applicants for EEI programs **will not submit a budget.** A total payment of \$750 per participant is available and will be dispersed as follows:

- \$275 for each individual that completes the job search/job placement component
- \$175 for each referred individual that obtains employment sufficient to render the individual ineligible for WFNJ/TANF
- \$300 for each individual that retains their employment for a minimum of 4 months
- Support payments will be made according to guidelines in the Work First New Jersey manual and administrative costs equal to 7.5% of support payments will be made.

**Occupational Training Programs**

At this time it is **estimated** that funding will be based on a per participant **WFNJ** cost of \$1,500.

For Occupational Training programs, a **line item budget** based on **the planned level of service of \$825 per client** should be submitted using the above guidelines. The remaining \$675 of the WFNJ funding will be paid based on negotiated performance.

In the following example, **35** is the **planned** level of service:

**Total** WFNJ funding requested ----- 35 @ \$1,500 = \$52,500

\$28,875 is paid via a line item budget

**(Based on the planned level of service) ---- 35@ \$825 = \$28,875**

\$23,625 is paid for negotiated performance which for current programs is \$200 for five day enrollment, \$275 for Compliance

Maintenance, and \$200 for completion or credential ----- 35 @ \$675 = \$23,625

**ALL figures are contingent upon actual funding available.**

\*\*\*Please see sample budget for Occupational Training programs.

**Budget – Occupational Skills Programs**

**Occupational Skills**

**Personnel Budget**

		<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
Line Item	Job Title	WFNJ	In Kind	Total Budget
1.	Instructor of Computer Mouse Certification	\$26,000	----	\$26,000
2.			----	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
	<b>TOTAL</b>	\$26,000		\$26,000

SAMPLE

List each line item and the budget amount on this page. Describe each line item in your budget narrative and include the method used to calculate the budgeted dollar amount. This budget format must be used.

Budget Narrative

Personnel

Use the same number that is on the budget page to identify the line item in the budget narrative. In the example above the Instructor of Computer Mouse Certification is #1 on the budget and #1 on the budget narrative.

1. Instructor of Computer Mouse Certification – will instruct students 25 hours per week @ \$20/hr. for 52 weeks = \$26,000.

Occupational Skills

**Non-Personnel Budget**

**COLUMN A**

**COLUMN B**

**COLUMN C**

Line Item	Description	WFNJ	In Kind	Total Budget
1.	Supplies	\$2,875		\$2,875
2.	Utilities		\$1,500.	\$1,500.
3.				
4.	<b>SAMPLE</b>			
5.				
6.				
7.	Enrollment 35 @\$200	\$7,000		\$7,000
	Compliance Maintenance 35 @&275	\$9,625		\$9,625
	Completion or Credential 35 @\$200	\$7,000		\$7,000
	<b>TOTAL</b>	<b>\$26,500</b>	<b>\$1,500.</b>	<b>\$28,000</b>

Total WFNJ funds requested:

Total WFNJ Personnel Funds	\$26,000
Total WFNJ Non-Personnel Funds	\$26,500

Total WIA Funding Requested	<u>\$52,500</u>
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WFNJ cost per participant: Planned # of clients served divided by total WFNJ funding requested:  
 $\$52,500 / 35 \text{ clients} = \$1,500$

Budget Narrative

Non-Personnel

Use the same number that is on the budget page to identify the line item in the budget narrative. In the example above supplies is line item #1 on the budget and #1 on the budget narrative. Utilities are #2 on the budget and #2 on the budget narrative and the performance payment is #3.

1. Supplies – Stationary, and various office supplies associated with the program

2. Utilities – The cost of gas and electric will not be charged to the grant and is an in-kind contribution to the program. The cost of utilities averages \$15,000 per year and the program uses 1/10 of the building space or \$1,500.
3. \$165 will be paid for each client actually enrolled into the program for a minimum of five days, \$275 will be paid for Compliance Maintenance and \$200 will be paid for Completion or Credential Achievement.

**CONFLICT OF INTEREST CERTIFICATION**

The undersigned certifies to the Board of Chosen Freeholders of the County of Bergen that in performing services to Bergen County he/she knows of no circumstance that would constitute a conflict of interest, financial or otherwise, between himself/herself of his /her firm, and the Board, its members or with the interest of the County of Bergen in general. The undersigned further certifies that he/she knows of no circumstances or relationships between himself/herself or his/her firm and third parties that would cause the actual or appearance of a conflict of interest or a compromise of judgment and dependence in the performance of the designated services.

The undersigned acknowledges this is a continuing certification, and shall remain in effect for the term of the services contained in the solicited Request for Proposal. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, and I am subject to punishment.

Applicant Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.**

**Certification Regarding 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 an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this Certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

---

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

**Certification Regarding Debarment, Suspension, Ineligibility and  
Voluntary Exclusion Lower Tier Covered Transactions  
Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primarily covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which does a prudent person in the ordinary course of business dealings normally possess.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



**CERTIFICATION OF COMPLIANCE  
AFFIRMATIVE ACTION, P.L.1975, C.127  
N.J.S.I.A 10:5-31 et seq**

1. The Contractor assures it will comply with the requirements of P.L. 1975, c. 127.
2. During the performance of this contract, the Contractor (for purposes of this section "contractor") agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status or affectional or sexual orientation, sex, or atypical hereditary cellular or blood trait of any individual. The contractor will take affirmative action because of age, race, creed, color, national origin, ancestry, marital status or sex. The contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause;

The contractor or subcontractor, where applicable will, in all solicitations, or advertisements for employees placed by or on behalf of the contractor, state that all applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status or sex. The contractor or subcontractor, where applicable will, send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable County employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable County employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principals of job-related testing, as established by the statues and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

The contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status or sex, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractors shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to subchapter 10 of this chapter.

3. Contractor shall submit to the County of Bergen, prior to or at the time the contract signed by the contractor is returned to the Workforce Investment Board for signing) in accordance with N.J.A.C 17:27-4.3 promulgated by the Treasurer pursuant to P.L. 1975, c. 127) one of the following:

- a. Appropriate evidence that the Vendor is operating under an existing federally approved or sanctioned affirmative action program; and,
- b. A Certificate of Employee Information Report Approval; and,
- c. If the vendor cannot present "a" or "b" and the Vendor has never applied for "b", the Vendor shall complete and Employee Information Report (Form AA 302). This form will be made available to the Vendor, on request, by the County of Bergen, Affirmative Action Office, One Bergen County Plaza, Hackensack, New Jersey 07601. When the vendor completes the Employee Information Report, the copy marked "Public Agency" shall be submitted to the Workforce Investment Board, the copy marked "Contractor" will be retained by the Vendor, and the remaining copies will be forwarded immediately to:

Affirmative Action Office  
Department of the Treasury  
CN 209  
Trenton, New Jersey 08625

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**Contractor**

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**Name of Certifying Official**

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**Signature**

---

**Date**

**APPEAL PROCESS**

**BERGEN COUNTY**  
**WORKFORCE INVESTMENT BOARD**

**PROCEDURE:** Appeal Process for the Bergen County Workforce Investment Board (WIB) Allocation Recommendations.

**BACKGROUND:** The WIB is responsible for recommending the allocation of county funds received through the Federal Workforce Investment Act.

**PURPOSE:** To identify the process, to be followed, when an agency/applicant request a hearing on the WIB Allocation Recommendations.

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**Section I. GROUNDS FOR APPEAL**

The grounds for appeal for the WIB's allocation recommendation (s), as prepared by the Welfare to Work committee shall be limited to a charge of violation of the written procedures of the WIB, as described in this application and/or malfeasance.

**Section II. NOTIFICATION OF WIB RECOMMENDATIONS AND APPLICATION FOR APPEAL**

**BERGEN COUNTY WIB ADMINISTRATIVE STAFF**

- 1) Notify the agency/applicant, in writing, of the program review and/or allocation recommendation(s) prepared by the WIB and attach the Appeal Request Form.
- 2) The agency/applicant shall have seven (7) days form the date of notification of the WIB program review and/or allocation recommendation (s) to submit an appeal.

**Section III. BCWIB RECEIVES APPEAL REQUEST**

**BCWIB ADMINISTRATION STAFF**

- 1) Contact appropriate WIB Allocation Committees that an Appeal Request Form has been submitted.
- 2) Request the WIB Chair to appoint a Hearing Team/Chairperson composed of four members of the WIB who have no conflict of interest. The Hearing Team shall also include, as non-voting ex-officio members, the Chair or Co-Chairs of the WIB's Allocations Committees, and the WIB's Executive Director. (Note: Members of the WIB's Allocations Committee, with the exception of the Chair or Co-Chairs, shall not be appointed to the Hearing Team).

- 3) Schedule a hearing, in collaborations with the appointed Hearing Team, and agency/applicant within ten (10) working days of receiving the Appeal Request.

**Section IV. REVIEW OF APPEAL REQUEST**

- 1) The Hearing Team will develop its decision (s) based on the information provided at the hearing, and make additional recommendations, if deemed necessary.
- 2) The decision (s) of the Hearing Team shall be final.

**Section V. NOTIFICATION OF HEARING RESULTS**

**BCWIB ADMINISTRATIVE STAFF**

- 1) Shall notify the agency/applicant, in writing, on the outcome of the hearing within ten (10) working days following the scheduled date of the hearing.
- 2) Maintain disposition of hearing, on filed in the WIB's Administrative Office, and make available upon request, to the participants of the hearing.

**Hearing Team Chairperson**

The Chairperson of the Hearing Team, shall present a report to the WIB, and, where appropriate, other committees/councils, etc of the WIB, after which, the Hearing Team shall be disbanded by the WIB Chair.

**BERGEN COUNTY  
WORKFORCE INVESTMENT BOARD  
APPEAL REQUEST FORM**

**Section I.** Agency/Applicant to Complete

A. Name of Agency/Applicant: \_\_\_\_\_  
\_\_\_\_\_

Address:

B. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Agency/Applicant statement: We are appealing the WIB Allocations Recommendation because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and therefore are requesting a hearing.

**Section II.** BCWIB ADMINISTRATIVE STAFF

A. Date of Hearing: \_\_\_\_\_

B. Results of Hearing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Date Agency/Applicant Notified: \_\_\_\_\_

SEND COMPLETED FORM TO: Tammy Molinelli, Executive Director, Bergen County Workforce Investment Board, 11 Carol Court, Hackensack, NJ 07601

**CERTIFICATION OF INSURANCE COVERAGE**

**A CERTIFICATE OF INSURANCE SHOULD BE FURNISHED WITH THE PROPOSAL FOR THE PROGRAM. IN THE EVENT THAT A CERTIFICATE OF INSURANCE CANNOT BE FURNISHED WITH THE PROPOSAL, A LETTER FROM THE BIDDER'S INSURANCE BROKER/INSURANCE COMPANY INDICATING THAT IN THE EVENT THE BIDDER IS SUCCESSFUL IN OBTAINING THIS CONTRACT THAT THE REQUIRED INSURANCES WOULD BE AVAILABLE FOR CERTIFICATION BEFORE THE CONTRACT BECOMES EFFECTIVE.**

Certification of Insurance Coverage:

- A. Statutory workers compensation and employer's liability insurance;
- B. Comprehensive, all risks general liability coverage for personal injury and property damage liability of not less than \$1 million for each occurrence and \$2 million annual aggregate;
- C. Comprehensive automobile bodily injury and property damage coverage liability of not less than \$1 million combined single unit.
- D. Professional Liability Insurance in the amount of \$1 million each wrongful act/\$2 million aggregate.

The bidder shall submit to the County of Bergen Certificates of Insurance evidencing that said insurance will be in effect during the term of this Agreement. The County of Bergen shall be named as additional insured under the General Liability and Automobile Insurance. Certificates should be issued to:

Bergen County Board of Chosen Freeholders  
One Bergen County Plaza  
Hackensack, New Jersey 07601  
Attention: Insurance and Risk Management

Certificates should reference the applicable program.

The firm shall be solely responsible for and shall keep, save and hold harmless the County of Bergen and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith on account of the loss of life, property of any persons, agency, corporations or government entity, which shall arise out of the course of or in consequence of any of the negligence acts or omissions or tortuous acts or omissions of the firm, its employees, agents or subcontractors, in the performance of the work covered by this Agreement or the failure to comply with the terms and conditions of the Agreement. The firm's liability in this Agreement shall continue after the termination of the Agreement with respect to any liability, loss, expenses or damage, resulting from negligent acts or omissions or tortuous acts or omissions, occurring prior to termination. This indemnification obligation is not limited by but is in addition to other insurance obligations contained in the Agreement.

Typed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM**

Gentlemen:

I am a certified public accountant (or a duly licensed public accountant) and have been

engaged to examine the financial records of **Name of Contractor:** \_\_\_\_\_

which will be maintained for **Name of Program:** \_\_\_\_\_.

In my opinion, the accounting system  in use  to be established  
internal controls  in use  to be established in  
this program  are  will be adequate to:

1. provide the accurate identification of the receipts and expenditures of these allocated funds by approved budget categories;
2. provide for documentation supporting each book entry, filed in such a way that it can be readily located; and
3. provide accurate and current financial reporting information.

\_\_\_\_\_  
Signature of Accountant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Accountant

\_\_\_\_\_  
License Number (State)

**BERGEN COUNTY WORKFORCE INVESTMENT BOARD  
WORKFIRST NEW JERSEY  
REQUEST FOR PROPOSAL 2010 – 2011**

<b>March 1, 2010</b>	<b>Prepare RFP</b>
<b>March 15, 2010</b>	<b>Public Notice to Newspapers announcing Request for Proposal</b>
<b>March 16, 2010</b>	<b>Issue date of RFP mailed to provider-Announcement</b>
<b>March 31, 2010</b>	<b>Bidders Conference 9:30 am to 11:00 am Ciarco Learning Center 355 Main Street Hackensack, NJ 07601</b>
<b>April 28, 2010</b>	<b>RFP's due by 12:00 Noon Tammy Molinelli, Executive Director Bergen County Workforce Investment Board 11 Carol Court Hackensack, NJ 07601</b>
<b>May 12, 2010</b>	<b>RFP Committee Review for WIB/WF NJ Programs 60 State Street, 2<sup>nd</sup> Floor Hackensack, NJ 07601</b>
<b>May 20, 2010</b>	<b>Executive Committee Approval of WIB Allocation Committee Recommendations</b>
<b>June 3, 2010</b>	<b>Announcement Letter of approval of RFP pending Appeal Process</b>
<b>June 10, 2010</b>	<b>Appeals due by 12:00 Noon Tammy Molinelli, Executive Director Bergen County Workforce Investment Board 11 Carol Court Hackensack, NJ 07601</b>
<b>Date to be announced</b>	<b>Award Notice will be sent pending final approval of funding</b>
<b>July 1, 2010</b>	<b>Programs Begin</b>