DC Department of Employment Services
Workforce Development Bureau

2020 Office of Apprenticeship, Information and Training (OAIT) and the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP) Pre-Apprenticeship Intermediary Initiative
Request for Applications (RFA)

RFA Release Date:
March 10, 2020

Pre-Application Conference
Department of Employment Services
4058 Minnesota Avenue NE
Washington, DC 20019

Date: March 23, 2020
Time: 11:00 a.m. to 12:30 p.m.
Attendance is highly encouraged.

Please confirm attendance at: ogagrants@dc.gov

Application Submission Deadline:
April 8, 2020 at 5:00 p.m. EST

Applications shall be submitted electronically through the Grants Management Portal, click here: Grants Management System

PAPER, LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
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Section A: Funding Opportunity Description

Background

The District of Columbia Department of Employment Services' (DOES) mission is to connect District residents, job seekers, and employers to opportunities and resources that empower fair, safe, effective working communities. DOES prepares District residents for the workforce and connects them to employment opportunities. DOES is dedicated to educating participants about workforce readiness, high-growth industry, career exploration, and academic enrichment through experiential, hands-on programs. DOES is committed to delivering services to District residents who are underemployed or unemployed as well as work readiness training to prepare them for the expectations of the workplace.

MBSYEP

The Office of Youth Programs (OYP) develops and administers workforce development programs for District youth ages 14-24. OYP provides occupational skills training, work experience, academic enrichment and life skills training to facilitate the development of work habits and skills that are essential for success in the workplace.

Within OYP, the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP) is a locally funded initiative sponsored by DOES that provides District youth ages 14 to 24 with enriching and constructive summer work experiences through subsidized placements in the private and government sectors. Mayor Bowser signed the Mayor's Order 2015-037 on January 14, 2015, to rename the program the Mayor Marion S. Barry Summer Youth Employment Program in honor of former Mayor and MBSYEP founder Marion Barry.

Through MBSYEP, DOES strives to provide young people with the opportunity to:

- Earn money and gain meaningful work experience;
- Learn and develop the skills, attitudes, and commitment necessary to succeed in today’s world of work;
- Gain exposure to various exciting career industries; and,
- Interact with dynamic working professionals in a positive work environment.

Though MBSYEP is a short-term employment and training program, the goal is to introduce our youth to employers who will positively impact their futures.

OAIT

The Office of Apprenticeship, Information, and Training (OAIT) is the State Apprenticeship Agency (SAA), which has oversight of the apprenticeship system in the District of Columbia. OAIT monitors apprenticeship programs to ensure compliance and the implementation of quality training for all registered apprentices. OAIT also provides guidance and technical assistance to new and current apprenticeship sponsors regarding federal and local regulations, in addition to program regulation, for a successful program.

Apprenticeships combine on-the-job learning, with classroom-related instruction, teaching entry-
level workers the practical and theoretical aspects of highly skilled occupations. Apprenticeship programs are sponsored by individual employers, employer associations, and joint labor-management groups. Apprenticeship sponsors also have eligibility requirements that vary and can include education and aptitude testing.

Sponsors are required to ensure their programs are comprised of the five basic components:
   1) Employer involvement;
   2) Structured on-the-job learning;
   3) Job-related technical instruction;
   4) Rewards for skill gain; and,
   5) Nationally-recognized occupational credential.

Registered Apprenticeship Programs (RAPs) are proven models of apprenticeship that have been validated by U.S. Department of Labor (DOL) or the SSA, offering workers paid relevant workplace experiences and enable employers to access a workforce while developing their skilled future talent immediately. RAPs are proven solutions for businesses to recruit, train, and retain highly skilled workers.

In the District, RAPs are primarily comprised of Construction and Information Technology (IT) sectors, which are traditional occupations. Given the District’s substantial revitalization efforts, construction occupations for carpenters, brick-masons, sheet metal workers, plumbers, HVAC technicians, cement masons, and electricians meet the employer-driven demands for highly skilled workers. IT occupations such as cloud administrators and helpdesk technicians continue to supply highly-trained individuals to District employers. The RAP opportunities create a viable and sustainable career pathway to the middle class for Washingtonians.

DOES recognizes that Registered Apprenticeship Programs is the way to build and maintain career pathways for all the District’s job-seekers and the District’s businesses seeking workers. DOES also understands that engaging a new generation of workers and employers through youth apprenticeships ensures that the District remains open for business.

For young people, youth apprenticeships are attractive because they are motivating, practical, and affordable. For many young people, it is motivating to learn by doing, particularly for those who perform better in work-based settings than in purely school-based ones. In stark contrast to the typical part-time job, some young people like the direct, practical connection between what they are learning in the classroom and what they are doing on the job. Finally, apprenticeships are affordable because young people earn while they learn and avoid amassing student debt.

**Scope**

As part of the MBSYEP Pre-Apprenticeship Intermediary Initiative, DOES’ OAIT is seeking high quality, structured and innovative grant applications from organizations to develop and implement pre-apprenticeship initiatives that lead to registered apprenticeship opportunities for minority youth (in-school and out-of-school) ages 18-24 and inclusive individuals (individuals possessing physical or mental condition(s) that limits movements, senses, or activities. Organizations must demonstrate partnerships with a registered apprenticeship program approved by the D.C. Apprenticeship Council.

In order to expand innovative programming and meet the demands of District residents, this pre-apprenticeship initiative must lead to direct entry into a registered apprenticeship program that features 1) work-based job training and 2) credential attainment for a hundred (100) District
residents high school seniors on track to graduate or youth 18-24 with High School Diploma or G.E.D (per participant cap is $1000/participant). Participants will be registered with D.C. Department of Employment Services as pre-apprentices and receive related instruction in order to gain industry-recognized credentials and on the job learning. After completion of the program, pre-apprentices are to be transitioned into a registered apprenticeship program. Participants who are 17 years-of-age may be eligible to participate in the program. However, they must be 18 years-of-age by August 7, 2020 and the organization must undergo a background check.

The total funding available for this grant opportunity is $100,000 which will be awarded across at least one of the two program areas of focus listed below. **Please note these funds cannot be used to provide participant wages.** All participant wages will be paid by MBSYEP.

The apprenticeship intermediary initiative descriptions listed below detail the services required for this grant opportunity. Preference will be given to grant applicants that connect to and leverage existing initiatives and the framework of the DC WIOA State Plan and the WIOA statute, as referenced in each respective grant description.

**(1) MINORITY YOUTH APPRENTICESHIPS**

Youth apprenticeships are effective tools for improving the lives of young people who may have trouble entering and staying in the workforce. Youth apprenticeships, because of their course component, also can narrow the gap in postsecondary attainment for young, minority men and women. Moreover, youth apprenticeships can build connections to the workforce for students who are less likely to complete two or four-years of college. According to the Bureau of Labor Statistics, the youth unemployment rate of 9.1 percent in July 2019 represents the lowest youth unemployment rate since July 1966.

Generally, youth apprenticeship programs are offered in two ways: registered apprenticeships that target in-school youth and pre-apprenticeship programs that provide avenues to registered apprenticeships after high school. The Department of Labor reports that there were more than 2,000 new apprenticeship programs implemented in 2017, which includes six new programs right here in the District that connects residents to both traditional and non-traditional industries.

This grant opportunity is for an entity to enroll youth, ages 18-24, in a youth pre-apprenticeship opportunity in the District that provides the following: supportive services (transportation, uniforms, boots, tool belts, assistance with apprenticeship applications and exam fees (if applicable), etc. Students will be registered with D.C. Department of Employment Services as youth or inclusive pre-apprentices and receive detailed instruction to gain industry-recognized credentials and on the job learning. **This funding cannot be used to provide youth pre-apprentice wages.**

**(2) INCLUSIVE – YOUTH APPRENTICESHIPS**

In January 2009, the employment rate for people with disabilities was 23.1 percent, and the unemployment rate for those with disabilities was 13.2 percent. The National Longitudinal Transition Study (NLTS) indicates that employment rates vary considerably across disability categories for students with disabilities who were enrolled in special education. Youth with learning disabilities, emotional disturbances, other health impairments, or speech impairments
are the most likely to be employed in 1 year (50 percent to 60 percent). For this RFA, we define inclusive as “having a physical or mental condition that limits movements, senses, or activities.” This funding cannot be used to provide inclusive pre-apprentice wages.

**OAIT/MBSYEP**

Healthcare, Hospitality, Information Technology (IT), and Construction sectors are four of the fastest-growing industries in the District. However, these industries are experiencing gaps between open positions and qualified candidates to fill them. To this end, Apprenticeship Intermediary Initiatives’ objective is to expand the apprenticeship model to fields in growing and emerging industries that do not typically utilize apprenticeship-training programs (for example Healthcare and Hospitality) and actively engage under-represented populations in apprenticeship.

All pre-apprentice participants must receive classroom-related instruction of at least four (4) hours per week that will include technical and theoretical subjects that will also lead to the acquisition of an industry-recognized, transferrable credential. The pre-apprenticeship program will simulate a regular apprenticeship program that prepares pre-apprentices to enter a full-time registered apprenticeship program (RAP) upon completion of their training.

Seventy Five percent (75%) of all participants who are enrolled into the pre-apprenticeship program and meet all other requirements shall be connected and placed into an approved registered apprenticeship program which is a job from day one, so participants are employed when they begin the registered apprenticeship program. WIOA candidates will be selected based on the submission of the required eligibility documents received. *(See Attachments A1&A2: WIOA Eligibility Determination Reference Sheets)*.

**The following tasks shall be performed by the grantee:**

- Recruit and participate at all MBSYEP approved events, attend MBSYEP Career Exploration Fair, Young Adult Hiring Fair and all other DOES mandated events.

- Participate in the OYP Job Selection process to ensure all pre-apprentices are in accordance with the MBSYEP timeline. *(Tentative June – September 2020)*

- Register and serve as a host employer for the 2020 MBSYEP. Adhering to all requirements with the Marion S. Barry Summer Youth Employment Program. *(See Attachment A3 for Requirements)*

- Provide weekly time and attendance reports for all participants via the MBSYEP Time Management System (TMS) and hard copies submitted to the OAIT

- Recruit and enroll the awarded service level. DOES reserves the right to deem a participant ineligible if appropriate.

- Provide instructional classes that lead to successful enrollment into a registered apprenticeship program by the date established by the industry and/or the Department of Employment Services.

- Complete all required trainings identified and requested by DOES.
• Procure and schedule pre-requisite examinations, urinalysis, and background checks etc., associated with each cohort’s apprenticeship union requirements.

• Where applicable, the Grantee shall help facilitate the scheduling, registering, and collecting all applicable certification/licensing exams, which are applicable to the course being taught. The Grantee shall provide a spreadsheet documenting all participants engaged in certification and licensing exams, which should include the status of pass or fail.

• Collect and report statistical information as requested by DOES, including individual-level data on enrollment, participant demographics, specific services provided, and participation in workshops and other program-specific related activities.

• Participate in ongoing monitoring and evaluation activities led by DOES designated evaluator. These may include site visits, surveys, interviews, focus groups, administrative records review, and other data collection and evaluation strategies.

• Collect data regarding contacts with Limited English Proficient (LEP) and Non-English Proficient (NEP) participants and report this data to DOES Language Access Coordinator and program Point-of-Contact on a quarterly basis.

• Provide interpretation services and translation of vital documents to LEP/NEP customers. All translated materials must have DOES brand and be reported to DOES’ Language Access Coordinator and program Point-of-Contact on a quarterly basis.

• Incorporate the provided DOES logos, taglines, identifiers and/or other branding on all products, programs, activities, services, resources and related property and materials funded by DOES.

• Attend and comply with all DOES meetings, onboarding trainings, and meetings held by the Office of Grants Administration and Resource Allocation.

• Procure and schedule examinations to provide appropriate credentialing/certification that equip the pre-apprentices with the knowledge and skillset necessary to successfully enroll into an apprenticeship opportunity at the conclusion of the pre-apprenticeship training.

• Provide case management to all registered pre-apprentices.

• Provide Close-Out Report of all program activities at the conclusion of the performance period. No later than 30 days after the end of the performance period.

• At a minimum, provide 174 hours of youth apprenticeship skills training to include industry recognized credentials, field trips, related instruction and other experiences designed to introduce the enrolled students to apprenticeable occupations. After completion, apprentices should be placed in a registered apprenticeship program.

**Grantee Reporting, Deliverables and Outcomes**

The required program deliverables for the target groups are described below and should
be submitted in accordance with the timeline.

**Reporting**

The grantee shall provide the following reports to the Department of Employment Services:

<table>
<thead>
<tr>
<th>Reporting Requirements</th>
<th>Method of</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Roster</td>
<td>Via Host Portal / Email</td>
<td>7 days prior to start of program</td>
</tr>
<tr>
<td>Initial Assessment Report</td>
<td>Via email/hard copy</td>
<td>1 week after enrollment into the program</td>
</tr>
<tr>
<td>Monthly Progress Report and Case Notes. Documentation includes but not limited to:</td>
<td>Via email/hard copy</td>
<td>Monthly by the 5th</td>
</tr>
<tr>
<td>• Certification (Credential Attainment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Completion of Minority Youth 174 on-the- job training hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pre and Post Test Assessment (Measurable Skills Gain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Proof of Placement/Registered Apprenticeship Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time and Attendance</td>
<td>Via email &amp; TMS</td>
<td>Weekly - Friday</td>
</tr>
<tr>
<td>Expenditure Report</td>
<td>Via email</td>
<td>Monthly by the 5th</td>
</tr>
<tr>
<td>Language Access Report</td>
<td>Via email</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Completion spreadsheet that documents all participants who have satisfied all requirements of the program</td>
<td>Via email</td>
<td>At the end of the program</td>
</tr>
</tbody>
</table>

**Deliverables**

Listed in the chart below are the projected deliverables for the grant period. The grantee will be responsible for achieving the metric set forth in the “Deliverables” column.

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Quantity</th>
<th>Method of Delivery</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort must start at the beginning of the 2020 MBSYEP.</td>
<td>-</td>
<td>-</td>
<td>June 2020</td>
</tr>
<tr>
<td>Project Plan – Service Delivery Schedule</td>
<td>1</td>
<td>Via email/ Hard Copy</td>
<td>Upon Award</td>
</tr>
<tr>
<td>Close-out Report</td>
<td>1</td>
<td>Via email</td>
<td>30 days after the end of the program</td>
</tr>
<tr>
<td>All apprentices must be placed into a registered apprenticeship program by September 30, 2020.</td>
<td>-</td>
<td>-</td>
<td>September 30, 2020</td>
</tr>
</tbody>
</table>
Outcomes

The grantee will be responsible for achieving the outcomes set forth in the “Target” column:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect and place enrolled pre-apprentices into registered apprenticeship opportunities</td>
<td>75%</td>
</tr>
<tr>
<td>Measurable skills gains for all enrolled pre-apprentices</td>
<td>80%</td>
</tr>
<tr>
<td>Credential Attainment (ex: OSHA etc.)</td>
<td>75%</td>
</tr>
</tbody>
</table>

Rights and Responsibilities:

The responses to this RFA must be reasonable and appropriate based on the information provided within this RFA. Additionally, Grantees shall not assign or otherwise transfer any rights, duties, obligations or interest in the Notice of Grant Award (NOGA) or arising hereunto to any person, entity or entity whatsoever without the prior written consent of DOES.

Source of Grant Funding

The funds are made available through District of Columbia appropriations. Funding for grant awards is contingent on availability of funds. This RFA does not commit DOES to make a grant award. DOES maintains the right to adjust the number of grant awards and grant award amounts based on funding availability and the quality and quantity of applications. Grant funds shall only be used to support activities specifically outlined in the scope of this RFA and included in the Applicant’s submission.

DOES may suspend or terminate an outstanding RFA, pursuant to its own grant-making policies or any applicable federal regulation or requirement.

Anticipated Number of Awards

DOES intends to grant at least one award in each of the categories provided. DOES, however, reserves the right to make additional awards or no awards pending availability of funds and the quality and quantity of applications.

Total Amount of Funding to be Awarded

The total amount of funds DOES anticipates being available for award is $100,000. DOES reserves the right to award partial amounts of funding based on the quality and quantity of application received.

The responses to this RFA must be reasonable and appropriate based on the information provided within this RFA.
Period of Performance

The 2020 OAIT/MBSYEP Intermediary Initiative Grant will operate from the date of award through September 30, 2020. DOES reserves the sole right to exercise up to three option years beyond the original period of performance contingent upon the availability of funding and satisfactory performance from the grantee. The funding amount for the option year will be determined by DOES and all terms and requirements of the original grant will apply unless modified by DOES.

Location Requirements

For the purpose of this RFA, all Applicants shall provide services in the District of Columbia and be eligible to conduct business with the Government of the District of Columbia. Each applicant must provide legal proof of ownership or occupancy.

Adequate proof of ownership or occupancy that may be submitted includes the following:

- Certificate of Occupancy issued by the Department of Consumer & Regulatory Affairs (DCRA)
- Building lease or rental agreement that is current and valid

The applicant must submit written notice of any site changes within 24 hours of the proposed change. DOES must approve any site changes, prior to the proposed change.

Grant Making Authority

Pursuant to the “Workforce Job Development Grant-Making Authority Act of 2012”, DOES shall:

- Notify the applicant, if it rejects that applicant’s proposal.
- Notify the applicant, if it selects the applicant’s proposal for funding.

Pursuant to the “Workforce Job Development Grant-Making Authority Act of 2012”, DOES may:

- Adjust the number of grant awards and grant award amounts, based on funding availability and the quality and quantity of applications.
- Accept or deny any or all applications, if DOES determines it is in its best interest to do so.
- Suspend or terminate an outstanding RFA.
- Issue addenda and/or amendments subsequent to the issuance of the RFA, or rescind the RFA.
- Conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant’s facilities are appropriate for the proposed program.
- Enter negotiations with an applicant and adopt a firm funding amount or other revision of
the applicant’s proposal that may result from negotiations.

Rights and Responsibilities of DOES

• The Agency reserves the right to accept or deny any or all applications if the Agency determines it is in the best interest of the Agency to do so. The Agency shall notify the applicant if it rejects that applicant’s proposal. The Agency may suspend or terminate an outstanding RFA pursuant to its own grant making authority or any applicable federal regulation or requirement.

• The Agency reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.

• The Agency shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant’s sole responsibility.

• The Agency may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant’s facilities are appropriate for the services intended.

• The Agency may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant’s proposal that may result from negotiations.

• The Agency may use past performance data in determining an award, if an applicant was awarded a previous grant by DOES.

Section B: General Provisions

Eligibility Information – Applicants

Applications must meet all applicable eligibility requirements listed in this RFA. Applications that do not meet the eligibility requirements will be considered unresponsive and will not be considered for funding under this RFA.

Organizations that are eligible to apply for this grant include public and private non-profits and for-profit organizations with demonstrated effectiveness providing the requested services and meeting the needs of the target population, including:

• Non-profit, community, or faith-based organizations;
• Community colleges or other postsecondary institutions;
• Public, charter, or alternative secondary schools;
• Trade associations or chambers of commerce;
• Private, for-profit service providers; or
• Labor unions, labor-management partnerships, or registered apprenticeship programs;
• Must have a registered apprenticeship program or have partnerships with other registered apprenticeship programs.

Applicants shall be responsible organizations possessing the demonstrated ability to perform
successfully under the terms and conditions of a proposed grant award. Each Applicant may charge to the grant award only those costs that are consistent with the allowable cost provisions of the respective Notice of Grant Award (NOGA), including the guidelines issued by DOES and all applicable federal and District laws.

All Applicants must be current on payment of all federal and District taxes, including Unemployment Insurance and Paid Family Leave taxes and Workers’ Compensation premiums. Applicants cannot be listed on any federal or local excluded parties’ lists.

Applicants should include assurances that all WIOA regulations and data collection methods (federal, state and local) will be adhered to.

**Evaluation Criteria**

Proposals will be evaluated pursuant to minimum experience and requirement of the proposal and will include a peer review process. This evaluation will include the quality and quantity of successful relevant experience as well as demonstrated level of capabilities. DOES may request further information from applicants before making a final decision.

**Monitoring**

Specific monitoring and progress report schedules will be established, agreed upon, and included in the NOGA. DOES staff is responsible for monitoring and evaluating the program and may also make periodic scheduled and unscheduled visits to worksite locations.

During site visits, the Grantee is required to provide access to facilities, records, participants and staff, as deemed necessary by DOES for monitoring purposes. DOES monitoring may involve observation, interviews, and collection and review of reports, documents and data to determine the Grantee’s level of compliance with federal and/or District requirements and to identify specifically whether the Grantee’s operational, financial and management systems and practices are adequate to account for grant funds in accordance with federal and/or District requirements.

**Audits**

Grantee shall maintain and provide documentation related to this program for three years after submission of the final payment. At any time before final payment and three years thereafter, DOES may have the Grantee’s invoices, vouchers and statements of cost audited. Any payment may be reduced by amounts found by DOES not to constitute allowable costs as adjusted for prior overpayment or underpayment. In the event that the District has made all payments to the Grantee and an overpayment is found, the Grantee shall reimburse the District for said overpayment within 30 days, after written notification.

Grantee shall establish and maintain books, records, and documents (including electronic storage media) in accordance with Generally Accepted Accounting Principles and Practices, which sufficiently and properly reflect all revenues and expenditures of grant funds awarded by the District pursuant to this RFA.

Grantee shall grant reasonable access to DOES, the D.C. Auditor, any applicable federal department, the Comptroller General of the United States, or any of their duly authorized representatives to any books, documents, papers and records (including computer records or electronic storage media) of the Grantee that are directly pertinent to charges to the program, in order to conduct audits and examinations and to make excerpts, transcripts and photocopies.
This right of access also includes timely and reasonable access to Grantees’ personnel for the purpose of interviews and discussions related to such documents.

**Nondiscrimination in the Delivery of Services**

In accordance with Title VI of the Civil Rights Act of 1964, as amended, and the District of Columbia Human Rights Act of 1977, as amended, no person shall, on the grounds of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, and place of residence or business, be denied the benefits of or be subjected to discrimination under any program activity receiving government funds.

In accordance with DC Language Access Act, individuals shall be provided equal access and participation in public services, programs, and activities held in the District of Columbia if they cannot or have limited capacity to speak, read, or write English.

All funded entities, or contractors hired by the DOES to carry out services, programs, or activities directly to the public are required to: a) collect data regarding contact with Limited English Proficient (LEP) or Non-English Proficient (NEP) customers and report this data to DOES on a quarterly basis, b) provide oral interpretation services, c) translate vital documents, and d) train personnel on all compliance requirements outlined in District of Columbia Language Access Act of 2004, D.C. Official Code § 2-1931 et seq.

**Other Applicable Laws**

The Grantee shall comply with all applicable District and federal statutes and regulations as may be amended from time to time. These statutes and regulations include:

- The Hatch Act, 5 U.S.C. § 7321 et seq.
- The Clean Air Act (Subgrants over $100,000) 42 USC § 7401 et seq.
- The Hobbs Act (Anti-Corruption), 18 U.S.C. § 1951
- Executive Order 12459 (Debarment, Suspension and Exclusion)
- Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR § 34.20
Workforce Intermediary Establishment and Reform of First Source Amendment Act of 2011, D.C. Official Code 2-219.01 et seq.

Section C: Application Format

The following sections detail the components of a successful application.

The application should include a program narrative explaining your program model, a budget and specific plan detailing the transition process from the pre-apprenticeship program to placement into a registered apprenticeship program. The application should consist of assurances that all Workforce Innovation and Opportunity Act (WIOA) regulations and data collection methods (federal, state, and local) will be adhered too. All participants enrolled under these grants will be subject to standard performance reporting. Additionally, all funded programming must be DOES branded and in accordance with DOES standards. All applications should be submitted via the Grant Management System by 5:00 pm on April 8, 2020.

Applicant Profile

The application shall include an Applicant Profile, which identifies the applicant type of organization, program service area and the amount of funds requested.

Application Summary

The application shall include an Application Summary. This section of the application must summarize the major components of the application.

Program Narrative
Applicant shall provide a full description of how the program will be carried out by responding to the application requirements in Section D. The three (3) main components of the program narrative are:

- Organizational Profile
- Participant Profile
- Program Description

Past Performance

Applicant shall provide any prior awarded contract or grant, evaluations and/or data that would highlight the organization’s past performance and capability of successfully completing the stated program requirements.

All applicants must submit three (3) past performance forms – using the provided template “Attachment B”. If the applicant has received a contract/grant from DOES within the past three years, you must submit at least one “Attachment B” from DOES.

If your organization has not completed any outside contracts or grants for similar work, or is unable to provide three completed “Attachment B” forms, the most points an applicant can receive in this category is “9” out of the 15 available points.

Itemized Budget and Budget Narrative
Applicant shall submit an itemized budget and a budget narrative for all funds requested. The budget narrative shall serve as an independent document that clearly outlines all proposed expenditures for the grant and does not count against the page limit outlined for the program narrative. If applicant is requesting capacity-building funds, this request should be submitted with a separate budget and budget narrative from the program-funding request. Both the capacity building and the program budget narratives shall include timelines for expenditure of funds. The applicant requesting capacity-building funds shall note in the budget narrative their understanding that a program-funding award is contingent upon DOES confirming successful completion of the capacity-building activities.

Budget narratives shall detail how funds will be expended towards the program goals, as outlined in the program narrative. The budget section shall also contain assurances that no funds received as a result of this grant will be used to supplant any formula funds dedicated towards the targeted population, administrative efforts, or other regularly occurring activities. All budget narratives shall identify the average cost per participant.

The itemized budget can include the following items:

- Personnel
- Fringe
- Equipment
- Materials & Supplies
- Contractual Services
- Other Direct Costs
- Indirect Costs (10% of total Direct Costs)

(See Attachment C for definitions of suggested budget items listed above)

Food for staff or participants enrolled in the program is not an allowable expense under this grant.

Section D: Program Narrative

Program Narrative

This section applies to each of the strategic categories and is where the applicant clearly describes the proposed program in detail and includes each of the following:

Organization Profile

- State the mission of the organization.
- Describe the history of the organization (year founded and by whom) and its size (budget and staff).
- Describe your organization's staff capacity and experience to meet the specific requirements outlined in the intermediary category you are applying for.

Participant Profile

- Describe the number of participants the organization will serve under this grant.
- Describe how programming is designed to provide quality service outlined within this RFA.
- Describe the experience working with the targeted population.
- Describe the anticipated challenges and the strategies to overcome them

**Program Description**

- Identify and describe how the organization will deliver the desired service. (See Section A). Describe how the organization has historically provided programming or services.
- Describe how the organization will meet the performance deliverables outlined in this RFA. What specific activities, strategies, and projects will participants be engaged in throughout the program.
- Provide a description of proposed sites where program activities will be conducted. If additional sites will be used to conduct the program, please describe how these sites will be acquired and utilized.

**Section E: Application Review and Scoring**

**Review Panel**

A review panel will be composed of a minimum of three (3) individuals who have been selected for their unique experience and expertise in workforce and business development, data analysis, program and past performance evaluation, and social services planning and implementation. The review panel will review, score, and rank each application using the Technical Rating Scale in Table 1 against the established Scoring Criteria in Table 2.

**Table 1: Technical Rating Scale**

<table>
<thead>
<tr>
<th>Numeric Rating</th>
<th>Adjective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unacceptable</td>
<td>Fails to meet minimum requirements, (e.g., no demonstrated capacity); major deficiencies which are not correctable; Applicant did not address the factor</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
<td>Marginally meets minimum requirements; major deficiencies which may be correctable</td>
</tr>
<tr>
<td>2</td>
<td>Minimally Acceptable</td>
<td>Marginally meets minimum requirements; minor deficiencies which may be correctable</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable</td>
<td>Meets requirements; no deficiencies</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
<td>Meets requirements and exceeds some requirements; no deficiencies.</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
<td>Exceeds most, if not all, requirements; no deficiencies.</td>
</tr>
</tbody>
</table>

The technical rating is a weighting mechanism that will be applied to the point value for each scoring criterion to determine the Applicant’s score for each criterion. The Applicant’s total technical score will be determined by adding the Applicant’s score in each scoring criterion. For example, if a scoring criterion has a point value range of zero (0) to forty (40) points, using the Technical Rating Scale above, and the District evaluates the Applicant’s response as “Good,” then the score for that criterion is 4/5 of 40 or 32.
**Scoring Criteria**

The review panel will review all applications that pass an initial internal checklist of required application components. Responsive applications will be evaluated strictly in accordance with the requirements stated in this RFA.

Each reviewer will independently review and objectively score applications against the specific scoring criteria outlined in Table 2, based on a 100-point scale.

- Organization Profile 10 points
- Participant Profile 20 points
- Program Description 40 points
- Past Performance 15 points
- Budget and Budget Narrative 15 points

**Table 2: Scoring Criteria**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SCORING CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Organization Profile</strong></td>
</tr>
<tr>
<td></td>
<td>- State the mission of your organization.</td>
</tr>
<tr>
<td></td>
<td>- Describe the history of your organization (year founded and by whom) and its size (budget and staff).</td>
</tr>
<tr>
<td></td>
<td>- Describe the experience your organization and staff have with delivering the proposed program</td>
</tr>
<tr>
<td></td>
<td>- Describe how your organization will meet the specific requirements/components outlined for the strategic category you are applying for. (ex. Project plan/project timeline)</td>
</tr>
<tr>
<td></td>
<td>10 pts.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Participant Profile</strong></td>
</tr>
<tr>
<td></td>
<td>- Describe the category and number of participants your organization will serve under this grant. Also, describe your recruitment strategy for enrolling participants.</td>
</tr>
<tr>
<td></td>
<td>- Describe how your programming is designed to provide quality service to the participants enrolled.</td>
</tr>
<tr>
<td></td>
<td>- Describe your organizations experience working with the targeted population. Describe the anticipated challenges and the strategies to overcome them.</td>
</tr>
<tr>
<td></td>
<td>20 pts.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Program Description</strong></td>
</tr>
<tr>
<td></td>
<td>- Identify and describe how your organization will deliver the desired service. (See Section A). Describe how your organization has historically provided programming or services.</td>
</tr>
<tr>
<td></td>
<td>- Describe how your organization will meet the performance deliverables outlined in this RFA. What specific activities, strategies, and projects will participants be engaged in throughout the program? (project plans and/or timelines)</td>
</tr>
<tr>
<td></td>
<td>- Provide a description of proposed sites where program activities will be conducted. If additional sites will be used to conduct the program, please describe how these sites will be acquired and utilized.</td>
</tr>
<tr>
<td></td>
<td>40 pts.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Past Performance</strong></td>
</tr>
</tbody>
</table>
Section E: Application Submission Information

How to Request an Application Package

The application package is posted at:
- [https://does.dc.gov/page/grant-opportunities](https://does.dc.gov/page/grant-opportunities)

If the application package cannot be accessed at the above websites, then Applicants may request the application via email: OCGAGrants@dc.gov.

Application Preparation

DOES shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the Applicant’s sole responsibility.

Submission Date and Time

In order to be considered for funding, complete applications must be received electronically via Grants Management System – [https://jlweb.co/Prod1/Portal/Portal.jsp?c=66176630&p=66183389&g=66183409](https://jlweb.co/Prod1/Portal/Portal.jsp?c=66176630&p=66183389&g=66183409)

Proposals submitted after 5:00 pm on April 8, 2020 will not be considered.

Section G: Award Administration Information

Award Notices

Each Applicant, whether successful or unsuccessful, will receive notification of the final decision on the application. Letters of notification or any other correspondence addressing selection for award do not provide authorization to begin the program.

Applicants that are selected for funding may be required to respond in a satisfactory manner to conditions that may be placed on the application before funding can proceed. DOES may enter into negotiations with an Applicant and adopt a firm funding amount or other revision of the application that may result from negotiations.

The NOGA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the
total program period for which support is awarded. The NOGA shall be signed by the DOES Director or designee. The NOGA will be sent to the Applicant’s contact that is authorized to sign the NOGA and reflects the only authorizing document. The NOGA will be sent prior to the start date and a meeting between the Grantee and DOES will occur shortly after the NOGA is fully executed. All awardees will be held to a minimum level of effort to effectively execute the grant and meet the designated goals and deliverables outlined in this RFA. More specifics on the “minimum level of effort” will be specified in the NOGA.

Appeal

Non-Responsiveness Determination

In order to ensure a fair and equitable appeals process, all responsiveness determination appeals will be reviewed and decided solely by the DOES General Counsel. Appeals must be in writing and addressed to: DOES General Counsel, 4058 Minnesota Avenue NE, Suite #5800, Washington DC 20019. Appeals may also be submitted via email to doesappeals@dc.gov with the subject heading “Appeal of Grant Responsiveness Determination”. Appeals of the responsiveness determination must be received by the General Counsel within two business days of the responsiveness determination notice.

If an applicant communicates with program staff regarding an appeal of the responsiveness determination, the appeal may be dismissed with prejudice, and the applicant may be precluded from consideration for future grant opportunities.

Appeals must contain the basis for the appeal request and identify any factors that oppose the responsiveness determination. The appeal process will consider the submitted application and the responsiveness determination. Additional information not included within the original submitted application will not be considered during the appeal process, unless specifically requested by the DOES General Counsel. The DOES General Counsel may coordinate a meeting to address the appeal. The General Counsel will issue a written appeal decision. The decision of the General Counsel may only be overturned by the DOES Director.

Grant Award Selection

In order to ensure a fair and equitable appeals process, all grant award selection appeals will be reviewed and decided solely by the DOES General Counsel. Appeals must be in writing and addressed to: DOES General Counsel, 4058 Minnesota Avenue NE, Suite #5800, Washington DC 20019. Appeals may also be submitted via email to doesappeals@dc.gov with the subject heading “Appeal of Grant Award Selection”. Appeals of the grant award selection must be received by the General Counsel within two business days of the award selection notice.

If an applicant communicates with program staff regarding an appeal of the grant award selection, the appeal may be dismissed with prejudice, and the applicant may be precluded from consideration for future grant opportunities.

Appeals must contain the basis for the appeal request and identify any factors that oppose the grant award selection. The appeal process will consider the submitted application and the Grantees selected. Additional information not included within the original submitted application will not be considered during the appeal process, unless specifically requested by the DOES General Counsel. The DOES General Counsel may coordinate a meeting to address the appeal. The General Counsel will issue a written appeal decision. The decision of the General Counsel may only be overturned by the DOES Director.
Grantee Program Compliance

Prior to the start of the program, Grantees shall successfully complete the following:

- DOES Pre-Orientation Meeting
- MBSYEP Host Employer Orientation
- MBSYEP Timekeeper Training
- DOES Pre-Site Monitoring Visit
- Background Check

Program Launch

Before Grantee can begin programming, they shall receive official documentation from the Office of Grants Administration and Resource Allocation and the Office of Apprenticeship, Information and Training.

Grantee Payment

The total amount of the grant award shall not exceed the amount specified within the NOGA. There are three (3) payment categories listed below each representing a specific percentage of the total grant amount:

Payment 1: Base Payment: (30%)

The base payment is contingent on successful completion of the following:

- Orientation
- Pre-Program Site Visit
- Mandatory Pre-Program Trainings (if applicable)
- Virtual One Stop (VOS) Training (if applicable)
- Security Awareness Training (PII)

Payment 2: (30%)

This payment will be issued out on a monthly cost reimbursement basis until the end of the grant period. Each month’s payout will be determined by the eligible expenses and documentation provided by the grantee. Submission of monthly program report & monthly expenditure report required with invoice. Actual monthly amount will be outlined in the NOGA.

Payment 3: (40%)

This payment will be issued out on a per participant basis as documented by submission of an original copy of the earned credential and placement into an approved registered apprenticeship program as outlined in the NOGA.

If the Grantee does not comply with the NOGA, applicable federal and District laws and regulations, then the NOGA may be terminated or the award amount reduced for under performance or non-performance at the discretion of the Grant Monitor and/or Grants Officer.

Anti-Deficiency Considerations

The Grantee shall acknowledge and agree that the commitment to fulfill financial obligations of any kind pursuant to any and all provisions of a grant award, or any subsequent award shall
remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 U.S.C. §§1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.8 (2001), (iii) D.C. Official Code § 47-105 (2001), and (iv) D.C. Official Code § 1-204.46, as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

Section H: Contacts

Demetries Saunders
OGAGrants@dc.gov

Section I: List of Attachments

LIST OF FORMS TO BE INCLUDED WITH SUBMISSION:

- Statement of Certification (DOES Will Provide)
- Non-Disclosure Agreement (DOES Will Provide)
- Disclosure (DOES Will Provide)
- Past Performance Forms (DOES Will Provide)
- Master Supplier Form Package (DOES Will Provide)
- OSSE Certification (Credential Training Only)
- Copy of most recent and complete set of audited financial statements. If audited financial statements have never been prepared due to the size or newness of an organization, the Applicant shall provide, at a minimum, an Organizational Budget, an Income Statement (or Profit and Loss Statement), and a Balance Sheet certified by an authorized representative of the organization, and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.)
- List of Partners and Affiliations
- List of Other Funding Sources
- Staffing Plan
- Organizational Chart
- Current Business License
- IRS W-9
- Proof of District Occupancy
- Insurance Certificate
- Resumes of Key Personnel
WIOA ELIGIBILITY CHECKLIST AND HOST EMPLOYER REQUIREMENTS
DOCUMENTS REQUIRED FOR WIOA ELIGIBILITY DETERMINATION:

Submission of the following supporting documentation is required in order for eligibility for WIOA services to be determined. WIOA services will not be provided if the required supporting documents are not submitted. For each section below, one of the qualifying listed documents can be submitted.

**PROOF OF DC RESIDENCY**
- DC Driver’s License/Permit or Government I.D.
- Lease
- Recent Utility Bill (60 days)
- Homeless Supporting Documentation
- Other: __________________________

**PROOF OF CITIZENSHIP**
- Social Security Card
- Birth Certificate
- U.S. Passport
- Other: __________________________

**PROOF OF IDENTIFICATION**
- Government I.D. (Driver’s License/Permit)
- Passport
- Other: __________________________

**PROOF OF SELECTIVE SERVICE** *(MANDATORY FOR MALES BORN ON OR AFTER 1/1/1960)*
- Selective Service Registration Form
- Other: __________________________

**PROOF OF VETERAN STATUS (If Applicable)**
- DD-214
- VA Records/Printout
- Other: ____________________________

**PROOF OF SOCIAL SECURITY NUMBER**
- Social Security Card
- W2/Pay check stub
- DD-214
- UI Wage Records
- Other: ____________________________

**PROOF OF FAMILY INCOME**
- Current Pay Stub
- W2 FORM
- UI Wage Records
- TANF/FOOD STAMPS/REFUGEE/GENERAL ASSISTANCE
- VA Records/Printout
- Other: ____________________________

**PROOF OF FAMILY SIZE**
- Dependent Birth Certificate(s)
- Lease
- Public Assistance Records
- Other: ____________________________

**PROOF OF DISLOCATION/LAYOFF/EMPLOYMENT STATUS (If Applicable)**
- Separation /layoff letter with dislocation date
- Other: ____________________________

**PROOF OF HIGHEST LEVEL OF EDUCATION (If Applicable)**
- High School Diploma, GED, College Transcripts, Degree
- School Records
- Other: ____________________________
WIOA Eligibility Check List

Program Eligibility (Please Check All That Apply)

- Ages 16 – 24 and Currently not attending any education or vocational training (at the time of enrollment)
- High School /GED Graduate

Has One or More of the Following Barriers:

- High School Dropout
- Justice Involved
- Homeless/ Runaway
- Pregnant /Parenting
- Youth with a Disability
- TANF Recipient
- SNAP Recipient
- Basic Skills Deficient or English Second Language Learner
- Ward of State/ Foster Care or Aged Out of Foster Care
- Low-income Individual (as defined by Federal Poverty Guidelines)
- Requires Additional Assistance to attain/maintain an Educational program or Secure Employment:
  - Incarcerated Parent(s)
  - Victim of Violence
  - Behavior Problems At School
  - Family Literacy Problems
  - Domestic Violence
  - Substance Abuse
  - Chronic Health Conditions

<table>
<thead>
<tr>
<th>Assessment Type:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form</strong></td>
<td><strong>Scales Score</strong></td>
</tr>
<tr>
<td>Reading:</td>
<td></td>
</tr>
<tr>
<td>Math:</td>
<td></td>
</tr>
</tbody>
</table>

Is the applicant eligible for WIOA Programs? Yes □ No □

Certifier Signature: ____________________________ Date: ____________________________
HOST EMPLOYER REQUIREMENTS

MBSYEP Host Employers are required to complete the steps listed below to be deemed eligible as an MBSYEP Host Employer:

- Completion of MBSYEP Host Application and Host Agreement
- Suitability Check (Background Check) *All site supervisors and volunteers (affiliated with the worksite) are required to complete the DCHR Suitability process if their worksite elects to serve participants under the age of 18.
- Attend Host Employer Orientation
- Attend Host Time Keeper Training
- Completion of pre-site visit
- Completion of 2 site visits during the MBSYEP program period (over the 6 week period)
PAST PERFORMANCE FORM
### Name of Organization (applicant):

### Name of Funding Agency/Organization: Award Amount:

<table>
<thead>
<tr>
<th>Type of Funding Year</th>
<th>Award Start Date</th>
<th>Award End Date</th>
</tr>
</thead>
</table>

**Program Summary (brief description of services and activities provided under the grant or contract).**

**Performance Data**

<table>
<thead>
<tr>
<th>Service Level of Contract/Grant</th>
<th>Number of Participant Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participant that Completed</td>
<td>Number for Participants that Achieved an Outcome</td>
</tr>
</tbody>
</table>

**PERFORMANCE RATING DESCRIPTION**

1. **Unsatisfactory**
   - Performance is consistently unacceptable
2. **Below Expectations**
   - Performance fails to meet contract / grant requirements on a frequent basis
3. **Meets Expectations**
   - Performance is regularly in compliance with requirements, specifications, regulations and standards provided by agency.
4. **Exceeds Expectations**
   - Performance is routinely above contract / grant requirements and/or product specifications
5. **Outstanding**
   - Performance is consistently superior

**PERFORMANCE FACTORS**

| Vendor Responsiveness / Customer Service. Contractor or Grantee attends required trainings, meetings, and responds to program point of contact frequently and in a timely manner. Professionalism of Contractor or Grantee. |
| Knowledge. Contractor or Grantee demonstrated knowledge about the contract/grant and the services that were outlined to be provided. |
| Performance. Contractor or Grantee achieved the performance measures outlined in the contract/grant and they meet the deliverable in a timely manner. |
| Program Requirements. Contractor or Grantee provided invoices, reports, and other programmatic requirements in accordance to the contract terms and conditions. |
| Cost Control. Contractor or Grantee demonstrated performance of cost control effectiveness and budget management |

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Completed By: ___________________________ Date: ___________________________

Phone No.: ___________________________ Email: ___________________________
BUDGET CATEGORIES
BUDGET CATEGORIES

PERSONNEL:
Personnel are people who work for a specific company or on a specific project. Enter a description of the itemized personnel (staff) cost requested. These costs should only include the labor cost of the organization’s staff assigned to the project, and not those of contractors or other third parties. Provide a brief explanation of the work to be completed by each position budgeted and how the work of each position will support the purpose and goals of the overall project.

FRINGE:
Fringe benefits are an employee’s benefits (such as a pension or a paid holiday) granted by an employer that has a monetary value but do not affect basic wage rates. Document the fringe benefit rate applied to each budgeted staff person assigned to the grant. The fringe cost applies to staff only not those of contractors or other third parties.

EQUIPMENT:
Equipment means tangible personal property (including information technology systems). Describe and itemize the equipment requested for purchase, the intended purpose and how the estimated cost was determined. The cost should only include cost to purchase new equipment needed to complete the project and not equipment rental cost or cost for existing equipment owned by the organization.

MATERIALS & SUPPLIES:
Materials and Supplies means tangible property that is used or consumed in business operations. Describe and itemize the materials & supplies requested for purchase, the intended purpose and how the estimated costs were determined for each item.

CONTRACTUAL SERVICES:
Explain the need for each agreement and how their use will support the purpose and goals of the project. For each sub-grant or sub-contract, describe the associated activities, scope of work or services to be provided and how the costs were estimated. If budgeting for a procurement action, document if a solicitation process has occurred or if the contract will be a sole source.

OTHER DIRECT COSTS:
Other Direct Costs are those costs necessary to perform the project or activity, but do not fit any other budget line item. Enter a description of each budgeted cost item that does not fit in the above categories. Explain the need, how it is attributes to the project and how the cost was determined. (Examples: rent, reproduction, telephone, computer services, equipment and maintenance repair, janitorial services, security services etc.)

INDIRECT COSTS:
Indirect costs are costs that are not directly accountable to the project. For non-federal entities that have never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs.

STIPEND:
A stipend is a predetermined amount of money that is provided periodically to help offset expenses. A stipend is generally lower than a salary would be, but the recipient is at the same time able to gain experience and knowledge in a specific field.
STATEMENT OF CERTIFICATION, DISCLOSURE AND NON DISCLOSURE FORMS
STATEMENT OF CERTIFICATION

The Applicant is required to disclose, in a written statement, the truth of which is sworn or attested to by the Applicant, whether the Applicant, or where applicable, any of its officers, partners, principals, members, associates, or key employees, within the last three (3) years prior to the date of the application, has:

- Been indicted or had charges brought against them (if still pending) and/or been convicted of:
  A. any crime or offense arising directly or indirectly from the conduct of the Applicant or the Applicant’s organization, or
  B. any crime or offense involving financial misconduct or fraud, or
  C. any crime or offense involving a minor

- Been the subject of legal proceeding arising directly from the provision of services by the organization

- Been listed on the Child Protection Register (CPR) as a “substantiated” case

If the response is in the affirmative, the Applicant shall fully describe any such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.


We hereby attest the following:

1. We are able to maintain adequate files and records and can and will meet all grant reporting requirements.

2. Our fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete, and current at all times; and we give DOES or the District of Columbia, through any authorized representative, the right to audit and inspect all records, books, papers, or documents related to the grant.

3. We are current on payment on all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. (This statement of certification shall be accompanied by a Certificate of Good standing from the District of Columbia Office of Tax & Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid all taxes due to the District of Columbia or is in compliance with any payment agreement with OTR).

4. We have demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative performance and audit trail.

5. We are not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, —Debarment and Suspension, and implemented by 2 CFR180, for
prospective participants in primary covered transactions and are not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency.

6. We have the financial resources and technical expertise necessary for the completion of the program. In addition, we have the equipment and sites adequate to perform the grant or subgrant, or the ability to obtain them.

7. We have the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments.

8. We have a satisfactory record performing similar activities as detailed in the award or we can establish that we have the skills and resources necessary to provide the programming described in the grant.

9. We have a satisfactory record of integrity and business ethics.

10. We have the necessary organization, experience, accounting and operational controls, and technical skills to implement the programming described in the grant, or the ability to obtain them.

11. We are in compliance with the applicable District licensing and tax laws and regulations;

12. We are in compliance with provisions of the Drug-Free Workplace Act.

13. We meet all other qualifications and eligibility criteria necessary to receive a grant award under applicable laws and regulations.

14. We agree to indemnify, defend, and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents, and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors, or omissions of any person and for any costs or expenses incurred by the Government of the District of Columbia on account of any claim therefore, except where such indemnification is prohibited by law.

15. We will ensure that the sites under our organization's ownership, lease, or supervision, which shall be utilized in providing the programming, are compliant with all District statutes, codes, and regulations.

16. We possess legal authority to apply for the grant; that a resolution, motion, or similar action has been duly adopted or passed as an official act of our governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant to act in connection with the application and to provide such additional information as may be required.

17. We will comply with provisions of federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by federal grants. (5 USC 1501, et. seq.).

18. We will comply with the minimum wage and maximum hour(s) provisions of the federal Fair Labor Standards Act, if applicable.

19. We will comply with all requirements imposed by the federal-sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.

20. We will comply with the provisions of the Code of Federal Regulations Title 28, Chapter 1: Part

21. We will provide an Equal Employment Opportunity Program, if required to maintain one, where the application is for $500,000 or more.

22. We and all contractors will comply with: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; and the Age Discrimination Act of 1975.

23. In the event a federal or State court or federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of grant funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

24. We understand that DOES may conduct pre-award, on-site visits to verify information submitted in the application and to determine if the Applicant’s sites are appropriate for the programming intended.

25. The Grantee shall comply with all the applicable District and federal statutes and regulations as may be amended from time to time including:

- The Hatch Act, 7 U.S.C. § 361a et seq.
- The Clean Air Act (Subgrants over $100,000) 42 USC § 7401 et seq.
- 6101 et. seq.)
- Workforce Intermediary Establishment and Reform of the First Source Amendment Act of 2011,
- D.C. Official Code § 2-219.01 et seq.
If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control. It shall be the responsibility of the Applicant to ensure compliance.

Acknowledgement of Authorized Representative

As the duly authorized representative of the Applicant, I hereby certify that the Applicant will comply with the above Certifications, Licenses, and Assurances and that everything included in this application is true and accurate.

Typed/Printed Authorized Representative and Title

Date

Signature of Authorized Representative
Disclosure Statement

The Offeror and each of its principal team members, if any, must submit a statement that discloses any past or present business, familiar or personal relationship with any individual(s) that are currently employment by or through:

A. D.C. Department of Employment Services

Please identify any past or present business, familiar, or personal relationship in the space below. Use extra sheets if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This is to certify that, to the best of my knowledge and belief, and after making reasonable inquiry, the above represents a full and accurate disclosure of any past or present business, familiar, or personal relationship with any of the individuals listed above. The undersigned acknowledges and understands that this Disclosure Statement is being submitted to the False Claims Act and that a failure to disclose a material relationship(s) may constitute sufficient grounds to disqualify the Offeror.

OFFEROR:

By: ________________________

Name: ________________________

Title: ________________________

Date: ________________________
 NON-DISCLOSURE AGREEMENT

I, ____________________________ hereby affirm that DOES records and any information gathered therefrom are strictly confidential and shall not be divulged to unauthorized persons. The Applicant must demonstrate an ability to maintain the confidentiality of information. Specifically, the Applicant must agree to the following conditions:

☐ Participant records shall be kept confidential and shall not be open to public inspection nor shall their contents or existence be disclosed to the public. Participant records may not be divulged to unauthorized persons.

☐ No person receiving information concerning a participant shall publish or use the information for any purpose other than that for which it was received.

☐ Whoever willfully discloses, receives, makes use of, or knowingly permits the use of information concerning a child or other person shall be guilty of a misdemeanor and upon conviction shall be fined not more than $250.00 or imprisoned for not more than 90 days, or both. (D.C. Official Code § 16-2336).

☐ I also affirm that I will not disclose any information from any project meetings that is not a matter of public record.

☐ I understand that if my organization is selected as a Grantee, then each staff person and volunteer who will be working on the program must submit a signed non-disclosure agreement, after award but prior to engaging in work.

☐ I will hold confidential any information gathered or disclosed to grantee as a project staff member/volunteer in accordance with all applicable District and Federal confidentiality statues.

By signing this document, I acknowledge that I have read and fully understand the statement contained herein.

Certified By:

Applicant's Authorized Representative (Print) Title ________________________________

Title ________________________________

Applicant's Authorized Representative's Signature ________________________________

Date ________________________________
OCP E-SOURCING FAQs
OCP eSourcing FAQs

1. How do I register for eSourcing?

   1) Click on www.ocp.dc.gov
   2) Click on Vendor Registration
   3) Click on the eSourcing link and click on Register as new Vendor

      Your account will be approved in the system and a password will be generated out to the email address provided in the account.

2. How do I view the content/details of a Solicitation/Event?

   1) Click on www.ocp.dc.gov
   2) Click on Solicitation
   3) Click on All Opportunities
   4) Click on eSourcing Link at the top of the page

      You should be able to view the contents of an event, including the requirements; however you can only respond to an event through an eSourcing account and invitation.

3. How can I view the invitations I have received so far?

   1) Click on www.ocp.dc.gov
   2) Click on Vendor Registration
   3) Click on eSourcing
   4) Enter your login information

      Your account will show you all events you have been invited to and their current status (open, closed, etc.)

4. How do I access the eSourcing portals?

   1) Click on www.ocp.dc.gov
   2) Click on Vendor Registration
   3) Click on eSourcing

      This site can be saved to your 'Favorites' within your browser for easy access.
5. I just registered. Why can’t I see any events/Solicitations in my box?

Events will begin to populate after your commodity codes have been established in your account. E-Sourcing will not show events that were open prior to the establishment of the account. To establish your commodity codes, please update your eSourcing account by clicking on preferences and selecting the commodity codes most closely aligned with your business.

6. I tried to register, but it states the our Tax ID number is already registered. What next?

Contact the OCP Helpdesk on 202-274-7277 or email us at ocp.helpdesk@dc.gov

7. How do I check to see if my company is already registered?

Contact the OCP Helpdesk on 202-274-7277 or email us at ocp.helpdesk@dc.gov

8. I registered on the ARIBA Supplier Network (ASN), can I use that login to access this system? Are they the same?

The ARIBA Supplier Network (ASN) and the eSourcing portal are two separate databases. A separate login is required for each.

9. How do I add/remove a user in the eSourcing profile?

You will need to contact the OCP Helpdesk to add additional users to your company’s profile. If a user needs to be removed, an email from a company representative will need to be sent to ocp.helpdesk@dc.gov before this action will be performed.

10. How do I receive an invitation to a Sourcing event that is not showing in my account?

Send an email to the OWNER that is listed within the eSourcing event or Contact the OCP Helpdesk on 202-274-7277 or email us at ocp.helpdesk@dc.gov.

11. Will I be charged for creating a profile in eSourcing?

No, there is no charge for registering in the eSourcing portal.

12. How do I update my profile with the desired commodity codes?

Once you are logged into your account
Choose **Preferences** from the upper right hand corner of your screen
Choose **update your profile**
Click on 'select' beside **Commodities Supplied**

The system allows you to search for these items by the commodity name.
MASTER SUPPLIER INFORMATION
Vendor Name (Legal Name):  
Vendor Number (I + Tax ID): 1  
Phone Number (including area codes and extensions):  
General E-mail Address:  
Website Address:  
W9 Tax ID Number:  
CBE? Yes □ No □ CBE Number: ______ (Choose matching items for Supplier and Ownership Types).

Contact Name:  
Contact E-Mail Address:  
Supplier/Vendor Type:  
Ownership Type:  

### Supplier/Vendor Type

<table>
<thead>
<tr>
<th>1=DC Employee</th>
<th>4=Local Government</th>
<th>7=Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2=Federal Agency</td>
<td>5=Vendor-Business</td>
<td>8=CBE</td>
</tr>
<tr>
<td>3=State Agency</td>
<td>6=Vendor=Individual</td>
<td></td>
</tr>
</tbody>
</table>

### Ownership Type

<table>
<thead>
<tr>
<th>A=State Corporation</th>
<th>I=Individual Recipient</th>
<th>R=Foreign</th>
</tr>
</thead>
<tbody>
<tr>
<td>C=Professional Corp.</td>
<td>L=CBE</td>
<td>S=Sole Ownership</td>
</tr>
<tr>
<td>E=State Employee</td>
<td>M=Medical Corporation</td>
<td>T=Partnership</td>
</tr>
<tr>
<td>F=Financial Institution</td>
<td>O=Out of State Corporation</td>
<td>U=Non-Profit</td>
</tr>
<tr>
<td>G=Government Entity</td>
<td>P=Professional Association</td>
<td></td>
</tr>
</tbody>
</table>
Business License Information

Type: _______ (Business, Professional, Other)

License Number _______ .

Mail Code = 000 = Supplier Headquarters Address (Cannot be a PO Box)

Address: _______
City: _______ State: _______ Zip Code: _______

Mail Code = 200 = Payment Remittance Address if Different from 000

Address: _______
City: _______ State: _______ Zip Code: _______

Mail Code = 300 = Purchase Order Address if Different from 000 (Cannot be a PO Box)

Address: _______
City: _______ State: _______ Zip Code: _______
ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

DUN & Bradstreet No. (DUNS): 

(To apply for a your DUNS number call 1-866-705-5711 Required for all Email and Fax Purchase Order forwarding requests.)

ANID Number: 

(Please register at supplier.ariba.com; This is a required field.)

Do you want the purchase order forwarded by e-mail or fax? Email ☐ Fax ☐

(Please choose only one; We do not support the ARIBA Online option.)

Ordering E-Mail Address (Send Purchase Orders): 

Ordering Fax Number (Send Purchase Orders): 

Does the Vendor Accept Purchase Cards: Yes ☐ No ☐
Form W-9
(Rev October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

2. Business name/described entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

(Applicable to accounts maintained outside the US)

Print or type.

See Specific Instructions on page 2.

6. Address (number, street, and apt. or suite no) See instructions.

7. City, state, and ZIP code

Requester’s name and address (optional)

7. List account number(s) here (optional)

Part I
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

Or

Employer identification number

Part II
Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-8 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
• An estate (other than a foreign estate); or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person, if you are a foreign person or that U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation. If you are no longer an S corporation, the IRS may not accept an election to be an S corporation. If you are no longer an exempt payee, you may lose your tax benefits and be subject to a penalty.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect. Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.
Specific Instructions

Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

<table>
<thead>
<tr>
<th>IF the entity/person on line 1 is</th>
<th>THEN check the box for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation</td>
<td>Corporation</td>
</tr>
<tr>
<td>Individual</td>
<td>Individual/sole proprietor or single-member LLC</td>
</tr>
<tr>
<td>Sole proprietorship, or</td>
<td></td>
</tr>
<tr>
<td>Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</td>
<td></td>
</tr>
<tr>
<td>LLC treated as a partnership for U.S. federal tax purposes,</td>
<td>Limited liability company and enter the appropriate tax classification. (P= Partnership, C= C corporation, or S= S corporation)</td>
</tr>
<tr>
<td>LLC that has filed Form 8632 or 2553 to be taxed as a corporation, or</td>
<td></td>
</tr>
<tr>
<td>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td>Partnership</td>
</tr>
<tr>
<td>Trust/estate</td>
<td>Trust/estate</td>
</tr>
</tbody>
</table>

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2—The United States or any of its agencies or instrumentalities
3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
5—A corporation
6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7—A futures commission merchant registered with the Commodity Futures Trading Commission
8—A real estate investment trust
9—An entity registered at all times during the tax year under the Investment Company Act of 1940
10—A common trust fund operated by a bank under section 584(a)(1) —A financial Institution
12—A middleman known in the investment community as a nominee or custodian
13—A trust exempt from tax under section 664 or described in section 4047
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payee listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for...</th>
<th>THEN the payment is exempt for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $3,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorney’s fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requestor may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-2(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-2(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 585 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, go Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/Order/Forms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fisherman, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage Interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer IRA, or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account) other than an account maintained by an FFI</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Two or more U.S. persons (joint account maintained by an FFI)</td>
<td>Each holder of the account</td>
</tr>
<tr>
<td>4. Custodial account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor</td>
</tr>
<tr>
<td>5. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner</td>
</tr>
<tr>
<td>6. Sale proprietorship or disregarded entity owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))</td>
<td>The grantor</td>
</tr>
</tbody>
</table>

For this type of account:

<table>
<thead>
<tr>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Disregarded entity not owned by an individual</td>
</tr>
<tr>
<td>9. A valid trust, estate, or pension trust</td>
</tr>
<tr>
<td>10. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
</tr>
<tr>
<td>11. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
</tr>
<tr>
<td>12. Partnership or multi-member LLC</td>
</tr>
<tr>
<td>13. A broker or registered nominee</td>
</tr>
</tbody>
</table>

1. List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.
2. Circle the minor’s name and furnish the minor’s SSN.
3. You must show your individual name and you may also enter your business or DBA name on the “Business name/disregarded entity” name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
4. List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
- Protect your SSN.
- Ensure your employer is protecting your SSN. and
- Be careful when choosing a tax preparer.

If your tax returns are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-904-4016 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/ TDD 1-800-629-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3408, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
**ACH VENDOR PAYMENT ENROLLMENT FORM**

**Section A**

**Vendor/Payee/Company Information**

<table>
<thead>
<tr>
<th>Vendor Name*</th>
<th>EIN or SSN*</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Vendor Contact Name*</th>
<th>Vendor Contact Phone Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternative Phone Number*</th>
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<td></td>
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</tbody>
</table>

*Required

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

**Name & Title of Authorizing Official for Vendor**

(Please type or print)

Signature of Authorizing Company Official for Vendor

Date

---

**Section B**

*Payments should be made to the depository account named below*

**Bank/Financial Institution Information**

(to be reviewed and signed by Vendor’s Financial Institution)

<table>
<thead>
<tr>
<th>Bank/Financial Institution Name</th>
<th>Account Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch Address</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9-digit Transit Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank’s ACH Coordinator</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Checking</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature & Title of Banking Official**

Print Name & Title

---

Notice: All vendors must have a W-9 on file with the District of Columbia