RFA# 202206089

Strengthening Maine’s Workforce

# Application Information

## **Background and Purpose**

The COVID-19 pandemic has brought many workforce and education related inequities to the forefront. As the pandemic continues to deepen economic divides and limit educational opportunities nationally, the Maine Department of Education (DOE) has proposed an approach that will empower and equip Maine’s adult education leaders with the resources and support needed to address educational and workforce gaps and provide new opportunities for Mainers that have disproportionately been impacted by the pandemic. The overall goal is to improve the workforce situations of both eligible individuals and eligible employers by supplementing, enhancing, modifying, or improving access to adult education programs and resources for eligible disproportionately COVID-19 impacted populations (unemployed, underemployed, low income, low literacy level, English language learners, women, people or communities of color.

Under this RFA, the DOE can only fund Strengthening Maine’s Workforce applications that do one or more of the following:

1. Develop, implement, continue, and/or expand, workforce training programs in collaboration with employers in at least one of the eligible industries (healthcare, hospitality (restaurants and lodging), retail, and manufacturing);
2. Partner with employers to address workforce shortages in employment sectors in at least one of the eligible industries identified as suffering deep economic declines due to COVID-19 (healthcare, hospitality (restaurants and lodging), retail, and manufacturing);
3. Develop and provide English language acquisition services; and/or
4. Improve availability, relevance, and access to English language acquisition courses, including reducing waitlists for English language acquisition services

Adults eligible to be served by these Strengthening Maine’s Workforce funds have been disproportionately impacted by COVID-19 and are defined as:

1. People or communities of color
2. Low-income
3. Immigrants
4. People with low levels of literacy
5. Women
6. The underemployed and unemployed

This funding is provided through Maine’s American Rescue Plan Act (ARPA) allocation, the Maine Jobs and Recovery Program (MJRP) and is authorized under [Maine LD 1733, SP577](https://legislature.maine.gov/bills/display_ps.asp?snum=130&paper=SP0577PID=1456). Funds will be available for FY22 and FY23.

Services under these sub-grants may be delivered at local adult education sites or other facilities, including employer locations. Services are to be provided through programs and mechanisms that address the disproportionate economic disruptions due to COVID-19. Programs and services should support, expand upon, improve, or enable the start-up of services, but not supplant or replace services that are provided as part of an adult education provider’s regular programming.

All communication regarding this Request for Applications must be made via email to the grant coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants).

## **Eligibility to Submit Bids**

All Maine School Administrative Unit (SAU) adult education providers as defined by [20-A M.R.S. §8601-A (1))](http://legislature.maine.gov/statutes/20-A/title20-Asec1.html) are eligible to submit bids in response to this Request for Applications. Individual adult education providers, hubs, and/or cross-hubs may join together to submit a collaborative proposal. Such proposals must be submitted by a lead SAU adult education provider that agrees to retain responsibility for setting and meeting program goals, ensuring compliance with state and federal laws and rules as evidenced through monitoring and reporting, and maintaining fiscal controls and records. The applicant adult education provider will serve in the capacity of fiscal agent.

## **Allowable Expenses/Activities**

Eligible uses/expenses for which the funds provided from this grant may be used include, but are not limited to:

1. Collaborating with COVID-19 impacted employers to develop and provide workforce development programming that is intensive, includes required job skills and may include support services to aid in participation and retention and/or

industry-specific English language and vocabulary;

1. Working collectively with smaller employers to create and provide industry-specific skills training they could not offer on their own;
2. Increasing availability and accessibility to English language acquisition programming, including applicable support services with special attention on communities experiencing an increase in immigrant populations;
3. Providing innovative solutions to reduce waitlists for English language acquisition classes;
4. Expanding intensive workforce training classes to include but not be limited to basic skills necessary to obtain, maintain and advance in employment. Such as interviewing and communications skills and workplace culture;
5. Working with employer partners to expand their understanding of other cultures (including immigrants and those from a culture of poverty); and
6. Increasing access to programming by providing support services such as childcare, participation stipends, earn while you learn, transportation, etc. necessary for participation to remove barriers.

Indirect costs are not an allowable expense under this grant. Additionally, no Supplantation. No business/organization or partner receiving an award under this RFA may supplant other funds with these funds that assist with similar services. Grantees must use ARPA Funds in a way that is complementary to other available resources and supplements, expands, and creates new opportunities vs. supplants existing activities.

Awardees will be considered to be subrecipients and must agree to use the funds consistent with the requirement as outlined in the Subrecipient Agreement Template in Appendix A at the end of this application.

## **Awards**

There will be one round of grant applications. An entity may submit applications for more than one project, provided the projects are clearly distinct. Grant awards will range from $10,000 - $500,000 to encourage applications with a variety of scope and budgets to meet documented needs. The need for and reasonableness of all costs must be fully justified and detailed in the Budget Narrative.

The Department anticipates making multiple awards and reserves the right to eliminate the lowest scoring proposal(s) and/or make awards at amounts less than that requested, whichever is in the best interest of the State.

Any person aggrieved by the award decision that results from this Request for Applications may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120 (found here: [Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120)).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of contract award.

All communication regarding this Request for Applications must be made via email to the grant coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants).

# **RFA Terms/Acronyms with Definitions**

The following terms and acronyms, as referenced in the RFA, shall have the meaning indicated below.

| **Term/Acronym** | **Definition** |
| --- | --- |
| **ARPA** | American Rescue Plan Act of 2021 |
| **COVID-19 Impacted Employer** | From the list of industries Maine identified as being severely impacted. Healthcare, Hospitality (restaurants and lodging), Retail, and Manufacturing |
| **Contextualized English Language** | Instruction that embeds English language skills with academic or occupational content by focusing on meaningful applications in a specific career context.  |
| **COVID-19 Impacted Individual** | One who meets the definition of an eligible participant as a result of COVID-19 |
| **Department** | Department of Education |
| **Eligible Participant**  | Unemployed, underemployed, low income, low literacy, English language learner, women |
| **Low income** | Individuals and families without the means to meet basic needs |
| **Low literacy level** | The limited ability to read, write and/or do computations beyond very basic levels |
| **MJRP** | Maine Jobs and Recovery Program  |
| **Partner Agencies** | Employers, educational and workforce agencies, and support service groups expected to make specific commitments and contributions to support the implementation of the grant funded solutions |
| **RFA**  | Request for Application |
| **SAU** | [School Administrative Unit](https://www.maine.gov/doe/funding/maine-sau-list) https://www.maine.gov/doe/funding/maine-sau-list |
| **State**  | State of Maine |
| **Underemployed** | Working part-time, less than full-time, or in a position that does not fully leverage skill set, experience or educational level |
| **Unemployed** | Not working |

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# KEY PROCESS EVENTS

## **Submitting Questions about the Request for Applications**

Any questions must be submitted by e-mail to the Grant Coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants) by July 6th, 2022 at 11:59 p.m. local time. Submitted Questions must include the subject line: “RFA# 202206089 Questions”. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

Question & Answer Summary: Responses to all questions will be compiled in writing and posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## **Amendments to the Request for Applications**

All amendments (if any) released in regard to this Request for Applications will be posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## **Submitting your Application**

1. **Applications Due:** Applications must be received by Tuesday, July 25th at 11:59 p.m. local time. Applications received after the 11:59 p.m. deadline will be ineligible for award consideration for that annual application enrollment period.
2. **Submission Instructions:** Applications are to be submitted to the State of Maine Division of Procurement Services, via email, to Proposals@maine.gov.
	1. Only applications received by email will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
	2. Only applications received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
	3. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail applications that have the actual requested files attached will be accepted.
	4. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
	5. File size limits are 25MB per e-mail. Applicants may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
	6. Applicants are to insert the following into the subject line of their email submission: **“RFA# 202206089 Application Submission – [Applicant’s Name]”**
	7. Applications are to be submitted as a single, typed, PDF or WORD file and must include pages 9-15 of this RFA document.

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APPLICATION EVALUATION AND SELECTION

## **Scoring Weights and Process**

1. Scoring Weights: The score will be based on a 100-point scale and will measure the degree to which each application meets the following criteria.

|  |  |
| --- | --- |
| **Scoring Criteria** | **Maximum Points Available** |
| Criteria 1 – General Information* Application Cover Page & General Assurances
* Debarment, Performance and Non-Collusion Certification
* Addresses one or more of the project requirements.
* Responded about eligible industry, if applicable
* Serves an eligible population(s)Provided Partnership Listings, if applicable
* Agrees to the requirements as outlined in Section C and the Subrecipient Agreement Template in Appendix A
 | Pass/Fail |
| Criteria 2 – Specifications of Work to be Performed* Project Overview
* Identification of Need
* Project Description
	+ Project design addresses priority area(s) for eligible populations
* Project timeline with milestone dates
 | 75 points |
| Criteria 3 – Budget Proposal* Budget form
* Budget narrative
 | 25 points |
| **Total Points** | * + 1. **points**
 |

1. Scoring Process: The Grant Review Team will use a consensus approach to evaluate and score all sections listed above. Members of the review team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections.

Regarding the proposed funds requested and the proposed work, the Grant Review Team will consider the degree to which the application clearly articulates how the project addresses and meets identified needs, serves eligible COVID-19 impacted employers and participants, is realistic and reasonable, as well as whether the project work and cost estimates (tasks & budget) are reasonable for the expected outcomes, along with the amount and quality of proposed matching funds or services.

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# APPLICATION COVER PAGE

**Handwritten Applications Will Not Be Accepted**

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |
| **Name of Application:** | Click or tap here to enter text. |
| **Superintendent’s Name** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip** | Click or tap here to enter text. |
| ***Provide information requested below if different from above*** |
| **Point of Contact for Application- Name and Title** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip** | Click or tap here to enter text. |
| **Dollar Amount of Application:** | Click or tap here to enter text. |

* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s application.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.

|  |  |
| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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# DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this application:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
	3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
	4. *Have not within a three (3) year period preceding this application had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Applicant’s application, at the discretion of the Department.**

|  |  |
| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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# APPLICATION

The Applicant is asked to be brief and concise in providing written information required in the application. **Limit your narrative response to 12 pages.**

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter[ ]  text.[ ]  |

|  |
| --- |
| **General Information**Respond the below questions |

1. Please indicate which of the following the project will address: (Check all that apply)

|  |
| --- |
|[ ]  1. Develop, implement, continue, and/or expand, workforce training programs in collaboration with employers;
 |
|[ ]  1. Partner with employers to address workforce shortages in employment sectors such as manufacturing, restaurants, lodging, healthcare and retail trade industries identified as suffering deep economic declines due to COVID-19; (If selecting this option, you must complete the partnership listing found on page 14.)
 |
|[ ]  1. Develop and provide English language acquisition services; and/or
 |
|[ ]  1. Improve availability, relevance, and access to English language acquisition courses, including reducing waitlists for English language acquisition services
 |

2. If you have selected 1 or 2 above, please select which of the eligible industries this program is related to: (Check all that apply)

[ ] Healthcare

[ ] Hospitality (restaurants and lodging)

[ ] Retail

[ ] Manufacturing

3. Check the eligible population(s) this project will serve: (Check all that apply)

[ ] People or communities of color

[ ] Low-income

[ ] Immigrants

[ ] People with low levels of literacy

[ ] Women

[ ] The underemployed and unemployed

4. Check the boxes below to agree to the requirements for the use of funds as outlined in Section C (p. 3-4) and in the Subrecipient Agreement Template in Appendix A.

[ ]  Agree that the grant funds will supplement, not supplant other funding, including other MJRP funding.

[ ]  Agree to the requirements of the Subrecipient Agreement Template in Appendix A

|  |
| --- |
| **Project Title** Provide a descriptive project title in 15 words or less |
| Click or tap here to enter text. |
| **Duration of Project**  |
| Start Date: Start Date | End Date: End Date |
| **Overview of the Program** |
| *Use this space to describe the general overview of the program.*  |
| Click or tap here to enter text. |  |
|  |  |
| **Identification of Need***Identify the application type and need or problem to be addressed. Include relevant data that demonstrates how it addresses critical needs in Maine’s economy and workforce and supports eligible populations.* |
|  |
| Click or tap here to enter text. |
|  |
| **Project Description** Please provide details of the project you are proposing in order to address the needs or problem described above. Explain how the programming will use research-based strategies for effective instruction.  |
| Click or tap here to enter text. |
| **Project Timeline** *Describe the project timeline from planning to evaluation along with milestone dates. Specify the project strategies/activities that will lead to the proposed project goals, the timeline and responsible actors for each activity, and the expected outcomes.*  |
| Click or tap here to enter text. |
| **Project Budget**  |

The Department is limiting individual awards to $10,000 to $500,000. ARPA funds are not allowable for indirect costs. Budget categories may be amended to meet your specific needs. In the final column, briefly explain how funds in each category will be used.

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Amount Requested** | **Explanation of expense** |
| Personnel (salary and benefits) | Click or tap here to enter text. | Click or tap here to enter text. |
| Instructional materials and supplies | Click or tap here to enter text. | Click or tap here to enter text. |
| Non-instructional materials and supplies | Click or tap here to enter text. | Click or tap here to enter text. |
| Contracted services | Click or tap here to enter text. | Click or tap here to enter text. |
| Technology access | Click or tap here to enter text. | Click or tap here to enter text. |
| Transportation | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (specify) | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (specify) | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL REQUEST** | Click or tap here to enter text. |  |
| **Budget Narrative (one page maximum)**In the space below, please provide a detailed explanation of your anticipated grant-supported expenses in each of the above budget categories. Explain how your costs are fair and reasonable based on the applicant’s community(ies’) and economics. |
| Click or tap here to enter text. |

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# PARTNERSHIP LISTING

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |

If proposing partnerships with business partners, please complete the following table.Describe how they will be involved in the planning, development, and delivery of the project.

|  |  |  |
| --- | --- | --- |
|  **Partner Name, Location, & Primary Contact (Name/Title)** | **Partner’s Organizational Capacity and Qualifications** | **Brief Description of role in project** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |  |

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# Appendix A: Subrecipient Agreement Template

