PRE – AWARD SURVEY SHEET

The following information will be used by Employ Prince George’s, Inc. (EPG) in identifying those organizations and agencies that qualify as service vendors in accordance with the definitions and criteria in the Workforce Innovation Opportunity Act (WIOA) as amended and its rules.

I. ORGANIZATIONAL INFORMATION:

Organization Name: _____
Organization Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
Contact Person: _____ Title: _____ E-Mail: _____

II. ORGANIZATIONAL STRUCTURE:

☐ Sole Proprietorship  ☐ Partnership  ☐ Corporation  ☐ Minority Business  ☐ Franchise
Non Profit:  ☐ Community-Based  ☐ Faith-Based  ☐ Other:
Governmental Unit:  ☐ City  ☐ County  ☐ State  ☐ Federal
Educational Institution:  ☐ 4+ Years  ☐ 2 Years  ☐ Technical

If this is a sole proprietorship: A copy of the BUSINESS LICENSE must be attached with the tax identification.
If this is a partnership: A copy of the PARTNERSHIP AGREEMENT must be attached with the tax identification.
If this is a corporation or franchise: Year of Incorporation: _____ State of Incorporation: _____
Is the corporation in GOOD STANDING in the State of Incorporation:  ☐ Yes  ☐ No
Is the corporation REGISTERED to conduct business in the State of Maryland:  ☐ Yes  ☐ No
If this is a minority business: Certifying Agency: _____
If this is a 501C based or governmental unit: A copy of the TAX EXEMPTION must be attached. (IRS 501C Status)

If this is an educational institution: A copy of the LETTER OF AUTHORITY must be attached. (Authorization must be granted by the Maryland Higher Education Commission (MHEC) to do business in the State of Maryland.)

Provide an overview of the lead organization including primary location of the organization, years in operation, history of organization, mission and vision, areas of focus and/or services, and any other relevant information that helps provides an overview of the organization.
III. ORGANIZATIONAL PRINCIPALS:

Owners/Partners Name(s):

Board of Directors: Chairperson
Vice Chair
Secretary
Treasurer

Management: CEO/Executive Director
Deputy Director
Controller

IV. ORGANIZATIONAL FINANCIALS:

Does your organization have any outstanding unresolved audit deficiencies with any Federal, State, County, or Local agencies? If yes, please attach an explanation. ALL attach the latest audit report. ☐ Yes ☐ No

----------MHEC approved applicants precede to Section VII--------

V. ORGANIZATIONAL PAST PERFORMANCE REFERENCES:

(1) Business Reference Name:
Business Reference Address:
City: State: Zip Code:
Telephone No.: Fax No.:
Contact Person: Title: E-Mail:
Services Provided:

(2) Business Reference Name:
Business Reference Address:
City: State: Zip Code:
Telephone No.: Fax No.:
Contact Person: Title: E-Mail:
Services Provided:

(3) Business Reference Name:
Business Reference Address:
City: State: Zip Code:
Telephone No.: Fax No.:
Contact Person: Title: E-Mail:
Services Provided:

Have you in the past or are you currently providing services to any Maryland Workforce Innovation Opportunity Act (WIOA) Areas not listed in the above references? ☐ Yes ☐ No

If yes, please provide the following information:

Organization Name:
Organization Address:
VI. ORGANIZATIONAL ASSURANCES:

If this is an organization: Are you LICENSED to conduct business in the State of Maryland? □ Yes □ No
Licensing Agency: ______ License No.: ______
Is the organization in compliance with SUSPENSION/DEPARTMENT CERTIFICATION? (29 CFR PART 98.510) □ Yes □ No
Is the organization in compliance with LOBBYING CERTIFICATION? (USC 31, SECTION 1352) □ Yes □ No
If yes, please attach a copy.
Is the organization in compliance with THE AMERICANS WITH DISABILITIES ACT □ Yes □ No
Does the organization have in effect a DRUG-FREE WORKPLACE POLICY? □ Yes □ No
Does the organization have in effect an US EQUAL OPPORTUNITY EMPLOYMENT POLICY? □ Yes □ No
Does the organization have in effect an EQUAL EDUCATION OPPORTUNITIES POLICY? □ Yes □ No
Does the organization have in effect a LIABILITY INSURANCE POLICY? □ Yes □ No
If this is an educational institution: Are you an ACCREDITED Organization? If no, please explain. □ Yes □ No
Does the organization have in place a TUITION SCHEDULE and/or PROGRAM CATALOG? If yes, please attach a copy. □ Yes □ No

VII. ORGANIZATIONAL SERVICES:

Section A: Check the service and activities that your organization has an interest in providing, and it has verifiable experience and expertise in either WIOA or Welfare-to-Work.

□ Not Applicable □ See catalog/attachments:

☐ Outreach, Recruitment and Intake:

☐ Public Information Marketing (Development and dissemination of program information designed to inform individuals of available services and encourage their application and participation in such programming.)

☐ Program Orientation (The facilitation of group or one-on-one sessions in which programs and services are explained to potential applicants in great detail.)

☐ Program Eligibility Screening and Verification (The systematic collection, and strategy analysis, and verification of applicant data in order to determine eligibility, need, and potential benefit of a given program or programs.)

Section B: Check the services and activities that your organization has verifiable experience and expertise in either WIOA or Welfare-to-Work. For each item checked, please include as an attachment a detailed paragraph describing the test instruments, counseling procedures, and/or case management practices normally employed.

□ Not Applicable □ See catalog/attachments:

☐ Objective Assessment:

☐ Aptitude/Interest Testing ☐ Psychological Testing ☐ Basic Skills Testing
☐ Occupational Skill Testing ☐ Basic Skills Testing ☐ Occupational Skills Training
Section C: Check the type(s) of educational service(s) that your organization has verifiable experience and expertise in either WIOA or Welfare-to-Work.

☐ Not Applicable  ☐ See catalog/attachments:

☐ Basic Skills:

☐ Adult Basic Education (ABE):
   Minimum Instruction Hours: Maximum Instruction Hours:
   Average Class Size: Student/Instruction Ratio:
   Diploma: Certificate:
   Entrance Requirements:
   Competence Standards:
   Credit: Non-Credit: Open Entry/Exit:
   PELL Eligible: Available to General Public:

☐ General Educational Development (GED):
   Minimum Instruction Hours: Maximum Instruction Hours:
   Average Class Size: Student/Instruction Ratio:
   Diploma: Certificate:
   Entrance Requirements:
   Competence Standards:
   Credit: Non-Credit: Open Entry/Exit:
   PELL Eligible: Available to General Public:

☐ Remedial Education:
   Minimum Instruction Hours: Maximum Instruction Hours:
   Average Class Size: Student/Instruction Ratio:
   Diploma: Certificate:
   Entrance Requirements:
   Competence Standards:
   Credit: Non-Credit: Open Entry/Exit:
   PELL Eligible: Available to General Public:

☐ English As a Second Language:
   Minimum Instruction Hours: Maximum Instruction Hours:
   Average Class Size: Student/Instruction Ratio:
   Diploma: Certificate:
   Entrance Requirements:
   Competence Standards:
   Credit: Non-Credit: Open Entry/Exit:
   PELL Eligible: Available to General Public:

☐ Other (please specify):
   Minimum Instruction Hours: Maximum Instruction Hours:
   Average Class Size: Student/Instruction Ratio:
   Diploma: Certificate:
   Entrance Requirements:
   Competence Standards:
Section D: Check the type(s) of occupational skills training programs that your organization offers in competency-based training and instruction. For each occupation-specific course or program, complete a separate response to the following checklist/questionnaire. Attach additional copies of this section as needed.

☐ Not Applicable ☐ See catalog/attachments:

☐ Occupational Skills Training: ☐ Occupational Instruction ☐ Classroom Instruction

Minimum Instruction Hours: ☐ Maximum Instruction Hours: ☐ Average Class Size: ☐ Student/Instruction Ratio: ☐ Diploma: ☐ Certificate:

Entrance Requirements:

Competence Standards:

Credit: ☐ Non-Credit: ☐ Available to General Public:

PELL Eligible: ☐ Open Entry/Exit:

From the most recent fiscal year, please provide the following performance information.

Time Period: to Total Enrollment:

Completion Rate: Placement Rate

Average Wage at Placement:

☐ On-the-Job Training: ☐ Occupational Instruction ☐ Classroom Instruction

Minimum Instruction Hours: ☐ Maximum Instruction Hours: ☐ Average Class Size: ☐ Student/Instruction Ratio: ☐ Diploma: ☐ Certificate:

Entrance Requirements:

Competence Standards:

Credit: ☐ Non-Credit: ☐ Available to General Public:

PELL Eligible: ☐ Open Entry/Exit:

From the most recent fiscal year, please provide the following performance information.

Time Period: to Total Enrollment:

Completion Rate: Placement Rate

Average Wage at Placement:

☐ Internship/Apprenticeship: ☐ Occupational Instruction ☐ Classroom Instruction

Minimum Instruction Hours: ☐ Maximum Instruction Hours: ☐ Average Class Size: ☐ Student/Instruction Ratio: ☐ Diploma: ☐ Certificate:

Entrance Requirements:

Competence Standards:

Credit: ☐ Non-Credit: ☐ Available to General Public:

PELL Eligible: ☐ Open Entry/Exit:

From the most recent fiscal year, please provide the following performance information.

Time Period: to Total Enrollment:

Completion Rate: Placement Rate

Average Wage at Placement:

☐ Work Experience: ☐ Occupational Instruction ☐ Classroom Instruction
Minimum Instruction Hours:        Maximum Instruction Hours:  
Average Class Size:  Student/Instructor Ratio:  
Diploma:  Certificate:  
Entrance Requirements:  
Competence Standards:  
Credit:  Non-Credit:  Open Entry/Exit:  
PELL Eligible:  Available to General Public:  

From the most recent fiscal year, please provide the following performance information.

Time Period:  to  Total Enrollment:  
Completion Rate:  Placement Rate  
Average Wage at Placement:  

Section E: Check the type(s) of placement assistance services that your organization has verifiable experience and expertise. Placement assistance services are designed to identify job openings, encourage employers to consider program participants, and assist participants in securing unsubsidized employment following completion of their training.

- [ ] Not Applicable  - [ ] See catalog/attachments:

- [ ] Placement Assistance:  
  - [ ] Job Development/Employer Outreach  - [ ] Resume Preparation Assistance  
  - [ ] Job Interview Training  - [ ] Job Clubs/Job Search Assistance  
  - [ ] Other (please specify):  
  - [ ] Other (please specify):  
  - [ ] Other (please specify):  

Section F: Check the type(s) of supportive services that your organization provides, with or without reimbursement, either directly or through brokered arrangements. For each item checked that is not included in the catalog, please give a brief description and associated fees, if any. Supportive services are necessary to enable an individual to participate in training programs, generally include goods and services provided directly to or on behalf of a program participant.

- [ ] Not Applicable  - [ ] See catalog/attachments:

- [ ] Supportive Services:  
  - [ ] Child Dependent Care (please specify):  
  - [ ] Transportation (please specify):  
  - [ ] Emergency Food/Clothing (please specify):  
  - [ ] Cash Assistance (please specify):  
  - [ ] Health Care (please specify):  
  - [ ] Substance Abuse Counseling/Intervention (please specify):  
  - [ ] Individual/Family Counseling (please specify):  
  - [ ] Disability Services/Materials (please specify):  
  - [ ] Other (please specify):  
  - [ ] Other (please specify):  
  - [ ] Other (please specify):  

Section G: Please attach a copy of your fee schedule for the services you wish to provide.

- [ ] Not Applicable  - [ ] See catalog/attachments:

- [ ] Fee Schedule:
VIII. AUTHORIZATION:

I, ___________________________,
(NAME) (TITLE)
of
(ORGANIZATION)

Hereby certify and represent as follows:

1) That I am authorized to sign this document on behalf of the business/organization;

2) That the information contained herein is true and correct to the best of my knowledge and belief;

3) That (ORGANIZATION) will permit official representatives of Employ Prince George’s, Inc. (EPG) or its Agent(s) access to its facilities, staff and records for verifying the information contained in this application and collecting any additional information related to its qualifications as a goods/service provider; and

4) That (ORGANIZATION) hereby authorizes EPG or its Agent(s) to contact all of the references herein for verification of past and/or present job performance.

Signed this __________ day of __________ 20__

Signature ____________________________ Print Name ____________________________ Title ____________________________

FOR EPG OFFICE USE ONLY:

Survey Reviewed By: ____________________________ Date of Survey Review: ________________

Site Visit By: ____________________________ Date of Site Visit: ________________

Final Approval By: ____________________________ Date of Final Approval: ________________

Organizational Decline By: ____________________________ Date of Organizational Decline: ________________

Reason for Decline:
__________________________________________________________
__________________________________________________________
__________________________________________________________