

PRINCE GEORGE'S COUNTY LOCAL WORKFORCE DEVELOPMENT BOARD

1801 McCormick Drive, Suite 400

Largo, Maryland 20774

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:

City: State: Zip Code:
Telephone No.: Fax No.:
Contact Person: Title: E-Mail:

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

VI. ORGANIZATIONAL ASSURANCES:

If this is an organization: Are you LICENSED to conduct business in the State of Maryland? Yes No

Licensing Agency: _____

Type of License: _____ 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 PROGRAMCATALOG? 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

- Financial Counseling Career Counseling/Guidance Case Management Services
 Employment Development Planning
 Other (please specify):

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/Instructor 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/Instructor 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/Instructor 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/Instructor 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/Instructor Ratio:
Diploma:	Certificate:
Entrance Requirements:	
Competence Standards:	

Credit:
PELL Eligible:

Non-Credit:
Available to General Public:

Open Entry/Exit:

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:
Average Class Size:
Diploma:
Entrance Requirements:

Maximum Instruction Hours:
Student/Instructor Ratio:
Certificate:

Competence Standards:

Credit:
PELL Eligible:

Non-Credit:
Available to General Public:

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:
Average Class Size:
Diploma:
Entrance Requirements:

Maximum Instruction Hours:
Student/Instructor Ratio:
Certificate:

Competence Standards:

Credit:
PELL Eligible:

Non-Credit:
Available to General Public:

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:
Average Class Size:
Diploma:
Entrance Requirements:

Maximum Instruction Hours:
Student/Instructor Ratio:
Certificate:

Competence Standards:

Credit:
PELL Eligible:

Non-Credit:
Available to General Public:

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:
Average Class Size:
Diploma:
Entrance Requirements:

Maximum Instruction Hours:
Student/Instructor Ratio:
Certificate:

Competence Standards:
Credit:
PELL Eligible:

Non-Credit:
Available to General Public:

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:

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:

- | | |
|--|--|
| <input type="checkbox"/> Job Development/Employer Outreach | <input type="checkbox"/> Resume Preparation Assistance |
| <input type="checkbox"/> Job Interview Training | <input type="checkbox"/> Job Clubs/Job Search Assistance |
| <input type="checkbox"/> Other (please specify): | |
| <input type="checkbox"/> Other (please specify): | |
| <input type="checkbox"/> 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:

