

REQUEST FOR PROPOSAL

Good Jobs Challenge Healthcare Job Training Providers List

The purpose of this Request for Proposal (RFP) is to identify qualified training providers within the Northwest Region of CT to train students for careers in the field of Healthcare. All training entities must offer a state or nationally recognized credential to students. This RFP is to ensure that all interested qualified training providers are identified as potential trainers.

The Northwest Regional Workforce Investment Board is focused on:

- **Reskilling and Upskilling:** Continuous learning and job training are essential.
- **Inclusiveness and Effectiveness:** Help propel worker success while advancing social equity.
- **Mutual Success:** This win-win program helps students, workers, and Connecticut thrive by uniting employers, workforce development boards, secondary- and post-secondary institutions, and community and economic organizations.

The Northwest Regional Workforce Investment Board will create a Healthcare Job Training Providers List which will contain course information, pricing, and schedules for training to support the initiative. Successful bidders will be placed on a list of qualified, approved providers.

INTRODUCTION

The Northwest Regional Workforce Investment Board, Inc. (NRWIB) is a private, not-for-profit 501(c) (3) corporation that coordinates job training, employment and educational services in forty-one (41) communities throughout Northwest Connecticut. It develops working partnerships with local community leaders, elected officials, business, labor, and education leaders to create a competitive economic environment by improving the area's workforce education, employment and training opportunities. The NRWIB is the administrative entity for the Workforce Innovation and Opportunity Act (WIOA), serves more than 20,000 individuals each year (age 18 and older). The Northwest Connecticut Regional Workforce Investment "system" is comprised of three (3) geographically dispersed American Job/One-Stop Centers. These centers are currently located at the following locations: Waterbury- 249 Thomaston Avenue ; Danbury- 182 Main Street and; Torrington- 62 Commercial Blvd, Unit 1.

The Northwest Regional Workforce Investment Board will partner with training providers across the state to offer healthcare job training. Training funds will be available through Connecticut's Office of Workforce Strategy and other federal, state, local and provide resources.

The NRWIB is seeking qualified training entities to provide the following occupational skills training for enrollees in the Northwest Region. The following is a list of Occupational Skills Training that will be available to students enrolled in healthcare job training. Training offerings could include, but are not limited to:

Training Program
Certified Nurse Assistant (CNA)
Community Health Worker
Dental Assistant
Electrocardiogram (EKG) Technician
Emergency Medical Technician (EMT)
Home Health Aide (HHA)
Human Services Assistant
Patient Care Technician
Pharmacy Technician
Phlebotomy Technician
Registered/Certified Medical Assistant
Sterile Processing Technician

Proposals must include the credential that will be attained upon successful completion of each training program. All training must be easily accessible and available for residents of the Northwest Regional Workforce Investment Board's designated region to include: Barkhamsted, Bethlehem, Bethel, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Newtown, New Fairfield, New Milford, New Hartford, Naugatuck, Norfolk, North Canaan, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Wolcott, Woodbury.

ELIGIBILITY

Selected training providers shall:

- Offer the highest quality training and provide client specific verifiable information when requested, including proof of program completion and credential/license.
- Provide a schedule of program classes and minimum number of students required (if any).
- Offer programs that are cost competitive.
- Cooperate with all evaluations by Federal/State grantors and/or their designated contractors.
- Comply with/sign any applicable assurances and certifications.
- Provide resumes of key personnel for the review/approval of Federal/State grantors if required.
- Provide information and documentation to the NRWIB in a format to be provided. This information must be received within fifteen (15) days of end of class.
- If vendor is Pell eligible: Agree to have students exhaust eligibility for financial aid (Pell Grants and Scholarships, if applicable) prior to submitting invoice for any payment(s).
- Document that the proposed training program has a high rate of completion and post program credentialing rate. Minimum documented rates:
 - Attainment of post program Credential / License – 85% %
 - Completion Rate – 90%

FOR ENTITIES SUBMITTING APPLICATIONS FOR MORE THAN ONE PROGRAM

The following sections shall be submitted once:

- **SECTION A: PROVIDER INFORMATION**
- **SECTION B: TRAINING SITE INFORMATION (if applicable)**
- **SECTION F: SUB-CONTRACTOR RISK ASSESSMENT QUESTIONNAIRE**

The following sections must be submitted for each program:

- **SECTION C: PROGRAM INFORMATION**
- **SECTION D: PROGRAM SPECIFICS**
- **SECTION E: TUITION AND FEES**

APPLICATION

SECTION A: PROVIDER INFORMATION

Legal Name of Training Organization: _____

Connecticut UI Tax registration Number: _____

Federal Employment Identification Number: _____

Organization Mailing Address: _____

Telephone Number: _____

Website: _____

Contact Person for Program(s): _____

Email Address: _____

Telephone Number: _____

Secondary Contact: _____

Email Address: _____

Telephone Number: _____

Is entity current with all Federal, State and Local Taxes?

Yes

No

Is entity currently debarred, suspended, or otherwise prohibited from doing business with the State of Connecticut or the Federal Government?

Yes

No

Is the entity Financial Aid Eligible under Title IV?

Yes

No

Is your institution is accredited?

Yes

No

If so, name of accrediting agency/organization:

Date accreditation expires: _____

Attach copy of the most recent letter of approval from accrediting organization/entity.

Is your institution licensed in the State of Connecticut?

Yes **No**

If yes, list the Agency issuing the license:

Attach a copy of the most recent letter of approval.

If your agency is currently active on the CT Dept. of Labor's Eligible Trainer Provider List (ETPL) Section B is NOT required.

SECTION B: TRAINING SITE INFORMATION

Facility Name: _____

Address: _____

Phone: _____

Is the facility up to date with a **current Fire Marshall Certificate**? (Please attach to submission)

Yes No

Does the facility have an **up-to-date Zoning Certificate**? (Please attach to submission)

Yes No

Do you have an **up-to-date Insurance Certificate** for the training facility? (Please attach to submission)

Yes No

What has been your rate of completion for the program(s) you are submitting over the past three (3) years?

What has been your rate of credentialing / certification for the program(s) you are submitting over the past three (3) years?

Provide documentation of your completion and credentialing rate.

SECTION C: PROGRAM INFORMATION

Program Name: _____

Describe program admission requirements, if any: _____

Describe program pre-requisites, if any: _____

Does this program prepare the participant to take an examination for certification or licensing? **Yes** **No**

What is the mechanism to ensure participants are scheduled for the appropriate examinations? _____

Will the participant earn college credit?

Yes **No**

If yes, # of program credits earned for this program: _____

Indicate the credential that will be provided if the participant successfully passes any requisite exam: _____

Name of Credential/License _____

Issuing entity _____

SECTION D: PROGRAM SPECIFICS

Duration of the Program: (Number of)

- Semester(s) _____
- Weeks _____
- Months _____
- Hours _____

Time Program is offered:

- Day (give specific hours) _____
- Evening (give specific hours) _____

How often does class meet? (Check which one is applicable)

- Daily _____
- Bi-weekly _____
- Weekly _____
- Monthly _____
- Other _____

How is the content delivered? (Check one)

- In person
- Online/remote
- Hybrid (In person and online)

How many **TOTAL HOURS** are required for program completion?

- Class time _____
- Lab time _____

Minimum Class Size _____

Maximum Class Size _____

SECTION E: TUITION AND FEES

Program Tuition _____

Application Fee _____

Registration Fee _____

Books _____

Testing _____

Exam Fees _____

Uniforms _____

Licensing Fees _____

Lab Fees _____

Supplies/Equipment (Be specific) _____

Other Costs (Be specific) _____

Total Cost of the Program

Is Financial Aid available?

Yes No

If so, indicate the types of financial aid available _____

SECTION F: SUB-CONTRACTOR RISK ASSESSMENT QUESTIONNAIRE

Instructions: Respond to the following assessment queries by indicating “X” in the “response” field of the column which is most applicable. Attach requested back-up documentation as may be required.

1. Staff Qualifications	Staff in key positions are professionally trained and have one or more years experience in that position.	At least half of staff in key positions are professionally trained for their position but have less than one year experience.	Staff in key positions have little or no experience or training in the program or managing federal funds.
Response			

***Attach current licensure/credentials of all staff expected to be engaged in the provision of training services.*

2. Staff Turnover	No recent changes in staff in key positions (e.g., fiscal officer, grant administrator, instructor)	New or no staff in one or more key positions.	New or no staff in all key positions.
Response			

***Attach a current list of employees. Indicate length of time each employee has been employed by your agency. Indicate turnover by position – 2 year history.*

3. Federal Funds Experience	Organization has received federal grant funds in the past two years	Organization has not received federal grant funds in the past two years or has never managed a federal grant
Response		

***If answering in the affirmative, provide a separate list of Federal Grant funds received within the last 2 years, funding agency and contract duration.*

4. Current Award Size ARPA (Not including Potential Funding)	Current Federal-funded award is less than \$50,000	Current Federal-funded award is more than \$50,000
Response		

***If answering in the affirmative, provide a separate list of Federal funds received within the last 2 years, funding agency and contract duration.*

5. Single Audit Act	Most recent Single Audit has no findings OR the organization is not subject to the Single Audit Act.	Most recent Single Audit had significant deficiency finding(s).	Most recent Single Audit had material weakness finding(s) or no Single Audit was performed as required.
Response			

****Provide a copy of your most recent Single Audit and a summary of findings if applicable.**

6. Key Systems	Organization's accounting and timekeeping systems are fully automated	Organization's accounting and timekeeping systems are a combination of manual and automated systems	Organization's accounting and timekeeping systems are manual
Response			

****Indicate applications utilized if applicable. (e.g. Quickbooks): _____**

7. Policies and Procedures	Organization has comprehensive policies and procedures for accounting, personnel, grant management, etc.	Organization does not have comprehensive policies and procedures for accounting, personnel, grant management, etc.
Response		

****Attach a copy of your organization's policies and procedures for accounting, grant management, personnel, etc.**

8. Connecticut ETPL Approved	Organization is approved as an Eligible Training Provider by the State of Connecticut	Organization is not approved as an Eligible Training Provider by the State of Connecticut
Response		

****Attach a copy of your organization's State of Connecticut ETPL approval letter, if applicable.**

I hereby certify that all of the information provided in this response (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

Full Name:

Title:

Organization/Company:

Signature:

INQUIRIES, PERTINENT DATES & SUBMISSIONS

Responses to, and questions regarding, this RFP may be directed to:

Jeffrey Lynes
Senior Contracts Specialist
Northwest Regional Workforce Investment Board
249 Thomaston Avenue
Waterbury, CT 06702
Email: jeffrey.lynes@nrwib.org

Entities will be placed on the list based on the information submitted, if the program meets the needs of the program (in terms of program design, curriculum, flexible availability, outcomes and cost), if **all of the information** requested above is provided, all Federal, State and Local taxes are current, the entity has not been debarred by any federal or state agency, and the entity is a legal entity registered with the State of Connecticut.

Being selected to be on the Northwest Regional Workforce Investment Board's Providers List is not a guarantee of students. Students will have the ability to choose a provider from the list of approved vendors. The NRWIB reserves the right to contract with training entities that meet the initial eligibility criteria; are within the parameters of its program and are cost effective.

The deadline to provide the required information (either by email or mail) to the contact listed above is **Friday, November 22nd, 2024, by 4:00 pm (EST). Awarded vendors will be announced on a rolling basis as proposals are received and scored.**