

**Governor's  
Workforce  
Board**  
Rhode Island



Today's Vision... Tomorrow's Opportunity.

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# **REQUEST FOR PROPOSALS**

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**FY 2013 - 2014**

**Incumbent Worker Training Grant Program**

The Honorable Lincoln D. Chafee  
Governor

Constance A. Howes  
Chair

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## SECTION I - GENERAL INFORMATION

### A. PURPOSE

The purpose of this Request for Proposals (RFP) is to solicit applications for workforce improvement programs designed to increase the skills of the incumbent workforce. Applicants must show how this skill enhancement will benefit their business productivity

### B. JOB DEVELOPMENT FUND

The Job Development Fund (JDF), created by statute in 1992, is a state fund financed entirely by Rhode Island employers. The Incumbent Worker Training Grant program is funded by the JDF in an effort to assist employers to improve the skills of their current workforce as well as the effectiveness of their business/organization.

### C. AMOUNT OF ASSISTANCE

Up to \$1,100,000 (depending on availability) has been allocated for approved projects within this initiative. The maximum amount awarded to an individual business/organization will be as follows:

<u># of employees</u> (as of 3/31/13)	<u>Award Range</u>
0 - 49	\$5,000 - \$9,999
50 -249	\$10,000 -\$24,999
250+	\$25,000 -\$40,000

Proposals of less than \$5,000 may be submitted through the [Governor's Workforce Board Express Grant Program](#).

All successful grantees must contribute a minimum of 50% of allowable training expenses. Businesses may apply for additional Bonus Funding to support their training. See Section VII for details.

### D. INQUIRIES

Governor's Workforce Board  
Bldg. 72, Second Floor  
1511 Pontiac Avenue, Cranston, RI 02920  
PHONE: (401) 462-8823 FAX: (401) 462-8865  
EMAIL: Dan Brown at [dbrown@dlt.ri.gov](mailto:dbrown@dlt.ri.gov)

### E. SCHEDULE OF PERTINENT DATES

Release of RFP	Monday, April 8, 2013
Pre-Proposal Conference	Monday, April 22, 2013
Deadline for Questions	Wednesday, May 1, 2013
Proposals Due	Friday, May 10, 2013
Grant Awards Announced	Thursday, June 20, 2013
Training Period	July 1, 2013 - June 30, 2014

## F. PRE-PROPOSAL CONFERENCE

Applicants are strongly encouraged to attend the Pre-Proposal Conference on Monday, April 22, 2013 at 8:30 A.M. at the Community College of RI – Flanagan Campus, 1762 Louisquisset Pike, Room 2706, Lincoln, RI

GWB staff will address the objectives of the RFP in detail, including criteria that must be met for proposals to be accepted, and will respond to attendees' questions. **Pre-register by contacting Dan Brown at [dbrown@dtl.ri.gov](mailto:dbrown@dtl.ri.gov) or by calling 462-8823.** Questions raised at the Pre-Proposal Conference that require clarification or any amendments to this RFP will be posted to [www.gwb.ri.gov](http://www.gwb.ri.gov). The deadline for all questions will be May 1, 2013.

## G. SUBMISSION OF PROPOSALS

- Written (paper) proposal – including one signed original and 7 copies:  
Must be mailed or delivered in person by Friday, May 10, 2013 no later than 4:00 pm.  
**Governor's Workforce Board**  
1511 Pontiac Avenue  
Bldg. 73-1  
Cranston, RI 02920
- PDF (electronic) of entire proposal  
Must be emailed to [dbrown@dtl.ri.gov](mailto:dbrown@dtl.ri.gov)

Faxed proposals will not be accepted, nor will proposals received after the scheduled date and time. See page 5 for a complete list of application elements. A

## H. DURATION OF FUNDING

Projects funded as a result of this RFP should plan for grant activity to occur between July 1, 2013 through June 30, 2014.

## I. ELIGIBLE APPLICANTS

Any Rhode Island for profit or not for profit organization (except those who received a 2012 Incumbent Worker Training Grant) may apply if they currently contribute to the Job Development Fund. This can be verified by contacting the RI Division of Taxation at 401-574-8710. Labor organizations, trade associations, or consortia of employers are also eligible to apply for training of their members. In this case, all participating member companies must contribute to the Job Development Fund. The names and RI Employer Identification Numbers for all participating organizations must be provided for verification purposes. Eligible applicants must be current on all Rhode Island tax obligations, must be in good standing with Workforce Regulation and Safety and must not have been debarred (prohibited) from contracting with an agency that administers federal funds. Organizations that received an Express Grant in FY 2012 – 2013 are eligible to apply

## J. ALLOWABLE ACTIVITIES / PARTICIPANTS

Applicants may request grant assistance for projects that train their incumbent employees or members (if a trade or labor organization). All trainees must be employees. Volunteers and board members are not eligible to participate in the training. Allowable training is flexible and should be based upon the

employer's needs. Reimbursable activities cannot occur prior to the actual start date of the grant.

#### **K. REVIEW PROCESS**

Each proposal will be reviewed and evaluated by a team of volunteers consisting of members from the public and private sector, including previous grant recipients. Proposals will be rated and ranked based on point values assigned to the various sections of the application. The results will be approved by the GWB prior to July 1, 2013. Results will be made public after they are approved.

#### **L. LIMITATIONS**

This RFP does not commit the GWB to award a contract or to pay for any of the costs in the preparation of a proposal.

The GWB reserves the right to accept or reject any or all proposals received as a result of this request, the right to cancel this RFP in part or in its entirety, the right to fund any proposal either in part or in full, and the right to waive any and all requirements of the RFP if it is in the best interest of the State of RI or GWB to do so.

All contract awards are subject to the availability of funds and the execution of a contract that is acceptable to both the selected respondent and the GWB.

#### **M. BUSINESS WORKFORCE CENTER**

A representative from Department of Labor & Training's Business Workforce Center will contact you within 90 days of funding to discuss additional workforce development incentives, tax credits, and the benefits of using EmployRI, our online state workforce system job board. If you need assistance sooner, please call 1-888-616-5627 and a representative will assist you.

## SECTION II – PROPOSAL CHECKLIST

Be sure to complete this form and attach it to the top of your application. It will be used by staff to ensure the application is complete and meets the threshold criteria.

**Initial each item below to certify the submittal of a complete proposal.**

- \_\_\_\_\_ Grant Proposal Cover Sheet
- \_\_\_\_\_ Certification Page
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Needs Statement
- \_\_\_\_\_ Program Description
- \_\_\_\_\_ Results
- \_\_\_\_\_ Budget & Budget Narrative
- \_\_\_\_\_ Grant Provisions
- \_\_\_\_\_ General Provisions
- \_\_\_\_\_ W-9 Form
- \_\_\_\_\_ If a trade association, labor organization, or consortia of employers applying on behalf of members, a list of participating companies and RI Employer Registration Numbers.
- \_\_\_\_\_ Application for Youth Bonus Funding (if applicable)

**The above should be stapled (no binders, please).**

- \_\_\_\_\_ One (1) signed original
- \_\_\_\_\_ Seven (7) complete copies
- \_\_\_\_\_ One (1) PDF of entire application

## SECTION III – APPLICATION

### GOVERNOR’S WORKFORCE BOARD – FY 2013-14 *Incumbent Worker Training Grant Program* GRANT PROPOSAL COVER SHEET

#### SECTION 1. Applicant Information

Name of Applicant:

Address:

Contact Person / Title:

Phone:  Fax:  Email:

Business / Organization Website:

Federal Employer ID Number (FEIN):

Rhode Island Employer Registration Number (Not FEIN):

For-Profit: Yes

Non-Profit: Yes

Industry Sector Name:

#### SECTION 2. Applicant Profile (a mouse must be used to complete the following Yes/No questions)

Trade Association, Labor Organization, or consortia of employers applying on behalf of members:

Yes  No

Total number of employees of business/organization:

Total number of members of Labor Organization:

Total number of employees in consortium of employers:

Total number of employees to be trained through this grant:

Total amount of grant assistance requested:

**SECTION 3. Products/Services** (Briefly describe your organization including products and services.)

**SECTION 4. Certification** (*The signature below must be that of an individual with the authority to enter into legally binding agreements on behalf of the applicant.*)

If selected for award, I, the undersigned, agree to meet the requirements of the Rhode Island Job Development Fund for a grant award. I certify that all information contained in this application and proposal is true and accurate and understand that falsification of information may be cause for non-review or award revocation. I certify that the applicant organization is in compliance with all contributions; payment in lieu of contributions, interest or penalty charges due under Rhode Island unemployment law, in good standing with Workforce Regulation and Safety and has not been debarred from contracting with any agency that administers Federal funds. I understand that I have acquired no property or other right by virtue of submitting this application. If awarded, I agree to comply with the terms and provisions of this proposal.

***IMPORTANT: Please be sure to sign and date this certification section.***

Typed Name  Signature \_\_\_\_\_

**Executive Summary (5 points)**

A summary of the Incumbent Worker Training Grant, including brief description of training goals and outcomes. Please limit response to 150 words.



**Needs Statement: (30 points)**

*Applicants should identify their current business challenges. Examples might include increased competition, outmoded business processes and worker skills, excessive turnover of staff. Applicants should describe how the proposed training will address these challenges.*

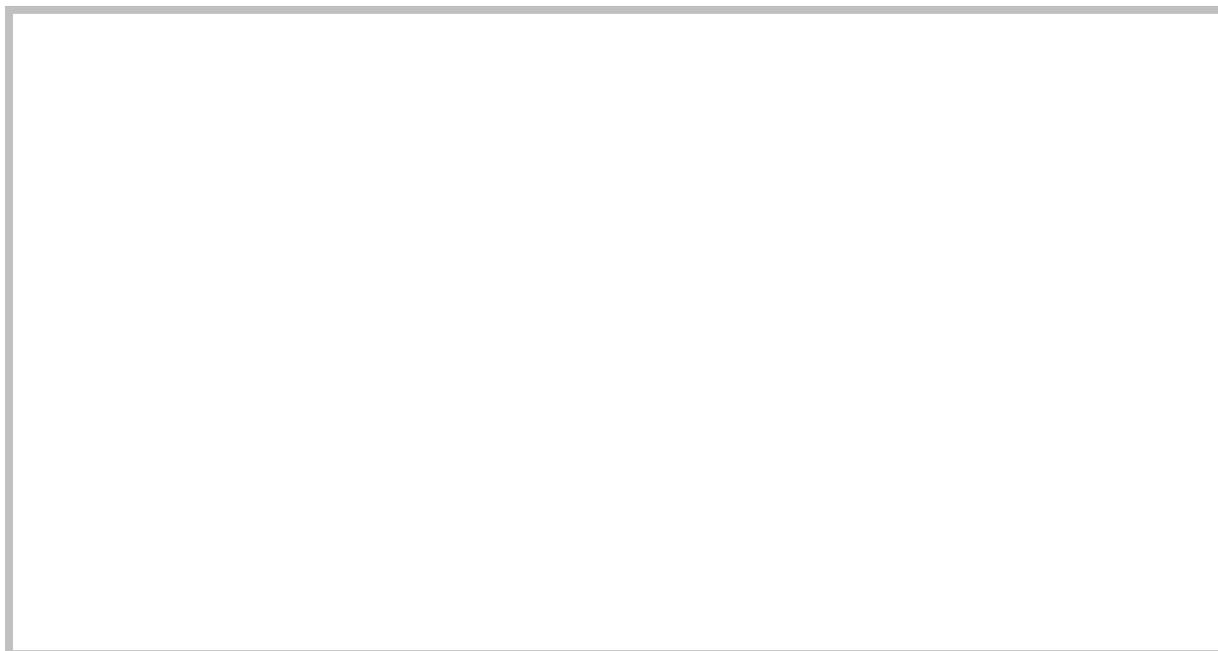


## Program Description (30 points)

*Please respond to each request for information completely and accurately*

*This section should answer the following “W” questions: who, what, where and when in reference to training activities.*

- *Who will participate in the training?*
- *Who will conduct the training?*
- *What training programs are planned under this grant? Be as specific as possible.*
- *Where will the training take place?*
- *When will the training take place? Include start/end dates and number of hours for each training activity.*



## Results (20 points)

*This section should address the intended outcomes of the proposed training and how the company will assess the effectiveness of that training. Please note the outcomes that the training is intended to achieve. Please describe below how your company currently measures these elements, and how you will assess the effect of the training. Examples might include a post-training participant evaluation, or analysis of increased sales or improved response time, etc.*

### Expected Employee Outcomes: Check all that apply

- |  | <u># of Employees</u> |
|--|-----------------------|
| <input type="checkbox"/> Wage Increase                   | _____                 |
| <input type="checkbox"/> New Job Creation                | _____                 |
| <input type="checkbox"/> Promotion                       | _____                 |
| <input type="checkbox"/> Retention                       | _____                 |
| <input type="checkbox"/> Skills Acquisition              | _____                 |
| <input type="checkbox"/> Industry Recognized Certificate | _____                 |
| <input type="checkbox"/> College Credits                 | _____                 |
| <input type="checkbox"/> Other _____                     |                       |

**Expected Company Outcomes section:** Check those that apply. For each area, indicate how the company currently measures these elements, and how the training will affect that area.

- Increase Customer Satisfaction
- Increase Productivity
- Increase Quality
- Increase Sales
- Other \_\_\_\_\_

## Budget and Budget Narrative (15 points)

Grant Funds: The amount requested should only include allowable activity taking place that will be reimbursed with grant funds. Grant funds cannot be used to purchase equipment, compensate employees while in training, or pay for travel related expenses. The maximum request is as follows:

<u># of employees (as of 3/31/13)</u>	<u>Award Range</u>
0-49	\$5,000-\$9,999
50-249	\$10,000-\$24,999
250+	\$25,000-\$40,000

Grant Recipient Cost: Grants will be entered into on a cost reimbursement basis. This means that the grant recipient must pay for the complete cost of the training and then request reimbursement of 50%. For example: If the total training cost is \$20,000, 50% (\$10,000) is reimbursable with grant funds. NOTE: Applicants may apply to receive Bonus Funding to support their training. See Section VII for details.

Planned Reimbursement of Grant Funds by Quarter: The budget must indicate the estimated grant funds to be reimbursed by quarter. These amounts should correspond to the training plan and schedule. Line items must correspond to activities outlined in the program section.

### EXAMPLES OF ALLOWABLE AND NON-ALLOWABLE COSTS FOR TRAINING EXPENSES

<i>Allowable Training Expenses</i>	<i>Non-Allowable Costs</i>
<i>Tuition and training provider fees</i>	<i>Equipment including hardware and software</i>
<i>Training materials and supplies</i>	<i>Lost worker productivity</i>
<i>Software that is used 100% for training activities</i>	<i>Grant preparation or administrative costs</i>
<i>In-house trainer wages – excluding benefits</i>	<i>Travel expenses, meeting space, lodging, food</i>
<i>Curriculum development – Not to exceed 25% of total request</i>	<i>Wages while in training and fringe benefits cost</i>
<i>Cost of evaluating the training</i>	

**A. Budget Detail**

Follow the budget format below. Each expense line item must reflect the 50/50 percent split between grant funds and the applicant's cost.

	Expense Item	Total Cost 100%	Grant Funds Requested 50%	Applicant's Cost 50%
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**PLANNED REIMBURSEMENT OF GRANT FUNDS BY QUARTER**

Quarter Ending	Grant Fund Reimbursement
1. 9/30/13	\$
2. 12/31/13	\$
3. 3/31/14	\$
4. 6/30/14	\$
Total	\$

**Note: The total should equal the amount of the grant award.**

**The applicant's match should not be included.**

## **B. Budget Narrative**

*The budget narrative must correspond to the expense items listed in the budget and explain how the costs were determined. The budget narrative should be set up in the exact order as the program section and budget line items for easy reference. For each line item of the budget, provide a description below of how costs were determined. (Example: 1 trainer @ \$30 per hour for 60 hours of training = \$1,800.00)*



## SECTION IV – GRANT PROVISIONS

### I. General

The Grant Recipient shall be bound to comply with the terms of the grant as outlined in the Grant Recipient's proposal and the program outline, and any revisions and/or recommendations approved by the GWB. The grant may be amended by mutual agreement between the Grantor and the Grant Recipient. Such agreements shall be in writing, approved prior to implementation and will become a modification to the grant.

### 2. Payment Method

Grant Recipient shall be paid for expenses incurred under this grant under a cost reimbursement arrangement. Only the allowable expenses listed in the approved budget and paid in full by the Grant Recipient will be reimbursed by the GWB.

### 3. Reporting

The Grant Recipient is required to report quarterly with or without program activity taking place. Both the Invoice and Program Report are required for each reporting period. Each form is due by the 15<sup>th</sup> of the month following the reporting period.

#### i. Invoice

#### ii. Program Report

#### iii. Reporting Due Dates

- October 15 for quarter ending September 30
- January 15 for quarter ending December 31
- April 15 for quarter ending March 30
- July 15 for quarter ending June 30

### 4. Modification Procedures

This contract can be modified by mutual agreement by both parties.

### 5. Contract Extension

Under extraordinary circumstances this contract may be extended for one time for a period of up to 3 months.

### 6. Helpful Information

- The first payment may take up to 60 days to process
- For questions relating to fiscal or program reporting, please contact Dan Brown at 462-8823

Governor's Workforce Board  
RI Department of Labor and Training  
1511 Pontiac Avenue  
Bldg. 72, 2<sup>nd</sup> Floor  
Cranston, RI 02920

## SECTION V – GENERAL PROVISIONS

### 1. EXAMINATION OF RECORDS

The Grant Recipient agrees to maintain and preserve all financial, trainee attendance, trainee progress, and all payment records relating to this grant for three (3) years and agrees that the Grantor shall, until the expiration of three (3) years after final payment under this grant, upon advance reasonable notice, have access to and the right to examine any documents, papers, and records of the Grant Recipient involving transactions related to this grant.

### 2. TRANSFER AND SUBCONTRACT

This grant shall not be assigned or transferred, and no service required hereunder shall be subcontracted, either in whole or in part.

### 3. PAYMENTS

The Grantee shall be paid upon submission of proper invoices. Payment will be made to the Grant Recipient upon verification that the services agreed to have been rendered by the Grant Recipient and have been completed in accordance with this contract.

### 4. DISPUTES

Any disputes shall be determined in accordance with the Rhode Island Administrative Procedures Act.

### 5. TERMINATION

- (a) Termination for cause: If the Grant Recipient fails to perform under this grant or fails to make sufficient progress so as to endanger performance, the Grantor may terminate the grant, in whole or in part, upon written notice to the Grant Recipient.
- (b) Termination for reduction of funding: The funding obligation authority contained within this grant shall be subjected to availability of State funds. In the event the funding is cut or reduced by the State of Rhode Island, the funding authorized in this grant shall be subject to either partial or total de-obligation.

### 6. INSPECTION

The Grantor or designee may have access to the place of training of the trainees under this grant to measure the progress and quality of the training and to determine compliance with the grant terms. Inspection by the Grantor or designee shall take place during the course of a normal work day during working hours.

### 7. INSURANCE (LIABILITY TO THIRD PERSONS)

- (a) The Grant Recipient shall procure and thereafter maintain workers' compensation, employer's liability, comprehensive general liability (bodily injury and property damage), and comprehensive automobile liability (bodily injury and property damage) insurance with respect to performance under this grant.
- (b) Indemnification  
Grant Recipient will indemnify and hold harmless the State of Rhode Island and the Grantor (hereinafter referred to as "Indemnities") from any loss or damages (including reasonable attorney's fees) incurred by Indemnities because of claims, suits, or demands of third parties for personal injury or tangible property damage to the extent such loss or damage is caused by or results solely from: the negligent acts of Grant Recipient or its employees or agents provided (1) Indemnities promptly notify Grant Recipient in writing of any, claims, or demands against Indemnities for which Grant Recipient is responsible under this indemnity, (2) Indemnities give Grant Recipient full opportunity and authority to assume the sole defense of and settle such suits and, (3) Indemnities furnish to Grant Recipient, upon request, all information and assistance available to Indemnities for defense against any such suit, claim, or demand.

**Note:** If any of the above provisions conflict with the policies of the Grant Recipient, the Grant Recipient is asked to forward to the GWB office an explanation, in writing, of these concerns and/or conflicts.

#### **8. MONITORING**

Rhode Island General Law requires that the GWB provide for fiscal and accounting controls to monitor and audit all grant awards.

Monitoring consists of an on-site review of all program and fiscal grant activity. Back-up documentation of grant fund expenditures and the required applicant's cost are verified during the monitoring visit. Failure to provide documentation may result in the repayment by the recipient of all funds received.

#### **9. NOTICES AND APPEALS**

All applicants will receive notification of application approval or denial. An applicant who wishes to appeal a decision is required to submit a written notice of appeal within ten (10) days from the date of the notification letter. The notice of appeal must specify the nature of and reason for the appeal. Notices of appeal must be submitted to:

Governor's Workforce Board  
Attn: Executive Director  
1511 Pontiac Avenue, Bldg. 72  
Cranston, RI 02920

The GWB, or its designee, will consider the merits of the appeal and issue a decision within thirty (30) days after receipt of the appeal. The decision of the GWB regarding any appeal is final.

# SECTION VI – W-9 FORM

Form W-9 (Rev. 3/7/11)

## State of Rhode Island PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.**

### Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

**Social Security No. (SSN)**

--	--	--

**Employer ID No. (EIN)**

--	--

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**(REMITTANCE ADDRESS, IF DIFFERENT)** \_\_\_\_\_

**CITY, STATE AND ZIP CODE** \_\_\_\_\_

**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 either: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions** -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

### PLEASE SIGN HERE

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TEL NO. \_\_\_\_\_

**BUSINESS DESIGNATION:**

Please Check One: Individual  Medical Services Corporation  Government/Nonprofit Corporation   
Partnership  Corporation  Trust/Estate  Legal Services Corporation

**NAME:** Be sure to enter your full and correct name as listed in the IRS file for you or your business.

**ADDRESS, CITY, STATE AND ZIP CODE:** Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

**CERTIFICATION** -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

**BUSINESS TYPE CHECK-OFF** -- Check the appropriate box for the type of business ownership.

**Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908**

## SECTION VII – BONUS FUNDING INCENTIVE

The Governor’s Workforce Board is committed to helping Rhode Island’s youth obtain valuable work experiences that will prepare them for their futures – and we need your help! Applicants who are awarded an Incumbent Worker Training Grant, and who offer one or more of the following work experiences to a youth referred by a YouthWORKS411 center, shall be eligible to receive up to \$5,000 per youth to offset your Incumbent Worker Training matching costs. A total of up to \$100,000 will be awarded in Bonus Funding, with a maximum of up to \$10,000 per applicant (not to exceed the amount of the applicant’s Incumbent Worker Training Grant award).

**School Year Internship (unpaid internship/career exploration)** **Bonus Funds**  
**\$5,000 per youth\***

- Minimum of five hours per week for thirteen weeks during the school year (September, 2013 – June, 2014). Internship may take place after school or, in some cases, during the school day to meet the needs of the youth and company/organization.

**Summer Youth Employment Opportunity** **\$5,000 per youth\***

- 20 hours/week for six weeks between July and August, 2014. Wages are subsidized by the GWB.

**General provisions**

- Youth ages 14-24
- To provide career exploration and skill development for youth
- Should be related to the youth’s interests, abilities and career goal
- Must adhere to State and Federal Child Labor Laws
- Youth will be referred from your nearest YouthWORKS411 center
- Employer shall provide proper supervision, document activities, maintain signed timesheet/evaluation forms
- Employer shall provide overview of all aspects of your company and their specific job duties and responsibilities
- Companies are encouraged to have youth rotate among various departments within the organization

**Application for Bonus Funding**

Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Organization Website: \_\_\_\_\_

<u>Proposed Activity</u>	<u># of youth</u>		<u>Total bonus funding*</u>
<input type="checkbox"/> Summer youth employment	_____	@\$5,000 per youth	\$_____
<input type="checkbox"/> School year internship	_____	@\$5,000 per youth	\$_____

\* Maximum bonus funding per applicant is \$10,000, not to exceed the amount of the applicant’s Incumbent Worker Training Grant award

**Narrative:** What duties will the youth perform? Who will supervise the youth? What jobs and careers will the youth learn about? How will your company model good work behavior? *(please limit to no more than two, double-spaced pages)*

## YouthWorks411 – Rhode Island’s Youth Centers

The two local workforce boards operate youth centers around the state, offering services to help youth obtain skills they need for employment and connections to employment and training.



- |                             |                      |
|-----------------------------|----------------------|
| 1. Pawtucket (2 locations)  | 8. Warwick           |
| 2. Woonsocket               | 9. East Providence   |
| 3. Wakefield                | 10. Bristol/Warren   |
| 4. Charlestown              | 11. Newport          |
| 5. Westerly                 | 12. West Warwick     |
| 6. Johnston                 | 13. Cranston         |
| 7. Providence (2 locations) | 14. North Providence |
|                             | 15. North Kingstown  |

Services offered to youth at centers:

Academic Assessment	Tutoring	Interview Skills	Appropriate Workplace Attire
Vocational Interest Survey	Dropout Prevention	Internships	Professional & Ethical Behavior
Labor Market Information	GED Preparation	Resume Development	Health & Safety on the Job
Leadership Development	Career Information	Work Experiences	Conflict Resolution

We ask employers to provide a *meaningful* work experience in which youth perform work activities and:

- Learn about jobs and careers in that company and the occupational skills or trainings needed for those jobs
- Learn first-hand about the personal attributes needed to obtain a job and advance in employment
- Develop basic work habits

We also ask the employer to:

- Provide positive adult role models for youth
- Fill out a time sheet/ evaluation form
- Follow Youth Labor Laws (we will provide technical assistance with this)
- Sign a Worksite Agreement

A youth recommended for placement at your business will be:

- Pre-screened and matched in the areas of age, maturity, interest, abilities and type of work
- Interviewed and accepted or rejected by you
- Coached after placement by our staff whom you can contact directly with any questions or concern
- Sign a Worksite Agreement

**If your organization is awarded Bonus Funding through this RFP, your area Youth Center will contact you to attend an orientation where the program parameters will be explained. In addition, you will be given a list of eligible youth who, based on an assessment by Youth Center staff, have shown an interest/aptitude in your industry. You will have the opportunity to interview and select the youth who will be placed at your organization.**