



1801 McCormick Drive, Suite 400  
Largo, MD 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. This application must be completed, and returned to EPG for any organization to be included on the qualified service bidder list.

### **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.)

Describe your organization's structure and include applicable information: organizational chart, key personnel resumes and job descriptions etc. (Please attach document with additional information)

### **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 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:

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  
Completion Rate:  
Average Wage at Placement:

Total Enrollment:  
Placement Rate

☐ **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:

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  
Completion Rate:  
Average Wage at Placement:

Total Enrollment:  
Placement Rate

☐ **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:

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  
Completion Rate:  
Average Wage at Placement:

Total Enrollment:  
Placement Rate

☐ **Work Experience:**

☐ Occupational Instruction

☐ Classroom Instruction

Maximum Instruction Hours:  
Student/Instructor Ratio:  
Certificate:

Available to General Public:

Average Wage at Placement:

### **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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_