

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 the Prince George's County Economic Development Corporation – Workforce Services Division (PGCEDC-WSD) 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 the PGCEDC-WSD 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 Year 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)

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III. ORGANIZATIONAL PRINCIPALS:

Owners/Partners Name (s):

Board of Directors: Chairperson

Vice Chair

Secretary

Treasurer

Management: CEO/Executive Director

Deputy Director

Controller

III. 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-----

IV. 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:

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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:

V. 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

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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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aptitude/Interest Testing | <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Basic Skills Testing |
| <input type="checkbox"/> Occupational Skill Testing | <input type="checkbox"/> Basic Skills Testing | <input type="checkbox"/> Occupational Skills |
| Training <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Career Counseling/Guidance | <input type="checkbox"/> Case Management Services |
| <input type="checkbox"/> Employment Development Planning | | |
| <input type="checkbox"/> 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:

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 Basic Skills: Adult Basic Education (ABE):

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:

 General Educational Development (GED):

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:

 Remedial Education:

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:

 English As a Second Language:

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:

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Other (please specify):

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:

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:

Non-Credit:

Open Entry/Exit:

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PELL Eligible: Available to General Public:

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

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

Internship/Apprenticeship: 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: Placement Rate
 Completion 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: Placement Rate
 Completion 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,

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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:

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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 the Prince George’s County Economic Development – Workforce Services Division (PGCEDC-WSD) 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 (PGCEDC-WSD) 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 PGCEDC-WSD 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:

