

ATTACHMENT A

PROPOSAL COVER SHEET

RFP TITLE:

PIN:

Proposer:

Name: _____

Address: _____

Tax Identification #: _____

Years in Operation _____

Proposer's Contact Person:

Name: _____

Title: _____

Telephone #: _____

Email Address: _____

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

If submitted in hard copy, is the response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the WDC in the instructions to this solicitation?

Yes **No**

ATTACHMENT B

PROGRAM PROPOSAL (PROPOSED APPROACH)

RFP TITLE:

PIN:

The Program Proposal (Proposed Approach) is a clear, concise narrative. Refer to Section IV (Program Proposal) for guidance about what should be included in this section.

Describe in detail how the proposer will provide the work described in Section III of this RFP and demonstrate that the proposer's proposed approach will fulfill the WDC's goals and objectives.

Proposers are strongly encouraged to review and incorporate material from TTP's Key Practices for Accelerated Tech Training, (Appendix D), where relevant.

The "Proposed Approach" description submitted by each proposer should **not exceed four (4) pages** in length.

ATTACHMENT C

EXPERIENCE AND ORGANIZATIONAL CAPABILITY PROPOSER RESPONSE FORM

RFP TITLE:

PIN:

Proposers should provide the information requested in the tables below regarding their Experience and Organizational Capability. Proposers may attach additional pages if necessary.

OVERALL

Describe why the proposer is qualified to carry out the proposed training. (1-2 paragraphs. Please include a description of years of experience or number of completed cohorts / technical occupation trainings that have been completed by the proposer)

LICENSING/ACCREDITATION

Has your organization been awarded at least candidacy status by the New York State Bureau of Proprietary School Supervision?

YES _____ **NO** _____

If so, has the organization applied for inclusion on the ETPL for the training program being proposed herein?

YES _____ **NO** _____

EXPERIENCE

Overview of relevant experience and outcomes. Feel free to add additional rows or space if need.

Program Name	Location	When program began	Number of students completed to date	Targeted job outcomes: Titles and salary	Did Proposer develop the curriculum for this training? (Yes/No)	Link to curriculum

Program Name (same program(s) as above)	Number of students who...		Number of students who obtained full-time jobs related to their training, at or above a marketaverage salary, within the following months of training ending*:		
	Began training	Completed training	3	6	12

***Please provide information about:**

- A. How closely related to training a job needs to be to count as a placement (for example, whether data analyst training graduates working in product management are counted).
- B. Whether any of these jobs were short-term contracts, internships, apprenticeships, or other opportunities that lasted less than three (3) months.
- C. Indicate whether outcomes have been verified by a third party. If so, provide documentation showing this has been done. If not, describe how outcomes are verified.
- D. Feel free to provide additional context as needed.

ORGANIZATIONAL CAPACITY

Demonstrate the proposer has sufficient resources, including financial and human resources, to begin the Program by the expected contract start date. Demonstrate the proposer has sufficient resources, including financial and human resources, to cover costs between each reimbursement payment. **Note:** Reimbursements occur on a 30-60 day period.

Current # of Full-Time Employees (FTE)	
Current available resources for program launch and coverage (\$ Amt)	

Please describe in 1-2 paragraphs, the proposer’s experience delivering similar training in NYC or another similar sized city (please specify which)

Please describe in 1-2 paragraphs, proposer’s experience (and current capacity given expertise of instructional and administrative staff) to develop trainings focused on adult learners and their specific needs.

Please demonstrate proposer’s ability to tap into the network of employers in NYC to connect Trainees to jobs. Include proposed examples of 3-5 employers in NYC the Proposer would engage in this process.

- i. Attach a chart showing where, or an explanation of how, the proposed services will fit into the proposer's organization.
- ii. Attach a copy of the proposer's latest audit report or certified financial statement, or a statement as to why no report or statement is available. iii. Attach proof that the business has been in operation for at least one (1) year.



ATTACHMENT D

PRICE PROPOSAL FORM

RFP TITLE:

PIN:

TOTAL PRICE: \$ _____

TOTAL PRICE IN WORDS:

TOTAL COST PER TRAINEE: \$ _____

TOTAL NUMBER OF TRAINEES PLACED INTO JOBS: _____

KEY METRIC

% of Total Budget Tied to Outcomes*: _____%

Printed Name of Proposer

Signature of Proposer

PLEASE COMPLETE ITEMIZED BUDGET ON NEXT PAGE

Please Note: In case of discrepancies between the price in words and the price in figures, the price in words will be considered the price.

* “Outcomes” refer to the number of Trainees placed into full-time entry-level Data Analyst or related jobs approved by the WDC in NYC earning a salary of at least \$55,000 per year.



ATTACHMENT D (Continued)

PROPOSER'S ITEMIZED PRICE PROPOSAL

RFP TITLE: Data Analyst Training Program

PIN #: 2024WDC004

Personnel Services: Please provide a line-by-line price proposal of Personnel Services (PS) costs in the table below. **Note:** The format below is for reference only. Please add lines as needed.

# of Staff	Job Title	Name of Employee(s)	Wage/Hr Or Salary/Yr	Hours	% of Time*	Cost to Contract
Total Wages						
Fringe @ __%						
Total Personnel Costs						

**Put 100% if the employee is working solely on this project and will have no conflicting priorities.*

EXPENSE	COSTS	NOTES
Personnel Costs tied to Outcomes		Payments tied to outcomes after training. This is the amount that is used to calculate the key metric of “% of Total Budget Tied to Outcomes**” on page 1 of Attachment C
Personnel Costs not tied to Outcomes		Amount available as line item reimbursement during training.

**“Outcomes” refer to the number of trainees placed into full-time entry-level Data Analyst or related jobs approved by the WDC in New York City earning a salary of at least \$55,000 per year.

Other Than Personnel Services: Please provide a line-by-line price proposal of Other Than Personnel Services (OTPS) costs in the table below. **Note:** The pre-populated items listed in the table below are not exhaustive and proposers are expected to list each OTPS cost for the Program on separate lines. The format below is for reference only. Please add lines as needed.

Expense	Cost to Contract	Notes (duration, number of items, etc.)
Hardware/Equipment		
Software		
Furniture		
Training Materials		
Insurance (Bonding & Liability)		
Other OTPS Costs (identify)		
Total OTPS Costs		
Total PS Costs		
Total OTPS Costs		
Total Budget (PS + OTPS)		



ATTACHMENT D (Continued)

PROPOSER'S PRICE PROPOSAL: KEY METRICS

RFP TITLE:

PIN #:

Proposers must complete the "Key Metrics" table below:

<u>Key Metrics</u>	
Estimated total hours of instruction per cohort	_____ hours
Estimated total duration of each cohort training	_____ weeks
Number of Trainees in total	_____ students
Number of cohorts	_____ cohorts
Cost per Trainee	\$_____ per trainee



ATTACHMENT E

ACKNOWLEDGMENT OF ADDENDA

RFP TITLE:

Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III. All proposers must complete and include this page as part of their proposal package.

Part I. Acknowledgment of Receipt of Addenda

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated _____, 2024

Addendum # 2, Dated _____, 2024

Addendum # 3, Dated _____, 2024

Addendum # 4, Dated _____, 2024

Addendum # 5, Dated _____, 2024

Part II. Acknowledgement of No Receipt of Addenda

_____ No Addendum was received in connection with this RFP

Part III. Proposer's Name and Authorized Representative

Proposer's Name: _____

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

