

**New York State Department of State**

**Division of Community Services**

**Community Services Block Grant**

**REQUEST FOR APPLICATIONS  
RFA 12 – CSBG-10**

**WORKFORCE DEVELOPMENT GRANTS  
For Targeted Areas**

**Important Dates:**

RFA Release Date: June 22, 2012

Questions Due: July 6, 2012

RFA Updates Posted: July 13, 2012

Application Due Date: August 3, 2012 -- no later than 4:00 p.m.

CONTACT INFORMATION	
General Program Information/Inquiry	Proposal Submission
US Mail: ATT: CSBG Request for Applications New York State Department of State Division of Community Services 1 Commerce Plaza 99 Washington Avenue, Suite 1020 Albany, NY 12231-0001	ATT: Ms. LuAnn Hart, Contract Administration Unit New York State Department of State Bureau of Fiscal Management 1 Commerce Plaza 99 Washington Avenue, Suite 1110 Albany, NY 12231-0001
E-mail: <a href="mailto:dos.sm.DCS@dos.state.ny.us">dos.sm.DCS@dos.state.ny.us</a>	

## INTRODUCTION

The Community Services Block Grant (CSBG) is a federal block grant created by Congress in 1981 for alleviating poverty nationwide and empowering low-income individuals and families to move from poverty to economic self-sufficiency. In New York State, the Secretary of State is responsible for CSBG administration, pursuant to Article 6-D of Executive Law, which includes allocation, distribution, and monitoring of funds. Within the Department of State (DOS), the Division of Community Services (DCS) is responsible for day-to-day management and oversight of the CSBG program.

Since 2008, the Secretary of State has devoted a portion of the annual State allocation of CSBG funds to provide grant funding for specific projects which demonstrate efficacy and innovation using a competitive procurement process. In 2013, the Secretary of State will again support innovative and effective targeted activities within the priority area of Workforce Development, to be conducted by community action agencies (CAAs) or community-based organizations (CBOs), located in the targeted areas, whose goals are to reduce poverty, increase economic self-sufficiency, and promote community revitalization.

Applicants should demonstrate significant and measurable results on the causes of poverty within a community, in addition to creating opportunities for sustainable improvements in the lives of low-income individuals and families. Grant awards will focus on: job training, job skills development, job placement and retention and financial literacy. Projects may include expansion and refinement of successful ongoing programs, or creation and implementation of new and innovative programs. Services and activities should be designed for low-income youth and adults to increase skills, knowledge, and opportunities for potential and actual employment, and applicants must ensure that proposed outcomes can be achieved within the project period.

Applicants shall have experience and the demonstrated capacity to report outcomes using the Results Oriented Management and Accountability (ROMA) framework. Familiarity with the CSBG National Performance Indicators (NPIs) is also desired. (Attachment 3) Recipients of these CSBG funds are required to demonstrate that all customers to be served by funded projects have an income at or below 125% of the US Department of Health and Human Services (US DHHS) 2012 Poverty Guidelines. (Attachment 4)

## I. FUNDING OPPORTUNITY and PURPOSE

DOS is making a total of \$1,800,000 available over a 3-year period (FFY 2013-15) to fund approximately 6 awards not to exceed \$100,000 each. Successful applicants will be considered for two additional 1-year renewals based on performance. Applicants must propose to deliver services in counties in the targeted areas, as stated in *Section II, Eligible Applicants*.

### Priority Area: Workforce Development

#### Targeted activities within the Priority Area:

1. Job training;
2. Job skills development;
3. Job placement and retention;
4. Financial and Civic Literacy
5. English for Speakers of Other Languages (ESOL)

All eligible applicants are invited to either expand an effective and successful existing project scope, or to initiate innovative new strategies to implement a project to advance the purposes of the Priority Area.

The purpose of this RFA is to contract with qualified CAAs and CBOs located in the targeted areas listed in Section II-A for the use of CSBG Discretionary funds in a manner that will:

- Effectively address community needs within the Priority Area;
- Generate clear outcomes resulting in a positive change in the lives of low-income individuals and families; and,
- Produce outcomes in a cost-effective and accountable manner.

## II. ELIGIBLE APPLICANTS

### A. Who May Apply

Eligible organizations are not-for-profit 501c(3) Community-Based Organizations (CBOs) and Community Action Agencies (CAAs). These organizations must provide services in the Counties of: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Ontario, Orleans, Oswego, Otsego, Putnam, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Wyoming, and Yates.

*Community-based organization*, as defined in New York State Executive Law §159(4), shall mean any not-for-profit organization incorporated for the purpose of providing services or other assistance to economically or socially disadvantaged persons within its designated community. Such organization must have a board of directors of which more than half of the members reside in such designated community.

*Community Action Agency* shall mean any private not-for-profit organization currently designated as an *eligible entity* pursuant to New York State Executive Law §159-e(1). Such organization shall have a tripartite board as its governing board, selected by the entity and composed so as to assure that: (1) one-third of the members of the board are elected public officials, holding office on the date of selection, or their representatives, except that if the number of such elected officials reasonably available and willing to serve on the board is less than one-third of the membership of the board, membership on the board of appointive public officials or their representatives may be counted in meeting such one-third requirement; (2) not fewer than one-third of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served; and (3) the remainder of the members are officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.

All applicants are required to demonstrate that their organization:

- Currently provides federally-funded or state-funded services to low-income persons;
- Includes a board of directors that allows for maximum feasible participation of the poor: for CAAs, the requirement is tripartite board composition, per NYS Executive Law §159-e (2); for CBOs, the requirement is: more than 50% of its members shall reside in its service area; and,
- Has existed continuously as a CBO or CAA for at least 5 years.

Applicants are **required** to demonstrate that funds will be used to address one or more of the CSBG National Performance Indicators (NPI) (*see* Attachment 3), and will result in clear and self-evident positive outcomes in the lives of low-income individuals and families.

### B. Due Date and Time

Applications must be received by the *Application Due Date* and time as stated on the cover of this RFA. Late applications will not be considered and will be returned to the applicant.

### C. Application Submission

One signed and complete original application, plus 4 exact copies of the original Application should be submitted (for a total of 5). All submissions are required to contain the complete application, including all signature pages.

All applications must be delivered to:

Ms. LuAnn Hart, Contract Administration Unit  
New York State Department of State 12-CSBG-05  
Bureau of Fiscal Management  
1 Commerce Plaza, 99 Washington Avenue, Suite 1110  
Albany, NY 12231-0001

### Electronic or fax copies will not be accepted.

All applications will first be reviewed for completeness to determine if they will be scored. Proposals deemed incomplete will be rejected. An incomplete proposal is one lacking the certification, attestation, acknowledgement, or information where requested.

The application package is also available online at <http://www.dos.ny.gov>.

Requests for the RFA may be made by e-mail at: [dos.sm.DCS@dos.ny.gov](mailto:dos.sm.DCS@dos.ny.gov), or by telephone at 518-474-5741.

**D. RFA Questions and Updates**

All questions regarding Workforce Development competitive grant program must be submitted in writing, and received on or before the *Questions Due* date as stated on the cover of this RFA, and addressed to:

New York State Department of State-Division of Community Services (DCS), 99 Washington Avenue, 1 Commerce Plaza, Suite 1020, Albany, NY 12231-0001.

Written hardcopy questions must be marked: Attention: CSBG Request for Applications #12-CSBG-10; e-mail inquiries should be addressed to [dos.sm.DCS@dos.ny.gov](mailto:dos.sm.DCS@dos.ny.gov).

Questions and answers will be posted on the RFA *Updates Posted* as stated on the cover of this RFA at the following URL address: <http://www.dos.ny.gov/funding>. When corresponding by e-mail, clearly indicate the subject as: *CSBG Request for Applications, General Questions*. No responses will be provided to inquiries made by telephone other than to request an RFA package; responses to questions will be posted, as stated above.

If awarded, community-based organizations will be required to attend ROMA training. DCS will provide a ROMA Training Webinar on Wednesday, July 18, 2012 through the New York State Community Action Association (NYSCAA). The NYSCAA website, <http://www.nyscaaonline.org> will contain registration information.

**III. Eligible Activities**

Proposed eligible activities must consist of strategies to produce outcomes addressing one or more of the attached CSBG National Performance Indicators (NPI) (Attachment 3) in the following Priority Area: *Workforce Development*. Services and activities should be designed for low-income youth and adults to increase skills, knowledge, and opportunities for potential and actual employment.

Proposals must address at least one of the program areas/targeted activities described below.

Targeted activities within the Priority Area include:

1) **Job Training**. Expected Result: workers and potential workers will obtain employment or improve opportunities for employment.

Activities shall focus on direct training for employment opportunities in specific lines of work for which trainees have a significant chance to obtain sustainable employment, and for which a potential worker already has essential occupational skills, based on local employment openings and availability.

Such activities may include, but not be limited to:

<b>Sample training activities</b>	
Office work-management	<u>Supportive efforts:</u> Job preparation
Construction, building /housing repair / rehab	Resume-writing/preparation
Automotive repair	Family development certification
Teacher-assistant training	Child development certification
Provision of services to elderly and handicapped	On-the-job training
Daycare-childcare-eldercare	internships

Training should lead to full and unsubsidized employment.

- 2) **Job Skills Development.** Expected Result: participants will be prepared to obtain employment. Activities shall have an educational focus, particularly on direct skills development in areas where increased skills will enhance placement opportunities for those already seeking employment, and which will also include, but will not be limited to:

<b>Sample educational and training activities</b>	
Improvement in basic reading, math, communication skills	Supportive education, leading to permanent employment, such as: certification in educational and medical/nursing skills
Computer literacy	Driver training; driver education leading to licensure
Construction, home repair, energy auditing	ABE/GED courses leading to a certificate or diploma
Summer youth employment skills which enhance future employability and educational attainment as well as in obtaining permanent employment, which would enhance overall opportunities for future employment	Completion of post-secondary education leading to a certificate or diploma

- 3) **Job Placement and Retention.** Expected result: participants will be better prepared to maintain employment. Activities shall focus on individuals who might place persons in employment as well as those who become employed, and should illustrate numbers of persons placed in any of the areas indicated in items 1 and 2, as well as employment supports for job retention, such as child care, transportation, and educational activities that relate to ‘soft skills’ in the workplace that complement occupational skills necessary to carry out job duties. *Definition: Soft skills pertains to such activities as personal work habits, work ethic, dependability and conscientiousness, (behavioral or interpersonal skills), and which support, develop, and improve communication skills, conflict resolution and negotiation, personal effectiveness, creative problem solving, strategic thinking, and team building.*

<b>Sample placement and retention activities</b>	
Enrollment of children in before- or after-school programs	Job shadowing programs
Obtaining reliable transportation to maintain employment	Dressing for success
Courses - training in soft skills in the workplace	On the job training
	Practice in teaching children/elders
	Mentoring

Applicant organization(s) should be prepared to describe and provide significant follow-up and support for activities to assist with job retention.

- 4) **Financial and Civic Literacy.** Expected Results: participants will obtain essential skills and a greater understanding of financial management, budgeting, market structures, asset-development, taxation, and U.S. banking and credit systems, as related to starting a small business or financial planning linked to employment support and economic mobility. Activities may include classes and courses in:

<b>Sample Financial Literacy awareness</b>	
Budgeting related to employment supports such as transportation and childcare	Development of small business and entrepreneurial enterprises
First time homeownership / Home purchasing education	Awareness of community financial resources, public/private institutions
Mortgage Financing	Asset development
Understanding individual development accounts	Increasing understanding of national banking, credit systems
Knowledge of consumer protections	Banking skills

5) **English for Speakers of Other Languages (ESOL).** Expected Result: to ensure that participants obtain English language skills necessary to enhance employment opportunities.

Activities may include:

<b>Sample ESOL programs and projects</b>	
Hiring of ESOL instructors	Obtaining GED, other certificates to further employment opportunities.
Operation of ESOL classes	
Enrollment or referral of students	

Participants shall work toward or to obtain competency in spoken and written English necessary for the workforce and targeted toward job placement.

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**IV. APPLICATION COMPONENTS (checklist)**

Applicants should check off each section to ensure submission of a complete application.

- Part A1- Applicant Identification
- Part A2 - Project Identification
- Part A3 - Project Purpose
- Part B - Applicant Certifications/Attestations
  - Certifies as incorporated entity- 501(c)(3) / States year of incorporation
  - Attests that funding request does not exceed \$100,000
  - Indicates Federal ID and Charities Registration
  - Board List is attached
  - Attests to Local share match
  - Certifies it serves a population meeting the poverty guideline
  - VRQ Attestations
  - Contains Application Signature (Required)
- Application Summary Sections (C-G)
- Part C - Project Program Summary
- Part D - Program Logic Model: Project Description/Outcomes (Part D-Attachment)
- Part E -Demonstration of Need
  - Need for Services
  - Geographic/demographic information
- Part F - Organizational Experience and Capacity
  - Part F1 - Community Partnerships and Resources
    - Résumés may be attached
- Part G - Budget
  - Attached Budget Forms
  - Part G2 Other sources of funds, and amount
    - Letters of Support may be attached
- Part H – Minority/Women Owned Business Enterprises
  - Forms to be attached: Form A- Form C /Form B(waiver only)

## V. CONTRACTING REQUIREMENTS

**Standard Contract:** Successful applicants must enter into a standard contract with the Department of State (DOS). The contract may be subject to approval by the Attorney General and State Comptroller, require submission of final products in both hard copy and electronic form, and be subject to payment only upon proper documentation and compliance with payment procedures and all other contractual requirements. A copy of a sample standard contract is attached. Sample contracts should not be submitted with this proposal; successful applicants will receive a standard contract package to complete at that time. (*Attachment 6*)

**Project Period:** The project period is anticipated to be October 1, 2012 – September 30, 2013, with an option of two 1-year renewals. Failure to incur all expenses or complete all identified outcomes in the stated period may result in loss or recapture of funds.

**Vendor Responsibility Questionnaire:** *The Department of State* recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System.

To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at:

[http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us). Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the *Department of State* or the Office of the State Comptroller's Help Desk for a copy of the paper form. Applicants are strongly urged to use the online system to expedite contract processing and provide access to supporting contract information.

## VI. COMPLETING THE APPLICATION

Applicants shall respond using the prescribed application forms and all corresponding parts where indicated. Additional pages may be attached where indicated on the form, but may not exceed 2 additional pages per part; additional pages will not be needed for the Budget section. Applications should be typed in the Word format and should not use a font size smaller than 10, or margins narrower than .75/right-left, and .5/top-bottom. Reviewers will stop reading applications that submit more than 2 additional pages per part, and the information contained will not be scored thereafter.

The corresponding score values indicate the importance that DCS places on each evaluation criterion. Competing applications will be reviewed and evaluated against the criteria below.

### Parts of the Application

#### Application Information (Parts A and B)

**Pass/Fail**

The following criteria must be met to qualify Applications for scoring. Failure to meet the following criteria will deem the Application incomplete, and it will be disqualified. (*See Application form, Part B*)

- One signed and completed original Application, plus 4 exact copies must be submitted
- Application MUST be received by the stated due date and time;
- The funding requested does not exceed \$100,000, and the budget includes a match of at least 25% of the total project costs;
- Applicant is a 501(c)(3) and is a CAA or CBO as defined in Section III of this RFA;
- Applicant has been operating as a CAA or CBO for at least 5 years; and,
- Applicant currently provides federally-funded or state-funded services to low-income persons.

#### Project Program Summary (Part C)

**5 points maximum**

Applicant shall provide a summary of the proposed project which shall include its name or title, overall goal or mission, a description of services and activities, target area and population, expected results and outcomes, and a description of a plan to sustain the project after expenditure of CSBG funds.

**Project Description and Outcomes (Part D)**

**30 points maximum**

See Attachment 2: Instructions for Completing PART D Sample Logic Model Work Plan

**Services and Activities**

Services and activities are clear and appear likely to generate stated outcomes.

Services and activities reflect the Priority Area and one or more of the targeted activities.

The number of individuals and families who will be served is stated and reflects identified needs and available resources.

**Outcomes and Outcome Indicators**

- Outcomes are stated in terms of a positive change in the life of an individual or family.
- Outcome indicators are specific, measurable, attainable and realistic; success rates are based on the total number of participants who will receive services or enroll in programs.
- Outcome indicators are correctly linked to CSBG NPI reflecting the Priority Area. At least one CSBG NPI is identified.
- Resources column is complete and shows reasonable application of CSBG, Local Share, and Other Resources for obtaining the stated outcomes, as demonstrated by the type and cost of service and activity proposed, and the impact of outcomes as measured by the number of individuals or families expected to achieve those outcomes.

**Demonstration of Need (Part E)**

**20 points maximum**

- Describes the geographic location and boundaries of the proposed service area precisely and consistently. Provide demographic information to support the project.
- Describes the need for the proposed services and how the programmatic goals will address this need. Describes and documents the need for additional collaboration among the public, private, and low-income sectors of the community to be served in addressing the proposed program goals.
- Describes the organization's ability to leverage strong commitment and support for this project at the local or regional level.
- Describes how the proposed services address the needs of low-income persons and are linked to community needs and opportunities available within the service area.

**Organizational Experience and Capacity (Part F)**

**10 points maximum**

- Applicant describes the organization and demonstrates experience, capacity, and ability to achieve outcomes included in the projected logic model work plan.
- Applicant demonstrates that it currently has sufficient personnel resources and staff competency to assure that the project can be carried out successfully. Resumes for key staff should be included.
- Applicant demonstrates prior organizational experience reporting outcomes pursuant to the Results-Oriented Management and Accountability (ROMA) framework.

**Community Partnerships and Resources (Part F1)**

**10 points maximum**

- Describes local and regional partners and other sources of funding which are reasonable and adequate to support the project. Include a detailed description of the goals and target population of the partnership and discuss existing level of collaboration among the public, private and, low-income sectors of the community.
- Describes provision of services to low-income individuals and families; proposed project should contain clear linkages or partnerships with state or municipal programs for economic development and revitalization.

**Budget (Part G/G1)**

**20 points maximum**

Applicant provides a detailed and realistic budget containing allowable, reasonable, and necessary costs; demonstrates that expenditures will be carried out to completion of the project, and contains a narrative description clearly linking costs to specific proposed services and activities.

**M/WBE Utilization Plan (Part H)**

**5 points maximum**

The Utilization Plan (Forms A& C) must be completed and attached for the application to be considered. (Form B is a waiver, where applicable.) Applicants must use the attached forms.

**SECOND LEVEL REVIEW - ADDITIONAL POINTS****10 points maximum**

The Secretary of State or his designee may award up to a total of ten (10) additional points per application to help achieve demographic and geographic diversity in the promotion of workforce development services and activities for low-income persons throughout targeted areas in consideration of the geographic and demographic distribution of other fundable projects in this application period.

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**VII. FUNDING RESTRICTIONS/GUIDELINES**

The following funding restrictions/guidelines should be noted:

1. All costs must be allowable, reasonable, and necessary for the project as enumerated under OMB Circulars A-110, A-122, and A-133. Failure to do so will result in rejection of the application, or the amount of the award may be reduced accordingly. (Attachment 5)
2. CSBG funds may not be used for construction, political activities, or activities otherwise prohibited under 42 U.S.C. §9918.
3. Funds awarded under this RFA may not be used to supplant other federal funds.
4. Ineligible costs are those not adequately justified or do not directly support the project.

**VIII. REVIEW AND SELECTION PROCESS**

The evaluation criteria are designed to assess the quality of the proposed project and to determine likelihood of success. The evaluation criteria are considered as a whole in judging the overall quality of an application. Points are awarded only to applications which respond to the evaluation criteria within the context of this program announcement.

Receipt of Applications: Each application will be acknowledged as received by the closing date and time by the DOS Contract Administration Unit. Applications that are received late will be returned with notification that they were unacceptable and will not be reviewed. Applications which meet further qualifications will then be transmitted to DCS for initial screening, followed by detailed program review and evaluation, rating, and ranking.

Initial DCS Screening: Each application will be screened by a DCS staff team to acknowledge its receipt by the closing date and time, whether the amount requested exceeds the stated ceiling, and to determine its completeness (See Application Information, above). Incomplete applications or those exceeding the funding limit will be disqualified; applicants will be notified of such disqualification.

First level review: Applications that pass initial DCS screening will be evaluated individually by a DCS Review Team. Reviewers will use the evaluation criteria listed herein to review and score applications. Each reviewer will assign a score (*maximum* = 100) to each application; individual scores will be added and averaged to determine the applicant's score. A complete listing of applicants, along with their applications, will be provided to the Secretary of State (or his designee) for second level review.

Second level review: The Secretary of State (or his designee) may then review each application and award up to a total of 10 additional points per application (maximum final score=110) to help achieve demographic and geographic diversity in the promotion of innovative and effective workforce development services and activities for low-income persons throughout the targeted region.

**Awards:** Approximately 6 grants of up to \$100,000 per award for the first year will be made based on rank order of final scores. Successful applicants will be considered for two additional 1-year renewals based on performance.

DOS reserves the right to offer partial or no funding to any applicant if its application cannot be fully funded with the available funds remaining. DOS reserves the right to not fund applications with a final score below 70 points. In the event that any awardee fails to satisfactorily negotiate a proper contract, funding will be awarded to the next highest-scoring applicant.

## **X. AWARD ADMINISTRATION INFORMATION**

It is anticipated that applications will be reviewed during July and August 2012; successful applicants will be notified of funding decisions prior to October 1, 2012, the scheduled start date of the projects. Successful applicants will be notified of funding decisions through issuance of a Notice of Award document that sets forth the amount of funds granted, and the terms and conditions of the grant award, which are subject to approval by the Office of the State Comptroller.

Contracts awarded to successful applicants will be paid on the reimbursement method with a 25% advance paid upon contract approval have a 12-month payment schedule; thereafter the contract will have the option for two 1-year renewals at a rate based on performance, and availability of funds.

All plans and working documents prepared by applicants under the contract to be awarded will become the property of New York State.

Following announcement of the awards, unsuccessful applicants will have the opportunity to request a review of the decision. Requests must be made in writing within two weeks of the announcement of awards, to the same address to which applications were submitted.

The number of projects funded and the amount of the awards will be based on the amount of federal CSBG discretionary funds available.

DOS reserves the right to not fund any applicant with a final score below 70 points. DOS also reserves the right to offer partial funding, or no funding to any applicant if its application cannot be fully funded within the funds remaining.

Pursuant to the New York State Procurement Guidelines, DOS also reserves the right to:

1. Reject any or all applications received in response to the RFA;
2. Withdraw the RFA at any time, at the Department's sole discretion;
3. Make an award under the RFA in whole or in part;
4. Disqualify any applicant whose conduct and/or application fail to conform to the requirements of this RFA;
5. Seek clarifications and revisions of applications;
6. Prior to the application due date, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available;
7. Prior to the application due date, direct applicants to submit application modifications addressing subsequent RFA amendments;
8. Change any of the scheduled dates;
9. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
10. Waive any requirements that are not material;
11. Negotiate with successful applicants within the scope of the RFA in the best interests of the state;
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with a selected applicant;
13. Use any and all ideas submitted in the applications received;
14. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the RFA; and,
15. Not to make any awards pursuant to this RFA.

List of Attachments

- Attachment 1:** Application for Funding (contains Parts A-G)
- Attachment 2:** Instructions for Completing Logic Model Work Plan
- Attachment 3:** Federal CSBG National Performance Indicators
- Attachment 4:** Poverty Income Guidelines
- Attachment 5:** OMB Circulars – Link
- Attachment 6:** Sample Contract Boilerplate Documents
- Attachment 7:** M/WBE Utilization Plan and Instructions

## APPLICATION for FUNDING RFA 12-CSBG-10

### CSBG Workforce Development Discretionary Grant (WDDG)

Attachment 1- Application for Funding

<b>PART A1 – APPLICANT IDENTIFICATION</b>			
<b>Applicant:</b> (Full legal name of corporation)			
<b>Applicant Mailing Address:</b> (Full legal address of corporation)			
(#/Street):			
(city)	NY	(zip)	
<b>Executive Director/Chief Executive:</b>			E-Mail:
<b>PART A2 - PROJECT IDENTIFICATION</b>			
<b>Project Name/Title:</b>			
<b>Project Location</b> (County/Target Area):			
<b>Project Contact Person:</b>			Title:
Phone: ( )	Fax: ( )	E-Mail:	
<b>Contact Mailing Address</b> (if different from applicant)			
(#/ street)			
(city)	NY	(zip)	
<b>Board of Directors – Chair/President:</b>			Phone: ( )
<b>Board Chair Mailing Address:</b>			
(#/ street)			
(city)	NY	(zip)	E-Mail
<b>PART A3 –PROJECT PURPOSE</b>			
<b>Project Start And Completion Dates:</b> 10/01/12 – 9/30/13			
<b>Priority Area:</b> Workforce Development (select at least 1)	<b>Targeted Activities:</b> <input type="checkbox"/> Job Training <input type="checkbox"/> Job Skills Development	<input type="checkbox"/> Job Placement and Retention <input type="checkbox"/> Financial and Civic Literacy <input type="checkbox"/> English for Speakers of Other Languages (ESOL)	
<b>PART B - APPLICANT CERTIFICATIONS, ATTESTATIONS AND ACKNOWLEDGEMENTS</b>			
Applicant is a 501(c)(3)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YEAR OF NYS INCORPORATION: [ ]	
Applicant FEIN & NYS Identification Number:			Applicant Charities Registration Number:
Applicant has been operating as an incorporated CAA or CBO for 5 years (continuously)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Applicant is: CAA <input type="checkbox"/> CBO <input type="checkbox"/>			
CSBG funding request is \$100,000 or less			YES <input type="checkbox"/> NO <input type="checkbox"/>
Applicant certifies that it currently provides federally-or state-funded services to low-income individuals			YES <input type="checkbox"/> NO <input type="checkbox"/>
Applicant certifies that it will serve a population that meets the 125% poverty income guideline			YES <input type="checkbox"/> NO <input type="checkbox"/>
Board of Directors List is attached (applicable for all applicants: CBOs and CAAs)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Applicant attests that it has will obtain a local share match of at least 25%			YES <input type="checkbox"/> NO <input type="checkbox"/>
I hereby acknowledge that if awarded, we will comply with the Vendor Responsibility Requirement of the State of New York as outlined on page 7 in this RFA.			YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>I (WE) Hereby attest that the information contained in this application is true and accurate:</b>		
<b>AUTHORIZED SIGNATORY NAME AND TITLE:</b> (print)	<b>SIGNATURE:</b>	<b>DATE:</b>

Applicant: \_\_\_\_\_

**APPLICATION SUMMARY SECTIONS - PLEASE CHECK THAT ALL ARE ATTACHED**

**(Please complete these sections on this page)**

<b>PART C - PROJECT PROGRAM SUMMARY</b>	
Applicant should provide a summary of the proposed project including: (1) its name or title; (2) overall goal or mission; (3) description of services and activities; (4) target area/population (city/county/neighborhood); (5) expected results/outcomes; (6) a description of a plan to sustain the project after expenditure of CSBG funds.	
<b>Part C - Attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART D – PROJECT DESCRIPTION AND OUTCOMES</b> (Description of proposed program using the Logic Model)	
The Project Description is based on the Logic Model and includes Services and Activities, and National Outcomes and Outcome Indicators.(NPI) Please respond to the individual columns numbered 1 through 6 on the attached Part D, and describe the problem/need the project will address; resources; services and activities; outcomes expected; outcome indicators that identify the project success; and the corresponding NPI, as listed in Attachment 3. Make certain that the <b>services and activities</b> are clear and will generate stated outcomes; that they reflect the priority area / targeted activities; that the number of individuals/families to be served is stated, and reflects the needs/resources. <b>Outcomes/outcome indicators</b> should clearly reflect the priority area, and reflect positive change in the lives of individuals/families; are specific, measurable, attainable, and realistic, and that success rates are based on the total number of participants who will receive services or enroll in the program; outcome indicators are linked to NPI which reflect the Priority Area and identify <u>at least ONE national performance indicator</u> ; the resources indicated in Column 2 shows reasonable expenditure of CSBG, local share, and other resources, and demonstrates type/cost of service and proposed activity, as well as the impact of outcomes as measured by the number of participants expected to achieve those outcomes.	
<b>Part D - attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART E- DEMONSTRATION OF NEED</b>	
a) Describe the need for proposed services, and how program goals will address the need; describe and document the need for additional collaboration among the public, private and low-income sectors of the community to be served in addressing the proposed program goals; describe organization’s ability to leverage strong commitment and support for this project at the local or regional level; and, describe how the targeted activities address the needs of low-income residents, and how they are linked to community needs and opportunities available in the service area.	
b) Describe the geographic location/boundaries of the service area; provide demographic information to support the project.	
<b>Part E- Attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART F - APPLICANT ORGANIZATIONAL EXPERIENCE AND CAPACITY</b>	
Describe the organization and demonstrate experience, capacity, and ability to achieve outcomes as shown in the logic model work plan; demonstrate that your organization has sufficient personnel resources and staff competency to assure that the project can be carried out successfully; and demonstrate prior organizational experience in reporting outcomes pursuant to the ROMA framework. Organizational chart and resumes should be included.	
<b>Part F - Attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART F1 – COMMUNITY PARTNERSHIPS AND RESOURCES</b>	
Partners involved must be listed; descriptions of partnerships and resources as requested in Part E should be detailed; provision of services and linkages should be described.	
<b>Part F1 attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART G – SUMMARY OF PROJECT COSTS and RESOURCES</b> (Please complete this information on this page)	
CSBG Discretionary Funds Requested (Application Amount): \$ _____	Local Share (at least 25%): \$ _____
Total amount of other source(s) of funding (if any) for project: \$ _____	
<b>Total Project Costs:</b> \$ _____	
<b>PART G1- BUDGET (Attach Budget Forms)</b>	
A complete budget must be attached. The budget must be detailed and realistic, contain allowable, reasonable and necessary costs, and must demonstrate how expenditures will be used to complete the project, as well as a narrative description linking costs to the specific proposed services and activities.	
<b>Part G1 (Budget forms 1-5) Attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART G2 - OTHER SOURCES OF FUNDS, AND AMOUNT</b> Part G2 (Budget Form 6) <input type="checkbox"/> N/A Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PART H - Applicant submission of Minority/Women Owned Business Utilization Plan</b> Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please make certain that the name of your agency is provided in the space on each page marked *Applicant*.

Applicant: \_\_\_\_\_

**Application PART C**

**PROJECT PROGRAM SUMMARY**

(enter information directly on this form)

<b>1. Project Name/Title</b>	
------------------------------	--

<b>2. Overall Goal or Mission</b>	
-----------------------------------	--

<b>3. Description of Services and Activities to be Provided</b>	
---	--

<b>4. Target Area (neighborhood/city/county)</b>	
--	--

<b>a. Population to be served</b>	(include brief info about census data)	
-----------------------------------	--	--

<b>5. Expected Results / Outcomes</b>	
---------------------------------------	--

<b>6. Project Sustainability</b>	(Describe a plan to expand or to sustain this project after expenditure of CSBG funds)
----------------------------------	--

**No additional pages should be attached FOR PART C.**

Applicant: \_\_\_\_\_

**Application PART D**

**Logic Model**

Description of Proposed Project/Program

*(See Attachment 2: Instructions for Completion of the Logic Model)*

Project Name/Title: \_\_\_\_\_

Priority Area: **Workforce Development**

Targeted Activities (select)    Job Training    Job Skills Development    Job Placement/Retention  
 Financial-Civic Literacy    English As a Second Language (ESL)

Identified Problem or Need	Resources	Service or Activity	Outcome	Outcome Indicator	CSBG National Performance Indicator (6)
(1)	(2)	(3)	(4)	(5)	(6)

*(You may add UP TO 2 additional pages of the Logic Model Project description- PLEASE MARK as Part D -- continued)*

Applicant \_\_\_\_\_

**Application PART E**

**Demonstration of Need**

(enter information directly on this page)

**1. Describe the need for the proposed services and how program goals will address the need.**

(enter text)

**2. Describe and document the need for additional collaboration among public, private, and low-income sectors of the community to be served in addressing the proposed program priority area.**

(enter text)

**3. Describe organization's ability to leverage strong commitment and support for this project at the local or regional level.**

(enter text)

**4. Describe how the proposed services address the needs of low-income persons and are links to community needs and opportunities available within the service area.**

(enter text)

**5. Describe the geographic location and boundaries of the service area precisely and consistently. Provide demographic information to support the project.**

(enter text)

*(You may attach NO MORE than 2 additional pages; please mark as Part E - continued)*

Applicant: \_\_\_\_\_

Résumés for key staff, and organizational chart are attached:

YES  NO

**Application PART F**  
**Organizational Experience and Capacity**

**1. Briefly describe your agency.**

(enter text)

**2. Demonstrate experience, capacity and ability to achieve outcomes as stated in the proposal.**

(enter text)

**3. Demonstrate that your organization has sufficient personnel resources and staff competency to assure that the project can be carried out successfully.**

(enter text)

**4. Demonstrate prior organizational experience in reporting outcomes pursuant to ROMA.**

(enter text)

*(You may attach NO MORE than 2 additional pages; please mark as Part F-continued)  
(Resumes/charts do NOT count in the total of additional pages)*



(Please use ONLY these attached budget forms)

Applicant: \_\_\_\_\_

**Application PART G – Budget**

**WORKFORCE DEVELOPMENT DISCRETIONARY GRANT (WDDG)**

**BUDGET 1**

**Budget Summary**

**FFY 2013**

Budget Period 10/01/12 To 9/30/13

- TOTAL ALLOCATION CSBG WORKFORCE DEVELOPMENT DISCRETIONARY
- (a) GRANT FUNDS \$ \_\_\_\_\_
- (b) REQUIRED LOCAL SHARE \$ \_\_\_\_\_  
 At least 25% of the total allocation of Federal funds.  
 (Such share may be in cash, in-kind services, or a combination thereof).
- (c) TOTAL PROJECT COST \$ \_\_\_\_\_

Cost Categories	CSBG WDDG Funds	Local Share	Total Project Cost
1. Personnel Services	\$	\$	
2. Delegate Agencies (Subcontractors)	\$	\$	\$
3. Contractual Services/Audit	\$	\$	\$
4. Equipment Purchase/Lease	\$	\$	\$
5. Other Direct Costs (Total from Budget Support Data)	\$	\$	\$
6. Indirect Cost (Approved Rate (%)) Administrative Cost/Rate _____	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$

**Description of Contractual Services/Audit and Equipment Purchase/Lease expenses included in Cost Categories 3 and 4:**

CSBG funds **must** be used in accordance with the cost principles of OMB Circulars A-122 and A-110. Grantees must comply with the limitations and prohibitions as stated in federal *CSBG statute (42 U.S.C. 9901 et seq.)* Section 678F and any subsequent amendments.



Applicant: \_\_\_\_\_

**Application PART G – Budget**

**WORKFORCE DEVELOPMENT DISCRETIONARY GRANT (WDDG)  
BUDGET 3**

**Local Share Description**

[Local Share must be obtained as a match for CSBG funds.]

**FFY 2013**

**Budget Period: 10/01/12-9/30/13**

	Value	
	Cash	In-Kind
Volunteer Services; List Programs and Numbers of Volunteers:		
<u>PROGRAMS</u> <u># OF VOLUNTEERS</u>		
Employer Furnished Services; List Employers and Services:		
<u>EMPLOYERS</u> <u>SERVICES</u>		
All Other Local Share; List Types of Contributions and Sources:		
<u>TYPES OF CONTRIBUTIONS</u> <u>SOURCES</u>		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Local Share **MUST** be from **NON-FEDERAL** sources.

In-kind contributions may include donation of service, equipment or space, not supported by federal funds.

Applicant: \_\_\_\_\_

**Application PART G – Budget**

**WORKFORCE DEVELOPMENT DISCRETIONARY GRANT (WDDG)  
BUDGET 4**

**Budget Support Data**

For Category 5 - Other Direct Costs as listed on Budget Summary

FFY 2013  
Budget Period                      10/01/13                      TO                      9/30/13

<b>Cost Category</b>	<b>Detailed Description Of Expenditures</b>	<b>FFY 2013 CSBG WDDG Funds</b>	<b>FFY 2013 Local Share</b>	<b>TOTAL CHARGES</b>
5.a	Bank Charges	\$	\$	\$
5.b	Beneficiary Client Costs	\$	\$	\$
5.c	Board Allowance and Development	\$	\$	\$
5.d	Consumable Supplies	\$	\$	\$
5.e	Employee Development and Recruitment	\$	\$	\$
5.f	Insurance and Bonding	\$	\$	\$
5.g	Postage, Freight and Express	\$	\$	\$
5.h	Publications, Printing, and Subscriptions	\$	\$	\$
5.i	Repairs and Services	\$	\$	\$
5.j	Space Costs	\$	\$	\$
5.k	Telephone and Electronic Communications	\$	\$	\$
5.l	Travel	\$	\$	\$
5.m	Volunteer and Employer Furnished Services	\$	\$	\$
5.n	Marketing/Public Awareness/Outreach	\$	\$	\$
5.o	Technology	\$	\$	\$
	<b>TOTALS</b>	\$	\$	\$

Applicant: \_\_\_\_\_

**Application PART G – Budget**

**BUDGET 5**

**WORKFORCE DEVELOPMENT DISCRETIONARY GRANT (WDDG)**

**Budget Narrative**

**FFY 2013**

Budget Period: 10/01/12-9/30/13

---

Use the space below to describe how the resources identified in the budget will enable the activities necessary to advance the project and achieve stated outcomes.



**Attachment 2: Instructions for Completing PART D  
Sample Logic Model Work Plan**

(Blank Form)

This page is a sample for your reference. Please use the blank form in attachment 1 to complete your Logic Model project description.

Project Name/Title **SAMPLE WORKFORCE DEVELOPMENT**

Priority Area: **Workforce Development**

Targeted Activities: (select)

**SAMPLE LOGIC MODEL - FOR YOUR INFORMATION**

Identified Problem or Need	Resources	Service or Activity	Outcome	Outcome Indicator	CSBG National Performance Indicator (6)
(1)	(2)	(3)	(4)	(5)	(6)
<p>State the identified problem or need the proposed project will address.</p> <p>Projects may address more than one problem or need.</p>	<p>List the resources available or anticipated, and which will be used to support the proposed project.</p> <p>This column should be used to present a brief overview of resources.</p> <p><b>CSBG Discretionary Funds</b> \$ _____</p> <p><b>Local Share Cash</b> \$ _____</p> <p><b>In-Kind</b> \$ _____</p> <p><b>Total Other Cash</b> \$ _____</p>	<p>Identify the services or activities that comprise the proposed project.</p> <p>(For applicants familiar with other logic model formats, this column describes <b>outputs</b>.)</p> <p>For each distinct activity or service, include the following information:</p> <p>(a) A <b>brief description</b> of the service or activity</p> <p>(b) The <b>number of participants</b> who will receive the service or enroll in the program</p> <p>(c) The <b>time frame</b> in which the service or activity will take place</p>	<p>Identify the project's anticipated results in general terms.</p> <p>Outcome statements should describe benefits to low-income individuals and families that will be achieved as a result of the project.</p> <p>There should be a clear association between the outcomes, the identified problems/ needs, and the services/ activities.</p>	<p>Identify the project's anticipated results in specific terms, including projected success rates. For each outcome indicator include:</p> <p>(a) The <b>number</b> of participants expected to achieve the outcome</p> <p>(b) The <b>number</b> of participants expected to receive the service or enroll in the program</p> <p>(c) The <b>percentage</b> of participants served who are expected to achieve the outcome</p>	<p>Include the alpha-numeric identifiers for the CSBG National Performance Indicators (NPIs) that will be used to measure and report outcome(s).</p> <p>For outcomes that do not directly correspond to the CSBG NPIs, indicate "N/A."</p>
<p><b>EXAMPLE:</b></p> <p><i>Middle school youth lack the skills needed to manage conflicts constructively.</i></p>	<p><b>EXAMPLE:</b></p> <p><b>CSBG Discretionary</b> \$ 100,000</p> <p><b>Local Share Cash</b> \$10,000</p> <p><b>In-Kind</b> \$15,000</p> <p><b>Total Other Cash</b> \$5,000</p>	<p><b>EXAMPLE:</b></p> <p><i>Peer mediation training will be provided to 20 middle school students between Feb. 1 and April 30.</i></p>	<p><b>EXAMPLE:</b></p> <p><i>Middle school youth demonstrate the ability to resolve conflicts through non-violent means.</i></p>	<p><b>EXAMPLE:</b></p> <p><i>15 of 20 youth, or 75% of middle school youth, acquire skills in conflict resolution and peer mediation.</i></p>	<p><b>EXAMPLE:</b></p> <p>6.3B.5</p>

### Attachment 3: Federal CSBG National Performance Indicators (NPI)

- Goal 1: Low-income people become more self-sufficient (self-sufficiency).
  - Goal 2: The conditions in which low-income people live are improved (community revitalization).
  - Goal 3: Low-income people own a stake in their community.
  - Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.
  - Goal 5: Agencies increase their capacity to achieve results.
  - Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (family stability).
- 

#### GOAL 1: Low-Income People Become more Self-Sufficient

##### National Performance Indicator 1.1 -- Employment

The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following:

- A. Unemployed and obtained a job
- B. Employed and maintained a job for at least 90 days
- C. Employed and obtained an increase in employment income and/or benefits
- D. Achieved living wage employment and/or benefits

##### National Performance Indicator 1.2 -- Employment Supports

The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action, as measured by one or more of the following:

- A. Obtained skills/competencies required for employment
- B. Completed ABE/GED and received certificate or diploma
- C. Completed post-secondary education program and obtained certificate or diploma
- D. Enrolled children in before or after school programs
- E. Obtained care for child or other dependant
- F. Obtained access to reliable transportation and/or driver's license
- G. Obtained health care services for themselves or family member
- H. Obtained safe and affordable housing
- I. Obtained food assistance
- J. Obtained non-emergency LIHEAP energy assistance
- K. Obtained non-emergency Weatherization energy assistance
- L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or Weatherization)

##### National Performance Indicator 1.3 -- Economic Asset Enhancement and Utilization

The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of Community Action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by one or more of the following:

- A.2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments
- A.3. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings
- B.1. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days
- B.2. Number and percent of participants opening an Individual Development Account (IDA) or other savings account
- B.3. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings
- B.4. Of participants in a Community Action assets development program (IDA and others):
  - a) Number and percent of participants capitalizing a small business with accumulated savings
  - b) Number and percent of participants pursuing post-secondary education with accumulated savings
  - c) Number and percent of participants purchasing a home with accumulated savings
  - d) Number and percent of participants purchasing other assets with accumulated savings

**GOAL 2: The Conditions in Which Low-Income People Lives Are Improved****National Performance Indicator 2.1 -- Community Improvement and Revitalization**

Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of Community Action projects/initiatives or advocacy with other public and private agencies, as measured by one or more of the following:

- A. Jobs created, or saved, from reduction or elimination in the community
- B. Accessible “living wage” jobs created, or saved, from reduction or elimination in the community
- C. Safe and affordable housing units created in the community
- D. Safe and affordable housing units in the community preserved or improved through construction, weatherization or rehabilitation achieved by Community Action activity or advocacy
- E. Accessible safe and affordable health care services/facilities for low-income people created, or saved from reduction or elimination
- F. Accessible safe and affordable child care or child development placement opportunities for low-income families created, or saved from reduction or elimination
- G. Accessible before-school and after-school program placement opportunities for low-income families created, or saved from reduction or elimination
- H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation
- I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post secondary education

**National Performance Indicator 2.2 -- Community Quality of Life and Assets**

The quality of life and assets in low-income neighborhoods are improved by Community Action initiative or advocacy, as measured by one or more of the following:

- A. Increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets
- B. Increase in the availability or preservation of community facilities
- C. Increase in the availability or preservation of community services to improve public health and safety
- D. Increase in the availability or preservation of commercial services within low-income neighborhoods
- E. Increase in or preservation of neighborhood quality-of-life resources

**National Performance Indicator 2.3 -- Community Engagement**

The number of community members working with Community Action to improve conditions in the community.

- A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives
- B. Number of volunteer hours donated to the agency (ALL volunteer hours)

**GOAL 3: Low-Income People Own a Stake in Their Community****National Performance Indicator 3.1 -- Community Enhancement through Maximum Feasible Participation**

The number of volunteer hours donated to Community Action.

Total number of volunteer hours donated by low-income individuals to Community Action

**National Performance Indicator 3.2 -- Community Empowerment through Maximum Feasible Participation**

The number low-income people mobilized as a direct result of Community Action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by one or more of the following:

- A. Number of low-income people participating in formal community organizations, government, boards or councils that provide input to decision-making and policy-setting through Community Action efforts
- B. Number of low-income people acquiring businesses in their community as a result of Community Action assistance
- C. Number of low-income people purchasing their own home in their community as a result of Community Action assistance
- D. Number of low-income people engaged in non-governance community activities or groups created or supported by Community Action

**GOAL 4: Partnerships Among Supporters and Providers of Services to Low-Income People are Achieved**

**National Performance Indicator 4.1 -- Expanding Opportunities through Community-Wide Partnerships**

The number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes.

- A. Non-Profit
- B. Faith-Based
- C. Local Government
- D. State Government
- E. Federal Government
- F. For-Profit Business or Corporation
- G. Consortiums/Collaboration
- H. Housing Consortiums/Collaboration
- I. School Districts
- J. Institutions of post secondary education/training
- K. Financial/Banking Institutions
- L. Health Service Institutions
- M. State wide associations or collaborations

**GOAL 5: Agencies Increase Their Capacity to Achieve Results**

**National Performance Indicator 5.1 -- Agency Development**

The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following:

- A. Number of CCAPs
- B. Number of ROMA Trainers
- C. Number of Family Development Trainers
- D. Number of Child Development Trainers
- E. Number of staff attending trainings
- F. Number of board members attending trainings
- G. Hours of staff in trainings
- H. Hours of board members in trainings

Appendix E: National Goals and Performance Indicators (Cont.)

**GOAL 6: Low-Income People, Especially Vulnerable Populations. Achieve Their Potential by Strengthening Family and Other Supportive Environments**

**National Performance Indicator 6.1 -- Independent Living**

The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services:

- A. Senior Citizens (seniors can be reported twice, once under Senior Citizens and again if they are disabled, under Individuals with Disabilities, ages 55-over)
- B. Individuals with Disabilities
  - Ages: 0 - 17
  - 18 - 54
  - 55 - over

**National Performance Indicator 6.2 -- Emergency Assistance**

The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such services as:

- A. Emergency Food
- B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources
- C. Emergency Rent or Mortgage Assistance
- D. Emergency Car or Home Repair (i.e. structural, appliance, heating system, etc.)
- E. Emergency Temporary Shelter
- F. Emergency Medical Care
- G. Emergency Protection from Violence
- H. Emergency Legal Assistance
- I. Emergency Transportation
- J. Emergency Disaster Relief
- K. Emergency Clothing

**National Performance Indicator 6.3 -- Child and Family Development**

The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs who achieve program goals, as measured by one or more of the following:

- A.1. Infants and children obtain age-appropriate immunizations, medical, and dental care
- A.2. Infant and child health and physical development are improved as a result of adequate nutrition
- A.3. Children participate in pre-school activities to develop school readiness skills
- A.4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st grade
- B.1. Youth improve health and physical development
- B.2. Youth improve social/emotional development
- B.3. Youth avoid risk-taking behavior for a defined period of time
- B.4. Youth have reduced involvement with criminal justice system
- B.5. Youth increase academic, athletic, or social skills for school success
- C.1. Parents and other adults learn and exhibit improved parenting skills
- C.2. Parents and other adults learn and exhibit improved family functioning skills

**National Performance Indicator 6.4 -- Family Supports (Seniors, Disabled and Caregivers)**

Low-income people who are unable to work, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following:

- A. Enrolled children in before or after school programs
- B. Obtained care for child or other dependant
- C. Obtained access to reliable transportation and/or driver's license
- D. Obtained health care services for themselves or family member
- E. Obtained safe and affordable housing
- G. Obtained non-emergency LIHEAP energy assistance
- H. Obtained non-emergency WX energy assistance
- I. Obtained other non-emergency energy assistance

**National Performance Indicator 6.5 -- Service Counts**

The number of services provided to low-income individuals and/or families, as measured by one or more of the following:

- A. Food Boxes
- B. Pounds of Food
- C. Units of Clothing
- D. Rides Provided
- E. Information and Referral Calls

**Attachment 4: Poverty Income Guidelines  
(100% and 125%)**

<b>2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>		
<b>Persons in family/household</b>	<b>100%</b>	<b>125%</b>
<b>1</b>	\$11,170	<b>\$13,963</b>
<b>2</b>	15,130	<b>18,913</b>
<b>3</b>	19,090	<b>23,863</b>
<b>4</b>	23,050	<b>28,813</b>
<b>5</b>	27,010	<b>33,763</b>
<b>6</b>	30,970	<b>38,713</b>
<b>7</b>	34,930	<b>43,663</b>
<b>8</b>	38,890	<b>48,613</b>

For families/households with more than 8 persons, add \$3,960 for each additional person at 100%; add \$4,950 at 125%

(Source Federal Register, Vol. 77, #17, 1/26/12)

**Attachment 5:**

**OMB Circulars** – Link at: [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default)

Relevant Circulars include:

OMB Circular A-110, Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations

OMB Circular A-122, Cost Principles for Non-Profit Organizations

OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations

**Attachment 6: Sample Contract Boilerplate Documents  
(See Separate Attachment)**

**Attachment 7 – MWBE forms and Instructions  
(Minority/Women Owned Business Enterprises)**

**1- M/WBE Description and NYS LAW**

**2- Form A – Utilization Plan**

**3- Form B – Waiver (to be completed ONLY if a waiver is being requested)**

**4- Form C – Staffing Plan**

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## CONTRACTOR REQUIREMENTS AND PROCEDURES FOR BUSINESS PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN

### NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the Department of State (hereinafter "DOS") recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOS contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOS establishes goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

### Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOS hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises ("MBE") participation and 10% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOS may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how DOS will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

#### I. MWBE Utilization

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents and information as evidence of compliance with 5 NYCRR §142.8:

- A. Bidders are required to submit a MWBE Utilization Plan on Form A with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to DOS.
- B. DOS will review the submitted MWBE Utilization Plan and advise the Bidder of DOS acceptance or issue a notice of deficiency within 30 days of receipt.
- C. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the DOS:  
Office of Affirmative Action Programs  
99 Washington Avenue, Albany, New York 12231  
Phone: (518) 473-2507; Fax (518) 473-9211

a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by DOS to be inadequate, DOS shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form B. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

- D. DOS may disqualify a Bidder as being non-responsive under the following circumstances:
- a) If a Bidder fails to submit a MWBE Utilization Plan;
  - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
  - c) If a Bidder fails to submit a request for waiver; or
  - d) If DOS determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOS, but must be made no later than prior to the submission of a request for final payment on the Contract.

## II. Non-Compliance

- A. In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and DOS may withhold payment from the Contractor as liquidated damages. Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- B. In addition, failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

## Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan (Form C) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the DOS, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

# FORM A

## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name:  
 Address:  
 City, State, Zip Code:  
 Telephone No.:  
 Region/Location of Work:

Federal Identification No.:  
 Project/Contract No.:

M/WBE Goals in the Contract: MBE 10% WBE 10%

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each com- ponent of the contract.
A.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

**6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM C.**

<p><b>PREPARED BY (Signature):</b>  <b>DATE:</b></p> <p><b>NAME AND TITLE OF PREPARER (Print or Type):</b>                  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">TELEPHONE NO.:</td> <td style="width: 50%; padding: 2px;">EMAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><b>FOR M/WBE USE ONLY</b></td> </tr> <tr> <td style="padding: 2px;">REVIEWED BY:</td> <td style="padding: 2px;">DATE:</td> </tr> </table> <p><b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>Contract No.:</b> _____ <b>Project No. (if applicable):</b> _____</p> <p><b>Contract Award Date:</b> _____  <b>Estimated Date of Completion:</b> _____  <b>Amount Obligated Under the Contract:</b> _____  <b>Description of Work:</b> _____  <b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>	TELEPHONE NO.:	EMAIL ADDRESS:	<b>FOR M/WBE USE ONLY</b>		REVIEWED BY:	DATE:
TELEPHONE NO.:	EMAIL ADDRESS:						
<b>FOR M/WBE USE ONLY</b>							
REVIEWED BY:	DATE:						

**FORM B  
REQUEST FOR WAIVER**

<b>INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.</b>		
<b>Offeror/Contractor Name:</b>	<b>Federal Identification No.:</b>	
<b>Address:</b>	<b>Solicitation/Contract No.:</b>	
<b>City, State, Zip Code:</b>	<b>M/WBE Goals: MBE 10%    WBE 10%</b>	
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.		
<b>Contractor is requesting a:</b>  1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial  2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial  3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)    Date of such filing with Empire State Development: _____		
<b>PREPARED BY (Signature):</b>	<b>Date:</b>	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		
<b>Name and Title of Preparer (Printed or Typed):</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
<b>Submit with the bid or proposal or if submitting after award submit to:</b>  New York State Department of State Office of Affirmative Action Programs 99 Washington Ave., Ste. 1150 Albany, New York 12231	***** FOR M/WBE USE ONLY *****	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>Waiver Granted:</b> <input type="checkbox"/> YES <b>MBE:</b> <input type="checkbox"/> <b>WBE:</b> <input type="checkbox"/>  <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ <b>*Comments:</b>	

FORM B Instructions  
**REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS**

**When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

**Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by DOS, to determine M/WBE compliance.**

## FORM C STAFFING PLAN

**Submit with Bid or Proposal – Instructions on page 2**

<b>Solicitation No.:</b>	<b>Reporting Entity:</b>	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
<b>Offeror's Name:</b>		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor <b>Subcontractor's name</b> _____

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran			
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
Totals																	

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.:</b>
	<b>EMAIL ADDRESS:</b>
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>	<b>Submit completed with bid or proposal</b>

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (FORM B) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the DOS Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** **Male or Female**