

**WORKFORCE DEVELOPMENT CORPORATION (“WDC”)
REQUEST FOR PROPOSALS
RFP TITLE: Web Development Training Program
PIN: 2016WDC0004**

**ADDENDUM No. 1
Release Date: June 8, 2016**

This addendum includes the following information:

**Section 1: Clarifications to the RFP
Section 2: Answers to Questions submitted in writing to the WDC
Attachment D: Acknowledgement of Addenda
Customer Information Form**

Section 1: Clarifications to the RFP

Proposal Due Date: Proposals are due on June 27, 2016, not June 3, 2016 as initially noted in Section I, Part B.3.

Section 2: Answers to Questions submitted in writing to the WDC

1. We established physical presence in NYC in 2016 but have been teaching students and supporting NYC-based graduates remotely for 3 years. Do we still qualify to submit a proposal? If we can apply, is it acceptable to share program data and student outcomes data of the NY residents taught remotely and/or data from our network of schools (where the same curriculum is taught) established around the U.S.?

Response: Yes, this organization is eligible to submit a proposal. Note that program and outcome data submitted with the proposal should break out information on students who are New York City residents and job outcomes located in New York City.

2. Can we qualify to submit a proposal if we are not yet on the NY ETPL and are in the process of applying for BPSS licensure?

Response: See Section 2, Part G (“Inclusion on the NYS Eligible Training Provider List (ETPL)”) which states that proposers must “have applied for, or will apply, for inclusion on the [New York State Eligible Training Provider List (ETPL)] upon contract award.”

3. In the full RFP, June 27 is the stated deadline but June 3 is also mentioned. What is the deadline to submit proposals? Do you need any materials by June 3?

Response: See above Section 1, “Clarifications to the RFP,” of this Addendum No. 1.

4. Can the minimum of 64 students be taught in more than 2 cohorts?

Response: Proposed training delivery, including the number of cohorts, should be included in the Proposed Approach submitted by proposers. Proposers must determine what approach is most likely to achieve the WDC’s goals and objectives for this RFP within the anticipated contract term.

5. “Contractor shall also include, in addition to classroom training, WDC-approved opportunities for professional or on-the-job experience, which may take the form of, but is not limited to paid internships at a wage of not less than \$15/hour, client-based projects, etc. The WDC reserves the right to specify the form of professional experience.” Our curriculum requires students to complete a project that is then presented to industry experts. Can this substitute for the requirement of “professional or on-the-job opportunities” such as internships?

Response: “Professional or on-the-job experience” may include, without limitation, situations where students are producing work to a specific employer’s specifications, and where during the project there are multiple instances of contact/feedback between the student and employer.

Additional information would be needed to determine if the “projects” discussed in this question meet this definition. However, if the presentation to industry experts is the only interaction between students and industry experts then it would not meet the WDC’s “professional or on-the-job experience” expectation.

6. Does the contractor determine the instructor to trainee ratio?

Response: Proposed training delivery, including the instructor-to-trainee ratio, should be included in the Proposed Approach submitted by proposers. Proposers must determine what approach is most likely to achieve the WDC’s goals and objectives for this RFP within the anticipated contract term.

7. We typically anonymize candidate and student data. How will the WDC protect student data?

Response: The WDC has implemented appropriate measures to protect against the unauthorized release of Personal Identifying Information (as defined in Article 27 of APPENDIX A – Standard Terms and Conditions), and will protect all Personal Identifying Information collected consistent with its internal policies governing data privacy and/or maintenance of confidential information, and in accordance with applicable laws.

8. Would it be possible to see a sample of the Customer Information Form that trainees need to fill out?

Response: See attached Customer Information Form.

9. Can you share the list of WDC approved technology jobs? How will the WDC determine what an appropriate technology job is for a graduate?

Response: See Section III, Part A (“WDC’s Goals and Objectives for this RFP”), which states that one of the goals of this RFP is for the Contractor to connect Trainees to “web development jobs (or related technology jobs approved by the WDC).” The WDC does not maintain a list of approved technology jobs. Jobs that are not “web development jobs” will be reviewed by the WDC on a case-by-case basis.

10. Will student tuition be paid upfront? In the case that a graduate of the program is not hired, how is the Contractor compensated for cost of tuition?

Response: See Section II, Part E (“Anticipated Payment Structure”). Payment on the contract awarded as a result of this RFP will be structured as line item reimbursements for services rendered and performance-based payments, not per student tuition. Final payment terms will be determined during contract negotiations, but this structure generally involves periodic reimbursements on a monthly or bi-monthly (i.e. every two months) basis.

11. If the contractor is expected to share the program model at no cost to other providers at the end of the program, how is the contractor's intellectual property protected?

Response: Pursuant to Section III, Part D (“Licenses”) of the RFP, to the extent that the materials are not Work Product, as defined in that section, any materials created by the successful proposer or Contractor prior to entering into the agreement with the WDC will be required to provide the WDC and the City a non-exclusive license in perpetuity, including the right to sublicense for non-commercial purposes. Additional license terms may be negotiated during contract negotiations.

ATTACHMENT D

ACKNOWLEDGMENT OF ADDENDA

**RFP TITLE: Web Development Training Program
PIN: 2016WDC0004**

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 _____, 2016

Addendum # 2, Dated _____, 2016

Addendum # 3, Dated _____, 2016

Addendum # 4, Dated _____, 2016

Addendum # 5, Dated _____, 2016

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: _____

Customer Information Form



SECTION A: BASIC INFORMATION

Last Name		First Name		Middle Name	
Social Security Number			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth ____ / ____ / ____ Month Day Year	
Primary Street Address (include any apartment or suite number)			DO NOT FILL OUT - For Office Use Only: Verification of Birth Date		
City			State	Zip Code	
			<input type="checkbox"/> IDNYC <input type="checkbox"/> NY State Driver's License or ID <input type="checkbox"/> Non NY State Drivers License or ID <input type="checkbox"/> Passport <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> DD-214: U.S. Military Report of Transfer or Discharge <input type="checkbox"/> Public Assistance / Social Services Records	<input type="checkbox"/> School Records / Identification Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Tribal Record <input type="checkbox"/> UI Exhaustee <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Birth Certificate	
DO NOT FILL OUT - For Office Use Only: Verification of Sandy Impacted Residency (Zip Code) <input type="checkbox"/> Customer resides in a Sandy Impacted Zip Code					
E-mail			Phone # (_____) _____ - _____		

How did you hear about us?

SECTION B: PROFESSIONAL, DEMOGRAPHIC, & MILITARY INFORMATION

<p>2. Education</p> <p>2A. What is the <u>highest</u> level of education that you have completed?</p> <p><input type="checkbox"/> Less than High School (No Diploma Received) _____ Highest Grade Level Completed</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> High School Equivalency Diploma (GED/TASC)</p> <p><input type="checkbox"/> Some College/Vocational School (No Degree completed) _____ Years Completed</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Associate's</p> <p><input type="checkbox"/> Bachelor's</p> <p><input type="checkbox"/> Master's</p> <p><input type="checkbox"/> Doctoral</p> <p>2B. Are you currently enrolled in school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what level?</p> <p><input type="checkbox"/> High School/GED</p> <p><input type="checkbox"/> College/Vocational/Professional Degree</p>	<p>3. Demographic Information: Our federal funding requires Workforce1 to collect the following information. Information is intended for use solely in connection with recordkeeping and equal opportunity purposes. Your responses will be kept confidential and will not affect your ability to receive Workforce1 services.</p> <p>3A. Income: How many people are in your family or household (including you)? _____ What is your annual household income (excluding any benefits you may receive)? \$ _____</p> <p>3B. Public Assistance: Do you receive any of the following (check all that apply)? <i>If you do not answer, it will be concluded that you do not receive any of the following.</i></p> <p><input type="checkbox"/> Food Stamps <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Cash Assistance</p> <p><input type="checkbox"/> TANF <input type="checkbox"/> Refugee Cash Assistance (RCA) <input type="checkbox"/> None</p> <p>3C. Other: Do you qualify as any of the following (additional funding or services may be available)? <i>If you do not answer, it will be concluded that you do not qualify as any of the following.</i></p> <p><input type="checkbox"/> Person with a disability <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Limited English skills <input type="checkbox"/> Foster Child <input type="checkbox"/> None</p> <p>3D. Race and Ethnicity: <i>You are not required to provide this information.</i></p> <p>Ethnicity: Race:</p> <p><input type="checkbox"/> Hispanic/Latino-Latina <input type="checkbox"/> White <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Not Hispanic/Latino-Latina <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p>3E. Country of Origin: <i>You are not required to provide this information.</i></p> <p><input type="checkbox"/> USA</p> <p><input type="checkbox"/> Other: _____</p>
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4. Licenses and Certifications (only check licenses and certifications that are currently valid, active and not if expired or suspended)

CDL-A CDL-B CDL-C Driver's License(all other) NYS Security Guard HHA Other: _____

Food Handlers OSHA-10 OSHA-30 Medical Assistant CNA

5. Military Service (Service defined as at least one day of active duty service and any discharge status other than dishonorable)

Are you a Service Veteran? Yes No Are you the spouse of a Service Veteran? Yes No

If you are a Service Veteran, please answer A through E:

A. Dates of Active Service: Currently Serving since ____ / ____ / ____ Served From ____ / ____ / ____ to ____ / ____ / ____
Month Year Month Day Year Month Day Year Month Day Year

B. Military Branch: Army Marine Corps Navy Coast Guard Air Force National Guard Reserve Unit

C. Military Rank: _____ **D. Pay Grade:** _____ **E. Are you a Disabled Veteran?** Yes No

6. Selective ServiceAll males should respond to this section. Are you registered with Selective Service? Yes No**SECTION C: EMPLOYMENT STATUS****7A. Employment Status** – What is your current employment status? Unemployed Employed
 Employed, but received notice of termination / layoff (including military separation)**7B. Migrant Farm Worker** – Are you a migrant / seasonal farm worker? Yes No**7C. Employment Circumstances**

1. Were you laid off or terminated or received notification of termination or lay off from your most recent employer? Yes No
 If **Yes**: Were you working for at least 6 months before you lost your job or received notice? Yes No
 If **Yes**: Do you think you are unlikely to find a job in the same industry or occupation? Yes No
2. Did you lose your job because the company or location closed? Yes No
 If **No**: Will you lose your job because of a closure in the next 180 days? Yes No
3. Did the last company you owned or operated go out of business? Yes No
 If **Yes**: Was it due to economic conditions or natural disaster? Yes No
4. Are you looking for a job because a family member or former family member is no longer supporting you? Yes No
 If **Yes**: Are you having difficulty obtaining or upgrading your job? Yes No

SECTION D: WORK HISTORY**Current or Most Recent Position (If you answered yes to Questions 1, 2, or 3 in the section above, please list the associated position.)**

Job Title / Occupation		Name of Company/Organization		
Address		City	State	Zip Code
Job Start Date ____ / ____ / ____ Month Day Year		Job End Date ____ / ____ / ____ Month Day Year		
Wage / Salary \$ _____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year	Hours Worked _____ per Week	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Current position <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Telephone # (_____) _____ - _____		Job Duties		

SECTION E: VERIFICATION OF INFORMATION

I certify that the information I have provided to Workforce1 is accurate and complete to the best of my knowledge. I understand that this information is subject to verification, and that false or deliberately incomplete answers may result in my disqualification from NYC Workforce1 Career Center and/or One-Stop Center services.

I also certify that I have received the Workforce Investment Act Notice of Rights and a Voter Registration form. I understand that registering to vote is voluntary and that I am not required to do so in order to obtain NYC Workforce1 Career Center and/or One-Stop Center services.

Please check box below to indicate your authorization to release your information

 Authorization to Release Information

I am currently enrolled in an employment and training program at a Workforce1 Career Center and/or One-Stop Center funded by the City of New York and/or the federal government. I hereby authorize my employer to release to the New York City Department of Small Business Services, the New York State Department of Labor and the appropriate federal funding agencies, any documentation concerning the position for which I am hired. Such information/documentation may include, but is not limited to: job title, hourly/weekly wages, job start date, job end date, and number of hours worked.

I understand that the information in this form may be shared with other governmental agencies and their vendors and partners in the Workforce system for purposes of program management/administration including, without limitation, the Human Resources Administration in tracking eligible participants of the Supplemental Nutrition Assistant Program Employment and Training (SNAP E&T). I also understand that this authorization is voluntary and in no way affects the services or level of services I will receive.

Customer's Signature _____ **Today's Date:** _____ / _____ / _____
 Month Day Year