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**APPLICATION AND QUESTIONS**

**REQUEST FOR PROPOSALS**

**FOR**

**MANAGEMENT AND OPERATION**

**OF**

**WORKFORCE SOLUTIONS OF CENTRAL TEXAS**

**WORKFORCE CENTERS**

**Released by**

**WORKFORCE SOLUTIONS OF CENTRAL TEXAS**

**WORKFORCE BOARD**

**Published: March 3, 2025**

**Letter of Intent to Bid: March 14, 2025, 5:00 p.m.**

**Mandatory Bidders Conference Call: March 21, 2025, 2:00 p.m.**

**Proposals Due: April 18, 2025, 5:00 p.m.**

**200 North Main**

**P.O. Box 450**

**Belton, Texas 76513**

**(254) 742-4510**

**Serving the Texas Counties of Bell, Coryell, Lampasas, Milam, Mills,**

**Hamilton, and San Saba.**

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**Request for Proposals (RFP) for the Management and Operations**

**RFP Application and Questions**

# **Application Packet Instructions**

Proposers must complete the entire Application Packet, with an emphasis placed on addressing all of the requirements asked in each question in a clear and concise manner. All information requested in the RFP will need to be answered within the Application Packet, and not as additional summaries attached to the packet, unless otherwise noted as an attachment requested.

Proposers may use a continuation page if needed when answering questions within the application packet. If a continuation page is used, Proposers must reference the use of a continuation page, noting “see Attachment \_” as the last sentence for the question block that they are answering. When continuing the question on the attached pages, make reference to the question that is being answered, ie “Cont. Attachment E, Question 2:”

Proposals must be submitted as a complete proposal packet. Proposals cannot be a scanned copy, but an original document saved as a PDF, with the possible exception of the pages that require signatures. Signatures can be digital or hand signed and the page added to the emailed packet. Full packet with all requested attachments and continuity pages cannot exceed 100 pages.

**Confidentiality**

Any confidential or proprietary information and data contained within a proposal must be clearly marked and labeled as such. Confidential/proprietary information submitted in response to this RFP will be handled in accordance with State law. WSCT is subject to the Texas Open Records Act. Proprietary information will be kept confidential by WSCT to the extent that State law permits. Proposals become the property of WSCT.

## **Letter of Intent to Bid**

**To:** Ron Cowan

Workforce Solutions Central Texas

200 North Main

Belton, TX 76513

E-Mail: wsb@workforcesolutiosctx.com

**Reference:** *Request for Proposal for the Operation and Management of Career Centers*

Published Date: March 3, 2025 at 5:00 p.m.

This is to notify you that it is our intent to submit a proposal in response to the above referenced RFP. The individual to whom information regarding this RFP should be transmitted to is:

|  |  |
| --- | --- |
| Name |  |
| Company |  |
| Address |  |
| City, State & Zip |  |
| Phone Number |  |
| E-Mail Address |  |
| Name and Title of  Authorized Representative |  |
| Name of Company |  |

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Letter of Intent to Bid must be received on or before **March 14, 2025, at 5:00 pm.**

Proposals will NOT be accepted from proposers who do not submit this letter, utilizing this form, by the required deadline.

## **Response Checklist/Order of Submission**

Your proposal information should be submitted in the order listed below.

To ensure reviewers can easily identify your answer, please list the Proposal page that contains each response.

|  |  |
| --- | --- |
| Proposal Submission | Page # |
| Letter of Intent to Bid |  |
| Proposal Information Sheet |  |
| Certification of Bidder |  |
| 1 Organizational Capacity and Capability (30 Points) |  |
| 2 Workforce Center Services (25 Points) |  |
| 3 Demonstrated Experience/Efficiency (25 Points) |  |
| 4 Financial Management and Cost Reasonableness (20 Points) |  |
| Certification Regarding Debarment |  |
| Certification Regarding Drug Free Workplace |  |
| Certification Regarding Lobbying |  |
| Certification Regarding Conflict of Interest |  |
| Certification Regarding Assurances |  |
| Texas Corporate Franchise Tax Certification |  |
| Certification Regarding Grievances and Legal Actions |  |
| Submit the Following Required Items as Additional Attachments |  |
| Proof Of Incorporation or Organizational Status |  |
| Current List of Board of Directors and/or Principals/Chief Officers/Owners Including Name, Positions/Titles |  |
| If Applicable: Agreements for Partnerships, Consortium or Joint Ventures or Managing Director/PEO |  |
| Certificates of Insurance or Statement of Insurability |  |
| Organization Charts |  |
| Job Descriptions/Resumes |  |
| Customer Flow Charts |  |
| If Applicable, List of Texas Workforce Board Contracts/Information |  |
| If Applicable, List of Non-Texas Workforce Board Contracts/Information |  |
| Monitoring Reports |  |
| Audits/Management Letters |  |
| IRS Form 990 (Non-Profit Proposers Only) |  |
| If applicable, approved Indirect Cost Plan or Cognizant Agency Letter |  |

## **Proposal Information Sheet**

**Management and Center Operations**

|  |  |
| --- | --- |
| **Legal Name of Proposing Entity** |  |
| **Mailing Address** |  |
| **Authorized Contact/**  **Signatory Authority** |  |
| **Phone Number** |  |
| **Fax Number** |  |
| **E-Mail** |  |
| **Type of Organization** | \_\_ Private for-profit  \_\_ Private non-profit  \_\_ Government Agency  \_\_ Partnership  \_\_ Sole Proprietor/Entity  \_\_ Other (specify) |
| **Amount of Bid** |  |
| **Federal EIN** |  |
| **Texas State Comptroller ID Number** |  |
| **Historically Underutilized Business?** | \_\_ Yes (if yes, attach current certificate)  □ No |
| **Proposal Authorization**  I, the undersigned, hereby certify and warrant that I am fully authorized to submit this proposal on behalf of the organization represented and to legally bind the organization to all the terms, performances, and provisions as herein set forth. | |
| **Typed Name &**  **Title of Authorized Signatory** |  |
| **Signature** |  |
| **Date** |  |

# **CERTIFICATION OF BIDDER**

Answer the following questions regarding your administrative management system. If selected for award of a contract, some items listed below may be required to be provided during the pre-award survey prior to the development of a contract.

I hereby certify that the information contained in this proposal and any attachments are true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management and financial systems of this organization. I certify that no employee of the Workforce Solutions of Central Texas Board has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of the RFP and that the organization will comply with applicable local, state and federal regulations and directives in the implementation of the program. I also certify that I have read and understand the Governing Provisions and Limitations (Section 1.15) and the Administrative Requirements and Other Limitations (Section 1.16) presented in this RFP and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I am the

(Typed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the corporation, partnership,

(Typed Title)

organization, or other entity named as Respondent herein and that I am authorized to sign this proposal and submit it to the Workforce Solutions Central Texas Workforce Board on behalf of said organization by authority of its governing body.

Signature

Address

Phone

## **Questions**

### **1. Organizational Capacity and Capability (30 Points)**

1. **Organizational Background:**
   * Organizational history and structure, unique qualifications, and experience. Provide a brief history of the proposer’s organization/entity. Include year established, location of home/corporate office, locations of any regional offices, number of employees, and lines of business. Attach proof of incorporation or agency status an attachment.
     + **If** submitting a proposal as a partnership, consortium or joint venture, describe the roles and responsibilities of each party and identify the lead entity. A copy of the partnership, consortium or joint venture agreement must be included in the proposal as an attachment.
     + **If** submitting a proposal using a Managing Director/PEO Model a copy of the agreement between the Managing Director and the Professional Employer Organization (PEO or staffing agency) and an agreement is already in place must be included in the proposal as an attachment. If an agreement is not in place, describe the plan to obtain a PEO.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + How does your organization ensure sufficient staffing and expertise across multiple program areas?
    - Describe the proposed organizational structure responsible for the management of the Workforce Centers with an integrated service delivery system that includes all programs, listed in the RFP including applicable organizational charts. Note: Proposing entities that plan to retain the current PEO should describe any plans to change the current staffing structure or positions. Include lines of authority and responsibility. Provide job descriptions for all key staff directly related to the management, operation and administration of the Workforce Centers. List the minimum qualifications for each position. If the proposer currently has staff for these positions, attach a resume for each and indicate which position that staff will be assigned.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Management Philosophy:**
   * What is your approach to managing and operating an integrated service delivery model across workforce programs?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + How do you ensure clarity in the chain of command and accountability among staff?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Performance Management:**
   * How will you measure contract performance beyond TWC performance metrics?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + Can you share an example of how you have addressed performance deficiencies in previous contracts?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Staff Development:**
   * How will you prepare, monitor, and motivate managers, supervisors, and frontline staff to meet program goals and performance targets?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + What communication strategies will you use to align staff with organizational objectives?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Scalability:**
   * How will you integrate additional workforce programs if mandated during the contract term?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Transition Plan:**
   * Describe your transition plan for assuming management responsibilities, including staffing, system continuity, and onboarding existing staff​. Complete all transition plan activities no later than July 31, 2025.
   * Give first consideration in employment to current employees providing services in the Workforce Centers who may be displaced as a result of this procurement.
   * Provide for open enrollment into insurance/benefits for staff transitioned from the previous contractor with coverage available on the first day of employment (August 1, 2025).
   * Subject to negotiation with the Board, the successful proposer will accept rollover of accrued, unused leave time as allowed under the previous Contractor’s policies for transitioned staff.

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1. **Innovation:**
   * What innovative or unique approaches does your organization bring to workforce operations?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Technology Integration:**
   * How will you integrate technology to improve service delivery?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + How do you plan to ensure data security and compliance with data privacy laws?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Metrics and Reporting:**
   * What key performance indicators (KPIs) will you track to ensure compliance and drive continuous improvement?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Community Collaboration:**
   * How will you collaborate with community partners and stakeholders to enhance service delivery?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Customer Feedback:**
   * What feedback mechanisms will you put in place for employers, job seekers, and program participants?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Strategic Vision:**
   * What is your long-term vision for the WSCT Workforce Centers under your leadership?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Value Proposition:**
   * What differentiates your proposal from other applicants?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Commitment to Excellence:**
   * How do you plan to ensure continuous alignment with WSCT's mission, goals, and evolving needs?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

### **2. Workforce Center Services (25 Points)**

1. **Employer Services:**
   * How will you identify employer workforce challenges and provide tailored solutions?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + What strategies will you implement to ensure high-quality job referrals for employer-specific postings?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Outreach:**
   * What outreach strategies will you use to expand engagement with target industries and job seekers, especially underserved populations?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Job Seeker Services:**
   * Describe how you will ensure seamless service delivery across all programs, including WIOA, SNAP, TANF, NCP, RESEA, ES, VR, SEAL, and Child Care Services​.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + How will you ensure job seekers receive tailored and customer-driven services that address employability gaps?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + What strategies will you employ to serve rural job seekers effectively?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Compliance:**
   * How will you ensure compliance with program-specific laws, rules, and program requirements?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

### **3. Demonstrated Experience and Effectiveness (25 Points)**

1. **Workforce Experience:**
   * What experience does your organization have in managing public workforce and child care services programs?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Employer Relations:**
   * How have you built and maintained relationships with employers in past workforce programs?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Performance Tracking:**
   * What systems and methodologies do you use to ensure accurate and timely reporting of program outcomes?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Continuous Improvement:**
   * How do you gather and act on feedback from staff and customers to improve services?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Conflict of Interest:**
   * What measures are in place to prevent and address conflicts of interest within your organization?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Compliance Assurance:**
   * How will you ensure full compliance with federal, state, and local workforce program regulations?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Risk Management:**
   * Have you ever been identified as a “high-risk” contractor? If so, what steps were taken to resolve the issue?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + Are there any pending legal disputes, grievances, or unresolved corrective actions?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

### **4. Financial Management (20 Points)**

1. **Fiscal Integrity:**
   * How does your organization ensure compliance with GAAP standards and financial transparency?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Administrative Management Survey** | | Yes | No | N/A |
| 1 | Does the proposer follow GAAP? |  |  |  |
| 2 | Does the proposer accounting system:   1. Provide control and accountability for funds received, property, and other assets; 2. Provide identification of receipt and expenditures of funds separately for each funding source; 3. Provide adequate information to prepare monthly financial reports on an accrual basis; 4. Have the capability to determine allowability and allocation of costs in  accordance with requirements for state and federal grant programs? |  |  |  |
| 3 | Are state and federal funds, which may be advanced, deposited in a bank with federal insurance oversight? |  |  |  |
| 4 | Has the bank in which the proposer deposits state and federal funds insured the account(s) or put up collateral or both equal to the largest sum of money which would be in such account(s) at any one point in time during the contract period? |  |  |  |
| 5 | Are individuals or positions in the proposer’s organization who handle the receipt or distribution of money covered by bond? |  |  |  |
| 6 | 1. Does the proposer reconcile bank accounts monthly? 2. Are these reconciliations made by the same person who performs the recordkeeping for receipts, deposits and disbursement and transactions? |  |  |  |
| 7 | Are timesheets kept supporting payroll disbursement? If not, describe how employee time is documented and payroll supported. |  |  |  |
| 8 | Are records maintained to support authorized leave (sick, vacation, etc.)? |  |  |  |
| 9 | Are complete records kept to support travel payments? |  |  |  |
| 10 | Has a formal audit by an outside auditing firm been conducted of the proposer's financial records in the past year? |  |  |  |
| 11 | Does the proposer maintain written accounting procedures? |  |  |  |
| 12 | Is the proposer funded by more than one source? |  |  |  |
| 13 | Dose the proposer have an indirect cost plan with current approval by a cognizant agency? |  |  |  |

* + What internal systems do you have in place for budget monitoring and cost control?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Risk Mitigation:**
   * How will you address disallowed costs if they arise?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Audit and Reporting:**
   * Have you undergone any financial audits in the last two years? If so, were there any findings, and how were they addressed

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Budgeting:**
   * How do you ensure cost allocations are reasonable, necessary, and aligned with program goals?​

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + List all fringe benefits provided to staff. Provide the total cost and percentage of total salary each represents.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

1. **Financial Transparency:**
   * How will you provide financial reporting and accountability to WSCT?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + Will the proposer obtain professional liability insurance as required for this RFP? If no, describe the circumstances:

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + Has the proposer ever had to pay back funds to a funding source such as a local Workforce Board, TWC, the Federal Government or other contracting entity? If yes, explain the dollar amount, the reason for disallowance, and what money was used to repay?

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

* + Does the proposer have any potential liabilities (e.g. delinquent taxes, lawsuits, claims, injunctions, audit exceptions, etc.) which might affect the proposer’s ability to perform under a contract resulting from this RFP? If yes, provide information on resolution or current status. Also identify all current unrestricted debt not specifically funded by a specific funding source. Include plans for repayment.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

**Required Documents**

1. Submit a copy of the proposer’s last two (2) audits and a copy of the proposer’s accompanying Management Letter for each audit. Only one set of each audit and accompanying Management Letter is required.
2. All Workforce monitoring reports and/or TWC monitoring reports for previous programs operated in Texas for the past two (2) years. If the proposer has not operated in Texas, attach monitoring reports from other states in which the proposer has operated. Describe how any findings were resolved. Only one set of each monitoring report is required.
3. The proposer’s most recent IRS form 990 (non-profit proposers only).
4. Certificates of Insurance (if available) or a statement of insurability. Certificates are not required at time of proposal submission, but must be in place before a final contract is executed on August 1, 2025 thru July 31, 2026.
5. An approved indirect cost plan and/or cognizant agency letter approving an indirect cost rate. If proposing a management fee, provide details including rate. Indirect costs or management fees must be competitive.

**BUDGET FOR THE PERIOD JULY 1, 2025 THROUGH JUNE 30, 2026**

Budgets will be reviewed to determine that proposed costs are reasonable, necessary, allocable and allowable. Other areas of review will include: cost allocation methodology, competitive indirect rate or management fees, overhead costs, profit, in-kind or matching funds.

Cost Reasonableness will be addressed based upon a review of the Budget Sheets and accompanying budget questions answered with this RFP. The amounts budgeted should not exceed what would be incurred by a prudent person conducting the same business under similar circumstances.

Profit (for-profit entities) and staff performance bonuses must be competitive. Complete the Profit/Performance Bonus section of the Budget. All profit/incentives are subject to negotiation.

All costs will be reviewed for their relationship to the services to be performed under a contract and whether they are allocable, allowable, and reasonable.

**Personnel Costs: Salary Plan**

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| Instructions: Complete the following table using actual or planned staff. Each line represents one staff member. Add additional lines and pages as needed. Currently Staffing Levels are:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Location | | | | | Position Title | Killeen | Temple | Rockdale | Lampasas | | Workforce Director | 1 |  |  |  | | Workforce Center Director | 1 | 1 |  |  | | Operations Manager | 1 | 1 |  |  | | Career Center / Business Services Supervisor | 0 | 1 |  |  | | Career Center / Business Services / WIOA Supervisor | 1 |  |  |  | | Program Specialist | 3 | 1 |  |  | | Workforce Development Specialist | 20 | 11 | 3 |  | | Workforce Development Staff TWC Staff \*\* | 1 | 1 | 1 | 1 | | Workforce Development Specialist - Business Services |  | 2 |  |  | | Workforce Development Technician | 6 | 3 |  |  | | Administrative Specialist | 1 |  |  |  | | Custodian\* | 1 | 1 |  |  | | Total | 36 | 22 | 4 | 1 | | \*Custodians not included in the budget |  |  |  |  | | \*\* TWC staff not in the budget |  |  |  |  | | | | | | |
| **FOR THE PERIOD JULY 1, 2025 to JUNE 30, 2026** | | | | | |
| Count | Position/Title | Monthly Salary | Yearly Salary | Part-Time P/T Full-Time F/T | Annual Salaries Amount Charged to Contract |
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**Budget Form**

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| **Budget Available - Aug 1, 2025 to July 31, 2026** | **$ $4,588,155** |
| **Line Item** | **Total Costs** |
| **A. Personnel Costs** |  |
| Salaries |  |
| Fringe Benefits |  |
| Temporary Staffing |  |
| Other Personnel Costs |  |
| ***Sub-Total Personnel Costs*** |  |
| **B. Non-Personnel Costs** |  |
| Insurance |  |
| Other Non-Personnel Costs |  |
| ***Sub-Total Non-Personnel Costs*** |  |
| **C. Contractual Costs** |  |
| Accounting/Bookkeeping |  |
| Audit Services |  |
| Consulting Services |  |
| Staffing Entity Costs |  |
| Other Contractual Costs including required insurance and bonding |  |
| ***Sub-Total Contractual Costs*** |  |
| **D. Indirect Costs** |  |
| **E. Management Fees** |  |
| **F. Profit** |  |
| ***Grand Total*** |  |

**Profit and Incentive Payments:**

Profit is an allowable line-item only if the proposer is a for-profit entity. All profit is negotiable.

Incentive Funds earned by profit or not for profit organizations must be reinvested into allowable cost/services in support of the earning project/program.

|  |  |  |
| --- | --- | --- |
| **For-Profit Proposers** | Yes | No |
| Does the proposer plan to reinvest any earned profit back into allowable costs/services in support of the local project? |  |  |
| If yes, what percent? | % | |

* Provide a description of how the funds will be reinvested back into allowable costs/services in support of the project.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

**For Profit and Non-Profit Proposers**

* Provide a description of how any incentive bonus funds earned will be reinvested back into allowable costs/services in support of the earning project/program from TWC.

Please Keep Response Clear and Concise. Text Box will expand to allow more text.

|  |  |
| --- | --- |
| **Proposed Schedule** | |
| % | Profit Proposed |
| % | Profit to be reinvested |