# DCF Application Form

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the department will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §.15.04(1)(m), Wisconsin Statutes].

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| |  |  | | --- | --- | | Application #  437004-G21-0001730 | Title  **Literacy and GED/HSED Services for TANF Eligible Individuals** | | The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, need it translated to another language, or need other accommodations, please contact [dcfprocurement@wisconsin.gov](mailto:dcfprocurement@wisconsin.gov).  **Request for Applications:**  The Department of Children and Families (DCF) is soliciting applications from statewide service providers for a grant opportunity to provide adult literacy and General Educational Development (GED)/High School Equivalency Diploma (HSED) testing and preparation services to individuals eligible for Temporary Assistance for Needy Families (TANF) under 42 USC 601 et seq.  Sections 49.175(1)(L) and 49.175(1)(v) of the Wisconsin Statutes, as created by 2015 Wisconsin Act 55 and modified by 2019 Wisconsin Act 9, allocate funding to DCF for these purposes. | | | **Program Objective:**  To help TANF-eligible adults obtain proficiency in basic literacy skills and/or obtain GED/HSED certification in order to (1) increase their employability, (2) increase their readiness for further training and educational opportunities, and (3) help meet employers’ needs for qualified workers. | | | **Program Services:**  **What services will be provided under this grant?**  Award may be used to establish, expand, or enhance statewide community-based literacy and GED services to TANF-eligible learners. Examples of allowable services may include, but are not limited to, the following:   * Providing literacy, GED or HSED instruction in one-on-one, small group or classroom-style settings; * Administering English language proficiency or adult basic education assessments to learners (for example, the Basic English Skills Test or Tests of Adult Basic Education); * Enrolling learners into appropriate services and programs provided by the grantee or referring them to appropriate services and programs provided at other agencies; * Providing learners with literacy, GED or HSED curricula, study materials and/or other learning or test preparation materials (materials may be in paper or electronic format); * Paying for learners’ GED or HSED testing fees; * Providing orientation sessions to subcontracted agencies or individuals to explain GED/HSED certification, testing procedures, costs, the benefits of obtaining certification, and other relevant information; and * Paying for volunteer-related expenses (such as volunteer training materials or volunteers’ travel costs related to serving learners).   **To whom will the program services be provided?**  This grant program requires that services be provided to adults eligible for TANF under 42 USC 601 et seq. Those eligible for services may include individuals participating in the following TANF-funded services: Wisconsin Works (W-2), Wisconsin Shares Child Care Subsidy, Kinship Care, Supplemental Security Income Caretaker Supplement, Transitional Jobs, and Transform Milwaukee Jobs. Per Wis. Stat. § 49.169(5), the grantee must coordinate with appropriate W-2 agencies to ensure that W-2 participants who need literacy training receive adequate literacy training.  **Where will the program services be provided?**  DCF intends to fund a grantee capable of providing services statewide or serving as a fiscal agent for agencies providing services statewide. | | | **Contract Term:**  The contract will be a two-year term, effective July 1, 2021 through June 30, 2023. Dependent on approval of funding in subsequent budget periods, and by mutual agreement of DCF and the grantee, the contract may be renewed up to two additional two-year periods and shall be subject to satisfactory performance. | | | **Budget:**  The available contract funding is a total of $216,600 per year ($41,600 for literacy services and $175,000 for GED services). A single award will be made. To be considered for award, the applicant must provide services for both literacy and GED services. | | | **Application Requirements:**  In your application, please address the following:   1. **Organization Requirements (300 points; 2-page limit)**   Describe your organization’s experience and capabilities providing similar services to those required. Be specific and detail no more than three (3) projects/contracts: description of work, dates, locations, and results. DCF is particularly interested in learning about any experience you might have administering grants from other state agencies.  Describe your organization’s geographical location(s) within Wisconsin and/or your ability to partner with agencies located statewide.  Describe your organizational structure and how your organizational structure supports the delivery of these services. As part of your response, provide an organizational chart. This organizational chart will not count toward the page limit.   1. **Services to Be Provided (300 points; 5-page limit)**   Describe how your organization will coordinate with W-2 agencies statewide to ensure that W-2 participants in need of literacy training receive adequate literacy training. Briefly describe any relevant past partnerships or work with W-2 agencies on literacy or GED activities. Describe how your organization will coordinate with organizations other than W-2 agencies that provide services to TANF-eligible parents.  Describe which of the services your organization will provide with program funding, and how it intends to provide the services.If your organization intends to provide one or more services not listed under Program Services above, clearly describe the proposed service(s) and how it will help accomplish the Program Objective. DCF encourages applicants to, based on experience and knowledge, list and describe any other services it would like to provide that it believes will help accomplish the program’s objective.  Describe which TANF-eligible individuals your organization intends to serve, which may include individuals participating in the following TANF-funded services: W-2, Wisconsin Shares Child Care Subsidy, Kinship Care, Supplemental Security Income Caretaker Supplement, Transitional Jobs, and Transform Milwaukee Jobs. Explain why that population was selected. Describe the extent of need within that population, how you will reach that population, and the impact you expect these services will have.   1. **Staff/Volunteer Qualifications (200 points; 2-page limit)**   Identify key staff your organization will assign to fulfill the contract requirements. Provide a staffing plan that details the intended contract manager(s), etc. Indicate clearly what role these positions will have and include resumes for the key staff members.  Describe the subcontractors, if any, that would be used and what services they would perform.  If your organization will use volunteers to fulfill contract requirements, describe the training and supervision your organization will provide to volunteers so that they can perform the functions effectively.   1. **Reporting (100 points; 1-page limit)**   Describe how your organization will collect quantitative and qualitative data on the types and number of services provided under the grant. If your organization intends to subcontract funds to other agencies, describe your plan to obtain accurate quantitative and qualitative data from the subcontractors.   1. **BUDGET PROPOSAL**   Describe how funds will be used and provide a detailed budget for the costs this grant will support. | | | **Evaluation:**  Applications will be reviewed by an evaluation committee and scored against the stated criteria. Applications that do not address all application requirements will not be considered. The committee may request references or interviews/presentations as part of the evaluation process. The evaluation committee's scoring will be tabulated, and applications ranked based on the numerical scores received.  DCF's evaluation committee will consist of members who have been selected because of their special expertise and knowledge of the service(s) and/or product(s) that are the subject of this application. Applicants may not contact members of the evaluation committee except at DCF's request.  The applications will be scored using the following point system:   |  |  | | --- | --- | | **Criteria** | **Points** | | Organization Requirements | 300 | | Services to be Provided | 300 | | Staff/Volunteer Qualifications | 200 | | Reporting | 100 | |  |  | | **TOTAL POINTS** | **900** |   Upon completion of application evaluation and any interviews/presentations (if applicable), DCF's evaluation committee will review and adjust the technical scores based on the information obtained in the interview/presentation, possible reference checks, and any other pertinent applicant information. The award will be granted to the highest scoring application.  Please submit completed applications via email to [dcfprocurement@wisconsin.gov](mailto:dcfprocurement@wisconsin.gov) | | | Issue Date  **April 23, 2021** | Due Date  **May 7, 2021 by 2:00 PM** | | | |
| DCF Contact Name  Luke Reible | DCF Contact Phone  608-422-6389 | DCF Contact Email  dcfprocurement@wisconsin.gov |
| Grantees will be expected to sign a contract. Most will be signing the DCF Standard Contract. For situations where the Standard Contract is not required, the DOA Standard Terms and Conditions will apply. Some awarded applicants may be asked to establish their financial stability. Samples of all can be found on our DCF Grant Opportunities Page. <https://dcf.wisconsin.gov/doingbusinesswith/applications> | | |

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## APPLICANT INFORMATION

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| Legal Applicant/Organization Name | | | Telephone Number |
| Applicant Contact Name | | | DUNS Number |
| Applicant/Organization Mailing Address (Street, City, State, Zip Code) | | | |
| Applicant Contact Email Address | | | |
| **We certify that everything in the application is true to the best of our knowledge and we will adhere to the requirements of the application and the resulting contract.** | | | |
| Name of Authorized Company Representative: | Title of Company Representative: | Phone of Company Representative: | |
| Signature of Company Representative: | Date Signed | Email of Company Representative: | |