**ONE-STOP OPERATOR**

**PROPOSAL**

**COVER PAGE**

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Organization Name** | | | **IRS Employer Identification Number** | | | |
| **Organization Address** | | **City** | | | **State** | **Zip** |
| **Phone** | **Fax** | | | **E-Mail** | | |
| **Contact Name** | | | **Title** | | | |
| **Status:**  **Consortium (includes at least 3 One-Stop partners listed in 121(b)(1))  1) , 2) 3)**  **Institution of Higher Education**  **Employment Services State agency established under Wagner-Peyser**  **Community Based Organizations (CBO)**  **Private for-profit entities**  **Private non-profit agencies/institutions**  **Government agencies**  **Local Chamber or Business Organization**  **Labor Organization**  **Nontraditional public secondary school (121(d)(3)** | | | | | | |

**Assurances and Certification**:

**I, (We), the undersigned, as the duly-authorized representative(s) of the respondent organization, affirm that the information and statements contained on this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, that I (we) am (are) duly authorized to submit this proposal from the respondent organization to deliver services.**

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|  |
| **Signature** |
|  |
| **Typed Name** |
|  |
| **Date** |

**FILLABLE FORM**

**ONE-STOP OPERATOR**

**PROPOSAL**

1. **Organizational History, Experience, and Structure: (25 points)**
   1. Describe your organization. Include history, purpose, years of operation, number of staff and services provided to the community.

* 1. Describe your organization’s experience in operating the proposed services.

* 1. Describe your organization’s familiarity with programs such as WIOA/WIA and partner programs associated with these programs.

* 1. Attach an organization chart.

1. **References (5 points)**
   * 1. Applicants who have not received funding from GSJTA within the past two years of the submitting this proposal must complete Exhibit B, References, and provide at least three (3) complete references from organizations/agencies (other than GSJTA), that applicant has had direct involvement with or received funding for the provision of services for which applicant is applying. The following information for each reference must be included:
        + Reference’s organization name
        + Contact person
        + Address, phone number and email address
        + Grant period, funding source and/or amount or fees for funded services
        + Description of services provided
2. **Services (50 points)**

In detail, describe how you will fulfill each of the objectives outlined below:

* 1. In conjunction with Workforce Board oversight and designated administrative staff, the One-Stop Operator will coordinate the implementation of negotiated Memorandums of Understanding (MOUs) and Cost Sharing Agreements (CSA) with all mandated partners.

* 1. The convening and facilitation of quarterly WIOA partner meetings that focus on systems alignment, process improvement and building value added collaboration amongst system partners.

* 1. The One-Stop Operator will act as a liaison between the Workforce Board and the system partners and as such will be required to attend meetings of workforce board or its Executive Committee to receive direction and to report on progress no less than three times annually.

1. **Cost (20 points)**
   * 1. Provide the following:
        + cost breakout (staff, travel, materials, etc.)

* + - * estimated # of hours to provide service