



# **REQUEST FOR PROPOSALS GUIDANCE**

**Community Action Program GY 2026  
October 1, 2025 - September 30, 2028**

Released: June 16, 2025

Due date: July 1, 2025, 12:00 p.m. (Noon) EST

**Palm Beach County Board of County Commissioners  
Community Services Department  
810 Datura Street, Basement  
West Palm Beach, Florida 33401  
(561) 355-4700**

## **TABLE OF CONTENTS**

I.	GENERAL INFORMATION.....	3
II.	OFFICIAL NOTICE OF REQUEST FOR PROPOSALS .....	6
III.	TIMELINE.....	8
IV.	CRITERIA FOR SERVICE CATEGORIES.....	9
V.	CONE OF SILENCE.....	9
VI.	PROPOSAL GUIDELINES.....	10
VII.	TERMS AND CONDITIONS.....	13
VIII.	RECOMMENDATIONS FOR SERVICES.....	14
IX.	ATTACHMENT #1: GRIEVANCE NOTICE FORM #1.....	17
X.	ATTACHMENT #2: SCOPE OF WORK .....	18
XI.	ATTACHMENT #3: VOCATIONAL/ TRAINING SERVICES RECOMMENDATIONS	19
XII.	ATTACHMENT #4: SKILL SET BUILDING SERVICES RECOMMENDATIONS...	25

**READ CAREFULLY AND COMPLY WITH ALL REQUIREMENTS**

## I. GENERAL INFORMATION

The purpose of this Request for Proposals (RFP) is for the Community Services Department (CSD) Community Action Program (CAP) to seek and select a sufficient number of qualified private nonprofits, 501(c) (3) Corporations (AGENCY), duly chartered and registered with the Florida Department of State, Division of Corporations to provide the eligible Palm Beach County Residents with employment and vocational training services in each of the training service categories specified herein. Contractors may be pre-qualified in one or more categories.

The Community Action Program's mission is to remove barriers and create opportunities for low-income individuals and families that will enable them to become more self-sufficient. CSD is soliciting vocational and employment training services that will increase eligible participants' ability to obtain employment. These training services includes the following:

**Vocational/Employment Training:** Security (Class D and G), Home Health Aide, Patient Care Technician, Entrepreneurship, Childcare, Food Prep, Massage Therapy, Facials Specialist (Esthetician), Cosmetology/ Barbering, Nail Technician, Commercial Driver's License (CDL), HVAC/R, Electrician, Welding, Forklift Operator, Plumbing, Automotive and/or Diesel System Tech, Manufacturer, Data Analytics, Certified Nursing Assistant, Dental Assistant, Phlebotomy, Network Security, Veterinary Technician, EMT/Paramedic, Drone Operation, Culinary Arts Training.

**Skill Set Building:** English as a Second Language (ESOL), General Education Diploma (GED), Microsoft Office/Computer, Work Readiness, Financial Management, and Budgeting.

The total gross household income for each participant (trainee) shall be at or below **200%** of the Federal Poverty Level Guideline (FPLG). <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

### Applicant Requirements:

- All applicants must be chartered or registered with the Florida Department of State, have been incorporated for at least one agency fiscal year, and have provided services for at least six (6) months.
- All applicants must hold current and valid 501(c) (3) status as determined by the Internal Revenue Service.
- The County will not fund programs where a certification/license is required to be able to work, unless the program assists the client in obtaining the certification/license.
- All applicants must provide: Scope of Work (SOW) completely filled out, evaluation/measurement tool sample (example pre/post-test) and total agency budget.
- All applicants must demonstrate accountability through the submission of financial audits performed by an independent auditor.

**Incomplete or missing required information shall result in automatic disqualification of proposal.**

Contractual insurance requirements if applicants are selected:

**Commercial General Liability**

AGENCY shall maintain Commercial General Liability at a limit of liability not less than \$500,000 combined single limit for bodily injury and property damage each occurrence. Coverage shall not contain any endorsement(s) excluding Contractual Liability or Cross Liability.

**Additional Insured Endorsement**

The Commercial General Liability policy shall be endorsed to include, “Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents” as an Additional Insured. A copy of the endorsement shall be provided to COUNTY upon request.

**Workers’ Compensation Insurance & Employer’s Liability**

AGENCY shall maintain Workers’ Compensation & Employer’s Liability in accordance with Chapter 440 of the Florida Statutes.

**Professional Liability**

AGENCY shall maintain Professional Liability, or equivalent Errors & Omissions Liability, at a limit of liability not less than \$1,000,000 each occurrence, and \$2,000,000 per aggregate. When a self-insured retention (SIR) or deductible exceeds \$10,000, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY’S most recent annual report or audited financial statement. For policies written on a “claims- made” basis, AGENCY warrants the Retroactive Date equals or precedes the effective date of this Agreement. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the term of this Agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years after the expiration of the Agreement term. The requirement to purchase a SERP shall not relieve the AGENCY of the obligation to provide replacement coverage. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an “occurrence” or “claims-made” form. If coverage is provided on a “claims-made” form the Certificate of Insurance must also clearly indicate the “retroactive date” of coverage.

**Waiver of Subrogation**

Except where prohibited by law, AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy except Professional Liability. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then AGENCY shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against

Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy that includes a condition to the policy specifically prohibiting such an endorsement or voids coverage should AGENCY enter into such an agreement on a pre-loss basis.

### **Certificates of Insurance**

On execution of this Agreement, renewal, within forty-eight (48) hours of a request by COUNTY, and upon expiration of any of the required coverage throughout the term of this Agreement, the AGENCY shall deliver to the COUNTY or COUNTY'S designated representative a signed Certificate(s) of Insurance evidencing that all types and minimum limits of insurance coverage required by this Agreement have been obtained and are in force and effect. Certificates shall be issued to:

Palm Beach County Board of County Commissioners and may be addressed:

Palm Beach County Board of County Commissioners  
c/o Community Services Department/Community Action  
810 Datura Street  
West Palm Beach, FL 33401 ATTN: Adriane Marcelle, GCS

Subsequently, the AGENCY shall, during the term of this Contract and prior to each renewal thereof, provide such evidence to Adriane Marcelle at [CSD-CAP-RFP@pbcgov.org](mailto:CSD-CAP-RFP@pbcgov.org) or fax (561) 242-7510, prior to the expiration date of each and every insurance required herein.

### **Right to Revise or Reject**

COUNTY, by and through its Risk Management Department in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject, or accept any required policies of insurance, including limits, coverage, or endorsements.

### **Umbrella or Excess Liability**

The AGENCY may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for the Commercial General Liability and Business Auto Liability. AGENCY agrees to endorse COUNTY as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance states the Umbrella or Excess Liability provides coverage on a pure/true "Follow-Form" basis.

## **II. OFFICIAL NOTICE OF REQUEST FOR PROPOSALS**

### **PALM BEACH COUNTY COMMUNITY SERVICES DEPARTMENT COMMUNITY ACTION PROGRAM NOTICE OF REQUEST FOR PROPOSALS**

Palm Beach County, Community Services Department (CSD), Community Action Program (CAP) will be accepting proposals for the Grant Year 2026 (October 1, 2025 – September 30, 2028). Guidelines for proposals will be available on June 16, 2025.

#### **COMMUNITY ACTION PROGRAM GY 2026**

**Eligible Applicants:** Not-for-Profit agencies holding current and valid 501(c) (3) status as determined by the Internal Revenue Service.

#### **Service Categories**

##### **1. Vocational/Employment Training**

- Security (Class D and G)
- Home Health Aide
- Patient Care Technician
- Entrepreneurship
- Childcare
- Food Preparation
- Massage Therapy
- Facials Specialist (Esthetician)
- Cosmetology/ Barbering
- Nail Technician
- Commercial Driver's License (CDL)
- HVAC/R
- Electrician
- Welding
- Forklift Operator
- Plumbing
- Automotive and/or Diesel System Tech
- Manufacturer
- Data Analytics
- Certified Nursing Assistant
- Dental Assistant
- Phlebotomy
- Network Security

- Veterinary Technician
- EMT/Paramedic
- Drone Operations
- Culinary Arts

## **2. Skill Set Building**

- ESOL (English as a Second Language)
- GED (General Education Diploma)
- Microsoft/Office Computer Training
- Work Readiness
- Financial Management
- Budgeting Skills

**Proposals:** All proposals must be category-specific (*Vocational/Employment Training or Skills Set Building*) and must specify which service they will provide. Candidates must submit a separate proposal for each service category for which they apply. Applicants are not limited in the number of proposals they can submit.

### **Proposal Guidelines**

The RFP Guidance is available at:

<http://discover.pbcgov.org/communityservices/communityaction/Pages/Request-for-Proposals.aspx>

Paper copies are available upon request.

All proposals will have to be submitted through the Community Services Community Action Program (CAP) RFP Submission website, which is located at the following link:

<https://pbcc.samis.io/go/nofo/>

Submission must be completed by **July 1, 2025 at 12:00 p.m. (Noon) EST** in order for a proposal to be considered.

The CAP RFP Guidance is for reference purposes only, as the proposal must be submitted.

**DEADLINE DATE:** Completed proposals must be completed and received by **12:00 p.m. (Noon) EST on July 1, 2025**. Proposals submitted after 12:00 p.m. (Noon) to the above link will not be accepted or reviewed.

**Technical Assistance:** Any requests for technical assistance must be submitted in writing and emailed to Adriane Marcelle at [CSD-CAP-RFP@pbccgov.org](mailto:CSD-CAP-RFP@pbccgov.org). All questions and answers will be made available for the public to review at:

<http://discover.pbcgov.org/communityservices/communityaction/Pages/Request-for-Proposals.aspx>

Staff will not be available to answer questions after June 30, 2025, which is one day before the submission deadline.

**IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS AD AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE DAYS NOTICE (CONTACT CSD AT (561) 355-4790 or [CSD-CAP-RFP@pbcgov.org](mailto:CSD-CAP-RFP@pbcgov.org))**

**PUBLISH DATE: June 16, 2025**

### **III. TIMELINE**

#### **COMMUNITY ACTION PROGRAM GY 2026 REQUEST FOR PROPOSAL TIMELINE**

##### **2025**

May 13:	Provide information and updates on NOFO process to Community Action Advisory Board (CAAB)
June 13:	Memo to Community Services Department
June 16:	RFP advertised
June 16:	RFP available for public
June 20:	Technical Assistance Conference
June 25:	Review Training for Panelists'
June 30:	Final day to submit written questions
July 1:	RFPs submission deadline at 12:00 pm (Noon) EST.
July 7:	Review Panel meets to finalize reviews and proposal scoring
July 10:	Staff reconciles review and develops prequalification list of vendors
July 18:	Final day to submit grievance
Sep 16:	Board of County Commissioners' approval for prequalified list of vendors



**IV. CRITERIA FOR SERVICE CATEGORIES**  
**COMMUNITY ACTION PROGRAM GY 2026**  
**RFP SPECIFICATIONS FOR SERVICE CATEGORIES**

**3-Year Funding Cycle:**

The two (2) service categories that will be up for competitive proposal will be issued a one (1) year contract with two (2), one (1) year renewal periods, dependent on funding availability each year.

**V. CONE OF SILENCE**

**CONE OF SILENCE**  
**COMMUNITY ACTION PROGRAM GY 2026 RFP**

**This RFP includes a Cone of Silence.** The Cone of Silence will apply from the date the RFP is due back to the department which is July 1, 2025 until the final pre-qualification list is approved by the Board of County Commissioners.

All parties interested in submitting a proposal will be advised of the following:

**Lobbying - "Cone of Silence"**

Respondents are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: [http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying\\_Regulations.aspx](http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying_Regulations.aspx) is in effect.

The Respondent shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here. "Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any Respondent or Respondent's representative and any County Commissioner or Commissioner's staff. A Respondent's representative shall include, but not be limited to, the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent.

A Respondent's representative shall include but not be limited to the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent.

The Cone of Silence shall terminate at the time that the Community Services Department awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

## **VI. PROPOSAL GUIDELINES**

### **COMMUNITY ACTION PROGRAM GY 2026**

#### **Proposal Guidelines**

**\*\*START A NEW APPLICATION – DO NOT USE AN OLD ONE\*\***

#### **Proposal Guidelines**

Agency Name

Address

City

State

Zip Code

RFP

Program Name

#### **CAP Required GY 2026 Cover Sheet**

Click to download the **REQUIRED CAP GY 2026 Cover Sheet** Template (Vocational/Employment Training). Please upload once you have completed the form

Click to download the **REQUIRED CAP GY 2026 Cover Sheet** Template (Skill Set Building). Please upload once your complete the form.

Please name your document as such: **(Agency Name or Initials)Coversheet\_GY26.doc** OR **(Agency Name or initials)Coversheet\_GY26.docx**.

Please upload your document in the same format as the template: **doc** OR **docx**.

#### **CAP RFP Information Document**

Click to download a copy of the FY 2026 CAP RFP Guidance Document for reference throughout the application.

GY 2026 CAP Service Recommendations

Click to download the GY 2026 CAP Service recommendations for **Vocational Employment Training**.

Click to download the FY 2026 CAP Service recommendations for **Skill Set Building**.

#### **Summary**

Please submit a proposal that includes the following:

- Address all components of the Community Services Community Action Program RFP Proposal Guidance. The full proposal can be revised prior to final submission which is due no later than **July 1, 2025 at 12:00 pm Noon EST.**
- Written in plain language; a narrative that fully addresses all questions in the CAP RFP Guidelines.
- Language is understandable to people unfamiliar with your organization of expertise.
- Completed Scope of Work (SOW)
- Evaluation/Measurement Tool Sample (Ex. pre/post-test)
- Total Agency Budget and proposed Unit costs and descriptions

Please refer to the CAP RFP guidance provided throughout the website for further description or definition of any of the required areas.

### **Guidelines for Proposals:**

**Instructions:** Please answer all questions in narrative form. If applying to provide a Vocational/Employment Training category service, please answer the additional questions labeled below.

#### **1. Approach and Design (17 points for Vocational/Employment Training Proposals; and Skill Set Building Proposals)**

- What specific activities will your training program include?
- What support services will your agency provide (if any) to clients enrolled in your program?
- What are the minimum education requirements (if any) to enroll into your program?
- Will your program administer an aptitude test prior to program enrollment? If so, please describe the aptitude test and the minimum passing requirements (if applicable).
- Will your program provide job placement assistance? If so, explain the components of this assistance.
- Will your program course (s) be offered in any other language, other than English? If so please list the languages available.
- Will your program offer night, weekend or summer courses? If so, please list all the possible time availability for all courses.
- Scope of Work: Complete the **Scope of Work Template**\*. Include the training services to be completed (including when, where, and how often they are provided), the timeline for completing each component of the implementation, the target population, the roles and responsibilities of your organization and your project partners (if any).

**\*Failure to complete and submit the Scope of Work template will result in the automatic disqualification of the proposal.**

**Please answer the following questions only if your agency is applying to provide a Vocational/Employment Training service:**

*If the following questions are **NOT** applicable to your proposal, please type “N/A” in the required fields.*

- Will the type of jobs available in the field you are training in require a State or National certification or license? If so, please describe the type of certification/license needed.
- Will your program provide clients with a certification or license to perform work? County will not fund programs where a certification/license is required to be able to work, unless the program assists the client in obtaining the certification/license.
- Will your program include an internship or practice opportunity? If so, please describe the components.
- Are there any additional requirements that if not met, will prevent the client from obtaining employment in the training field (physical requirements, felonies, etc.)? If so, please explain.

**2. Tracking and Evaluation Approach (6 points)**

- Clearly describe how you will track individual intake/registration and program progress for clients referred by the CSD. How often will client progress be assessed?
- Clearly describe evaluation methods and activities of the proposed training program.
- Describe the Evaluation Measurement Tool and how it appropriately measures the outcome. (Example: Pre/Post Test)
- Provide the evaluation measurement tool sample.
- Discuss prior outcomes/data that demonstrate success of the training services/job placement (if applicable) in this proposal.

**Please answer the below question only if your agency is applying to provide a Vocational/Employment Training service:**

*If the following question is **NOT** applicable to your proposal, please type “N/A” in the required field.*

- In the last six months, how many candidates have enrolled in the training program? Of those enrolled, how many completed the program? Of those who completed the program, how many obtained employment? What is their average employment wage?

**3. Available Resources and Sustainability (6 points)**

- Are there any partners who will assist your organization in delivering training? If so, list the project partners by name (company name).
- Partner Letter or MOU/MOA: Provide concrete Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) which explain how you will collaborate.
- What other funding is available to support your organization in delivering training to candidates?

Organization Capacity In this section please provide the following information:

- i. Why your organization and your project partners (if applicable) are the right organizations to deliver training.
- ii. The roles, responsibilities, expertise, and experience of key program staff (including individuals from your organization, your partners, and consultants).

#### **4. Budget (5 points)**

**Total Agency Budget** – to be attached to the proposal.

- Submit most recent audit report. If there were findings, describe corrective actions.
- Submit Year-End Financial Statements and IRS Form 990. If not submitted explain why.
- Submit Unit Cost service description.
- Submit Unit Cost of service (Is this an industry standard? If so, please state source)
- Ensure both the unit cost service description and cost are clear and accurately calculated. Formulas used to arrive at the cost must be included.

**Scoring Sheet is Attachment 5**

## **VII. TERMS AND CONDITIONS**

### **1. Proposal Guarantee:**

Proposer guarantees their commitment, compliance, and adherence to all requirements of the RFP by submission of their proposal.

### **2. Modified Proposals:**

A proposer may submit a modified proposal to replace all or any portion of a previously submitted proposal until the Deadline for receipt of proposals. The County will only consider the latest proposal submitted.

### **3. Late Proposals, Late Modified Proposals:**

Proposals and/or modifications to proposals submitted after the deadline are late and shall not be considered.

### **4. Costs Incurred by Proposers:**

All expenses incurred with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by the proposer. No payment

will be made for proposals received, or for any other effort required of or made by the proposers, prior to commencement of work as defined by a contract approved by the Board of County Commissioners.

**5. Public Record Disclosure:**

Contracted providers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection in compliance with the Florida Public Records Act.

**6. Proprietary/Confidential Information:**

Proposers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection after opening of proposals, in compliance with Chapters 119 and 286, Florida Statutes, popularly known as the “Public Records Law” and the “Government in the Sunshine Law” respectively.

**7. Palm Beach County Office of the Inspector General Audit Requirements:**

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the agency, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

**8. Commencement of Work:**

The County’s obligation will commence when the contract is approved by the Board of County Commissioners or their designee and upon written notice to the proposer. The County may set a different starting date for the contract. The County will not be responsible for any work done by the proposer, even work done in good faith, if it occurs prior to the contract start date set by the County.

**VIII. Recommendations for Services: Employment and Vocational Training Support Services for Family Self Sufficiency.**

In anticipation of the Community Action Program (CAP) GY 2026 Request for Proposals (RFP) process, Palm Beach County Community Services staff collaborated with service providers and community partners to gather information about education and employment needs for the community.

*Programs and services in this category should address outcomes and performance measures that demonstrate positive change toward the County's goal of economic security. All efforts should be in support of the following:*

- Community Services Block Grant (CSBG) National Goals  
<http://discover.pbcgov.org/communityservices/communityaction/Pages/About-Us.aspx>

Funding priorities for this RFP are below:

**1. Vocational and Employment Training Services Service Category:**

Electrician, Welding, Plumbing, Automotive and/or Diesel System Tech, HVAC/R, Manufacturer, Forklift Operator, Commercial Driver's License (CDL), Security (Class D and G), Home Health Aide, Patient Care Technician, Entrepreneurship, Childcare, Food Prep, Massage Therapy, Facials, Certified Nursing Assistant, Dental Assistant, Cosmetology, Phlebotomy, Network Security, Veterinary Technician, EMT/Paramedic, Drone Operation, and Culinary Arts.

**2. Support Services for Skill Set Building Service Category:**

Microsoft/Office Computer Training, Life Skills, ESOL, GED, Work Readiness, Financial Management and Budgeting Skills

**Candidates that provide training in more than one service category must submit a separate proposal for each specific service category.**

**Reporting:**

Funded agencies will be required to report on the following performance indicators, on a quarterly basis:

**Report Due Dates:** January 10th, April 10th, July 10th, and October 10th, of each grant year.

**Failure to submit the required report may result in withholding of payment.**

**Vocational and Employment Services Report:**

**FNPI 2h** The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills: \_\_\_\_\_

**FNPI 1b** The number of unemployed adults who obtained employment (up to a living wage): \_\_\_\_\_

**FNPI 1c** The number of unemployed adults who obtained and maintained employment for at least 90 days (up to living wage): \_\_\_\_\_

**FNPI 1d** The number of unemployed adults who obtained and maintained employment for at least 180 days (up to living wage): \_\_\_\_\_

**FNPI 1e** The number of unemployed adults who obtained employment (with a living wage or higher): \_\_\_\_\_

**FNPI 1f** The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher): \_\_\_\_\_

**FNPI 1g** The number of unemployed adults who obtained and maintained employment for at least 180 days (with a living wage or higher): \_\_\_\_\_

**FNPI 1h** The number of employed participants in a career-advancement related program who entered or transitioned into a position that provided increased income and/or benefits:

\_\_\_\_\_

Number of employed participants who increased income from employment through:

- Wages or salary: \_\_\_\_\_
- Hours worked increase: \_\_\_\_\_

Number of employed participants who increased benefits related to employment: \_\_\_\_\_

**Support Services for Skill Set Building Report:**

**FNPI 3c** The number of individuals who opened a savings account or IDA: \_\_\_\_\_

**FNPI 3d** The number of individuals who increased their savings: \_\_\_\_\_

**FNPI 3e** The number of individuals who used their savings to:

- Purchase an asset: \_\_\_\_\_
- Purchased a home: \_\_\_\_\_

**FNPI 3f** The number of individuals who improved their credit scores: \_\_\_\_\_

**FNPI 3g** The number of individuals who increased their net worth: \_\_\_\_\_

**FNPI 3h** The number of individuals engaged with the Community Action Agency who report improved financial well-being: \_\_\_\_\_

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## ATTACHMENT #1

### Grievance Notice Form

#### **Palm Beach County Board of County Commissioners, Community Services Department-Community Action Programs**

Grievances may be filed by an entity submitting an RFP (Proposer) that is aggrieved in connection with deviations from the established PROCESS for reviewing proposals.

If you wish to file a grievance with the Palm Beach County, Community Services Department, Community Action Program, this Grievance Notice Form must be completed, submitted, and received by the Director of the Community Services Department within five (5) business days of July 18, 2025. You will receive a written response within fifteen (15) business days of the receipt of this form by the Director of the Community Services Department. There is no administrative fee associated with filing this grievance.

When completed, submit this Grievance Notice Form via mail or email to:

James Green Ph.D., Director  
Community Services Department  
810 Datura Street, First Floor  
West Palm Beach, Florida 33401  
[JGreen1@pbcgov.org](mailto:JGreen1@pbcgov.org)

Entity Filing Grievance:

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Which process was allegedly deviated from?

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Describe in detail the alleged deviation; including how you were directly affected and what remedy you seek (add additional pages as needed):

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## ATTACHMENT #2

### COMMUNITY ACTION PROGRAM GY 2026

### COMMUNITY SERVICES BLOCK GRANT

### SCOPE OF WORK

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Location:** Palm Beach County

**Target Population:** \_\_\_\_\_

*Example:* Palm Beach County families with children ages 0-18 who are living below 200% of the federal poverty level (FPL) with a special emphasis on families that are 125% or below FPL.

#### **Overview:**

Example: AGENCY Culinary Business Development & Job Training Center supports culinary entrepreneurs and provides vocational training opportunities including a nine-week Food Handler Certification course, a Food Manager Certification course, on-going entrepreneurship classes, as well as kitchen internships, service learning, job placement support and affordable access to a fully-licensed commercial kitchen.

#### **Services:**

Example: Work Readiness Skills Services

Agency shall provide Work Readiness Skills Services such as:

- Resume writing assistance
- Interviewing skills and self-promotion
- Job search assistance

#### **Reporting:**

Funded agencies will be required to report on the following performance indicators, on a quarterly basis:

Report Due Dates: January 10th, April 10th, July 10th, and October 10th of each grant year.

**Failure to submit the required report on the due dates may result in delay of payment.**

**Outcomes: Vocational and Employment Services Report**

#### **Number of (unduplicated) Clients Served:**

### **ATTACHMENT #3**

#### **RECOMMENDATIONS FOR VOCATIONAL/ EMPLOYMENT TRAINING SERVICES COMMUNITY ACTION PROGRAM GY 2026**

<b>#</b>	<b>Vocational Employment Training</b>	<b>Specifications</b>
<b>1.</b>	<b>Security D</b>	<b>Class “G” License Security Training</b> <input type="checkbox"/> <b>First Aide/CPR</b> <input type="checkbox"/> <b>Firearms rental</b> <input type="checkbox"/> <b>Crimes record search</b> <input type="checkbox"/> <b>Contractor pays the license fee</b> <input type="checkbox"/> <b>Fingerprinting</b> <input type="checkbox"/> <b>Pictures for State License</b>
<b>2.</b>	<b>Security G</b>	<b>Class “D” License Security Training</b> <input type="checkbox"/> <b>First Aide/CPR</b> <input type="checkbox"/> <b>Firearms rental</b> <input type="checkbox"/> <b>Crimes record search</b> <input type="checkbox"/> <b>Contractor pays the license fee</b> <input type="checkbox"/> <b>Fingerprinting</b> <input type="checkbox"/> <b>Pictures for State License</b>
<b>3.</b>	<b>Home Health Aide</b>	<b>75 Hours of Home Health Aide Certification</b> <input type="checkbox"/> <b>Conduct admissions test to assess the potential participants’ ability to successfully complete the program.</b> <input type="checkbox"/> <b>Conduct a level two-background screening to eligible participants.</b> <input type="checkbox"/> <b>CPR/First Aide</b> <input type="checkbox"/> <b>Bloodborne Pathogens</b> <input type="checkbox"/> <b>OSHA (Occupational Safety and Health Administration)</b> <input type="checkbox"/> <b>Ensure that participants complete a health physical.</b> <input type="checkbox"/> <b>State license: contractor shall assist participant with application process and pay all fees.</b>
<b>4.</b>	<b>Patient Care Technician</b>	<b>Home Health Aide 75 hours</b> <input type="checkbox"/> <b>Nurse Assistant 75 hours</b> <input type="checkbox"/> <b>Patient Care Assistant</b> <input type="checkbox"/> <b>Patient Care Technician</b> <input type="checkbox"/> <b>Electrocardiography</b> <input type="checkbox"/> <b>Phlebotomy</b> <input type="checkbox"/> <b>Rehab/restorative Care</b> <input type="checkbox"/> <b>State license: contractor shall assist participant with application process and pay all fees</b>

#	Vocational Employment Training	Specifications
5.	Entrepreneurship	<b>Entrepreneurship Training</b> <input type="checkbox"/> Create a Business Plan <input type="checkbox"/> Create a Basic Website <input type="checkbox"/> Create Business Cards <input type="checkbox"/> Incorporate business and insurance <input type="checkbox"/> Counseling
6.	Childcare	<b>40- Hour Entry Level Training</b> <input type="checkbox"/> Conduct admissions test to assess the potential participants' ability to successfully complete the program. <input type="checkbox"/> Conduct a level two background screening to eligible participants. <input type="checkbox"/> CPR/First Aide <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> OSHA (Occupational Safety and Health Administration) <input type="checkbox"/> Ensure that participants complete a health physical. <input type="checkbox"/> Insurance: Contractor to obtain any insurance required for participant to obtain employment. <input type="checkbox"/> Provide a copy of all training certificates to Community Action Program upon completion of the program. <input type="checkbox"/> State License: Contractor shall assist participant with application process and pay all fees (if applicable).
7.	Food Preparation	<b>Food Preparation Certification</b> <input type="checkbox"/> OSHA <b>(Occupational Safety and Health Administration)</b>
8.	Massage Therapy	<b>Massage Therapy Training: 750 Hours</b> <input type="checkbox"/> Practice Component <input type="checkbox"/> CPR/First Aide <input type="checkbox"/> Conduct admissions test to assess the potential participants' ability to successfully complete the program. <input type="checkbox"/> Insurance: Contractor to obtain any insurance required for participant to obtain employment. <input type="checkbox"/> State License/Certification: Contractor shall assist participant with application process and pay all fees.
9.	Facial Specialist Training (Esthetician)	<b>Facial Specialist (Esthetician) Training: 260 Hours</b> <input type="checkbox"/> Practice Component <input type="checkbox"/> Conduct admissions test to assess the potential participants' ability to successfully complete the program. <input type="checkbox"/> CPR/First Aide <input type="checkbox"/> Insurance: Contractor to obtain any insurance required for participant to obtain employment. <input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees.

#	Vocational Employment Training	Specifications
10.	Cosmetology	<b>Cosmetology Training: 1200 Hours</b> <input type="checkbox"/> Theory and salon experience in hair styling, hair cutting, hair coloring, permanent waving and hair relaxing, manicures and pedicures, salon management and skin care services, Cosmetology law, and ethics. <input type="checkbox"/> Practice Component <input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees.
11.	Nail Technician	<input type="checkbox"/> Nail Technician Training: 240 Hours <input type="checkbox"/> Conduct admissions test to assess the potential participants' ability to successfully complete the program. <input type="checkbox"/> State License: Contractor shall assist participant with application process and pay all fees.
12.	Commercial Driver's License	<input type="checkbox"/> Commercial Driver's License A and B
13.	HVAC/R	<b>Heating, Ventilation, Air Conditioning &amp; Refrigeration Training: 1,350 Hours</b> <input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees.
14.	Electrician	<input type="checkbox"/> Electrician Training: 1200 hours
15.	Welding	<input type="checkbox"/> Welding Training: 1170 Hours <input type="checkbox"/> Basic and intermediate Shielded Metal Arc Welding (SMAW) <input type="checkbox"/> Gas Metal Arc Welding (GMAW) <input type="checkbox"/> Gas Tungsten Arc Welding (GTAW) <input type="checkbox"/> Use of blueprints and/or shop drawing
16.	Forklift Operator	<input type="checkbox"/> Forklift Operator Certification
17.	Plumbing	<input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees.
18.	Automotive/ Diesel Mechanic	<input type="checkbox"/> 1050 Hours (Automotive); 1050 Hours (Diesel) <input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees.
19.	Manufacturer	<input type="checkbox"/> State License/Certification/Registration: Contractor shall assist participant with application process and pay all fees
20.	Data Analytics	<input type="checkbox"/> Short-term data analysis course and certificate program <input type="checkbox"/> Preparing data for exploration <input type="checkbox"/> Analyze data to answer questions and make decisions <input type="checkbox"/> Data storytelling and visualizations <input type="checkbox"/> Data analysis with "R" Programming
21.	Certified Nursing Assistant	<b>40 hours Nursing Assistant Certification</b> <input type="checkbox"/> Conduct admissions test to assess the potential participant's ability to successfully complete the program <input type="checkbox"/> Conduct a Level Two background screening to eligible participants <input type="checkbox"/> First Aide/CPR

		<input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> OSHA (Occupational Safety and Health Administration) <input type="checkbox"/> The County shall not compensate the vendor for participants who fail the background screening <input type="checkbox"/> Ensure that participants complete a health physical <input type="checkbox"/> Insurance: Vendor shall obtain any insurance required for participant to obtain employment, at no additional charge to the County <input type="checkbox"/> State License: Vendor shall assist participant with application process and pay all fees, at no additional charge to the County
22.	Dental Assistant	<input type="checkbox"/> Expanded Function Dental Assistant Diploma <input type="checkbox"/> BLS+CPR+AED Certification <input type="checkbox"/> OSHA (Occupational Safety and Health Administration) / HIPPA Certification <input type="checkbox"/> Intraoral 3D Scanning Certification/ Intraoral Camera Certification ( Radiology Certification) <input type="checkbox"/> Conduct admissions test to assess the potential participant's ability to successfully complete program. <input type="checkbox"/> Provide copy of all certifications to Community Action Program <input type="checkbox"/> Conduct a level two background check if required. <input type="checkbox"/> Hands on clinical practice component
23.	Phlebotomy	<input type="checkbox"/> Phlebotomy Certification <input type="checkbox"/> Conduct admissions test to assess the potential participant's ability to successfully complete the program <input type="checkbox"/> Conduct a Level Two background screening to eligible participants <input type="checkbox"/> The County shall not compensate the company for participants who fail the background screening <input type="checkbox"/> Ensure that participants complete a health physical <input type="checkbox"/> Insurance: Vendor shall obtain any insurance required for participant to obtain employment, at no additional charge to the County. <input type="checkbox"/> State License: Vendor shall assist participant with application process and pay all fees, at no additional charge to the County.
24.	Network Security  <i>Accreditation Requirement: Training provider must be recognized by CompTIA or another nationally accredited IT certification body.</i>	<ul style="list-style-type: none"> <li>• Program Scope: CompTIA Security+ or equivalent cybersecurity certification training</li> <li>• Course Hours: Minimum of 80 instructional hours (online or in-person)</li> <li>• Certification Awarded: <input type="checkbox"/> CompTIA Security+ Certification or equivalent (e.g., EC-Council Certified Network Defender) </li> <li><input type="checkbox"/> Admissions Screening: Computer literacy and typing assessment</li> <li><input type="checkbox"/> Background Screening: Level Two background screening</li> <li>• Vendor Requirements: <input type="checkbox"/> Provide all course materials, virtual labs, and software access <input type="checkbox"/> Include First Aid/CPR training if required by hiring partners </li> </ul>

		<input type="checkbox"/> Pay for all certification exam fees, at no additional cost to the County <input type="checkbox"/> Provide job placement support and resume coaching <ul style="list-style-type: none"> <li>• Exclusions: County shall not compensate vendor for participants who fail the background screening.</li> </ul>
25.	<b>Veterinary Technician</b>  <i>Accreditation Requirement: Program must be accredited by the National Association of Veterinary Technicians in America (NAVTA) or approved by the Florida Department of Education.</i>	<b>Veterinary Assistant or Technician Certificate Program</b> <b>Course Hours: Minimum of 250 hours, including hands-on externship</b> <input type="checkbox"/> Veterinary Assistant Certificate of Completion <input type="checkbox"/> Approved NAVTA Veterinary Assistant Certification (AVA) (if applicable and offered) <input type="checkbox"/> Admissions Screening: Academic assessment in math and reading <ul style="list-style-type: none"> <li>• Health Requirements:</li> <li><input type="checkbox"/> Physical exam and up-to-date tetanus/rabies vaccination</li> <li><input type="checkbox"/> Background Screening: Level Two background screening</li> <li><input type="checkbox"/> Vendor Requirements:</li> <li><input type="checkbox"/> Provide scrubs, textbooks, and necessary supplies</li> <li><input type="checkbox"/> Cover all exam or credentialing fees (if applicable)</li> <li><input type="checkbox"/> Ensure clinical externship placement and insurance coverage</li> <li><input type="checkbox"/> Exclusions: County shall not compensate vendor for participants who fail the background or health screening</li> </ul>
26.	<b>EMT/ Paramedic</b>  <i>Accreditation Requirement: Program must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and approved by the Florida Department of Health.</i>	<b>Certification Training</b> <ul style="list-style-type: none"> <li>• Course Hours:</li> <li><input type="checkbox"/> EMT-Basic: Minimum of 300 hours</li> <li><input type="checkbox"/> Paramedic: Minimum of 1,100 hours</li> <li><input type="checkbox"/> EMT-Basic: <ul style="list-style-type: none"> <li>- Florida EMT Certification</li> <li>- CPR/BLS Certification (AHA or Red Cross)</li> </ul> </li> </ul> <b>NREMT (National Registry EMT) Certification</b>  <input type="checkbox"/> Paramedic: <ul style="list-style-type: none"> <li>• Florida Paramedic Certification</li> <li>• ACLS (Advanced Cardiac Life Support)</li> <li>• NREMT Paramedic Certification</li> </ul> <ul style="list-style-type: none"> <li>- Admissions Screening: Entrance exam and interview</li> <li>- Health &amp; Background Requirements: <ul style="list-style-type: none"> <li>- Level Two background screening</li> <li>- Health physical, drug test, and immunization record</li> </ul> </li> <li>- Vendor Requirements: <ul style="list-style-type: none"> <li>- Provide uniforms, textbooks, stethoscope, and other required tools</li> <li>- Pay all exam and state licensing fees at no additional cost to the County</li> <li>- Provide insurance for clinical placements</li> <li>- Assist with licensing application</li> </ul> </li> </ul>

		<p><b>Exclusions: County shall not compensate vendor for participants who fail background, drug, or health screenings.</b></p>
27.	<p><b>Drone Operation</b></p>	<p><b>Certification: Minimum 40–60 hours of instruction with field practice included</b></p> <ul style="list-style-type: none"> <li>• <b>FAA Part 107 Remote Pilot Test Preparation</b></li> <li>• <b>Drone Flight Skills &amp; Safety</b></li> <li>• <b>Aerial Photography &amp; Video Techniques</b></li> <li>• <b>Data Collection and GIS Mapping Applications</b></li> <li>• <b>Industry Use Cases: Construction, Agriculture, Real Estate</b></li> <li>• <b>Vendor must provide FAA exam prep and testing support</b></li> <li>• <b>Certification: FAA Part 107 Drone Pilot License</b></li> <li>• <b>Must be conducted by a certified UAV training provider</b></li> </ul>
28.	<p><b>Culinary Arts Training</b></p> <p><i>Pre-requisite: Food Safety &amp; Sanitation (ServSafe Certification required)</i></p>	<ul style="list-style-type: none"> <li>• <b>Certificate: Fundamentals of Culinary Techniques</b></li> <li><b>Minimum of 120 instructional hours, including hands-on practice</b></li> <li>• <b>Commercial Kitchen Procedures</b></li> <li>• <b>Maintenance and Operation of Equipment</b></li> <li>• <b>Food Identification and Recognition</b></li> <li>• <b>Proper Food Storage</b></li> <li>• <b>Food Preparation Methods</b></li> <li>• <b>Culinary Applications and Usage of Foods</b></li> <li>• <b>Various Cooking Techniques</b></li> <li>• <b>Garde Manger Principles</b></li> <li>• <b>Nutrition Fundamentals</b></li> <li>• <b>Knife Skills, Baking, and International Cuisine Basics</b></li> <li>• <b>Resume Development and Job Readiness Training</b></li> <li>• <b>Vendor must provide ServSafe or an equivalent industry-recognized certification</b></li> <li>• <b>Training must meet Florida Department of Education or Department of Health standards</b></li> </ul>



## **ATTACHMENT #4**

### **RECOMMENDATIONS FOR SKILL SET BUILDING SERVICES COMMUNITY ACTION PROGRAM GY 2026**

<b>#</b>	<b>Training Service Category</b>	<b>Specifications</b>
<b>1.</b>	<b>ESOL (English as a Second Language)</b>	<input type="checkbox"/> Conduct admission test to place participant in appropriate level <input type="checkbox"/> TOEFL Exam preparation preferred <input type="checkbox"/> ESOL training: basic, intermediate and advanced
<b>2.</b>	<b>GED (General Education Diploma)</b>	<input type="checkbox"/> GED preparation classes <input type="checkbox"/> GED test site <input type="checkbox"/> Contractor shall assist participant with application process and pay all fees
<b>3.</b>	<b>Microsoft Office Suite/ Computer Training</b>	<input type="checkbox"/> Microsoft Office Suite Certification <input type="checkbox"/> Basis Computer Skills
<b>4.</b>	<b>Work Readiness</b>	<input type="checkbox"/> Career Readiness and Employability Skills Training <input type="checkbox"/> Resume Writing <input type="checkbox"/> Soft Skills Training <input type="checkbox"/> Interviewing Skills
<b>5.</b>	<b>Financial Management</b>	<input type="checkbox"/> Group and individual financial literacy counseling and workshops on: • Banking • Credit Worthiness • Other topics related to financial literacy
<b>6.</b>	<b>Budgeting Skills</b>	<input type="checkbox"/> Budgeting <input type="checkbox"/> Practical Money Skills

## ATTACHMENT 5

### Scoring Sheet

Agency: \_\_\_\_\_

Total Score: \_\_\_\_\_

**Instructions:** Apply one point to all “Yes” answers. Add an additional point to the “Extra Point” questions, when answer is “Yes” (Proposals with job placement assistance, additional languages, and flexible class schedules.)

#### 1. Approach and Design (17 pts for Vocational/Employment Training Proposals; and for Skill Set Building Proposals)

	Yes	No	NA	Score
1. Listed/Described specific activities that the training program will include.				
2. (Extra Point) Agency will provide support services to enrolled program clients.				
3. Listed/Described minimum education requirements to enroll in program.				
4. Program administers an aptitude test prior to program enrollment. Described aptitude test and minimum passing requirements.				
5. (Extra Point) Program provides job placement assistance. Explained components of assistance.				
6. (Extra Point) Program offers courses in languages other than English. Listed available languages.				
7. (Extra Point) Program offers night, weekend, or summer courses. Listed possible time availability for all courses.				
8. <u>Scope of Work</u> : Completed <u>Scope of Work template</u> is included as “Attachment A” in the proposal packet. Training services to be completed (including when, where, and how often they are provided), the timeline for completing each component of the implementation, the target population, the roles and responsibilities of the organization and project partners (if any) are included.				
For Vocational/Employment Training Services ONLY:				
1. The type of jobs available in the training field will require a State or National certification/license. Description provided.				
2. Program will provide clients with the certification/license necessary to perform work.				

3. (Extra Point) Program will include internship or practice opportunity. Description of internship/practice opportunity provided.				
4. If applicable, explained additional requirements, that if not met, will prevent clients from obtaining employment in training field.				

## 2. Tracking and Evaluation Approach (6 pts)

	Yes	No	NA	Score
1. Clearly describe how you will track individual intake/registration and program progress for clients referred by the CSD. How often will client progress be assessed?				
2. Clearly described evaluation methods and activities of the training program being proposed.				
3. Described the evaluation measurement tool and how it appropriately measures the outcome.				
4. Provided the <u>evaluation measurement tool sample</u> and included it as “Attachment B” in the proposal packet.				
5. Discussed prior outcomes/data that demonstrate success of the training services/job placement in this proposal.				
6. Provided the answer to the following questions: In the last six months, how many candidates have enrolled in the training program? Of those enrolled, how many completed the program? Of those who completed the program, how many became employed? What is their average employment wage?				

## 3. Available Resources and Sustainability (6 pts)

	Yes	No	NA	Score
1. There are partners who will assist the organization in delivering training.				
2. If so, listed the project partners by name (company name).				
3. Partner Letter or MOU/MOA: Provided Concrete Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) which explain how the agency will collaborate.				
4. Other funding is <i>available</i> to support the organization in delivering training to candidates.				
5. <u>Organization Capacity</u> In this section the following information was provided:				
• Why the organization and project partners (if applicable) are the right organizations to deliver training.				
• The roles, responsibilities, expertise, and experience of key program staff (including individuals from the organization, partners, and consultants).				

#### 4. Budget (5 pts)

	Yes	No	NA	Score
<b>Total Agency Budget</b> – was attached to the proposal.				
1. Most recent audit report was submitted. If there were findings, described corrective actions.				
2. Submitted Year-End Financial Statements and IRS Form 990. If not submitted an explanation was included.				
3. Submitted Unit Cost service description.				
4. Submitted Unit Cost of service. (If an industry standard, the source was submitted.)				
5. Both the unit cost service description and cost are clear and accurately calculated. Formulas used to arrive at the cost were included.				

##### 1. Panel Member Agreement of Final Score

Signature

Date

##### 2. Panel Member Agreement of Final Score

Signature

Date

##### 3. Panel Member Agreement of Final Score

Signature

Date

##### 4. Panel Member Agreement of Final Score

Signature

Date