

## REQUEST FOR SERVICES

The Region Q Workforce Investment Consortium is seeking a qualified individual/organization to review the Request for Proposals (RFPs) received for providing program services for the Workforce Innovation and Opportunity Act (WIOA) Youth Programs (Title I, Public Law 113-128) for October 1, 2021 – June 30, 2023. Request for Proposals (RFPs) were released for the Youth program on June 1, 2021. Proposals are due June 30, 2021. The Workforce Development Board will meet to review the recommendations provided and vote on the new contract on July 14, 2021.

The number of proposals we will receive to provide services in one or more counties in the five county service area of Beaufort, Bertie, Hertford, Martin and Pitt will not be known until the due date. A copy of the original Request for Proposal(s) will be made available including established evaluation criteria and proposal scoring sheet. Past monitoring results and corrective action performance will also be provided.

All responses must be received by 5:00 p.m. on Monday, June 21, 2021. Responses should be submitted to Lou Stout, Compliance Manager, at [lstout@mid-east.com](mailto:lstout@mid-east.com). The award will be made on Wednesday, June 23, 2021 and all bidders will be notified by 5pm the same day. The awarded individual/organization must complete the review of all proposals and submit recommendations to Lou Stout, Compliance Manager, at [lstout@mid-east.com](mailto:lstout@mid-east.com) in writing no later than by 5:00 p.m. on Friday, July 9, 2021.

Mid-East Commission serves as the Administrative Entity and Grant Recipient for the Region Q Workforce Investment Consortium and administers funds received through WIOA via an agreement with the North Carolina Department of Commerce Division of Workforce Solutions.

Region Q Workforce Investment Consortium  
Mid-East Commission  
1502 N. Market Street  
Washington, NC 27889

Attn: Lou Stout  
[lstout@mid-east.com](mailto:lstout@mid-east.com)

Region Q Workforce Investment Consortium is an Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request for individuals with disabilities

*This Youth Program solicitation is fully supported by the U.S. Department of Labor, Workforce Innovation and Opportunity Act as part of PY21 allocations totaling \$821,755.*

Please complete and submit the following by 5:00 p.m. on Monday, June 21, 2021:

NAME OF INDIVIDUAL/ORGANIZATION \_\_\_\_\_

WEB SITE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FEDERAL TAX I.D. NUMBER: \_\_\_\_\_

TOTAL FUNDS REQUESTED: \_\_\_\_\_

Provide a brief history (type of organization, date established, major line or lines of work and general background) of the proposing individual/entity and its experience in workforce development and performing related activities and services.

Indicate the timeframes and strategy for effectively reviewing the proposals and submitting the recommendations by the established deadline of 5:00 p.m. on Friday, July 9, 2021.

**CERTIFICATION:** I certify that the information contained in this proposal, fairly represents this entity and its operating plans and budget necessary to conduct the proposed activities described herein. I acknowledge that I have read and understand the requirements of the Request For Services and that this entity is prepared to implement the proposed activities as described herein. I further certify that I am authorized to sign this proposal and any contractual agreement emanating therefrom on behalf of the entity submitting the proposal. This PROPOSAL or OFFER is firm for a period of at least ninety (90) days from the closing date for submission, which is June 21, 2021 at 5:00p.m.

\_\_\_\_\_/\_\_\_\_\_  
(SIGNATURE and DATE of Signatory Official)

\_\_\_\_\_/\_\_\_\_\_  
(Typed or Printed NAME and JOB TITLE of Signatory Official)

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Date

Affix Notary Seal