# Part IA: Cover Page – Eligible Provider Information

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| **Eligible Provider Information** | | | | | | | |
| **Entity Name** | |  | | | | **DUNS # (if applicable)** |  |
| **Mailing Address** | |  | | | | **LEA/BOCES Code (if applicable)** |  |
| **Website** | |  | | | | | |
| **Entity Type** | | | | | | | |
| School District  Board of Cooperative Services  Private School  Charter School (if qualified, the authorizer will be the fiscal agent)  Charter Management Organization  Community College  Technical College  Public College or University  Private College or University  Community-Based, Nonprofit Agency or Organization  Library or Library System  Literacy Council or Other Literacy Institute  Volunteer Literacy Organization  Private Company Offering Education Services  Business or Business Association  Local Work Force Board  One-Stop Partner | | | | | | | |
| **Primary Contact Information** | | | | | | | |
| **Name** |  | | | **Title** |  | | |
| **Telephone** |  | | | **E-mail** |  | | |
| **Signature** |  | | | | | | |
| **Secondary Contact Information** | | | | | | | |
| **Name** |  | | | **Title** |  | | |
| **Telephone** |  | | | **E-mail** |  | | |
| **Signature** |  | | | | | | |
| **Fiscal Contact Information** | | | | | | | |
| **Name** |  | | | **Title** |  | | |
| **Telephone** |  | | | **E-mail** |  | | |
| **Signature** |  | | | | | | |
| **Credentials/Outcomes Eligible Provider May to Request Reimbursement For** | | | | | | | |
| High School Diplomas  High School Half-Credits  Employability Skills Certificates  Industry-Recognized Credentials – Up to 50 Hours of Training  Industry-Recognized Credentials – 51 – 100 Hours of Training  Industry-Recognized Credentials – More than 100 Hours of Training | | | | | | | |
| **Content for the CDE Website**  ***If qualified, the following information for the provider will be posted to the CDE website*** | | | | | | | |
| **Webpage** | | |  | | | | |
| **Contact Email** | | |  | | | | |
| **Contact Phone Number** | | |  | | | | |
| **Physical Location(s) of the Services**  ***If there are multiple locations, provide information about each of the locations,***  ***in particular the services offered at each location.***  ***If there are no physical locations, describe the service area(s) the provider will accept students from.*** | | | | | | | |
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| **Brief (2-3 Sentences) Description of the Provider and Services Offered** | | | | | | | |
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**Note:** If the provider is deemed qualified, reimbursements will not be distributed until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

Complete and attach after Cover Page.

# Part IB: Assurances Form

The appropriate Authorized Representative(s) must sign below to indicate their approval of the responses included in this Request for Qualifications, and the receipt of reimbursements for Workforce Diploma Pilot Program outcomes.

1. The provider will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
2. The provider will annually provide the Colorado Department of Education the required reporting information.
3. The provider will maintain appropriate fiscal and program records. The provider will provide any additional fiscal and/or program records as requested by CDE to confirm the accuracy of reported data.
4. If any findings of misuse of these reimbursement funds are discovered and/or intentional data manipulation, reimbursement funds will be returned to CDE.
5. The provider will maintain sole responsibility for the services even though subcontractors may be used to perform certain services.
6. Funds will only be used to support eligible students as defined in this Request for Qualifications.
7. The provider will not collect any kind of tuition or fees from students or on behalf of individual students for reimbursable service outcomes; this includes not collecting tuition or fees from or on behalf of a student if the student does not attain anticipated outcomes.
8. The provider will sign an updated assurances form provided by the Colorado Department of Education at the start of each fiscal year.

The Colorado Department of Education shall place a qualified provider that does not meet the program performance standards established in C.R.S. § 22-10.3-103(7) on probationary status for the remainder of the state fiscal year. The department shall remove a qualified provider from the list of qualified providers if the provider does not meet the performance standards for two consecutive years.

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| Name of Organization/Business Authorized Representative  (if applicable) |  | Signature |
|  |  |  |
| Name of School Board President/BOCES President  (if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent or  Charter School/BOCES Executive Director (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Board President  (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Institute Authorized Representative  (if applicable) |  | Signature |

# Part IC: Proposed Reimbursement Table

Enter the proposed reimbursement by outcome type and calculate the total proposed reimbursement amounts for July 1, 2019 – June 30, 2020 in the chart below. Per C.R.S. § 22-10.3-103(6)(a), qualified providers shall submit invoices on an ongoing basis to the Department for payments for student completion or attainment of goals outlined below. If available appropriations are insufficient to satisfy all invoices received by a given submission date, the department shall reduce all payments by the same percentage until the money is exhausted. Please note that, if the available appropriations for a given fiscal year are exhausted, outcomes earned in that fiscal year may not be claimed for reimbursement in the next fiscal year. Eligible providers, once qualified providers, will not be held to the proposed reimbursements in the chart below. This chart will be used to inform the extent of the need in Colorado.

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| **Outcome Type** | **Proposed Number of Reimbursements**  **in 2019-20** | **Reimbursement Amount** | **Total Proposed Reimbursement Amount** |
| Completion of an Accredited High School Diploma |  | $1,000 | $ |
| Completion of a High School Half-Credit |  | $250 | $ |
| Completion of an Employability Skills Certification Program Equal to at Least One Carnegie Unit |  | $250 | $ |
| Attainment of an Industry-Recognized Credential Requiring Up to 50 Hours of Training |  | $250 | $ |
| Attainment of an Industry-Recognized Credential Requiring 51-100 Hours of Training |  | $500 | $ |
| Attainment of an Industry-Recognized Credential Requiring More Than 100 Hours of Training |  | $750 | $ |
| **Total Proposed Reimbursement for 2019-20** | | | **$** |