**Request for Applications**

**Incentive Funding for the Registered Apprenticeship Expansion Program**

**Purpose:**

Arbor E&T, LLC d/b/a Equus Workforce Solutions (Equus) is serving as an Intermediary Contractor with the US Department of Labor (DOL) which is designed to promote and expand registered apprenticeship in the US demand industries, and to increase diversity among apprentices.

**Who can apply?**

Employers, joint labor management organizations, industry associations or other partners included in a multi-employer partnership seeking to develop or expand Registered Apprenticeship Programs in the Healthcare and/or Healthcare Information Technology (IT) industries servicing under-represented populations.

**Funding:**

Equus intends to issue multiple awards under this application. Our target cap for the initial award is $20,000. Additional funds may be available as programs are developed. Allowable activities that direct funding may be used to support Registered Apprenticeship Program development, launch, and sustainability, include:

* Registration of Registered Apprenticeship Programs with the DOL;
* Costs related to design and start-up of Registered Apprenticeship Programs;
* Classroom education or online training for apprentices;
* Outstanding costs related to on-the-job training (excluding wages);
* Train-the-trainer costs or activities; and/or
* Training equipment for apprentices (in consultation with Equus, written approval required prior to expenditure);
* Curricula development.

**Note:** Interested parties must seek to develop or expand Registered Apprenticeship Programs in Healthcare and Healthcare IT. Bonus points will be awarded for those with highly cost-effective proposals (e.g. 50+ enrollments in registered apprenticeship, etc.).

**Key Dates:**

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| *Request for Applications Released* | *Tuesday, January 18, 2022* |
| *Applicant Conference Call (optional)* | *Monday, January 24, 2022*  *2:30 p.m. EST*  *WebEx* |
| *Questions Due* | *Friday, January 28, 2022*  *5:00 p.m. EST* |
| *Answers Provided to all Applicants* | *Wednesday, February 2, 2022* |
| *Application Due* | *Monday, February 7, 2022*  *5:00 p.m. EST* |
| *Notification of Awards* | *Friday, February 18, 2022* |
| *Sub-contract Review and Execution* | *Begins March 1, 2022* |
| *Sub-contract Period* | *March 1, 2022 to September 27, 2022* |

**Applicant Conference Call (Webinar):**

REQUEST FOR APPLICATIONS for Registered Apprenticeship Expansion Incentive

January 24, 2022 from 2:30 p.m. EST – 3:30 p.m. EST

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| --- | --- | --- | --- | --- |
| Event address for attendees: | <https://brightspringhealth.webex.com/brightspringhealth/j.php?MTID=m9d23e190360ac7bfa190de8f383981b7> | | | |
| Event number: | |  | | 2316 990 6875 |
| Event password: | | uxUFRsim659 |
| Video Address: | | | Dial [23169906875@brightspringhealth.webex.com](sip:23169906875@brightspringhealth.webex.com)   You can also dial 173.243.2.68 and enter your meeting number. | |

**Questions:**

The deadline for questions is January 28, 2022 at 5:00 p.m. EST. Submit questions to [DiscoverApprenticeship@equusworks.com](mailto:DiscoverApprenticeship@equusworks.com)

Answers will be provided to all applicants no later than 5:00 p.m. EST on February 2, 2022.

**Submission of the Application:**

The application must be submitted on February 7th, 2022 no later than 5:00 p.m. EST. The submission will be via email to Michelle Day, National Workforce Solutions Director, at [DiscoverApprenticeship@equusworks.com](mailto:DiscoverApprenticeship@equusworks.com)

Applicants must include a fully completed application package:

1. Completed Application (Attachment A)
2. Conflict of interest form (Attachment B)
3. Certification of anti-kickback procedures form (Attachment C)
4. Commitment letter from the lead organization outlining the scope and associated partners
5. Employer Commitment Letter(s). Please secure employer commitment letters from each employer and sponsor being supported with incentive dollars.

*Note: Each Commitment Letter should include the following components: 1) How many apprentices the employer or sponsor is committed to during the performance period; 2) A timeframe for enrollment of the apprentices; 3) A description of the program activities; and 4) Assurances of the on-going sustainability of the program.*

**Scoring:**

Applications submitted after the deadline will not be reviewed for this funding cycle. The maximum score for each applicant is 105 points (100 for required sections and 5 bonus points for applicants demonstrating a cost-effective approach with high return on investment).

Summary of point allocation:

Description of your current or proposed Healthcare and/or Healthcare IT RAP – 20 points

Classroom instruction, online training or on the job training (OJT) – 20 points

Proposed activities and outcomes – 20 points

Funding request, utilization and in-kind contribution(s) – 20 points

Describe your plans to increase gender, racial, ethnic and other demographic diversity and inclusion in apprenticeship – 20 points

Bonus points will be issued for organizations demonstrating a cost-effective approach with a high return on investment (5 points maximum)

**Registered Apprenticeship Incentives Fund Application**

**Attachment A**

**Section 1. Applicant Information**

|  |  |
| --- | --- |
| Organization/Company Legal Name: |  |
|  |  |
| Street Address: | Primary Contact Name: |
|  |  |
| Street Address Line 2: | Primary Contact Title: |
|  |  |
| City/State/Zip: | Primary Contact E-mail: |
|  |  |
| Mailing Street Address (if different): | Primary Contact Telephone: |
|  |  |
| Mailing Street Address Line 2: | Tax ID: |
|  |  |
| County: |  |
|  |  |
| Legal Structure of Organization*:* | |
|  | |
|  | |

**Section 2: Description of Registered Apprenticeship Program**

1. Describe your current or proposed registered apprenticeship program (limit two pages)
2. Describe your requirements for on-the-job learning and related instruction (limit one page)
3. Please provide, in as much detail as available, the timeline for your proposed activities and outcomes (limit one page) anticipated dates that incentive funding will be spent (limit one page)
4. Provide a detailed plan for fund utilization (limit one page)
5. Describe your plans to increase gender, racial, ethnic and other demographic diversity and inclusion in apprenticeship (limit one page)
6. Clearly outline RAP participant placement goals and the strategies that will be deployed to meet or exceed proposed placement numbers (limit one page)

**Section 2. Sponsor/Business and Partner Information**

Complete for each employer requesting incentive funds to develop or expand RAP(s).

|  |  |
| --- | --- |
| Employer Name: |  |
| Employer Address: |  |
| Employer Contact Name: |  |
| Employer Contact E-mail: |  |
| Sponsor Number (if applicable): |  |
| Please provide a brief description of the company including the industry, RA occupation and number of apprentice opportunities |  |

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| --- |
| Is the applicant, sponsor or business receiving other funds for this activity?  If yes, list program name or grant type. (Examples may include, but are not limited to, WIOA, ITAs, state incumbent worker training grants, other apprenticeship initiatives). |
| Name of program or grant:  Amount of award: Year award was received: |
| Is the sponsor or business providing any cash or in-kind investments?  If yes, please list. (Examples may include, but are not limited to, employer cash resources, staff development, tuition reimbursement, employer sponsored EAP services) |
|  |
| Does the sponsor or business have any outstanding local, state or federal tax liabilities? If yes, describe. |
|  |
| Are there current or unsatisfied judgments or injunctions against the business or owners? If yes, describe. |
|  |
| Is there current or pending litigation involving the business? If yes, please provide a summary and disposition. |
|  |
| Within the past five years, have there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal, or local government agency? If yes, please provide a summary of the status and disposition. |
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**CONFLICT OF INTEREST**

**Attachment B**

**Conflict of Interest Defined:**

A conflict of interest is defined as an actual or perceived interest by a (staff member/Board member) in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. A conflict of interest occurs when an employee/Board member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

* Ownership with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Employment of or by a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Contractual relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Creditor or debtor to a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Consultative or consumer relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision-making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and a Board member, or a person who is an employee and who hires family members as consultants.

**Employee and Subcontractor Responsibilities:**

It is in the interest of the organization, individual staff, and Board members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest.

Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to your supervisor immediately. Employees are to maintain independence and objectivity with clients, the community, and organization. Employees are called to maintain a sense of fairness, civility, ethics and personal integrity even though law, regulation, or custom does not require them.

**Acceptance of Gifts:**

Subcontractors, employees, members of employee's immediate family, and members of the Board are prohibited from accepting gifts, money or gratuities from the following:

1. Persons receiving benefits or services from the organization;
2. Any person or organization performing or seeking to perform services under contract with the organization; and
3. Persons who are otherwise in a position to benefit from the actions of any employee of the organization.

Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If the employee is acting in any official capacity, honoraria received by an employee in connection with activities relating to employment with the organization are to be paid to the organization.

My Relationship in Arbor E&T, LLC dba Equus Workforce Solutions (hereafter “EWS”) is (check all that apply) ☐Board member ☐Committee member (if not a Director) ☐Staff member ☐Contractor/Sub contractor ☐Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] I have no conflicts or potential conflicts to disclose at this time.

[ ] I have the following conflicts or potential conflicts to disclose at this time: Signature Date (Effective Date)

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Name (Signature) Date

**ANTI-KICKBACK**

Pursuant to Section 6032 of the Federal Deficit Reduction Act of 2005 (“DRA”), all contractors and agents of Provider, its subsidiaries and affiliated entities, must comply with and abide by policies for preventing fraud, waste and abuse.  This law applies to any contractor or agent who, on behalf of Provider, provides or otherwise authorizes the provision of Medicaid health care services, supplies products used in Medicaid health care service delivery, or monitors Medicaid health care services provided by Contractor, its subsidiaries and affiliated entities. Contractor shall ensure all Personnel furnishing Services pursuant to this Agreement review and comply with DRA policies.

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Name Date

**Printed name:**

**Title:**