**Real Pathways Rhode Island PITCH Proposal**

1. **CONTRACT OBJECTIVE**

The “elevator pitch”: what is the activity? Who is performing it? What is the activity achieving? Why is this activity the only that can solve the problem?

* 1. **Partnership Background (Concise, but comprehensive narrative on the history of the Partnership and their existing relationship with DLT)**

**ONLY ONE ACTIVITY ALLOWED PER PROPOSAL**

**\*USE THIS SECTION FOR NEW HIRE/JOB-SEEKER TRAINING ACTIVITY:**

1. **SCOPE OF WORK – [ACTIVITY NAME]**
2. **Workforce Investment Description**

Narrative Summary Statement to include how many will be served and the following:

* Recruitment – who? How?
* Employer Engagement- How have employers been engaged in the development of this program?
* Screening for Training – who? How? When / frequency? What will be screened?
* Equity- How will equity and diversity be addressed?
* Support Services – Who? What? Why?
* Training – Who? What? Where? When?
* Hiring – Who? Any conditions?
* Events – Any known events that happen every year or with each training that can be called out (ex. Manufacturing Day)

In order to implement the workforce solution above the entities below will perform the following functions:

* Fiscal Agent Entity – Who? Activities?
* Data Collection / Performance Management – Who? Activities?
* Training Provider – Who? Activities?
* Recruitment – Who? Activities?
* Support Services – Who? Activities?
1. **Cohort Description** (If this is a multiple cohort-based activity, fill out chart for each cohort)

|  |
| --- |
| COHORT METRICS – COHORT # |
| Start Date: |  |
| End Date: |  |
| Rolling Enrollment: (Yes or No)  |  |
| If yes, what is the last date for enrollment (to ensure completion within performance period):  |  |
| Training/Program Provider: |  |
| Training/Program Location(s): |  |
| Certification(s)/Credit(s) Awarded: |  |
| Target Enrolled: |  |
| Target Completed: |  |
| Target Occupation(s): |  |
| Target Employer(s): |  |
| Target Credential(s): |  |
| Target Wage/Salary: |  |

1. **Roles and Responsibilities:**

|  |
| --- |
| ROLES AND RESPONSIBILITIES |
| Fiscal Agent Entity: |  |
| Entity responsible for recruitment: |  |
| Entity responsible for curriculum development: |  |
| Entity responsible for enrollment: |  |
| Entity responsible for training: |  |
| Entity responsible for provision of support services: |  |
| Entity responsible for outcome reporting: |  |
| Entity responsible for placement:  |  |

**\*USE THIS SECTION FOR INCUMBENT WORKER TRAINING ACTIVITY:**

**SCOPE OF WORK – [ACTIVITY NAME]**

1. **Workforce Investment Description**

* Recruitment (Who? How?)
* Screening for Training (Who? How? When + Frequency? What is screened?)
* Equity- How will equity and diversity be addressed?
* Support Services (Who? What? Why?)
* Training (Who? What (Title and schedule/hours)? Where? When?)
* Wage Increases/Promotions? (Who specifically? Any conditions?)
* Employer Engagement- Which employers? How have employers been engaged in the development of this program?

In order to implement the workforce solution above the entities below will perform the following functions:

* Fiscal Agent Entity – Who? Activities?
* Data Collection / Performance Management – Who? Activities?
* Training Provider – Who? Activities?
* Recruitment – Who? Activities?
* Support Services – Who? Activities?
1. **Cohort Description** (If multiple cohort-based activity, fill out chart for each cohort)

|  |
| --- |
| COHORT METRICS – COHORT # |
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| If yes, what is the last date for enrollment:  |  |
| Training/Program Provider: |  |
| Training/Program Location(s): |  |
| Certification(s)/Credit(s) Awarded: |  |
| Target Enrolled: |  |
| Target Completed: |  |
| Target Occupation(s): |  |
| Target Employer(s): |  |
| Target Credential(s): |  |
| Target Wage Increases/Promotions: |  |

1. **Roles and Responsibilities:**

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| Entity responsible for provision of support services: |  |
| Entity responsible for outcome reporting: |  |

1. **BUDGET**

(PLEASE USE THE BUDGET WORKSHEET AND COPY OR ATTACH HERE)

1. **Invoicing Schedule -Choose monthly or quarterly invoicing.**

**Quarterly Invoicing**

|  |  |
| --- | --- |
| Invoice # | Invoice Due Date  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

**OR**

**Monthly Invoicing**

|  |  |
| --- | --- |
| Invoice # | Invoice Due Date  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |