



## REQUEST FOR QUALIFICATIONS

### Introduction

Workforce Alliance is seeking proposals from qualified training providers to deliver high-quality training programs in Information Technology (IT) to individuals ages 18-24 residing in the South-Central Workforce Investment Area participating in the Growing Educational Training in Information Technology (GET IT) program. These programs must result in state or nationally recognized credentials and support individuals in gaining meaningful employment in IT careers. This Request for Qualifications (RFQ) aims to identify potential training providers to be included in the South-Central GET IT Training Providers List.

Workforce Alliance is a policy and oversight organization dedicated to building a highly skilled workforce through employment and training initiatives. As the regional workforce development board for the South-Central Connecticut Workforce Investment Area, Workforce Alliance serves more than 20,000 individuals annually (ages 18 and older) and administers employment programs through four American Job/One-Stop Centers in New Haven, Hamden, Meriden, and Middletown.

Our mission is to create a workforce system that aligns job seekers with employer needs, strengthening the communities we serve. To further this mission, we are developing a comprehensive Information Technology Training Providers List, which will include course offerings, pricing, and schedules. Approved training providers will have access to funding through U.S. DOL, Employment and Training Administration, Community Project Funds and other federal, state, and local sources.

### Project Narrative

#### A. Statement of Need

The **Growing Educational Training in Information Technology (GET IT) Grant** seeks to address two critical challenges:

1. A gap in IT workforce programming to engage entry-level workers.
2. The need for sustainable strategies to engage youth (ages 18-24) in IT and STEM career pathways leading to equitable economic opportunities.

By addressing these needs, GET IT will strengthen the IT talent pipeline and meet the growing demand for IT professionals.

#### Curriculum Requirements

Training must cover foundational IT skills and industry-recognized certifications.

#### Approved Certification Areas:

- IT Support



- IT Automation with Python
- Digital Marketing & E-commerce
- Project Management
- Cybersecurity
- Data Analytics
- UX Design

### **Additional Allowable Curriculum Topics:**

- Programming and Scripting Languages
- Networking
- Databases
- Cloud Computing
- Cybersecurity
- DevOps & CI/CD
- Software Development Methodologies

### **Funding and Timeline**

The Growing Educational Training in IT program is a grant funded program supported by the United States Department of Labor, Employment and Training Administration, Community Project Fund. The grant period expires June 30, 2026. The allowable cost per participant is \$3,500.00

### **Data Collection & Evaluation**

Selected training providers must submit participant data and progress to Workforce Alliance monthly. Upon training completion training providers must provide Workforce Alliance proof of credential attainment. Additionally, providers will participate in an evaluation of program effectiveness.

### **Deliverables**

- At least **85% of participants** must earn an industry-recognized credential and demonstrate measurable skill gains.

### **Eligibility**

Selected training providers shall:

- Offer high-quality training and provide client specific verifiable information when requested, including proof of program completion and credential/license.
- Provide a schedule of program classes and minimum number of students required (if any).
- Offer programs that are cost competitive.
- Cooperate with all evaluations by Federal/State grantors and/or their designated contractors.



- Comply with/sign any applicable assurances and certifications.
- Provide resumes of key personnel for the review/approval of Federal/State grantors if required.
- Provide information and documentation to WA in a format to be provided. This information must be received within fifteen (15) days of end of class.
- If vendor is Pell eligible: Agree to have students exhaust eligibility for financial aid (Pell Grants and Scholarships, if applicable) prior to submitting invoice for any payment(s).
- Document that the proposed training program has a high rate of completion and post program credentialing rate. Minimum documented rates:
  - Attainment of post program Credential / License – 85%
  - Completion Rate- 85%
  - Job Placement Rate- 85%

### **Proposal Submission Requirements**

#### **Interested training providers must submit a proposal that includes the following:**

1. **Organization Information:** Name, contact details, and relevant background.
2. **Training Program Description:** Detailed curriculum, instructional methods, and credentialing process.
3. **Proposed Schedule and Pricing:** Course duration, start dates, and cost breakdown.
4. **Experience and Qualifications:** Overview of instructors' qualifications and past program success.
5. **Data Collection and Reporting Plan:** Strategy for tracking participant outcomes.
6. **Budget Proposal:** Detailed breakdown of how funds will be utilized.

  
**Workforce  
Alliance**  
APPLICATION

**SECTION A: PROVIDER INFORMATION**

Legal Name of Training Organization: \_\_\_\_\_

Connecticut UI Tax registration Number: \_\_\_\_\_

Federal Employment Identification Number: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person for Program(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is entity current with all Federal, State and Local Taxes?

Yes

No

Is entity currently debarred, suspended, or otherwise prohibited from doing business with the State of Connecticut or the Federal Government?

Yes

No

Is the entity Financial Aid Eligible under Title IV?

Yes

No



Is your agency accredited?

Yes

No

If so, name of accrediting agency/organization:

Date accreditation expires: \_\_\_\_\_

*Attach copy of the most recent letter of approval from accrediting organization/entity.*

Is your institution licensed in the State of Connecticut?

Yes

No

If yes, list the Agency issuing the license:

*Attach a copy of the most recent letter of approval.*

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**If your agency is currently active on the CT Dept. of Labor's Eligible Trainer Provider List (ETPL) Section B is NOT required.**

**SECTION B: TRAINING SITE INFORMATION**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the facility up to date with a **current Fire Marshall Certificate**? (Please attach to submission)

**Yes**  **No**

Does the facility have an **up-to-date Zoning Certificate**? (Please attach to submission)

**Yes**  **No**

Do you have an **up-to-date Insurance Certificate** for the training facility? (Please attach to submission)

**Yes**  **No**

What has been your rate of completion for the program(s) you are submitting over the past three (3) years?

What has been your rate of credentialing / certification for the program(s) you are submitting over the past three (3) years?

*Provide documentation of your completion and credentialing rate.*

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**SECTION C: PROGRAM INFORMATION**

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

Describe program admission requirements, if any: \_\_\_\_\_

Describe program pre-requisites, if any: \_\_\_\_\_

\_\_\_\_\_

Does this program prepare the participant to take an examination for certification or licensing? **Yes**  **No**

What is the mechanism to ensure participants are scheduled for the appropriate examinations? \_\_\_\_\_

Will the participant earn college credit?

**Yes**  **No**

If yes, # of program credits earned for this program: \_\_\_\_\_

Indicate the credential that will be provided if the participant successfully passes any requisite exam: \_\_\_\_\_

**Name of Credential/License** \_\_\_\_\_

**Issuing entity** \_\_\_\_\_

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## SECTION D: PROGRAM SPECIFICS

**Duration** of the Program: (Number of)

- Semester(s) \_\_\_\_\_
- Weeks \_\_\_\_\_
- Months \_\_\_\_\_
- Hours \_\_\_\_\_

**Time** Program is offered:

- Day (give specific hours) \_\_\_\_\_
- Evening (give specific hours) \_\_\_\_\_

How often does class meet? (Check which one is applicable)

- Daily \_\_\_\_\_
- Bi-weekly \_\_\_\_\_
- Weekly \_\_\_\_\_
- Monthly \_\_\_\_\_
- Other \_\_\_\_\_

How is the content delivered? (Check one)

- In person
- Online/remote
- Hybrid (In person and online)

How many **TOTAL HOURS** are required for program completion?

- Class time \_\_\_\_\_
- Lab time \_\_\_\_\_

Minimum Class Size \_\_\_\_\_

Maximum Class Size \_\_\_\_\_

**Please outline strategy for tracking participants data specifically measurable skill gains**





**SECTION E: TUITION AND FEES**

Program Tuition \_\_\_\_\_

Application Fee \_\_\_\_\_

Registration Fee \_\_\_\_\_

Books \_\_\_\_\_

Testing \_\_\_\_\_

Exam Fees \_\_\_\_\_

Uniforms \_\_\_\_\_

Licensing Fees \_\_\_\_\_

Lab Fees \_\_\_\_\_

Supplies/Equipment (Be specific) \_\_\_\_\_

Other Costs (Be specific) \_\_\_\_\_

**Total Cost of the Program** \_\_\_\_\_

Is Financial Aid available?

Yes  No

If so, indicate the types of financial aid available \_\_\_\_\_

**Provide a detailed breakdown of how funds will be u**



**SECTION F: SUB-CONTRACTOR RISK ASSESSMENT QUESTIONNAIRE**

Instructions: Respond to the following assessment queries by indicating “X” in the “response” field of the column which is most applicable. Attach requested back-up documentation as may be required.

<b>1. Staff Qualifications</b>	Staff in key positions are professionally trained and have one or more years experience in that position.	At least half of staff in key positions are professionally trained for their position but have less than one year experience.	Staff in key positions have little or no experience or training in the program or managing federal funds.
<b>Response</b>			

*\*\*Attach current licensure/credentials of all staff expected to be engaged in the provision of training services.*

<b>2. Staff Turnover</b>	No recent changes in staff in key positions (e.g., fiscal officer, grant administrator, instructor)	New or no staff in one or more key positions.	New or no staff in all key positions.
<b>Response</b>			

*\*\*Attach a current list of employees. Indicate length of time each employee has been employed by your agency. Indicate turnover by position – 2 year history.*

<b>3. Federal Funds Experience</b>	Organization has received federal grant funds in the past two years	Organization has not received federal grant funds in the past two years or has never managed a federal grant
<b>Response</b>		

*\*\*If answering in the affirmative, provide a separate list of Federal Grant funds received within the last 2 years, funding agency and contract duration.*

<b>4. Current Award Size ARPA (Not including Potential Funding)</b>	Current Federal-funded award is less than \$50,000	Current Federal-funded award is more than \$50,000
<b>Response</b>		



*\*\*If answering in the affirmative, provide a separate list of Federal funds received within the last 2 years, funding agency and contract duration.*

<b>5. Single Audit Act</b>	Most recent Single Audit has no findings OR the organization is not subject to the Single Audit Act.	Most recent Single Audit had significant deficiency finding(s).	Most recent Single Audit had material weakness finding(s) or no Single Audit was performed as required.
<b>Response</b>			

*\*\*Provide a copy of your most recent Single Audit and a summary of findings if applicable.*

<b>6. Key Systems</b>	Organization's accounting and timekeeping systems are fully automated	Organization's accounting and timekeeping systems are a combination of manual and automated systems	Organization's accounting and timekeeping systems are manual
<b>Response</b>			

*\*\*Indicate applications utilized if applicable. (e.g. Quickbooks): \_\_\_\_\_*

<b>7. Policies and Procedures</b>	Organization has comprehensive policies and procedures for accounting, personnel, grant management, etc.	Organization does not have comprehensive policies and procedures for accounting, personnel, grant management, etc.
<b>Response</b>		

*\*\*Attach a copy of your organization's policies and procedures for accounting, grant management, personnel, etc.*

<b>8. Connecticut ETPL Approved</b>	Organization is approved as an Eligible Training Provider by the State of Connecticut	Organization is not approved as an Eligible Training Provider by the State of Connecticut
<b>Response</b>		

*\*\*Attach a copy of your organization's State of Connecticut ETPL approval letter, if applicable.*



*I hereby certify that all of the information provided in this response (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.*

*Full Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Organization/Company:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

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## INQUIRIES, PERTINENT DATES & SUBMISSIONS

Responses to, and questions regarding, this RFQ may be directed to:

Jill Watson  
Director of Special Grants and Projects  
Workforce Alliance  
370 James St., Suite 401  
New Haven, CT 06513  
Email: [JWatson@workforcealliance.biz](mailto:JWatson@workforcealliance.biz)

The deadline to provide the required information by email to the contact listed above is **no later than noon (12:00 pm EST) on March 28, 2025**. Late submissions will not be considered.

Entities will be placed on the list based on the information submitted, if the program meets the needs of the program (in terms of program design, curriculum, flexible availability, outcomes and cost), if **all of the information** requested above is provided, all Federal, State and Local taxes are current, the entity has not been debarred by any federal or state agency, and the entity is a legal entity registered with the State of Connecticut.

**Being selected to be on the Workforce Alliance Providers List is not a guarantee of students.** Students will have the ability to choose a provider from the list of approved vendors. Workforce Alliance reserves the right to contract with training entities that meet the initial eligibility criteria; are within the parameters of its program and are cost effective.