**REQUEST FOR QUALIFICATIONS**

***Information Technology (IT) Training Providers List***

The WorkPlace serves as the Workforce Development Board for Southwestern Connecticut. It manages projects and programs that help people prepare for their careers and strengthens the workforce for employers. It administers workforce development funds and coordinates providers of job training and education programs to meet the needs of residents and employers.

The WorkPlace is seeking qualified IT training providers to train individuals for various IT related career paths. The purpose of this ***Request for Qualifications (RFQ)*** is to identify qualified training providers, determine cost and create an IT training providers list as TWP implements the training component of the Southwest Data and Technology Initiative. The goal is to train individuals for careers in Information Technology related careers. This RFQ is to ensure that all interested, qualified training providers are identified as potential trainers.

The funding for this training is from the State of Connecticut, Office of Workforce Strategy’s Good Jobs Challenge Grant, Strengthening Sectoral Partnerships Initiative. The Connecticut Office of Workforce Strategy was awarded a $23.9 million Good Jobs Challenge grant from the U.S. Department of Commerce to support the creation of the Strengthening Sectoral Partnerships Initiative. The initiative will provide resources to support ten Regional Sector Partnerships (RSPs) across Connecticut to train and place more than 2,000 people – particularly from historically-underserved communities – in high-demand jobs in four priority sector areas, including manufacturing, healthcare, information technology, bioscience. The WorkPlace is a subrecipient and working in partnership with the Stamford Partnership to implement the Southwest Data and Technology Regional Sector Partnership. The Southwest Data and Technology RSP is in part focused on:

* **Serving the residents of Southwest Connecticut and;**
* **Providing access to in demand IT training programs in response to employer demand**

The WorkPlace will create an IT Training Providers List which will contain course information, pricing, and schedules for training to support the participants enrolled in the program. Successful bidders will be placed on a list of qualified, approved training providers.

The WorkPlace is seeking qualified training entities to provide the following occupational skills training for enrollees in the Southwest Data and Technology Initiative. The following is a list of Occupational Skills Training that The WorkPlace is seeking training providers to offer:

|  |  |
| --- | --- |
| **Training Program** | **Credential** |
| Comp TIA | A+  Server +  Security +  Network +  Linux + |
| IC2 | Cyber Security |
| SQL | Microsoft Certified Azure Database Administrator Associate |
| Project Management | Google Project Management |
| AWS | AWS Certified Cloud Practitioner |
| Google | Cloud Digital Leader  Cloud Engineer |
| Python | Google IT Automation with Python Professional Certificate |
| Generative AI | IBM Generative AI Fundamentals Certificate |

All training must be easily accessible and be available for residents living in the Southwest Region of Connecticut.

**ELIGIBILITY:**

Selected training providers shall:

* Offer the highest quality training and provide program specific verifiable information when requested, including proof of program completion and credential/license.
* Provide a calendar 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 The WorkPlace as requested and in a timely manner.
* If applicable, 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 – 90%

**Submit a separate application for each program submission.**

**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 institution is 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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**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.***

**PROGRAM INFORMATION**

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

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

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

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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 ***YOUR INSTITUTION*** will issue upon successful completion of your program: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Indicate the credential that will be issued by ***ANOTHER ENTITY*** if the participant successfully passes any requisite exam:

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

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

**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 \_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# INQUIRIES, PERTINENT DATES and SUBMISSIONS

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

Mark Lazarus

The WorkPlace

1000 Lafayette Blvd. Suite 501

Bridgeport, CT 06604

Email: mlazarus@workplace.org

Entities may be placed on the list based on the information submitted, if the program meets the needs of the Southwest Technology and Data Initiative (in terms of program design, curriculum, flexible availability, outcomes and cost), if **all of the information** requested above is provided and verified, 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 in business for at least three years.

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

The deadline to provide the required information (either by email or in hard copy) to the contact listed above is **TUESDAY, APRIL 30, 2024, by 4:00 pm (EST)**. Late submissions will NOT be accepted if delivered in person and will NOT be considered if submitted electronically.

Approved programs will be reviewed on a continual basis and can be removed from the list if eligibility requirements are not maintained.