

## REQUEST FOR QUALIFICATIONS

### *Occupational Skills Training Providers List*

The purpose of this Request for Qualifications (RFQ) is to identify qualified training providers across the State of Connecticut to train students for various Occupational Skills. All training entities must offer a state or nationally recognized credential to students. This RFQ is to ensure that all interested qualified training providers are identified as potential trainers for various programs associated with The WorkPlace, Inc.

Training is focused on:

- **Reskilling and Upskilling:** Continuous learning and job training are essential.
- **Inclusiveness and Effectiveness:** Help propel worker success while advancing social equity.
- **Mutual Success:** This win-win program helps students, workers, and Connecticut thrive by uniting employers, workforce development boards, secondary- and post-secondary institutions, and community and economic organizations.

The WorkPlace will create an Occupational Skills Training Providers List which will contain course information, pricing, and schedules for training to support various WorkPlace programs. Successful bidders will be placed on a list of qualified, approved providers for The WorkPlace, Inc.

## INTRODUCTION

The WorkPlace manages projects and programs that help people prepare for 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 will partner with training providers across the state to offer Occupational Skills training through various programs at The WorkPlace, Inc. Training funds will be available through federal, state, local and private resources.

The WorkPlace is seeking qualified training entities to provide the following occupational skills training for enrollees in WorkPlace programs across the state. The following is a list of Occupational Skills Training that will be available to students enrolled in WorkPlace programs.

Industries	Credential/Certification
Advanced Manufacturing	Certified Production Technician Advanced Manufacturing CNC
Healthcare	Certified Nurse Assistant (CNA) Emergency Medical Services (EMS) - EMT, EMR, or Paramedic License Phlebotomy Pharmacy Technician Dental Assistant Medical Assistant Community Health Worker Electrocardiogram (EKG) Technician Human Services Assistant Patient Care Technician Home Health Aide (HHA) Registered/ Certified Medical Assistant - CCMA, CMAA – AAMA & NHA
Culinary Arts	ServeSafe Food Manager Certification
IT/ Computer Skills	CompTIA CompTIA A+ CompTIA Security Plus AWS Cloud Practitioner Google Cyber Security Microsoft AZ900 Generative AI
Retail	Customer Service Excellence Sales Techniques and Upselling Visual Merchandising Retail Management and Leadership Inventory Management
Energy	Solar - NABCEP PV Associate Certification - NABCEP PVIS (Installation Specialist) Certification - Solar Site Assessor Offshore Wind - Global Wind Organization Basic Safety - STCW (Standards of Training, Certification, and Watchkeeping) Basic Safety Training - Offshore Wind Technician Training EV Infrastructure - EV Charging Station Installer/Technician Certification - EV Technician Training Energy Efficiency - BPI (Building Performance Institute) Building Analyst Certification

	<ul style="list-style-type: none"> <li>- Certified Energy Manager (CEM)</li> <li>- Weatherization Technician Training</li> </ul> <p>Sustainable Infrastructure</p> <ul style="list-style-type: none"> <li>- LEED Green Associate Certification</li> <li>- Green Construction and Retrofit Training</li> </ul>
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All training must be easily accessible and be available for residents living in all regions 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.
- 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.**

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

\_\_\_\_\_

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:

Cathy Robinson- Patton  
Vice President of Young Adult Services  
The WorkPlace  
1000 Lafayette Blvd. Suite 501  
Bridgeport, CT 06604  
Email: crpatton@workplace.org

Entities will be placed on the list based on the information submitted, if the program meets the needs of The WorkPlace, Inc. (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 in business for at least three years.

**Being selected to be on The WorkPlace Occupational Skills 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 contract with 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 by email to the contact listed above is **FRIDAY, SEPTEMBER 20th, 2024, by 4:00 pm (EST)**. Late submissions will NOT be considered if submitted electronically.