

**Westchester Putnam Workforce Investment Board
Hudson Valley Regional
Limited English Proficiency and Contextual Learning in the Workplace**

Announcement

Westchester County and Westchester-Putnam Workforce Investment Board was awarded a \$500,000 grant by the New York State Department of Labor to implement the Hudson Valley Regional Limited English Proficiency and Contextual Learning in the Workplace Program (LEPCLW). This program provides opportunities for businesses in the region to train employees who are limited English speakers improve their abilities to communicate in English on the job. The goal is to provide workplace learning opportunities that will improve their English skills and enhance abilities to perform their jobs.

Businesses may still apply for entry to this partnership for training to be completed by March 31, 2010. In order to be eligible for this training the employee must be a current employee of the company, training will take place at the business locations and training are conducted during the participates work shift. Interested businesses are asked to complete the following forms

1. Memorandum of Agreement
2. Business Survey
3. Responsibility Questionnaire

Please mail the original signed forms to : **Sonda Norris-Lowe, Program Coordinator, Westchester/Putman Local Workforce Investment Board (“WPLWIB”), 120 Bloomingdale Rd, White Plains, New York 10601 no later than on Friday, November 6, 2009.** If you have questions, call 995-3708 or send an e-mail to SNL1@westchestergov.com.

**Hudson Valley Regional Limited English Proficiency and Contextual Learning in the Workplace
Participating Business Survey Form**

Email completed form to: cqo1@westchestergov.com

1. Employer Identification Number: _____
2. Company Name: _____
3. Address: _____
4. City: _____ State/Zip: _____
5. Contact Name: _____
6. Contact Title: _____
7. Telephone Number: _____
8. Alt. Number: _____ 9. Fax: _____
10. Email: _____
11. Nature of Business: _____
12. Type of Industry: _____
13. Occupation(s) of the employees: _____
14. Total number of Employees: _____
15. Number of employees to be trained in this initiative: _____
16. Kind of Training:
 - a. ESL Approach
 - b. Vocational Approach
 - c. Work Experience
17. Will your employees be paid their regular salaries during this training?
Yes _____ No _____
18. Are you willing to continue the Vocational English as Second language after training is over?
Yes _____ No. _____

Memorandum of Agreement

Limited English Proficiency and Contextual Learning in the Workplace

This Memorandum of Agreement has been developed, and entered into between the County of Westchester serving on behalf of the WIB and the numerous parties outlined in Section (a) to outline the working relationship with respect to the design, implementation and operation of a Limited English Proficiency and Contextual Learning in the Workplace grant, a response to the Department of Labor, State of New York (Funding Opportunity RFP#-12N).

(a) Parties to the Agreement

Parties of the Agreement

THE COUNTY OF WESTCHESTER, a municipal corporation of the State of New York, having an office and place of business in the Michaelian Office Building, 148 Martine Avenue, White Plains, NY 10601 (the "County"), acting on behalf of the **Westchester/Putnam Local Workforce Investment Board ("WPLWIB")**

and _____ (member), having a place and business at _____ (Address of the member). By marking the boxes listed below, I/my agency agrees to fulfill these commitments from the date of signing until August 31, 2010, with the potential for renewal after a review period upon expiration of this agreement.

(b) Term of Agreement

The duration of this Memorandum of Agreement will be for two (2) years, effective upon and subject to notification of grant award approval by the State of New York. The County, at its sole option, may renew the MOA for up to three (3) additional years based on the demonstrated needs of the Project Partners, the availability of funding from the DOL and/or other funding sources, and subject to obtaining all necessary legal approvals. The MOA can be modified as required by agreement of the parties in writing during the entire term, subject to the parties obtaining all necessary legal approvals.

(c) Purpose

WHEREAS, the Governor of the State of New York and the State Workforce Investment Board have made available up to \$5.5 million of statewide funds under the Workforce Investment Act to support various projects that demonstrate the positive impact of Vocational English as a Second Language ("VESL") programs on meeting the intertwined needs of workers and businesses; and

WHEREAS, the New York State Department of Labor ("DOL") has issued an RFP seeking proposals from eligible applicants for the development of VESL projects in a contextualized setting in the workplace (the "Project"); and

WHEREAS, the County, acting on behalf of the WPLWIB, has submitted a Project proposal and application for funding in response to the RFP; and

WHEREAS, in order to be eligible to receive funding, applicants are required to enter into strategic partnerships with the education and business community to address workforce issues targeted to individuals who lack English language proficiency skills that impede their ability to learn or enhance occupational skills; and

WHEREAS, pursuant to the requirements of the RFP, a Memorandum of Agreement (“MOA”) must be submitted with each application that clearly defines the roles of program partners.

NOW, THEREFORE, in consideration of the terms and conditions, therein contained, the parties agree as follows:

1. Each participating Business Partner must sign this MOA which outlines its role in the demonstration Project. Each Business Partner must attach to this MOA their respective contact information, including FEIN a list of the number of Limited English Proficient (“LEP”) individuals to be served, including language barriers, occupations and industries. Each Business Partner agrees to provide training on company time and that trainees will be compensated by the Business Partner at no less than their normal rate of pay while they participate in VESL training. Business Partners may also provide VESL instruction, as determined locally. It is expected that Business Partners will sustain successful projects upon conclusion of this grant.
2. Each Educational Partner must sign this MOA which defines its role in this Project. Each Education Partner, as defined by the LWIB ESL inventory of providers, who are currently providing traditional ESL instruction within the community, should work closely with all project applicants to bridge the community ESL instruction to the VESL learning that will be taking place at the workplace as a result of the grant. The traditional ESL instruction that is being delivered in the communities should be the foundation upon which the VESL prepares workers to be successful in the workplace and improve their economic self-sufficiency. Educational Partners will be responsible for developing the contextualized VESL curriculum for the demonstration Project. Each Educational Partner shall also administer the pre and post standardized tests, such as Basic English Skills Test (BEST) Plus and/or BEST Language, to determine the participants’ proficiency in English language skills.
3. Each Project Partner hereby agrees to indemnify and hold harmless the County, the WPLWIB, their respective officers, employees, agents and elected officials from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorney’s fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the Project Partner or third parties under the direction or control of such Project Partner, and to provide defense for and defend the County and the WPLWIB, at the Project Partner’s sole expense, for any and all claims, demands or causes of action directly or indirectly arising out of the performance or failure to perform hereunder by the Project Partner or third parties under their direction and control and to bear all other costs and expenses related thereto.
5. This MOA is expressly contingent upon the WPLWIB’s receipt of grant approval from the DOL under the Request For Proposal (RFP) #12-N tier and subject to all necessary legal approvals.

(d) Responsibilities

The parties involved in the delivery of the project acknowledge their respective responsibilities:

Businesses: The undersigned business partners affirm and provide assurances that training will occur on company time and trainees will be compensated by the business at no less than their normal rate of pay while participating in the proposed training program.

Where appropriate, business will sustain the activities outlined in this proposal at the conclusion of this funding opportunity.

Applicant: The WPLWIB shall serve as the administrator and grant recipient responsible for the expenditure of grant funds for the Project. It will also: Provide reports and track participant data; develop and maintain strong partnerships with the Educational Partners and Business Partners; encourage the creation of successful programs by facilitating the development of contextualized curriculum by the Educational Partners; facilitate the creation of successful programs by leveraging resources, such as those provided by the Educational Partners and/or participating Business

Partners; make information about the program available to the participating Business Partners; compile and maintain relevant program data and provide a program coordinator to facilitate the success of the program. The program coordinator will be responsible for coordinating the activities between the members of the Project and the services to the trainees. The program coordinator will be employed or associated with the applicant organization.

The LWIB and /Educational Partner roles and responsibilities are outlined individually in the following section.

WIB Partner

Organization Name:

Role & Responsibility:

Supply of Program Participants:

(e) The undersigned hereby agrees to the terms stated above in the MOA.

THE COUNTY OF WESTCHESTER

_____ Date _____

Kevin P. Mahon, Commissioner
Department of Social Services

_____ Date _____

Signature _____
Name and Title _____
WIB _____

ACKNOWLEDGMENT

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____ in the year 20__ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Date: _____

Notary Public

CERTIFICATE OF AUTHORITY

I, _____,
(Officer other than officer signing contract)

certify that I am the _____ of
(Title)
the _____
(Name of Corporation)

a corporation duly organized and in good standing under the _____ (Law under which
organized, e.g., the New York Business Corporation Law) named in the foregoing agreement; that

(Person executing agreement)
who signed said agreement on behalf of the _____
(Name of Corporation)

was, at the time of execution _____
(Title of such person)

of the Corporation and that said agreement was duly signed for and on behalf of said Corporation by authority of its governing board, thereunto duly authorized and that such authority is in full force and effect at the date hereof.

(Signature)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at _____, and he/she is an officer of said corporation; that he/she is duly authorized to execute said certificate on behalf of said corporation, and that he/she signed his/her name thereto pursuant to such authority.

Notary Public
Date

Educational Partner

Organization Name:

Role & Responsibility in Developing the contextualized VESL curriculum

Process for administration of pre and post standardized tests:

(e) The undersigned hereby agrees to the terms stated above in the MOA.

THE COUNTY OF WESTCHESTER

Kevin P. Mahon, Commissioner
Department of Social Services

Date _____

Signature
Name and Title _____
Name of Entity _____

Date _____

ACKNOWLEDGMENT

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____ in the year 20__ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Date: _____

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(Title of such person)

of the Corporation and that said agreement was duly signed for and on behalf of said Corporation by authority of its governing board, thereunto duly authorized and that such authority is in full force and effect at the date hereof.

(Signature)

STATE OF NEW YORK)
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COUNTY OF)

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Notary Public
Date

Business Partner

Name of Business:

Business Contact:

Address:

Telephone:

Fax:

Email:

FEIN:

Number of LEP Individuals:

Barriers:

Occupations:

Industry:

(e) The undersigned hereby agrees to the terms stated above in the MOA.

THE COUNTY OF WESTCHESTER

Date _____
Kevin P. Mahon, Commissioner
Department of Social Services

Date _____
Signature _____
Name and Title _____
Name of Company _____

ACKNOWLEDGMENT

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____ in the year 20__ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Date: _____

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(Name of Corporation)

was, at the time of execution _____
(Title of such person)

of the Corporation and that said agreement was duly signed for and on behalf of said Corporation by authority of its governing board, thereunto duly authorized and that such authority is in full force and effect at the date hereof.

(Signature)

STATE OF NEW YORK)
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COUNTY OF)

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Notary Public
Date

RESPONSIBILITY QUESTIONNAIRE

9/11/07

Instructions

Please complete this form answering every question. A "Yes" answer to questions 1-22 requires a written explanation attached to the questionnaire and submitted on company letterhead signed by an officer of the company.

QUESTIONS:

Within the past five years, has your firm, any affiliate¹, any principal, owner or officer or major stockholder (10% or more shares) or any person involved in the bidding or contracting process been the subject of any of the following:

- (1) a judgment or conviction for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
- (2) a criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
- (3) an unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any local, state or federal government agency?
 Yes No
- (4) an investigation for a civil violation for any business related conduct by any local, state or federal agency?
 Yes No

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

- (5) a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
- Yes No
- (6) a local, state or federal suspension, debarment or termination from the contracting process?
- Yes No
- (7) a local, state or federal contract suspension or termination for cause prior to the completion of the term of a contract?
- Yes No
- (8) a local, state or federal denial of a lease or contract award for non-responsibility?
- Yes No
- (9) an agreement to voluntary exclusion from bidding/contracting?
- Yes No
- (10) an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?
- Yes No
- (11) a local, state or federal determination of a willful violation of any prevailing wage law or a violation of any other labor law or regulation?
- Yes No
- (12) a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?
- Yes No
- (13) a denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status?
- Yes No

(14) a rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or MWBE requirements on a previously held contract?

Yes No

(15) a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local government laws?

Yes No

(16) an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?

Yes No

(17) a rejection of a bid on a New York contract or lease for failure to comply with the MacBride Fair Employment Principles?

Yes No

(18) a citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of

- federal, state or local health laws, rules or regulations
- unemployment insurance or workers' compensation coverage or claim requirements
- ERISA (Employee Requirement Income Security Act)
- federal, state or local human rights laws
- federal or state security laws
- federal INS and Alienage laws
- Sherman Act or other federal anti-trust laws?

Yes No

(19) a finding of non-responsibility by an agency or authority due to the failure to comply with the requirements of Tax Law Section 5-a?

Yes No

ADDITIONAL QUESTIONS

(20) Has the vendor been the subject of agency complaints or reports of contract deviation received within the past two years for contract performance issues arising out of a contract with any federal, state or local agency? If yes, provide details regarding the agency complaints or reports of contract deviation received for contract performance issues.

Yes No

(21) Does the vendor use, or has it used in the past five (5) years, an Employee Identification No., Social Security No., Name, DBA, trade name or abbreviation different from that listed on your mailing list application form? If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such company and d/b/a on a separate piece of paper and attach to this response.

Yes No

(22) During the past three years, has the vendor failed to:

(a) File returns or pay any applicable local, state or federal government taxes?

Yes

No

If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability

amount the company failed to file/pay and the current status of the

liability: _____

_____.

(a) File returns or pay New York State Unemployment Insurance?

Yes No

If yes, indicate the years the company failed to file/pay the insurance and the current status of the liability:

_____.

(23) Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates, regardless of the date of filing?

Yes No

If yes, indicate if this is applicable to the submitting vendor or one of its affiliates:

If it is an affiliate, include the affiliate's name and FEIN:

Provide the court name, address and docket number:

Indicate if the proceedings have been initiated, remain pending or have been closed: _____

If closed, provide the date closed: _____

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor’s business and operations;
- Understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- Is under a duty to notify the procuring State Agency of any material changes to the vendor’s responses herein prior to the State Comptroller’s approval of the contract.

Name of Business

Signature of Officer

Address

Typed Copy of Signature