

Budget Form

Project: Fit4Work Reengagement Project – Planning Phase

Funding Source: FY 2025 ARC INSPIRE Initiative Planning Grant

Proposer Information

Organization / Firm Name: _____

Primary Contact: _____

Email: _____ **Phone:** _____

Budget Summary

Budget Category	ARC Funds Requested	Matching Funds (if applicable)	Total Cost
Personnel / Labor	\$	\$	\$
Fringe Benefits	\$	\$	\$
Contractual / Consultant Costs	\$	\$	\$
Travel	\$	\$	\$
Supplies	\$	\$	\$
Other Direct Costs	\$	\$	\$
Indirect Costs (if applicable)	\$	\$	\$
TOTAL PROJECT COST	** **	\$	

Detailed Budget

Personnel / Labor

Position / Role	Hourly Rate	Hours	ARC Funds	Match	Total
			\$	\$	\$
			\$	\$	\$

Fringe Benefits (if applicable)

Benefit Type	Calculation Method	ARC Funds	Match	Total
		\$	\$	\$

Contractual / Consultant Costs

Service Description	Rate	Units	ARC Funds	Match	Total
			\$	\$	\$

Travel

Purpose	Rate	Units	ARC Funds	Match	Total
			\$	\$	\$

Supplies

Item	Quantity	Unit Cost	ARC Funds	Match	Total
			\$	\$	\$

Other Direct Costs

Description	ARC Funds	Match	Total
	\$	\$	\$

Indirect Costs (if applicable)

Rate (%)	Base	ARC Funds	Match	Total
		\$	\$	\$

Certification: I certify that the above budget is accurate, reasonable, and directly related to the scope of work described in the proposal.

Authorized Signature: _____ **Date:** _____

Budget Narrative Form

Project: Fit4Work Reengagement Project – Planning Phase

Funding Source: FY 2025 ARC INSPIRE Initiative Planning Grant

Instructions

The budget narrative must clearly explain and justify each cost included in the Budget Form. All costs must be reasonable, necessary, and directly related to the proposed scope of work. The narrative should demonstrate cost effectiveness and alignment with ARC and NTRPDC procurement requirements.

Personnel / Labor

Describe each position, role, and level of effort. Explain how staff time supports the proposed tasks and deliverables.

Fringe Benefits

Describe the fringe benefit rate and how it was calculated. Identify which benefits are included.

Contractual / Consultant Costs

Explain all contractual or subcontracted services. Describe the scope of services, rates, and how costs were estimated.

Travel

Describe the purpose of all travel, estimated mileage or lodging, and how travel supports project activities.

Supplies

List and justify supplies necessary to carry out the project.

Other Direct Costs

Explain any other direct costs not captured above and why they are necessary for project completion.

Indirect Costs (if applicable)

Identify the approved indirect cost rate and base. If no indirect costs are requested, state so here.

Cost Effectiveness and Reasonableness

Explain how the proposed budget represents a cost-effective approach to achieving the project outcomes.

Certification: I certify that the costs described above are necessary, reasonable, and allowable under applicable federal and state guidelines.

Authorized Signature: _____ **Date:** _____

Workplan and Timeline Form

Project: Fit4Work Reengagement Project – Planning Phase

Funding Source: FY 2025 ARC INSPIRE Initiative Planning Grant

Issuing Organization: Northern Tier Regional Planning & Development Commission (NTRPDC)

Instructions

Proposers must complete this Workplan and Timeline Form to demonstrate their understanding of the project scope, approach, and sequencing of activities. The workplan should clearly align tasks, deliverables, and timelines with the goals of the Fit4Work Reengagement Project and ARC planning grant requirements.

All tasks must be completed within the grant period. Additional pages may be attached if necessary.

Proposer Information

Organization / Firm Name: _____

Primary Contact: _____

Email: _____ **Phone:** _____

Project Approach Summary

Provide a brief summary of your overall approach and methodology for completing the project.

Workplan and Timeline

Task No.	Task Name / Description	Key Activities	Deliverables	Start Date	End Date	Responsible Staff
1						
2						
3						
4						
5						

Milestones and Review Points

Identify major milestones, decision points, or review meetings with NTRPDC and partners.

Coordination and Communication

Describe how the proposer will coordinate with NTRPDC staff, partners, and stakeholders, including meeting frequency and reporting.

Risk Management and Adjustments

Identify potential risks to the timeline and how they will be mitigated.

Certification: I certify that this workplan and timeline are feasible and can be completed within the proposed schedule and budget.

Authorized Signature: _____ **Date:** _____

Conflict of Interest Certification

Project: Fit4Work Reengagement Project – Planning Phase

Funding Source: FY 2025 ARC INSPIRE Initiative Planning Grant

Issuing Organization: Northern Tier Regional Planning & Development Commission (NTRPDC)

Purpose

This Conflict of Interest Certification is required as part of the proposal submission and selection process for the Fit4Work Reengagement Project. The certification is intended to ensure compliance with applicable federal, state, and local procurement standards, including Appalachian Regional Commission (ARC) and Workforce Innovation and Opportunity Act (WIOA) requirements, and to promote transparency and integrity in the procurement process.

Proposer Information

Organization / Firm Name: _____

Primary Contact Name & Title: _____

Email: _____ **Phone:** _____

Conflict of Interest Disclosure

The undersigned certifies, to the best of their knowledge and belief, that:

- Neither the proposer nor any individual associated with the proposer has a real, apparent, or potential conflict of interest related to this RFP.
- A potential or actual conflict of interest exists and is fully disclosed below.

If a conflict exists, provide a detailed explanation, including the nature of the conflict and any steps taken or proposed to mitigate it:

Certification and Attestation

By signing below, I certify that:

- The information provided in this certification is true, complete, and accurate.
 - The proposer has disclosed any known conflicts of interest, including financial, personal, or organizational relationships that could influence or appear to influence the procurement process.
 - The proposer agrees to immediately notify NTRPDC if a conflict of interest arises at any time during the procurement or contract period.
 - The proposer understands that failure to disclose a conflict of interest may result in disqualification, termination of contract, or other remedies permitted by law.
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Authorized Representative (Print Name): _____

Signature: _____ **Date:** _____

Title: _____

This certification will be retained by NTRPDC in accordance with federal and state recordkeeping and audit requirements.

Debarment and Suspension Certification

The undersigned certifies, to the best of his or her knowledge and belief, that neither the organization nor its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal, state, or local department or agency;
2. Have within the past three (3) years been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property
3. Are presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses described above; and
4. Have within the past three (3) years had one or more public transactions (federal, state, or local) terminated for cause or default.

Where the undersigned is unable to certify to any of the statements above, an explanation shall be attached.

Organization Name: _____

Authorized Representative (Print Name): _____

Title: _____

Signature: _____

Date: _____

Insurance Certification

The undersigned certifies that the organization named below maintains insurance coverage with insurers licensed to do business in the applicable jurisdiction and with limits no less than those required by contract, grant, or applicable law, including the following (as applicable):

- **Commercial General Liability:** Including bodily injury, personal injury, and property damage
- **Workers' Compensation:** As required by state law
- **Employer's Liability:** As required by law
- **Automobile Liability:** Covering owned, hired, and non-owned vehicles (if applicable)
- **Professional Liability / Errors and Omissions:** (If applicable to services provided)

Such insurance shall:

- Name the funding agency and/or contracting entity as additional insured where required;
- Provide that coverage shall not be canceled, materially changed, or non-renewed without prior written notice as required by contract;
- Be primary and non-contributory where required.

Certificates of insurance evidencing the required coverage will be provided upon request.

Organization Name: _____

Insurance Carrier(s): _____

Authorized Representative (Print Name): _____

Title: _____

Signature: _____

Date: _____