**Appendix 2 – Work Plan and Pricing**

**Notification of Funds' Availability for the Workforce Training Programs by the Puerto Rico Broadband Program within BEAD**

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| **General Information** | |
| Name of the organization |  |
| Registration number of the organization (EIN) |  |
| Unique Entity Identifier (UEI) from SAM.gov |  |
| Address of principal offices |  |
| Name of the point of contact |  |
| Email of the point of contact |  |
| Phone of the point of contact |  |
| Name of the legal representative[[1]](#footnote-2) |  |
| Position of legal representative |  |
| Legal status of legal representative |  |
| City of residence of legal representative |  |
| Email of the legal representative |  |
| Phone of the legal representative |  |

**Please indicate which program(s) you are applying for (select all that apply):**

|  |  |
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| **Program** | **YES / NO** |
| Program A: Career Explorations (K-12) and internships (higher ed) |  |
| Program B: Non-degree and innovative workforce programs |  |
| Program C: Training Centers of Excellence for certifications and apprenticeships |  |

**IMPORTANT: For each program of the three above for which there is a proposal, a separate Appendix 2 should be submitted with its Pricing Proposal. Each program will be evaluated independently.**

**11.1 Program A – Appendix 2**

**Overall approach - Career Explorations (K-12) and internships (higher ed)**

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| **Please describe your organization and explain what is your overall plan / approach to be able to deliver on the goals of the program.** |
| [To be completed] |
| 1. **Program Design and Innovation** | |
| **A.1. Detail your organization’s experience in training / education and workforce development, including examples of specific projects / programs developed or implemented.** | |
| [To be completed] | |
| * **A.2. Explain how your program will be accessible to various student groups, including underrepresented[[2]](#footnote-3) populations. Highlight any wrap-around services you will provide (e.g., counseling, mentorship, or job placement assistance). Please describe the eligibility criteria that will be applied to evaluate students to be accepted in your program(s).** | |
| [To be completed] | |
| * **A.3. Describe your specific approach to targeting and engaging women in your program.** | |
| [To be completed] | |
| * **A.4. Explain any innovative solutions or methods your program will use to capture the attention and interest of students and promote careers in the broadband sector. Please explain why that approach is innovative.** | |
| [To be completed] | |

| 1. **Joint Development** |
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| * **B.1. Describe how your program has been developed with input from industry professionals and/or key stakeholders to ensure that the program addresses real workforce development needs in Puerto Rico.** |
| [To be completed] |
| **B.2. Explain any partnerships you have with employers, training providers, or industry associations that will support the development and implementation of the program.** |
| [To be completed] |

| 1. **Cost- Efficacy and Efficiency** |
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| **C.1. Explain how your program Is designed to be cost-effective and kicked-off within a reasonable time frame.** |
| [To be completed] |
| **C.2. Describe the commitment of your organization's leadership to the program**, **as well as their engagement in its development and implementation** |
| [To be completed] |
| **C.3. Detail your plan for scaling the program in the future.** |
| [To be completed] |

| 1. **Sustainability and Affordability** |
| --- |
| **D.1. Explain your plans to ensure your program(s) will be free or low-cost for students.** |
| [To be completed] |
| **D.2. Provide a plan for how your program(s) will remain sustainable after this funding period.** |
| [To be completed] |
| **D.3. Describe how your program(s) will incorporate paid work experience opportunities for participants (if applicable)** |
| [To be completed] |

**Proposed Program Pricing and Total Outcomes – please fill out and provide detail via attachment**

**Instructions**: The below table provides an example on a manner in which you can submit the Program Pricing requirement. Proponents can submit their Proposed Pricing in the format and way they deem more appropriate. However, the Proposed Pricing should have clear information, including a split per year, per program applying for, and a proposed disbursement schedule for each.

Please include the total expected program cost and requested funding by fiscal year (Federal Fiscal Year begins on October 1 and ends on September 30 of the following year)

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Total** |
| **Overall Program Cost:** | $ |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Item Name** | **Item cost (for one unit)** | **Quantity** | **Total** | **Note / Explanation** |
| **Curriculum & Training** |  |  |  |  |
| *E.g., cost of training session for (XX participants)* | *50,000* | *4* | *200,000* | *E.g., cost of staffing and deploying trainers* |
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| **Community Outreach** |  |  |  |  |
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| **Program Management** |  |  |  |  |
| *# dedicated resources* |  |  |  | *E.g., compensation for planned staff hired* |
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| **Equipment and Materials** |  |  |  |  |
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| **Certification** |
| **Please provide below a certification and signature that all the information provided, including appendixes and attachments, is true and accurate.** | |
| [To be completed] | |

**11.2 Program B – Appendix 2**

**Overall approach - Non-degree and innovative workforce programs**

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| **Please describe your organization and explain what is your overall plan / approach to be able to deliver on the goals of the program.** |
| [To be completed] |
| 1. **Program Design and Innovation** | |
| **A.1. Detail your organization’s experience in training / education and workforce development, including examples of specific projects / programs developed or implemented.** | |
| [To be completed] | |
| * **A.2. Explain how your program will be accessible to various student groups, including underrepresented[[3]](#footnote-4) populations. Highlight any wrap-around services you will provide (e.g., counseling, mentorship, or job placement assistance). Please describe the eligibility criteria that will be applied to evaluate students to be accepted in your program(s).** | |
| [To be completed] | |
| * **A.3. Describe your specific approach to targeting and engaging women in your program.** | |
| [To be completed] | |
| * **A.4. Explain any innovative solutions or methods your program will use to capture the attention and interest of students and promote careers in the broadband sector. Please explain why that approach is innovative.** | |
| [To be completed] | |

| 1. **Joint Development** |
| --- |
| * **B.1. Describe how your program has been developed with input from industry professionals and/or key stakeholders to ensure that the program addresses real workforce development needs in Puerto Rico.** |
| [To be completed] |
| **B.2. Explain any partnerships you have with employers, training providers, or industry associations that will support the development and implementation of the program.** |
| [To be completed] |

| 1. **Cost- Efficacy and Efficiency** |
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| **C.1. Explain how your program Is designed to be cost-effective and kicked-off within a reasonable time frame.** |
| [To be completed] |
| **C.2. Describe the commitment of your organization's leadership to the program**, **as well as their engagement in its development and implementation** |
| [To be completed] |
| **C.3. Detail your plan for scaling the program in the future.** |
| [To be completed] |

| 1. **Sustainability and Affordability** |
| --- |
| **D.1. Explain your plans to ensure your program(s) will be free or low-cost for students.** |
| [To be completed] |
| **D.2. Provide a plan for how your program(s) will remain sustainable after this funding period.** |
| [To be completed] |
| **D.3. Describe how your program(s) will incorporate paid work experience opportunities for participants (if applicable)** |
| [To be completed] |

**Proposed Program Pricing and Total Outcomes – please fill out and provide detail via attachment**

**Instructions**: The below table provides an example on a manner in which you can submit the Program Pricing requirement. Proponents can submit their Proposed Pricing in the format and way they deem more appropriate. However, the Proposed Pricing should have clear information, including a split per year, per program applying for, and a proposed disbursement schedule for each.

Please include the total expected program cost and requested funding by fiscal year (Federal Fiscal Year begins on October 1 and ends on September 30 of the following year)

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Total** |
| **Overall Program Cost:** | $ |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Item Name** | **Item cost (for one unit)** | **Quantity** | **Total** | **Note / Explanation** |
| **Curriculum & Training** |  |  |  |  |
| *E.g., cost of training session for (XX participants)* | *50,000* | *4* | *200,000* | *E.g., cost of staffing and deploying trainers* |
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| **Community Outreach** |  |  |  |  |
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| **Program Management** |  |  |  |  |
| *# dedicated resources* |  |  |  | *E.g., compensation for planned staff hired* |
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| **Equipment and Materials** |  |  |  |  |
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| **Certification** |
| **Please provide below a certification and signature that all the information provided, including appendixes and attachments, is true and accurate.** | |
| [To be completed] | |

**11.3 Program C – Appendix 2**

**Overall approach – Training Centers of Excellence for Certifications and Apprenticeships**

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| --- |
| **Please describe your organization and explain what is your overall plan / approach to be able to deliver on the goals of the program.** |
| * [To be completed] |
| 1. **Program Design and Innovation** | |
| **A.1. Detail your organization’s experience in training / education and workforce development, including examples of specific projects / programs developed or implemented.** | |
| [To be completed] | |
| * **A.2. Explain how your program will be accessible to various student groups, including underrepresented[[4]](#footnote-5) populations. Highlight any wrap-around services you will provide (e.g., counseling, mentorship, or job placement assistance). Please describe the eligibility criteria that will be applied to evaluate students to be accepted in your program(s).** | |
| [To be completed] | |
| * **A.3. Describe your specific approach to targeting and engaging women in your program.** | |
| [To be completed] | |
| * **A.4. Explain any innovative solutions or methods your program will use to capture the attention and interest of students and promote careers in the broadband sector. Please explain why that approach is innovative.** | |
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| 1. **Joint Development** |
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| * **B.1. Describe how your program has been developed with input from industry professionals and/or key stakeholders to ensure that the program addresses real workforce development needs in Puerto Rico.** |
| [To be completed] |
| **B.2. Explain any partnerships you have with employers, training providers, or industry associations that will support the development and implementation of the program.** |
| [To be completed] |

| 1. **Cost- Efficacy and Efficiency** |
| --- |
| **C.1. Explain how your program Is designed to be cost-effective and kicked-off within a reasonable time frame.** |
| [To be completed] |
| **C.2. Describe the commitment of your organization's leadership to the program**, **as well as their engagement in its development and implementation** |
| [To be completed] |
| **C.3. Detail your plan for scaling the program in the future.** |
| [To be completed] |

| 1. **Sustainability and Affordability** |
| --- |
| **D.1. Explain your plans to ensure your program(s) will be free or low-cost for students.** |
| [To be completed] |
| **D.2. Provide a plan for how your program(s) will remain sustainable after this funding period.** |
| [To be completed] |
| **D.3. Describe how your program(s) will incorporate paid work experience opportunities for participants (if applicable)** |
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| --- | --- | --- | --- | --- | --- | --- |
|  | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Total** |
| **Overall Program Cost:** | $ |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Name** | **Item cost (for one unit)** | **Quantity** | **Total** | **Note / Explanation** |
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| *E.g., cost of training session for (XX participants)* | *50,000* | *4* | *200,000* | *E.g., cost of staffing and deploying trainers* |
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| **Community Outreach** |  |  |  |  |
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| **Program Management** |  |  |  |  |
| *# dedicated resources* |  |  |  | *E.g., compensation for planned staff hired* |
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| **Equipment and Materials** |  |  |  |  |
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| **Certification** |
| **Please provide below a certification and signature that all the information provided, including appendixes and attachments, is true and accurate.** | |
| [To be completed] | |

1. Person that would eventually sign the Grant Agreement if selected [↑](#footnote-ref-2)
2. Includes, but is not limited to: residents who live in rural areas, minorities, incarcerated individuals, veterans, individuals with disabilities or older adults. [↑](#footnote-ref-3)
3. Includes, but is not limited to: residents who live in rural areas, minorities, incarcerated individuals, veterans, individuals with disabilities or older adults. [↑](#footnote-ref-4)
4. Includes, but is not limited to: residents who live in rural areas, minorities, incarcerated individuals, veterans, individuals with disabilities or older adults. [↑](#footnote-ref-5)