REQUEST FOR APPLICATION (RFA) AND BUSINESS PLAN SUBMISSION CHECKLIST

If you are considering applying to become an Employment Network (EN), please read Becoming an EN, Becoming an EN FAQs, and review the RFA thoroughly. When ready to apply, use the checklist to ensure application completeness. For questions, contact the Ticket Program Manager (TPM) at ENRecruitment@ssa.gov with your organization's name, headquarters' state, website address, your name, telephone number, and relevant information about your organization and interest in becoming an EN. TPM can provide individual consultation or invite you to an "EN Opportunity" virtual meeting to learn more about the Ticket Program, EN responsibilities, and preparing a successful application.

IMPORTANT NOTE: EN Applicants under the Ticket Program must meet these minimum criteria to be considered:

- Experience (providing employment services 1 year within the last 3 years, or 2 years within last 5 years, a related bachelor's degree, or equivalent combination)
- Qualifications (current certification, license, contract, vendor agreement, or accreditation for employment services)
- Capability to provide employment services (adequate resources to deliver core services)

RFA Checklist

Part I – EN Ticket Program Agreement

Page 5 – Completed, signed, and dated ..... ☐

Part V – EN Application Documentation Requirements, Section 1: EN Information Sheet

IRS issued EIN ..... ☐
GSA assigned UEI number ..... ☐
SAM registration complete and active ..... ☐
Toll-free telephone ..... ☐ N/A ☐
List of additional service locations ..... ☐ N/A ☐
Main points of contact information ..... ☐
Website (includes evidence of employment service provision) ..... ☐
Service area identified ..... ☐
Corporate status election ..... ☐
Organization type election ..... ☐
Preferred impairment group election ..... ☐
Service model selection ..... ☐
EN payment system election ..... ☐
EN qualification election ..... ☐
Liability insurance election..... ☐
List of EN employees and subcontractor/provider partner personnel ..... ☐

Business Plan Checklist

Organization Description

History of your organization ..... ☐
Organization's mission ..... ☐
Organization's accomplishments ..... ☐
Corporate structure (i.e., subsidiaries, subcontractors, and provider partners) ..... ☐
Organization chart ..... ☐

Description of Programs, Services, Supports, and Client Base

Description of client base ..... ☐
Description of facilities ..... ☐
Description of services ..... ☐
Description of experience providing career planning services ..... ☐
Description of experience providing job placement services ..... ☐
Description of experience providing ongoing employment support services ..... ☐

Certified Benefits Counselors on staff ☐ N/A ☐

Changes to Current Business Model to Meet the Requirements of this RFA

Changes anticipated post-EN agreement award:

Staffing ☐ N/A ☐
Business Policies ☐ N/A ☐
Services ☐ N/A ☐

Organization Plans

Market ☐ N/A ☐
Develop IWPs ☐
Short-term and long-term supports ☐
Protect sensitive beneficiary information ☐
Direct payments to beneficiaries ☐ N/A ☐

Employer EN

Serving as the Ticketholder's employer or employer's agent ☐ N/A ☐
Available jobs paying/expected to pay at or above SGA ☐ N/A ☐
How organization will enable beneficiaries to achieve/maintain SGA ☐ N/A ☐
Active program in place for hiring/providing ongoing support ☐ N/A ☐
Hiring plan that beneficiary will achieve SGA within 9 months ☐ N/A ☐
Commitment to pay beneficiary wages for work performed ☐ N/A ☐

Administration of Outsourced Service Delivery

Services provided through subcontractors ☐ N/A ☐

Administrative EN

At least two (2) provider affiliates ☐ N/A ☐
Provider affiliates meet the qualification requirements (see Part III, Sections 1.A & 1.B) ☐ N/A ☐
Provider affiliates will provide the required core services (see Part III, Sections 1.A & 1.B) ☐ N/A ☐

Plans for Sustaining EN Operations

Grants/ other funding ☐

Required Documentation Checklist

Resumes for key staff ☐
Evidence of EN qualification ☐
Documented evidence of successful delivery of employment services ☐
Benefits counseling certification(s) ☐ N/A ☐

Liability Insurance

Proof of liability insurance ☐

Past Performance and Experience References

Three (3) past performance references for existing and/or prior contracts ☐

References include:

Contract/ project title ☐
Contract/ project number ☐ N/A ☐
Period of contract performance ☐
Description of services ☐
Client name and address ☐
Client point of contact (including phone number and email) ☐

Employer EN

Evidence of employer contracts (for employer agent only) ☐ N/A ☐

Administrative EN

Evidence of contracts with at least two (2) provider affiliates ☐ N/A ☐

Workforce Entity Applicant

Proof of workforce status ☐ N/A ☐

For assistance please contact ENRecruitment@ssa.gov.