



**Land of Lincoln Workforce Board – One Stop Operator RFP  
Cover Sheet – Attachment 1**

<b>Name of Organization:</b> Land of Lincoln Workforce Alliance	<b>Federal Employer ID:</b> 37-6002039
<b>Address:</b> Illinois workNet Center 1300 S. Ninth St. Springfield, IL 62703	<b>Phone:</b> 217- 524- 6103
<b>Contact Person:</b> Anne Schneider	<b>Title:</b> Executive Director
<b>Email:</b> <a href="mailto:aschneider@worknet20.org">aschneider@worknet20.org</a>	<b>Fax:</b> 217- 524- 6096
<b>Total Budget Request:</b> \$210, 347 – In-Kind – paid by Consortium Partners in approved MOU	
<b>Partner Entities to Consortium Application (if any):</b> Illinois Dept. of Employment Security; Illinois Dept. of Human Services - DORS and TANF, Lawrence Education Center and Lincoln Land Community College.	
<b>Brief Description of Proposal:</b> In LWA 20 serving the counties of Cass, Christian, Logan, Menard and Sangamon, a consortium of partners have come together and are committed to serving as the One-Stop Operator for the area. The Consortium partners are well-versed on the Workforce Innovation and Opportunity Act and have been instrumental in moving implementation forward for the past three years. Two partners in the Consortium have been managing the current one Stop since 1996. All partners have extensive knowledge and experience in serving targeted populations, collaboration in the community and program management. Center services will be paid by existing programs as identified in the Memorandum of Understanding (MOU). The proposal identifies planned activities, outcomes, timeline, management, reporting and staffing needs for the Center. As mentioned in the proposal, the State of Illinois recently issued policy for One-Stop Center Certification which must be completed by June 30, 2017. The One-Stop Operator is expected to take the lead for successful completion of Center certification. The Consortium partners included in this proposal are committed to take on this responsibility and assure that criteria is met for certification of the Springfield workNet Center by June 30, 2017.	
<b>Legal Status (circle one):</b> <input checked="" type="radio"/> Public Agency <input type="radio"/> Private Nonprofit Corporation <input type="radio"/> Private for Profit Corporation <input type="radio"/> Other _____	
<b>Statement of Certification</b>	
<p>The applicant certifies that the information provided in this Request for Proposal including all attachments, is true, accurate and current; and the person signing below is authorized to do so on behalf of the above named organization. The applicant further certifies that the organization will comply with Workforce Innovation and Opportunity Act rules and regulations should the Land of Lincoln Workforce Board fund this program.</p>	
<u>Anne Schneider</u> Authorized Signer (Name Typed)	 Authorized Signature
<u>Executive Director</u> Authorized Signer's Title	<u>3/31/17</u> Date Signed

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<b>Name of Organization:</b> National Able Network, Inc.	<b>Federal Employer ID:</b> 23-7339397
<b>Address:</b> 567 W. Lake Street, Suite 1150, Chicago, IL 60661	<b>Phone:</b> 312-994-4211
<b>Contact Person:</b> Andi Drileck	<b>Title:</b> Vice President, Workforce Services
<b>Email:</b> adrileck@nationalable.org	<b>Fax:</b> 312-994-4201
<b>Total Budget Request:</b> \$138,126	
<b>Partner Entities to Consortium Application (if any):</b> Not Applicable	
<b>Brief Description of Proposal:</b> As One-Stop Operator, National Able Network, Inc. (Able) proposes a customer-centered approach that is focused on elevating key successes throughout the LWA and infusing innovation by leveraging its existing operational assets to benefit key stakeholders.	
<b>Legal Status (circle one):</b> Public Agency <input type="checkbox"/> Private Nonprofit Corporation <input checked="" type="checkbox"/> Private for Profit Corporation <input type="checkbox"/> Other _____	
<b>Statement of Certification</b>	
The applicant certifies that the information provided in this Request for Proposal including all attachments, is true, accurate and current; and the person signing below is authorized to do so on behalf of the above named organization. The applicant further certifies that the organization will comply with Workforce Innovation and Opportunity Act rules and regulations should the Land of Lincoln Workforce Board fund this program.	
<b>Grace Powers</b> _____ Authorized Signer (Name Typed)	 _____ Authorized Signature
<b>President &amp; CEO</b> _____ Authorized Signer's Title	3/29/2017 _____ Date Signed