



**PAST PERFORMANCE QUESTIONNAIRE
San Diego Workforce Partnership-Request for Proposal**

Please complete this questionnaire and **submit by no later than July 25, 2013**, to the address below.

Name of organization for which the questionnaire is being completed:

Name of individual providing information:

Title:

Signature: Date:

Mailing Address:

Telephone: Fax:

E-mail Address:

Contract Information (Also to be supplied by respondent organization in the proposal.)

Contract Title:

Contract Number:

Period of Performance (Must be a minimum of 6 months):

Description of Services Provided:

Mail completed questionnaires to:

ATTN: Jacqueline S. Collins
San Diego Workforce Partnership
3910 University Avenue, Suite 400
San Diego, CA 92105

Population Served:

1. If funded through WIA, indicate the funding title and type of population served:

_____ Adults; _____ Dislocated Workers; _____ National Emergency Grant; _____ Older Workers;

If funded through an agency/organization/grant other than WIA, specify the funding source and the specific population(s) served.

2. Performance

What has been the performance of the proposed service provider when providing services? (Use the most current WIA performance if WIA services were provided. If proposer has not provided WIA services, use other funding or funder or source of funding criteria.

Prior Services and Performance – Adults

Number contracted to serve in intensive services	
Actual number served in intensive services	
Number contracted to serve in training activities	
Actual number served in training activities	
Entered Employment Rate	%
Employment Retention Rate	%
Employment & Credential rate	%

Prior Services and Performance – Dislocated Workers

Number contracted to serve in intensive services	
Actual number served in intensive services	
Number contracted to serve in training activities	
Actual number served in training activities	
Entered Employment Rate	%
Employment Retention Rate	%
Employment & Credential rate	%

