



El Paso County  
Contracts and Procurement Division  
15 East Vermijo Avenue  
Colorado Springs, Colorado 80903  
**REQUEST FOR PROPOSAL RFP-22-068**  
**Addendum #1 – 05/12/2022**

**THIS ADDENDUM SHALL BECOME A PART OF THE SOLICITATION  
AND MUST BE ACKNOWLEDGED**

**Request for Proposal RFP-22-068 - PIKES PEAK WORKFORCE CENTER INNOVATION  
GRANT VIA HOUSE BILL 21-1264 - dated April 20, 2022**

**RESPONSE TO QUESTIONS:**

1. Q: Do you have fillable PDFs available for the various forms included in the RFP?  
A: Please use what has been provided. Printing and then scanning in the filled-out form with wet signature is preferred.
2. Q: To ensure that we are working within accepted parameters, can you provide a sample budget and allowable categories of expenses?  
A: Please review Colorado Department of Labor and Employment Program Guidance Letter (PGL)# GRT-2021-02, Change 1 for more details on allowable and nonallowable expenses in addition to contract templates noted at the bottom of page 3 in the PGL. No sample budget is available; however, budgets can include 10% sub-grantee administrative cost, salary cost related to a program FTE, cost per participant enrolled in program etc.
3. Q: We likely will need to file exceptions (assuming we move ahead). What is the process for outlining those and having them approved for the services agreement?  
A: Please accurately fill out the exceptions form provided with the solicitation. Finalizing the services agreement is a later step in the process, if awarded.
4. Q: How much funding is available? How much funding is expected to be awarded per sub-contractor?  
A: Pikes Peak Workforce Center was allocated \$1,541,438. Anticipated awards are up to \$250,000.
5. Q: Can you please confirm if a 501c3 nonprofit organization is eligible to apply for this grant?  
A: Yes

Signature below indicates that applicant has read all the information provided above and agrees to comply in full. This addendum is considered as a section of the Request For Proposal and therefore, this signed document shall become consideration and fully submitted with the original package.

PRINT OR TYPE YOUR INFORMATION

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_