



## **Blue Youth Innovation Grant Request for Proposals**

*Grants to organizations for workforce development in Ocean Tech Hub  
core industries*

**Request for Proposals is open February 19, 2025, to March 28, 2025.**

### **Program Overview**

The Blue Youth Grant is an effort under the Ocean Tech Hub (“OTH”)—a collaboration between the RI Commerce Corporation (“Corporation”), RI Department of Labor and Training, and the Community College of Rhode Island (“CCRI”)—to support student interest and skills in careers in OTH core technology areas of robotics, sensors, advanced materials, composites, and artificial intelligence/machine learning (“AI/ML”), with a focus on undersea applications. The Blue Youth Innovation Grant seeks to prepare at least 100 students for future learning and employment in these up-and-coming industries critical to our national and regional economic development and security.

There is \$120,000 available for this program; the Corporation anticipates awarding 1-4 grants through this solicitation but reserves the right not to award.

### **Who Can Apply?**

The Blue Youth Grant is open to Rhode Island public high schools (including traditional local education districts, charter schools, and career and technical schools), Rhode Island accredited higher education institutions, and Rhode Island-based employers (“Eligible Entities”). Rhode Island-based employers are defined as employers with at least 51% of employees working in Rhode Island and who are registered with the RI Secretary of State.

Youth programs working in collaboration with both a high school and an employer may serve as the lead applicant.

The Corporation and partners will prioritize applicants who collaborate with CCRI to advance the vision of the OTH:

*A region where residents from all communities – especially in historically disadvantaged areas – see a viable pathway into sustaining careers, all small businesses see increased client or customer base, and where new jobs and new business comes online rapidly through*

## *commercialization of innovative Ocean Technologies.*

### **What are the Eligible Uses?**

Applicant projects must be designed to support the development or implementation of either a) courses toward a high school or associate's degree, b) internship opportunities for high school students, or c) high school student mentorship opportunities with industry representatives and/or employers in the following targeted areas:

- AI/ML software
- Advanced materials
- Underwater vehicles
- Undersea navigation technologies.

Funds can be used to establish partnerships; hire coordinators; compensate instructors; purchase materials; develop coursework; and cover additional instructional, coordination, and related expenses.

Applicant projects must be designed to support preparation for expanded workforce capacity in the OTH industries in one or more of the following ways:

- Advanced hard-skills development: Providing programs and opportunities to develop pertinent technical skills and work-based learning.
- Coursework or credentialing pathways: Developing and/or implementing pathways or course content that align to career and technical education programs in the OTH sectors.
- Direct industry engagement: Internships, mentorships, and/or competitions designed to immerse both students and professionals in solution-creation related to the technology areas described above.
- Other: Other programming that adheres to RIGL 42-64.31, as determined by the Corporation.

### **Additional Eligibility Requirements:**

Applicants must:

1. Be an Eligible Entity, as detailed above.
2. Have demonstrated success in supporting education and workforce development in the above industries.
3. Represent a collaboration between high school, industry, and higher education. Applicants who work with the Community College of Rhode Island will be prioritized.
4. Commit to including the proposed efforts, if selected, on the Rhode Island Work-Based Learning Navigator as well as with PrepareRI.

### **Project Timeline**

All projects must be completed by December 1, 2025.

### **Application Components**

Applications should include the following:

#### Project Narrative (no more than 5 pages)

- An executive summary explaining the program; please note that this may be used for public-facing blurbs.
- A well-defined, compelling statement of plans for workforce development. This should include a detailed outline of the purpose and implementation of funding, as well as how individuals will benefit from the outlined programs.
- A sufficient description of how the efforts proposed will support the Blue Youth goals of engaging

- at least 100 high school students as well as the OTH vision
- Statement of previous outcomes and evidence of effectiveness. Evidence may include independent reports, information tracked by the applicant, third-party evaluation, testimonials, and other such information.
- Baseline and projections for the following metrics: Number of students served (including current GPA and demographics of students) by service type (e.g., courses taken, interns placed, etc.), and number of employers and industry professionals engaged.
- A sustainability plan for the programming or efforts being proposed in the application.

**Budget with Narrative**

- A detailed budget explaining the personnel, supplies, contractual, and related costs necessary to undertake the proposed Blue Youth project, along with descriptions and details of the individual line items.
  - Note: The budget should align to the project narrative. For example, the personnel costs articulated in the budget should align to the personnel and capacity demonstrated in the Project Narrative.
- Note: Matching funds are highly encouraged but not required for this program.

**Cover Sheet and Certifications**

- Additional required application materials are included as Exhibit A.

**Review Criteria**

Only applications that support the OTH core technology and industry focus areas will be considered.

- Additionally, proposals including internships must align to the PrepareRI Internship program and criteria, available here: <https://skillsforri.com/prepareri-high-school-internship-program>.

After vetting for eligibility, applications will be evaluated based on the below criteria:

	<b>Points</b>
<b>OVERALL EXPERIENCE OF APPLICANT &amp; DEMONSTRATED RESULTS</b> Our evaluation will include an assessment of the history of your company, your experience as it relates to the requirements within this RFP, evidence of past performance, quality and relevance of past work, references, and related items.	<b>30</b>
<b>QUALIFICATIONS OF THE TEAM</b> Our evaluation will include an assessment of the qualifications and experience of your managerial team and staff directly assigned to the project, including those from subawardees, and related items.	<b>15</b>
<b>QUALITY AND FEASIBILITY OF THE PROPOSED PROGRAM</b> Our evaluation will include assessment of the project scope and timeline, as well as alignment to the state’s economic development, workforce, and educational goals.	<b>25</b>
<b>BUDGET APPROACH/SUSTAINABILITY</b> Our evaluation will include assessment of the project budget’s organization, structure, alignment, and relevance, as detailed	<b>25</b>

through the budget and budget narrative. Assessment of the program's ability to sustain itself after this initial funding will additionally be considered.	
METRICS/EVALUATION Our evaluation will include assessment of the project's evaluation methodology and program outcome metrics.	<b>5</b>
Total	<b>100</b>
MBE/WBE/DisBE Participation (additional potential points) (See Appendix A below for the form and instructions)	<b>6 pts</b>

**Questions? Contact [innovation@commerceri.com](mailto:innovation@commerceri.com) by 11:59PM on March 12; we'll post responses to all questions received on the P-TECH webpage by March 17.**

*NOTE: Designated Corporation staff or selected advisors will evaluate the written responses. The Corporation may at any time during the evaluation process seek clarification from the Proposer(s) regarding any information contained in their submission. Final scores for each respondent will reflect a consensus of the evaluations.*

*Any attempt by a Proposer to contact a member of the Corporation or selected advisors outside of this RFP process, in an attempt to gain knowledge or an advantage, may result in disqualification of the Proposer.*

### **Proposal Submission**

Responses to this RFP must be received as follows:

One (1) electronic (PDF) version must be provided by email to [RFP@commerceri.com](mailto:RFP@commerceri.com) by **11:59 pm on March 28, 2025**. Submissions that are late, misdirected or sent to the wrong email address will not be accepted.

**Note: To ensure transparency, no phone calls pertaining to this RFP will be accepted.**

***The Rhode Island Commerce Corporation reserves the right to terminate this solicitation prior to entering into any agreement with any qualified firm pursuant to this Request for Proposal, and by responding hereto, no firms are vested with any rights in any way whatsoever.***

***Rhode Island Commerce Corporation reserves the right to reject any or all proposals for not complying with the terms of this RFP.***

## APPENDIX A

### PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION INFORMATION AND FORM

ISBE Participation Evaluation (see below for scoring)

- a. The Rhode Island Commerce Corporation encourages MBE/WBE/DisBE participation in this Request. In accordance with Title 37, Chapter 14.1, and Title 37, Chapter 2.2 of the Rhode Island General laws, the Corporation reserves the right to apply additional consideration to MBE/WBE/DisBE up to six (6) additional points in the scoring evaluation as provided below:
- b. Calculation of ISBE Participation Rate
  - a. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
  - b. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example, if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.
- c. Points for ISBE Participation Rate:
  - a. The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

(Vendor's ISBE participation rate  $\div$  Highest ISBE participation rate X Maximum ISBE participation points)

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive  $(12\% \div 20\%) \times 6$  which equals 3.6 points.

See below for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

#### **A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)**

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond

with each proposed subcontract.

2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

**B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:**

Attached below is the MBE, WBE, and/or Disability Business Enterprise Participation Plan (ISBE) form. Applicants are required to complete, sign and submit with their overall proposal. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

**MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN**

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification:     MBE     WBE     Disability Business Enterprise

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract Value (\$):

ISBE Participation Rate (%):

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

**Prime Contractor/Vendor  
Signature**

**Title**

**Date**

**Subcontractor/Supplier  
Signature**

**Title**

**Date**

## Appendix B: Blue Youth Application Cover Sheet and Certification

### 1. Applicant Information

#### Organization Information

Organization/Entity Name: \_\_\_\_\_

Organization DBA (as applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: RI Zip: \_\_\_\_\_

Organization/Entity Phone: \_\_\_\_\_

Organization/Entity Website: \_\_\_\_\_

#### Primary Contact for Application

Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: RI Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### 2. Project Overview

Amount Requested: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Number of students supported: \_\_\_\_\_

### 3. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the Applicant for the proposed Blue Youth Innovation Grant and certifies on behalf of the Applicant that:

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or of the State, has not been disqualified from an awarded contract with Rhode Island Commerce Corporation or the State, and has never defaulted on work awarded by the Rhode Island Commerce Corporation or the State.

**Authorized Representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_