



WORKPLACE WELLNESS & TRAUMA-INFORMED LEADERSHIP

Protect Each One Consulting, LLC | Program & Evaluation Toolkit

PARTNERSHIP OVERVIEW

Better working conditions. More intentional leadership.

Workplace Wellness & Trauma-Informed Leadership Partnership

A practical organizational learning and improvement service led by Dr. Veronica Y. Griffin, Ph.D., MSW, LCSW, LICSW, LCSW-C, CCTP, with Protect Each One Consulting, LLC.

Designed for helping-profession teams, community organizations, educational settings, and employers seeking clearer communication, supportive supervision, sustainable work practices, and accountable follow-through.

Package	Duration	Starting price
Discover & Prioritize	2-3 weeks	\$2,500
Build the Foundation	6 weeks	\$6,500
Lead & Implement	90 days	\$12,500
Sustain the Partnership	6 months	\$24,000

What the partnership brings together

- An organizational readiness review and structured staff feedback.
- Facilitated learning, practical leadership exercises, and action planning.
- Program evaluation that reviews participation, learning, behavior, and implementation.

Prices are per organization in USD. Starting prices cover the defined virtual scope. Final fees, delivery dates, payment schedule, and any on-site travel are confirmed in a written proposal. This service is organizational education and consulting; it is not psychotherapy, employee diagnosis, or an organizational certification.

Use this toolkit

Pages 2-6 explain packages, curriculum, delivery, and administration. Pages 7-16 contain original PEOLLC forms and scoring guidance. Page 17 lists optional established measures and reference resources. The original PEOLLC tools are not psychometrically validated and have no clinical or accreditation cutoffs.



PACKAGES & PRICING

Choose the level of support.

Discover & Prioritize | \$2,500 | 2-3 weeks

Staff pulse invitation population: up to 25. Organizations that need a clear starting point before selecting training.

60-minute sponsor discovery meeting; Review of up to 5 organizational policies or practices; One organizational readiness review and one staff pulse; 60-minute findings and planning meeting.

Deliverable: Prioritized readiness report and 90-day action roadmap.

Build the Foundation | \$6,500 | 6 weeks

Staff pulse invitation population: up to 50. Teams ready to establish shared language and begin practical changes.

60-minute kickoff and review of up to 5 policies or practices; Organizational readiness review and two staff pulse rounds; One 2-hour staff workshop for up to 30 participants; Two 60-minute leadership coaching sessions; 60-minute closing review and action planning.

Deliverable: Findings brief, training evaluation summary, and action plan.

Lead & Implement | \$12,500 | 90 days

Staff pulse invitation population: up to 100. Organizations seeking structured implementation and follow-through.

60-minute kickoff and review of up to 10 policies or practices; Organizational readiness review and two staff pulse rounds; Three 90-minute workshops for one cohort of up to 30 participants; Three 60-minute leadership coaching sessions; Three 45-minute implementation reviews at days 30, 60, and 90.

Deliverable: Baseline findings, 30/60-day progress briefs, and a day-90 evaluation report.

Sustain the Partnership | \$24,000 | 6 months

Staff pulse invitation population: up to 200. Organizations building a longer-term learning and implementation partnership.

60-minute kickoff and review of up to 15 policies or practices; Organizational readiness review and three staff pulse rounds; Six 90-minute workshops for one cohort of up to 30 participants; Six 60-minute leadership coaching sessions; Three 60-minute stakeholder listening sessions, up to 8 participants each; Six 45-minute implementation reviews and a sustainability planning meeting.

Deliverable: Two quarterly evaluation reports and a sustainability roadmap.

Scope rules & additional services

Workshop prices cover one cohort of up to 30 participants. Leadership coaching is for one leader group of up to 10 participants, unless a different arrangement is agreed. The employee population limit applies to survey invitations, not workshop seats. Additional cohorts, sites, travel, expanded measures, and new data collection require a quote.

Optional addition	Starting price
Additional 90-minute workshop using existing content	\$1,500
Repeat 90-minute workshop for an additional cohort	\$1,000
Additional 60-minute leadership coaching session	\$300
Additional evaluation report using agreed existing data	\$2,000



LEARNING CURRICULUM

Modules 1-3: learn, practice, apply.

01 | Safety, trust & trauma-informed practice

Learning outcome: Recognize how workplace experiences influence participation; distinguish supportive leadership from clinical treatment.

Teaching points: Predictability, respectful communication, and feasible choice support participation. Ask what a work situation requires; do not require trauma disclosure. Trust grows through clear expectations and consistent follow-through.

Practice activity: Map one routine workplace interaction and redesign it to increase clarity, choice, and respect.

Take-away: A team safety and communication agreement.

02 | Workload, burnout & sustainable performance

Learning outcome: Identify demands and resource gaps; separate individual coping actions from organizational responsibilities.

Teaching points: Workload, control, staffing, and recovery opportunities shape daily demands. Personal coping practices complement changes in working conditions. Leaders should make priority and escalation decisions explicit.

Practice activity: Complete a workload-and-recovery map and prioritize one feasible system change.

Take-away: A workload action and escalation plan.

03 | Leadership communication & employee voice

Learning outcome: Practice transparent decisions, active listening, feedback, and responding to concerns.

Teaching points: Acknowledge a concern before moving into problem-solving. Explain decisions, constraints, and what remains open to input. Close the loop by naming who will respond and when.

Practice activity: Use a scenario to rehearse acknowledging a concern, explaining next steps, and following up.

Take-away: A difficult-conversation and feedback planner.

Standard 90-minute session: 10 minutes to connect and frame the topic; 20 minutes of focused learning; 30 minutes of guided practice; 20 minutes of application planning; 10 minutes for reflection and evaluation.



LEARNING CURRICULUM

Modules 4-6: learn, practice, apply.

04 | Supportive supervision & secondary trauma

Learning outcome: Recognize work-exposure concerns without diagnosing staff; establish supportive supervision and referral boundaries.

Teaching points: Supervision can address work exposure, workload, and available support. Leaders provide support without taking on a therapist role. Agree on follow-up and accessible referral routes when needed.

Practice activity: Design a supervision check-in and review routes for accessing support.

Take-away: A supervision and support protocol outline.

05 | Conflict, collaboration & shared accountability

Learning outcome: Clarify roles and expectations; use choice and fair processes during disagreement.

Teaching points: Separate observations from assumptions about another person's motives. Clarify shared goals, roles, feasible choices, and decision authority. Use a fair process and document only agreed commitments.

Practice activity: Practice a structured conflict conversation and agree on observable next steps.

Take-away: A team working agreement and follow-up checklist.

06 | Implementation, measurement & sustainability

Learning outcome: Connect learning to policies, behaviors, resources, and measurable actions.

Teaching points: Choose actions that have an owner, deadline, and observable evidence. Review participation, learning, behavior, and implementation separately. Interpret findings with context; adjust actions rather than promising outcomes.

Practice activity: Review the dashboard and build a 30/60/90-day improvement plan.

Take-away: A leadership-owned sustainability roadmap.

Curriculum by package: Discovery has no staff workshop. Foundation combines introductory content from modules 1 and 2 in one 2-hour workshop. Lead & Implement uses three workshops selected at kickoff; remaining themes may inform coaching. Sustain covers all six modules. Learning activities are tailored to the agreed audience. CE credit is offered only where separately confirmed.



DELIVERY MODEL

A 90-day implementation pathway.

Stage	Work	Evidence
Before launch	Agree on scope, sponsor, employee communication, data roles, and reporting rules.	Signed scope and administration plan.
Days 1-14	Conduct sponsor discovery, document review, readiness assessment, and baseline pulse.	Baseline brief and 2-3 agreed priorities.
Days 15-30	Deliver initial workshop and coaching; assign concrete actions.	Attendance, knowledge check, practice rubric, and action owners.
Days 31-60	Deliver remaining selected workshops; review barriers and support needs.	Implementation notes, behavior practice, and day-60 progress brief.
Days 61-90	Repeat pulse, review evidence, and agree on a sustainability plan.	Day-90 dashboard and evaluation report.

Roles that keep the work moving

- PEOLLC facilitator: designs and delivers the agreed work, interprets findings in context, and prepares reports.
- Organization sponsor: authorizes the work, allocates resources, and owns implementation decisions.
- Project coordinator: schedules activities, coordinates invitations, and maintains the action tracker.
- Staff and leaders: contribute voluntarily, practice agreed skills, and provide feedback.

Adapt the schedule

Foundation condenses the pathway into six weeks. Sustain extends implementation reviews over six months with baseline, midpoint, and closing pulses. Dates and deliverables are set in the proposal. No improvement in a score, retention measure, or business outcome is guaranteed.



ADMINISTRATION & MEASUREMENT

Use tools with a clear purpose.

- Select only measures that answer agreed program questions. Record the intended audience, timing, and reporting plan before collecting responses.
- Staff participation is voluntary. Allow skipped items and Not applicable. Explain who can access raw responses and how long records will be retained.
- The staff pulse asks about work practices, not diagnoses, trauma histories, medications, or treatment. Do not add identifying demographics without a clear need and a disclosure review.
- Use an agreed collection method that avoids names, email addresses, login identifiers, and unnecessary metadata. Paper or survey systems still require an administration and access plan.
- Default staff-group reporting rule: at least 10 valid responses for each reported item or subgroup. Withhold smaller cells and combinations that could reveal them. This threshold is an internal precaution, not a guarantee of anonymity.
- Do not share individual survey records with supervisors or use pulse results for employment, fitness-for-duty, or clinical decisions. Listening-session participants cannot be promised anonymity from each other.
- Give aggregate feedback to staff and explain what actions will follow. Acknowledge uncertainty, missing responses, and changes in who participated.

Measurement schedule

Tool	When	Use
Staff pulse (12 items)	Baseline; closing; midpoint if included	Workplace practice feedback.
Readiness review (20 items)	Baseline and closeout	Documented organizational practices.
Leadership rubric (8 items)	Practice at baseline and follow-up	Observable learning behaviors.
Knowledge check (8 questions)	Pre/post selected workshops	Learning feedback.
Workshop evaluation	After each workshop	Delivery and relevance feedback.
Dashboard & action tracker	30/60/90-day reviews	Implementation and follow-through.

Research use: If the activity will be used as research, seek the appropriate institutional determination and any required review before participant activities. Program evaluation terminology does not itself establish an IRB exemption.

**TOOL 1 | STAFF PULSE**

Workplace practices: staff feedback.

Think about your experience over the past four weeks. Choose one response per statement. You may skip any question. Do not include your name or personal health information. Use the collection instructions provided by your facilitator.

1 = Strongly disagree | 2 = Disagree | 3 = Neither agree nor disagree | 4 = Agree | 5 = Strongly agree | N/A = Not applicable or unable to judge

# / Domain	Statement	Response
1 / Voice & trust	I know how to raise a work-related concern.	1 2 3 4 5 N/A
2 / Voice & trust	I receive clear information about decisions that affect my work.	1 2 3 4 5 N/A
3 / Voice & trust	When concerns are raised, I can see a clear follow-up process.	1 2 3 4 5 N/A
4 / Workload & recovery	My work priorities are clear enough to guide daily decisions.	1 2 3 4 5 N/A
5 / Workload & recovery	I can discuss workload limits with my supervisor.	1 2 3 4 5 N/A
6 / Workload & recovery	My work arrangements allow reasonable opportunities for breaks and recovery.	1 2 3 4 5 N/A
7 / Supervision & support	I can access useful guidance when work becomes difficult.	1 2 3 4 5 N/A
8 / Supervision & support	I know where to find workplace support resources.	1 2 3 4 5 N/A
9 / Supervision & support	My supervisor checks what support is needed after demanding work.	1 2 3 4 5 N/A
10 / Choice & collaboration	I have meaningful input into decisions within my role.	1 2 3 4 5 N/A
11 / Choice & collaboration	Team expectations and responsibilities are clear.	1 2 3 4 5 N/A
12 / Choice & collaboration	People with different perspectives can contribute respectfully.	1 2 3 4 5 N/A

Optional reflection: What is one work practice that should continue or change? Avoid names and identifying details.

Response

Original PEOLL program-improvement survey. Not a clinical screening tool or a validated scale. Administration and confidentiality arrangements must be explained before use.



TOOL 1 | SCORING GUIDE

Summarize staff feedback responsibly.

For each item, enter counts for responses 1-5. Do not enter blanks or N/A as zero. For reportable staff groups, valid n = $n1+n2+n3+n4+n5$; mean = $(n1+2n2+3n3+4n4+5n5)/\text{valid } n$; favorable % = $(n4+n5)/\text{valid } n \times 100$. Withhold the item if valid n is below 10.

Item	n1	n2	n3	n4	n5	Valid n	Mean	Fav. %
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Worked example

Counts of 1, 1, 2, 4, and 2 give valid n = 10; weighted sum = 35; mean = 3.50; favorable = $6/10 = 60\%$. Two N/A responses, if present, are excluded. If the closing mean is 3.80, the change is +0.30 scale points, not a 30% improvement.

Interpretation

- Report item results first. Discuss the lowest-rated practices as questions for inquiry, not diagnoses or employee deficits.
- Domain summaries are optional descriptive averages of the three reportable item means in each domain. Withhold a domain if any of its three items is suppressed. Do not create an overall validated wellness score.
- Compare rounds using the same wording and response options. Record valid counts, response rates, and changes in the participating workforce. Aggregate changes do not prove individual improvement or causation.



TOOL 2 | ORGANIZATIONAL READINESS

Evidence review: items 1-10.

Rate each practice using documented evidence. 0 = No evidence identified; 1 = Planned or informal practice; 2 = Documented and partly implemented; 3 = Implemented with evidence of review; N/A = Not applicable. Record evidence and a next step. These anchors describe implementation, not accreditation.

# / Domain	Practice	0-3 / N/A	Evidence / next step
1 Governance & accountability	A named sponsor is responsible for the improvement effort.		
2 Governance & accountability	A written action plan assigns owners and review dates.		
3 Governance & accountability	Leaders allocate time and resources to agreed actions.		
4 Governance & accountability	Progress and decisions are communicated to staff.		
5 Voice, safety & trust	Staff have an accessible route for raising concerns.		
6 Voice, safety & trust	The response process explains confidentiality and its limits.		
7 Voice, safety & trust	Leaders document follow-up on concerns without exposing personal details.		
8 Voice, safety & trust	Accessibility and respectful participation are considered in team activities.		
9 Work design & recovery	Workload and staffing demands are reviewed regularly.		
10 Work design & recovery	Supervisors have a process for reprioritizing conflicting demands.		

Priority to discuss with the sponsor

**TOOL 2 | ORGANIZATIONAL READINESS**

Evidence review: items 11-20.

Rate each practice using documented evidence. 0 = No evidence identified; 1 = Planned or informal practice; 2 = Documented and partly implemented; 3 = Implemented with evidence of review; N/A = Not applicable. Record evidence and a next step. These anchors describe implementation, not accreditation.

# / Domain	Practice	0-3 / N/A	Evidence / next step
11 Work design & recovery	Breaks, recovery, and coverage expectations are clear.		
12 Work design & recovery	Staff have input into feasible changes in how work is organized.		
13 Supervision & learning	Supervisors receive relevant communication and support training.		
14 Supervision & learning	Routine supervision includes workload and support conversations.		
15 Supervision & learning	Staff know the available support and referral routes.		
16 Supervision & learning	Training includes practice, feedback, and follow-through.		
17 Measurement & sustainability	Program objectives specify observable actions or outcomes.		
18 Measurement & sustainability	Data collection has a defined purpose and access plan.		
19 Measurement & sustainability	Aggregate results are shared at a level that protects participants.		
20 Measurement & sustainability	Leaders review findings and adjust the action plan.		

Scoring & interpretation

For each four-item domain, divide the sum of numeric ratings by the number of applicable rated items. Report the rated-item count and N/A count. If none are rated, leave the result blank. Do not convert scores into claims of certification, compliance, or clinical safety. Use the evidence review to select 2-3 achievable priorities.



TOOL 3 | LEADERSHIP PRACTICE RUBRIC

Observe behavior. Give useful feedback.

Use during a simulated conversation or an agreed coaching observation. Rate behavior, not personality. 1 = Not demonstrated in the observed opportunity; 2 = Partly demonstrated; 3 = Demonstrated clearly; 4 = Demonstrated consistently and responsively; N/O = No opportunity to observe.

Behavior	Rating 1-4 / N/O	Evidence / feedback
Explains the purpose and limits of a difficult conversation.		
Invites employee input without requiring personal disclosures.		
Listens and accurately summarizes the concern.		
Clarifies expectations and feasible choices.		
Discusses workload and available resources.		
Agrees on a specific action, owner, and follow-up date.		
Explains available support and role boundaries.		
Follows through and invites feedback on the agreed action.		

Scoring

Descriptive mean = sum of numeric ratings / number of rated items. Exclude N/O and blanks. Report the number of rated items and compare the same scenarios and observation conditions where possible. No score is a validated pass/fail threshold. This rubric supports coaching and is not an employment or clinical assessment.

One behavior to practice before the next review



TOOL 4 | KNOWLEDGE CHECK

Apply the principles: questions 1-4.

Use before and after selected workshops. Select one best answer for each question. Keep responses unlinked to names unless a separate, agreed educational process requires them. No CE credit or certification is awarded by this worksheet.

1. A staff member raises a concern during a meeting. What is the most useful first response?

- A. Ask for personal trauma details.
- B. Acknowledge the concern and agree on an appropriate next step.
- C. Promise that every concern will remain secret.
- D. Immediately identify someone to blame.

2. A trauma-informed workplace initiative should primarily address:

- A. Employee resilience alone.
- B. A single inspirational event.
- C. Policies, work practices, relationships, and leadership behavior.
- D. Mandatory personal disclosure.

3. A team reports excessive workload. A useful organizational action is to:

- A. Review priorities, staffing, and resources with the team.
- B. Tell staff to cope more effectively.
- C. Require everyone to share a diagnosis.
- D. Treat attendance at training as proof of improvement.

4. Which statement best protects participant choice?

- A. Everyone must answer every survey question.
- B. Only positive feedback may be shared.
- C. Participation affects performance ratings.
- D. People may skip questions and decline optional activities.



TOOL 4 | KNOWLEDGE CHECK

Apply the principles: questions 5-8.

Use before and after selected workshops. Select one best answer for each question. Keep responses unlinked to names unless a separate, agreed educational process requires them. No CE credit or certification is awarded by this worksheet.

5. Which training outcome provides evidence of practical skill?

- A. The slide deck looks professional.
- B. A participant demonstrates a supportive conversation using a rubric.
- C. The presenter spoke for the full session.
- D. The course has a memorable title.

6. Only six staff members answer a pulse survey. Under this toolkit's default reporting rule, the facilitator should:

- A. Publish individual scores.
- B. Break results into small teams.
- C. Withhold numerical staff-group results and agree on a safer reporting approach.
- D. Label the group as low resilience.

7. A survey average improves after training. The most accurate conclusion is:

- A. Training definitely caused the improvement.
- B. Every employee improved.
- C. The organization is certified trauma-informed.
- D. The aggregate result changed; context and response differences must also be considered.

8. A useful action plan includes:

- A. An action, owner, due date, and evidence of completion.
- B. A broad intention without an owner.
- C. Only the names of attendees.
- D. A guarantee that burnout will disappear.

**TOOL 4 & 5 | FACILITATOR EVALUATION**

Review learning and participant experience.

Knowledge answer key

Question	Answer	Teaching point
1	B	Acknowledge the issue, clarify the process, and protect choice.
2	C	Organizational conditions and everyday practices matter.
3	A	Review demands and resources rather than relying only on coping advice.
4	D	Participation should be voluntary, with clear choices.
5	B	Observed practice is more informative about skill than delivery features.
6	C	The default requires at least 10 valid responses for a reported item or group.
7	D	A before-and-after comparison alone does not establish causation.
8	A	Accountability requires clear actions and a review process.

Knowledge scoring

Score 1 for each correct answer and 0 for each incorrect answer; unanswered items remain missing. For a complete 8-item check: percent correct = correct / 8 x 100. If any item is missing, report the check as incomplete and exclude it from the complete-check group mean. Knowledge gain = post group mean - pre group mean, in percentage points. Example: 50% to 75% = +25 percentage points. Report pre/post counts. No validated passing cutoff is assigned.

Workshop evaluation form

Rate 1 = Strongly disagree through 5 = Strongly agree, or N/A. Report descriptive item means, excluding N/A and blanks. Default staff reporting rules apply.

Statement	1-5 / N/A
The learning objectives were clear.	
The examples were relevant to my work.	
I had meaningful opportunities to practice.	
The facilitation supported respectful participation.	
I can identify a practical next step.	

Optional prompts: What was most useful? What should change? What will you try next? Do not include names or sensitive personal details.

**TOOL 6 | PROGRAM DASHBOARD**

Track implementation at 30, 60, and 90 days.

Organization: _____ Review date: _____

Set targets with the sponsor before implementation. Targets are local program goals, not clinical cutoffs or guaranteed outcomes. Leave a calculation blank or mark not reportable when its denominator is zero, missing, or below the applicable reporting threshold.

Metric	Calculation / timing	Baseline	Target	30 / 60 / 90
Staff pulse response rate	Returned surveys / eligible staff invited x 100 Baseline and each pulse round			
Staff pulse item mean	Sum of valid 1-5 responses / number of valid responses Baseline and closing; midpoint for 6-month package			
Staff pulse favorable percentage	Number selecting 4 or 5 / valid responses x 100 Each reportable item at each pulse round			
Knowledge score	Correct answers / 8 x 100 Immediately before and after selected workshops			
Knowledge gain	Post-training group mean minus pre-training group mean Percentage-point change; report group counts			
Observed leadership behavior	Sum of rated 1-4 items / number of rated items Baseline practice and follow-up practice			
Action completion rate	Completed actions due by review / all actions due by review x 100 Days 30, 60, and 90; then monthly			
Training attendance rate	Registered participants who attended / registered participants x 100 Each workshop			

Interpret the whole picture

- Keep percentage-point changes separate from scale-point changes. Use counts and denominators alongside percentages.
- Use staff-group thresholds for staff feedback and evaluations; readiness document reviews and action completion do not use a staff-response threshold.
- Document staffing, workload, leadership, and other changes that may explain results. Avoid causal claims from an uncontrolled before-and-after comparison.



TOOL 7 | ACTION & FOLLOW-THROUGH

Turn priorities into visible action.

Select no more than three initial priorities. Assign a sponsor-approved owner, due date, and evidence of completion. Update status during each review.

Priority / action	Owner	Due date	Evidence of completion	Status
1.				
2.				
3.				
4.				
5.				
6.				

Implementation review agenda | 45 minutes

- 5 minutes: confirm the agenda and changes in context.
- 10 minutes: review completed and overdue actions.
- 10 minutes: examine reportable feedback and learning evidence.
- 15 minutes: address barriers, resources, and next decisions.
- 5 minutes: confirm owners, deadlines, and staff communication.

Executive report outline

1. Purpose and scope. 2. Methods, dates, and participant counts. 3. Reportable findings and limitations. 4. Actions completed and barriers. 5. Recommended priorities, owners, and timelines. 6. Next review date.



MEASURE SELECTION & REFERENCES

Use established measures when they fit.

Optional expanded worker well-being assessment

NIOSH Worker Well-Being Questionnaire (WellBQ), Version 2 (2026), is an established resource addressing worker well-being across work and other life domains. Its broader content requires a separate purpose, access, administration, and interpretation plan. Use the current official instrument and instructions. This toolkit does not reproduce, modify, or score it.

NIOSH WellBQ Version 2: stacks.cdc.gov/view/cdc/260070

Optional measure for helping-profession teams

Professional Quality of Life Scale (ProQOL 5) may be considered for a separately scoped helping-profession well-being discussion. Use the official current English instrument, permissions language, and scoring guidance. Do not replace its scoring with the PEOLLC pulse scoring method or use it as an employee diagnostic or fitness-for-duty test.

Official ProQOL measure and permissions: proqol.org/proqol-measure

Frameworks informing program design

SAMHSA. Practical Guide for Implementing a Trauma-Informed Approach (2023). Used as a conceptual resource for organizational practice and implementation; the original PEOLLC items are not a SAMHSA instrument or certification.

SAMHSA implementation guide (publication PEP23-06-05-005)

CDC. Strategies for Building a Workplace Health Program. Provides an assessment, planning, implementation, and evaluation structure. The commercial packages and prices in this toolkit are PEOLLC-designed offerings, not CDC recommendations or market-rate estimates.

[CDC workplace health program model](#)

Tool status & version control

The PEOLLC staff pulse, readiness review, behavior rubric, knowledge check, workshop evaluation, dashboard, and action tracker were created for this program. They are original program-improvement materials, not validated clinical instruments. No reliability, validity, normative benchmark, certification, or guaranteed treatment outcome is claimed. Keep wording, scoring, and version consistent across assessment rounds.

Contact PEOLLC to request a tailored proposal

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