



**TO: Interested Parties**

**FROM: Ken Trevino, President/CEO**

**DATE: May 28, 2019**

**SUBJECT: REQUEST FOR PROPOSALS (RFP) FOR GASOLINE CARDS**

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Coastal Bend Workforce Development Board, d.b.a. Workforce Solutions of the Coastal Bend, is soliciting proposals from qualified vendors or firms to provide gasoline cards.

The description of the services solicited is provided in the attached RFP. Included in the RFP are the minimum requirements as it pertains to the responsiveness to the RFP, experience, availability of services, demonstrated ability, and cost.

All inquiries should be directed to Robert Ramirez at (361) 885-3013 or [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org). Mailed and hand delivery of the documents are acceptable. Faxed or electronic transmitted copies will not be accepted.

Workforce Solutions of the Coastal Bend is an Equal Opportunity Employer/Program. Auxiliary aid and services are available upon request to individuals with disabilities. Telephone access is available by dialing Relay Texas: 1-800-735-2989 and 1-800-735-2988 or 7-1-1 (Voice). Historically Underutilized Businesses (HUB's) are encouraged to apply.

Babel Notice: This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

# REQUEST FOR PROPOSALS (RFP)

*Issued by*



*For*

## **Gasoline Cards**

Responses to be submitted to the

Coastal Bend Workforce Development Board (d.b.a. Workforce Solutions)

520 North Staples, Corpus Christi, TX 78401

P.O. Box 2568, Corpus Christi, TX 78403

Issue Date: May 28, 2019

**Copies of the Request for Proposals (RFP) are available Tuesday, May 28, 2019, 2:00 p.m. (CST)**

**Proposals Due Date and Time: Monday, June 24, 2019, 4:00 pm (CST)**

**Deadline for Submission of Written Questions: Monday, June 10, 2019, 5:00 p.m. (CST)**

Procurement is open and subject to the availability of funds.

**Workforce Solutions is an Equal Opportunity Employer/Program.**

Auxiliary aids and services are available upon request to individuals with disabilities. Deaf, hard-of-hearing or speech impaired customers may contact **Relay Texas**: 1-800-735-2989 (TDD) and 1-800-735-2988 or 7-1-1 (Voice). Historically Underutilized Businesses (HUB's) are encouraged to apply.



## REQUEST FOR PROPOSALS (RFP)

For

## GASOLINE CARDS

### Introduction

The Coastal Bend Workforce Development Board (d.b.a. Workforce Solutions of the Coastal Bend) is a volunteer board made up of local area community members representing various employment sectors in an 11-county region. The Board manages and operates workforce development programs, which are administered through Workforce Solution's Career Centers, performing workforce development activities for area businesses, job seekers, and residents. The primary responsibility of the Board is to provide policy and program guidance and evaluation of workforce development programs and services that effect area employers, job seekers, and residents.

In the delivery of services, Workforce Solutions of the Coastal Bend (WFSCB) provides transportation assistance to its customers eligible for services. These services are provided to customers who are engaged in job search and/or skills training activities. Depending on their mode of transportation, customers are given a choice to choose from several options for transportation assistance. Accessibility to fuel cards provides customers the option to use their own personal vehicle or participate in car pools.

### Purpose and Intent of the RFP

Using the Request for Proposals (RFP) method of procurement, WFSCB is soliciting proposals from a qualified vendor(s) or firm(s) for the purchase of gasoline cards that are accepted at authorized gasoline stations in the Coastal Bend region.

Proposals from a qualified vendor(s) or firm(s) must meet the RFP specifications and provide for the purchase of fuel cards which can be used throughout the Coastal Bend region. The Coastal Bend region consist of the following counties: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio.

Based on previous usage trends, our plans are to make monthly purchases in the following denominations:

- Prepaid gas cards in \$5.00 increments**
- Prepaid gas cards in \$10.00 increments**
- Prepaid gas cards in \$15.00 increments**
- Prepaid gas cards in \$25.00 increments**

The actual frequency and quantity purchase will vary in accordance with actual customer flows and support service needs. The value of the card shall purchase that amount of fuel, e.g., a gas card valued at \$25.00 shall be able to purchase \$25.00 of fuel. **The cards must be restricted to fuel purchases ONLY.** This means that the cards can **NOT** be used for purchasing other items other than fuel.

#### Eligibility to Respond

Potential respondents are eligible to respond to this solicitation if they are able to meet the specifications required under this RFP, and are not debarred and/or suspended from conducting business with Federal and/or State funded agencies. Potential respondents must have adequate experience and capability to provide the products and services required.

#### Contract Terms and Renewals

It is the intent of Workforce Solutions of the Coastal Bend to select a vendor(s) to provide these services beginning October 1, 2019 through the end of our fiscal year on September 30, 2020. In accordance with written policies and procedures of the Workforce Solutions of the Coastal Bend, the Contract may be renewed for three (3) additional one-year contact periods beyond the original acceptance award, for a total of four (4) years. Each additional one-year renewal is contingent upon need, availability of funds, successful contract negotiations, and satisfactory performance.

#### Closing Date and Submission Requirements

If interested, please complete and return the RFP Information Forms (Attachment A, A-1, & B), with appropriate signatures committing your company to these price quotes and services. In addition, you must also submit the required certification forms and list of business references.

Please submit one original paper copy with original signatures and three (3) externally labeled USB flash drives containing a single digital file of the entire proposal and all requested materials. The copies must mirror the original document. Proposers will be responsible for the completeness of the digital files. The original document should have the words "**ORIGINAL**" typed or written on the right hand corner of the cover page of the document. The documents should be mailed or hand-delivered to the following address and in the order noted below:

**Workforce Solutions of the Coastal Bend**  
**Attention: Robert R. Ramirez, Contracts and Procurement Officer**  
**520 North Staples Street, Corpus Christi, TX 78411 (if hand-delivered or by private courier), or**  
**P.O. Box 2568, Corpus Christi, TX 78403 (if mailed)**

- Transmittal Letter (on company's letterhead)
- Attachment A – Certification By Proposer
- Attachment A-1 - Statement of Work Response
- Attachment B - Cost Information
- Attachments C-H - Certifications
- Attachment I - Other Information (e.g., list of participating service stations, HUB Certification, IRS W-9, etc.)
- Attachment J - List of Business References (minimum of three active clients)

No e-mails or faxes will be accepted. Please note that responses must be received prior to the deadline of **Monday, June 24, 2019, 4:00 p.m. (CST)**. Any inquiries to this procurement should be address to Robert Ramirez, Contracts and Procurement Officer at (361) 885-3013 or by e-mail at: [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org)

**WFSCB reserves the right to contract with one or more vendors for services under this RFP.**

#### Evaluation Criteria

The responses will be evaluated as to the best offer based on costs and other factors considered such as: Responsive to the RFP, Experience, Availability of Services, and Demonstrated Ability. Additional points (5 points) may be earned if your firm is currently certified as a HUB (Historically Under-Utilized Business). To earn the additional points, you must submit your current certification from the office of the Texas Comptroller of Public Accounts.

#### Appeal Process

All proposers will receive notification of proposals/bids approval or non-approval. A respondent/bidder who wishes to protest the decision will be required to notify the Board's Complaint Officer, in writing, within fifteen (15) days from the date of the notification letter. The complainant letter must specify the nature of the protest and desired remedies of action. Workforce Solutions reserves the right to determine whether the protest is valid and merits further consideration.

#### Deadline for Written Questions

The deadline for written questions is Monday, June 10, 2019, 5:00 p.m. (CST). Questions may be submitted via e-mail to Robert Ramirez at: [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org) Responses to the questions submitted will be provided to all interested parties. If questions are submitted, the responses will be posted on our website at: [www.workforcesolutionscb.org](http://www.workforcesolutionscb.org)

#### RFP Conditions

1. Workforce Solutions of the Coastal Bend (WFSCB) reserves the right to accept or reject any or all applications submitted.
2. WFSCB is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
3. This RFP does not commit WFSCB to pay for any cost incurred prior to the execution of any contract or payment agreement. All agreements are contingent upon availability of funds from the U.S. Department of Labor and/or Texas Workforce Commission.
4. The intent of this RFP is to identify the various contract alternatives and estimates of costs for the items solicited. WFSCB is under no legal requirement to execute a contract or payment agreement from any response submitted.
5. Respondents shall not make offers of gratuities or favors, to any officer, employee, Board member of WFSCB, or any subcontractor employees of WFSCB. Contact for technical assistance is allowed with the RFP contact person or designated WFSCB staff. Violation of this instruction will result in immediate rejection of the response.

6. WFSCB specifically reserves the right to vary the provisions set herein anytime prior to the execution of the contract or payment agreement where such variance is deemed to be in the best interest of WFSCB.
7. All responses and their accompanying attachments will become property of the WFSCB after submission and materials will not be returned. In addition, all materials that are produced as a result of this RFP become property of WFSCB.
8. The contents of a successful respondent may become contractual obligations, if a contract or payment agreement is awarded. Failure of the respondent to accept those obligations may result in the cancellation of the proposal for selection. The contents and requirements of this RFP may be incorporated into any legally binding and duly negotiated contract between WFSCB and the selected respondent(s).
9. WFSCB reserves the right to select and/or contract with more than one respondent from the proposals submitted.
10. Costs incurred by a contracted entity in the delivery of products/services shall be reimbursed based on mutually-agreed on conditions and delivery schedules with the submission of appropriate documentation. Delivered services must meet standards agreed upon during contract negotiation before reimbursement is made.
11. Upon award of a contract, Contractors must provide proof of the following required insurance coverage: **General Liability Insurance** and **Workers Compensation**. General Liability shall consist of coverage for personal injury and bodily injury and property damage to a third party. The required minimum coverage shall be \$500,000 per occurrence or \$1,000,000 aggregate. However, if the Contractor does not have the Workers Compensation insurance, but meets the definition of "Independent Contractor", as defined by the State of Texas, the Contractor must sign a waiver agreeing to this relationship. The waiver form can be provided upon request.
12. WFSCB is an Equal Opportunity Employer and complies fully with the nondiscrimination and equal opportunity provisions of the applicable laws. Each organization or individual that submits a response to a solicitation warrants and assures that it will comply fully with the nondiscrimination and equal opportunity provisions as required by 29 CFR 38.2(1). Each application for financial assistance under Title I of Workforce innovation and Opportunity Act (WIOA), as defined in §38.4, must include the following assurance:

As a condition to the award of financial assistance from the Department of Labor under Title I of WIOA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I—financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

**ATTACHMENT A**  
**CERTIFICATION BY PROPOSER**

**For**  
**GASOLINE CARDS**

**I. IDENTIFICATION OF RESPONDENT**

Name of Individual Responding: \_\_\_\_\_

Name of Firm (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

How many years has your firm been providing these services. \_\_\_\_\_

Include your Texas ID Number (issued by the Texas Comptroller of Public Accounts): \_\_\_\_\_

Include your Federal Employer ID Number (issued by the Internal Revenue Service): \_\_\_\_\_

Is your firm registered with the state General Services Commission as a HUB. \_\_\_\_ Yes \_\_\_\_ No

(If your firm is certified as a HUB by the State of Texas, please provide a copy of the current certification.)

Provide a brief description of your organizations, legal status, size, and whether it is local regional, or national in operation:



ATTACHMENT A

**CERTIFICATION BY PROPOSER**

II. DESCRIPTION OF SERVICES PROVIDED

Briefly describe the types of services that your firm will be providing:

III. SIGNATURE

**Respondent certifies that each attachment to this Statement of Proposer has been completed and is submitted as integral to this Statement.**

**I certify that I am authorized to submit this Statement on behalf of the above named organization. If any information changes significantly, the Workforce Solutions of the Coastal Bend will be notified. I certify that the contents of this document are true and correct.**

Signature of Respondent: \_\_\_\_\_

Date Proposal Form Submitted: \_\_\_\_\_

Note: The deadline for the receipt of proposals is **4:00 p.m., Monday, June 24, 2019.**

Responses received after the deadline will not be considered.

Responses should be mailed or delivered to:

**Workforce Solutions of the Coastal Bend**

**Attention: Robert R. Ramirez**

**520 North Staples Street, Corpus Christi, TX, 78401 (if hand-delivered)**

**P.O. Box 2568, Corpus Christi, TX 78403 (if mailed)**

**Phone# (361) 885-3013**



## ATTACHMENT A-1

### Statement of Work Response

**Please provide brief but concise responses to each of the questions below. Please provide more than a “Yes” or “No” responses, where additional information would be necessary to provide an adequate response.**

1. Provide a brief history of your firm/company.
2. How long have you been providing this service and who are some of you customers?
3. Since we must be able to track the cards, they must follow some type of sequential order. Does your firm provide some type of tracking system? If your response is YES, please briefly describe your tracking system. And is there an administrative fee for this service?
4. Please provide the number and locations of your participating stores/service stations in the Coastal Bend region where the card is accepted. If you have a current listing of the stores/stations and addresses, please attached the list under Attachment I or provide the link to the list.
5. Describe the process for refunds and/or replacements provided for defective, stolen, or lost cards.
6. Explain briefly the expected turnaround time for delivery of orders once payment is received.
7. Provide any other information you may feel is pertinent in order to determine your company is the best choice. For example, provide any enhancements or improvements of your products or services you will offer over your competitors.
8. Can you provide cards in a different value amount that the ones stated in the procurement that we may need in the future? If your response is Yes, please provide the different denominations.
9. Can you suggest any enhancements or cost saving ways to purchase cards that we may consider than what we have outlined in the procurement?

**ATTACHMENT B  
COST INFORMATION**

Please response to the following questions pertaining to the RFP specifications and required pricing.

Can your firm provide cards that are restricted to **Fuel Only**?     Yes     No

Can your firm provide cards in the following denominations:

- Prepaid fuel cards in \$5.00 increments:     Yes     No
- prepaid fuel cards in \$10.00 increments:     Yes     No
- prepaid gas cards in \$15.00 increments:     Yes     No
- prepaid fuel cards in \$25.00 increments:     Yes     No

Fee for providing cards:                    \$ \_\_\_\_\_

Administrative fee, if any:                \$ \_\_\_\_\_

Point-of-sale fees, if any:                \$ \_\_\_\_\_

Shipping and Handling Fees:              \$ \_\_\_\_\_

Any discounts provided for large quantities:     Yes     No

If discounts are provide, please provide information:

Is your firm debarred and/or suspended from conducting business with federal and/or State funded agencies?  
 Yes     No

If selected as a vendor, the expectations are the vendor will have a reasonable turnaround time after receipt of Workforce Solutions of the Coastal Bend payment to deliver the order. Please state the time you will be able to deliver the cards:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**If you require a signed agreement, please include a copy under Attachment I.**

## ATTACHMENT - C

### CERTIFICATONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, AND DRUG-FREE WORKPLACE REQUIREMENTS

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Lobbying: This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

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The undersigned service provider certifies that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
  - (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.
  - (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.
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Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

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The undersigned service provider certifies that neither it nor its principals:

- (1) Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
- (4) Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of The statements in this certification, such prospective recipient shall attach an explanation to this certification.

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Drug-Free Workplace: This certification is required by the Federal Regulations, implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701; for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), and Department of Health and Human Services (45 CFR Part 76).

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The undersigned service provider certifies that it shall provide a drug-free workplace by:

- (a) Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
- (b) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Service provider's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
- (c) Providing each employee with a copy of the Service provider's policy statement;
- (d) Notifying the employees in the Service provider's policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Service provider in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
- (e) Notifying the Commission within ten days of Service provider's receipt of a notice of a conviction of an employee; and,
- (f) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

**These certifications are a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.**

\_\_\_\_\_  
Type Name and Title of Authorized Representative

\_\_\_\_\_  
Type Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ATTACHMENT - F

### Coastal Bend Workforce Development Board

#### DISCLOSURE OF INTEREST

It is the fiscal policy of the Workforce Solutions of the Coastal Bend ("the Board") that all persons or firms seeking to do business with the Board to provide the following information. Every question must be answered. If the question is not applicable, answer with "NA".

FIRM NAME: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRM IS:  
 Corporation       Partnership       Sole Owner       Association       Other \_\_\_\_\_

#### DISCLOSURE QUESTIONS

**If additional space is necessary, please use the reverse side of this page or attach separate sheet.**

1. State the name of each "non-managerial employee" of the Board having an "ownership interest" constituting 5% or more or the ownership in the above named "firm" or who is an officer, director, employee, or consultant employed or associated with your organization:

<i>Name</i>	<i>Job Title and Section (if known)</i>

2. State the names of each "managerial employee" of the Board having an "ownership interest" constituting 5% or more of the ownership in the above named "firm" or who is an officer, director, employee, or consultant employed or associated with your organization:

<i>Name</i>	<i>Title</i>

3. State the names of each "board member" of the Board having an "ownership interest" constituting 5% or more of the ownership in the above named "firm" or who is an officer, director, employee, or consultant employed or associated with your organization:

<i>Name</i>	<i>Board, Commission, or Committee</i>

4. State the names of each employee or officer of a “consultant” of the Board who worked on any matter related to the subject of this contract and has an “ownership interest” constituting 5% or more of the ownership in the above named “firm” or is an officer, director, employee, or consultant employed or associated with your organization:

<b>Name</b>

<b>Consultant</b>

**CERTIFICATE**

I certify that all information provided is true and correct as of the date of this Statement, that I have not knowingly withheld disclosure of any information request; and that supplemental statement will be promptly submitted to the Board, as changes occur.

\_\_\_\_\_

*Certifying Person*

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature of Certifying Person:

\_\_\_\_\_

Date:



**ATTACHMENT - D**  
**TEXAS CORPORATE FRANCHISE TAX CERTIFICATION**

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Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with For Profit Corporation that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this contract is current in its franchise taxes must be signed by the individual on Form 203, Corporate Board of Directors Resolution, to sign the contract for the corporation.

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The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

Indicate the certification that applies to your corporation:

\_\_\_\_\_ The Corporation is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

\_\_\_\_\_ The Corporation is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

\_\_\_\_\_  
Type Name of Authorized Representative

\_\_\_\_\_  
Type Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT - E**  
**STATE ASSESSMENT CERTIFICATION**

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The corporation certifies that:

\_\_\_\_\_ It is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

\_\_\_\_\_ It has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

\_\_\_\_\_  
Type Name of Authorized Representative

\_\_\_\_\_  
Type Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **ATTACHMENT – G**

### **Coastal Bend Workforce Development Board**

#### **ORIENTATION TO COMPLAINT PROCEDURES FOR SERVICE PROVIDERS**

The policy of Workforce Solutions of the Coastal Bend (the Board) is to resolve complaints in a fair and prompt manner in accordance with the TWC WD Letter 18-07 regarding Discrimination Complaint Procedures. In addition, the Board's administrative directive on GRIEVANCE PROCEDURE establishes the guidelines for the resolution of complaints and requires this orientation sheet be received and acknowledged by all individuals or organizations providing services to the Board under contract or agreement.

Acts of restraint, interference, coercion, discrimination or reprisal towards complainants exercising their rights to a file a grievance under Board policy are prohibited. A complainant is the individual or organization filing a grievance/complaint. A respondent is the individual or organization against whom a grievance/complaint is filed. Inquiries regarding the resolution of grievances should be addressed to:

**Workforce Solutions of the Coastal Bend  
ATTN: EO Officer  
520 North Staples Street  
P.O. Box 2568  
Corpus Christi, Texas 78403  
Telephone: (361) 855-3019**

Every effort should be made to resolve your grievance at the optimum management level. The Board's Equal Opportunity Officer is available to assist, as necessary, in the grievance resolution process.

The time limit to file a complaint under the Board's grievance procedure is 30 calendar days from the date of the event that leads to the filing of the grievance. A copy of the Board's Policy and Procedure (Grievance Procedure) is available upon request.

#### **EQUAL OPPORTUNITY IS THE LAW**

The Board is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only. If you think that you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with the Equal Opportunity Officer at the:

**TEXAS WORKFORCE COMMISSION  
WORKFORCE DEVELOPMENT DIVISION  
EQUAL OPPORTUNITY OFFICE  
101 E. 15<sup>th</sup> STREET  
AUSTIN, TEXAS 78778  
Telephones: (512) 463-2400; (TDD): 1-800-RELAY TX, Voice 1-800-RELAY VV.**

or you may file a complaint directly with the:

**DIRECTOR, DIRECTORATE OF CIVIL RIGHTS (DCR)  
U.S. DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE NW, ROOM N4123  
WASHINGTON, D.C. 20210**

If you elect to file your complaint with the Texas Workforce Commission (TWC), you must wait until the TWC issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the TWC has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the TWC's resolution of your complaint, you may file a complaint must be filed within 30 days of the date you received notice of the TWC's proposed resolution.

By my signature below, I acknowledge this orientation to the Board's complaint procedures for services providers and the statement regarding EQUAL OPPORTUNITY IS THE LAW:

\_\_\_\_\_  
Type Name of Contractor's Representative

\_\_\_\_\_  
Type Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ATTACHMENT – H

### Coastal Bend Workforce Development Board

### UNDOCUMENTED WORKER CERTIFICATION

Effective September 1, 2007, HB 1196 amended Subtitle F, Title 10, of the Texas Government Code to add Subsection 2264. Chapter 2264 directs public agencies, state or local taxing jurisdictions, and economic development corporations (public entities) to require that any business submitting an application to receive public subsidies include in the application a statement certifying that the business, or branch, division or department of the business does not and will not knowingly employ an undocumented worker.

In the event that a business grantee is found in violation of 8U.S.C. subsection 1324a(f), consistent with the requirements of Texas Government Code subsection 2264, Boards are permitted to bring a civil action to recover any amounts owed, as well as court costs and reasonable attorney's fees.

Penalties incurred by business grantees shall be assessed damages at a rate of 20% of contract award. Said damages shall be made payable to the Board within 120 days of receiving the notice of violation.

#### DEFINITION OF TERMS

**Public Subsidy** – is broadly defined Texas Government Code §2264.001 (3) as a public program or public benefit or assistance of any type that is designed to stimulate the economic development of a corporation, industry, or sector of the state's economy or to create or retain jobs in Texas. The term includes, among other things, bonds, grants, loans, loan guarantees, benefits relating to an enterprise or empowerment zone, infrastructure development and improvements designed to principally benefit a single business or defined group of businesses, and matching funds. The Commission's Office of General Counsel has found that HB 1196 does not apply to the acquisition of goods and services.

**Undocumented Worker** – is defined as an individual who, at the time of employment, is not lawfully admitted for permanent residence in the United States or is not authorized under law to be employed in that manner in the United States.

#### CERTIFICATION

Contractor certifies that no undocumented workers will be employed during the execution of this contract. By the signature indicated below, the contractor verifies their understanding of the terms and conditions of this requirement.

\_\_\_\_\_  
Type Name of Certifying Person

\_\_\_\_\_  
Type Title

\_\_\_\_\_  
Signature of Certifying Person

\_\_\_\_\_  
Date

**ATTACHMENT – I**  
**OTHER RESPONSE MATERIALS**

## ATTACHMENT – J

### REFERENCES FORM

Failure to provide and include the following information with your response by the submission date of the bid may result in disqualification from further consideration for an award resulting from this solicitation. Each reference will be contacted for evaluation purposes. Any reference that does not respond in the allotted time provided by the Board will result in a score of zero.

#### REFERENCE #1:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (how many years provided services (To/From) Dates	

#### REFERENCE #2:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (how many years provided services( (To/From) Dates	

REFERENCE #3:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (how many years provided services) (To/From) Dates	