

# REQUEST FOR PROPOSALS

*Issued by*



*For*

## Temporary Staffing Services

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: September 7, 2017

Copies of the Request for Proposals (RFP) are available Thursday, September 7, 2017, 2:00 p.m. (CST)

Pre-Proposal Conference: Monday, September 11, 2017, 3:00 p.m. (CST)

Proposals Due Date and Time: Tuesday, September 19, 2017, 4:00 pm (CST)

Deadline for Submission of Written Questions: September 13, 2017, 5:00 p.m. (CST)

Procurement is open and subject to the availability of funds.

A proud partner of the  network

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  
TEMPORARY STAFFING SERVICES**

Introduction

Using the Request for Proposals (RFP) method of procurement, Workforce Solutions of the Coastal Bend (WFSCB) is soliciting proposals from qualified firms to provide temporary staffing services. WFSCB will provide funding through a federal grant from the U.S. Department of Labor to contract with a temporary staffing agency to temporarily employ eligible workers to assist with clean-up and recovery efforts in areas impacted by the disaster resulting from Hurricane Harvey.

Activities and Services Solicited

WFSCB will accept proposals that meet the requirements included in this solicitation to provide temporary staffing services as described herein.

WFSCB will be responsible for certifying the eligibility of workers referred to this program. The temporary staffing agency will be designated as the employer of record responsible for the recruitment, referral, and staffing of these workers to meet the needs as described herein. A full-time staffed office located in the Coastal Bend region is preferred.

If interested, please complete and return the Proposal Information Forms (Attachment A & B), with appropriate signatures committing your company to these fees /costs and services. In addition, you must also submit the required certification forms, list of business references, and proof of insurance. If you have a brochure that provides information about your company, you may also include it as part of your submission.

Eligible Proposers

WFSCB will review and evaluate all proposals for completeness and responsiveness with the terms and conditions of the RFP. Proposals clearly inconsistent with the RFP requirements and receiving a score below a 70 will be declared non-responsive and eliminated from further consideration.

Proposals will be evaluated based on the following criteria: completeness and responsiveness; experience and ability to provide requested services; references/past experience; and fees/costs. Additional points may be awarded if proposer is currently registered and certified by the state of Texas as a HUB (Historically Underutilized Business). To earn points, the proposer must submit a current certification issued by the Texas Comptroller of Public Accounts.

### Disaster Relief Areas

The disaster relief assistance will be available to the following six counties in the Coastal Bend region: Aransas, Bee, Kleberg, Nueces, Refugio, and San Patricio.

### Contract Term and Renewals

It is the intent of WFSCB to select a firm to provide temporary staffing services beginning on or before October 1, 2017. In accordance with written policies and procedures of the WFSCB, the contract may be extended for up to one (1) additional one-year contract period beyond the original acceptance award, for a total of two (2) years. The additional one-year renewal is contingent upon availability of funds, successful contract negotiations, and satisfactory performance. Cost information must be valid for the first year of the contract period. Any changes thereafter must be submitted in writing with proper justification.

The services provided by the selected temporary staffing agency will be subject to periodic review of satisfactory performance. Contract may be terminated by WFSCB at any time with 30 day notice, for unsatisfactory performance.

### Payment Terms

If selected, a contract with your firm for temporary staffing services will be executed. Payment for work performed will be reimbursed three (3) weeks after an invoice has been properly completed and verified for the preceding month. Contractor will submit invoices by the 10<sup>th</sup> of each month for activity in the previous month. Invoices must include backup documentation.

### Experience and Reference(s) Requirements

Respondent must have a minimum of three (3) years of experience in providing professional temporary staffing services and are licensed to conduct business in the State of Texas. The respondent must submit a minimum of three (3) references of active clients. The active clients must be current customers at the time of response submission and must be three distinct customers. If your firm currently has or previously had a contract with WFSCB, do not include it as one of the three references.

### Debarment and Suspension for Federal and State Contracts

To be eligible to submit a proposal under this RFP, respondents must not be presently debarred, suspended, or proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal or state department or agency. All respondents submitting a proposal will be verified as to its eligibility status for receiving federal/state funds.

### Description of Services Requested:

The Temporary Staffing Services requested are as follows:

### Essential Requirements:

- Assist in recruiting potential applicants for the program based on established eligibility criteria provided by WFSCB;
- All work program participants-employees must be certified eligible for participation by workforce center staff prior to employment. Workforce Center staff will refer eligible participants to the temporary staffing agency for placement. The temporary staffing agency may reverse refer potential applicants to the Workforce Centers for eligibility certification with proper lead time before employment.
- Pre-screen applicants for work requirements prior to referral to city/county job sites to assure that they possess all of the required skills and abilities to perform the assigned tasks. The temporary personnel provided must meet the minimum qualifications, minimum education and experience required by the classification specification for the job to be performed. The agency will be informed of the specific duties or class title, length of assignment, and any specific skills or abilities required.
- Ensure all personnel hired possess all the required documents for employment, e.g., Form W-4, Form I-9 and E-Verify System for Employment Eligibility, job application form, etc. Copies of all these documents must be provided to WFSCB, upon request.
- Ensure all potential hires will undergo verifiable background checks and employment reference checks, if needed, within a reasonable time frame prior to start date of assignment. All agencies shall adhere to federal, state, and privacy protection laws when conducting background checks and provide the required waivers, authorizations, notices, disclosures and releases. If the agency uses an outside company to conduct background checks, the agency shall only use registered, licensed investigators.
- Responsible for maintaining payroll records on all employees including employee timesheets/cards (with appropriate authorizing signatures) to accurately reflect actual hours worked per day/week by each temporary personnel and copies of payroll checks.
- Responsible for all payroll withholding requirements and shall provide any and all benefits required by law to each temporary personnel. Temporary personnel shall remain the employee of the temporary staffing agency and shall not receive WFSCB or city/county benefits.

### Specific Duties and Responsibilities include, but are not limited to the following:

1. In coordination with WFSCB Center staff, develop, implement, and administer all needed requirements to ensure all employment opportunities are accessible to all eligible applicants. All agencies shall strictly adhere to all state and federal laws with respect to discrimination in employment and shall not discriminate in employment against any individual on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, age or disability.
2. Upon request, provide assistance and information to the city/county officials and work supervisors regarding the hiring process and payroll requirements and safety practices.
3. Upon request, assist in the employee orientations provided by the city/county officials.

Additionally, it is important that the selected temporary staffing agency have regular (weekly or monthly) contact with the WFSCB management and program staff. WFSCB strongly agrees that these contacts are essential in building a strong relationship.

### Insurance Requirements

The proposer awarded the work must have the required insurance/s: General Liability, Bonding, and Workman Compensation. The general liability insurance for personal injury and bodily injury and property damage to a third party is required. The required minimum coverage shall be \$500,000 per occurrence or \$1,000,000 aggregate. If awarded the contract, Contractor must include the WFSCB as an additional Certificate Holder on all required insurances. The Contractor must submit copies of the insurances with the submission of the proposal response. In addition, proposers must also submit a list of their active clients for references.

### Deadline for Submission of Written Questions

Written questions may be submitted during the period of September 11–13, 2017. The deadline for submission of questions is Wednesday, September 13, 2017, 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 no later than Friday, September 15, 2017, 5:00 p.m. (CST).

### Submission Date and Forms

Proposal information and required forms must be submitted to the address below by Tuesday, **September 19, 2017 at 4:00 p.m., C.S.T.**

**Workforce Solutions of the Coastal Bend  
Attn: Robert R. Ramirez, Contracts and Procurement  
520 North Staples, Corpus Christi, TX 78401 (if delivered in person) or  
P.O. Box 2568, Corpus Christi, TX 78403 (if mailed)**

- Transmittal Letter (on company's letterhead)
- Information and Fees/Cost Forms – Attachments A & B
- Certification Forms – Attachments C - H
- List of Business References (minimum of three active clients) – Attachment I
- Copies of Required Certificates of Insurance
- Certificate of Registration with State of Texas Comptroller's Office

Responses can be hand-delivered or submitted by mail to the address above.

No e-mails or faxes will be accepted. Please note that responses must be received prior to the deadline of **Tuesday, September 19, 2017, 4:00 p.m. (CST)**. Any inquiries to this procurement should be address to Robert Ramirez, Contracts/Procurement at (361) 885-3013.

Workforce Solutions 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.

### **Procurement Conditions and General Terms:**

Procurement of these items shall be accordance with the state Texas Workforce Commission (TWC) procurement policies and WFSCB procurement policies and general terms as follows:

- WFSCB reserves the right to accept or reject any or all responses or bids/quotes received or to cancel or extend in part or it's entirely, this solicitation, or to make partial awards.
- WFSCB is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- The intent of this solicitation 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 from any bid/application submitted.
- Positive efforts shall be made to utilize Historical Underutilized Businesses (HUBs, i.e., minority and female- owned or operated businesses) as vendors, and to allow such organizations maximum feasible opportunity to compete for award.
- Award of purchase agreement or contract shall be made only to a responsible respondent/bidder(s), i.e., a bidder/vendor who has demonstrated competence to deliver the specified goods/services, a proven record of business integrity and ethics, and the ability to meet the requirements of the solicitation.
- When submitting a response it is required that the respondent have the necessary professional experience, prior training, and applicable professional judgment to perform the services and activities or deliver the goods stated in this procurement solicitation.
- Respondents/bidders 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 solicitation contact person or designated WFSCB Board staff. Violation of this instruction will result in immediate rejection of the response/bid/application.
- The contents of a successful bid may become contractual obligations, if a contract is awarded. Failure of the respondent/bidder to accept those obligations may result in the cancellation of the response/bid/application for selection. The contents and requirements of this solicitation may be incorporated into any legally binding and duly negotiated contract between WFSCB and the selected respondent(s)/bidder(s). WFSCB reserves the right to withdraw or reduce the amount of an award or to cancel any contract resulting from this procurement if there is misrepresentation or errors in the specifications, pricing, terms, or Respondent's/Bidder's ability to meet the terms and conditions of this solicitation or if adequate funding is not received.
- All responses/bids and their accompanying attachments will become property of the WFSCB after submission and materials will not be return. In addition, all materials that are produced as a result of this solicitation become property of WFSCB.
- WFSCB specifically reserves the right to vary the provisions set herein anytime prior to the execution of the contract where such variance is deemed to be in the best interest of WFSCB.
- A response does not commit WFSCB to award a purchase agreement or contract or to pay any costs incurred in the preparation of a response nor pay for any costs incurred prior to the execution of a formal purchase agreement or contract unless such costs are specifically authorized in writing by WFSCB.
- WFSCB reserves the right to contact any individual, agency, or employers listed in the solicitation's response, to contact others who may have experience and/or knowledge of the respondent's/bidder's goods/supplies/services, relevant performance, qualifications, etc. and to request additional information from any and all respondents/bidders.
- No employee, officer, or member of the Board shall participate in the selection, development of a response to this solicitation, award or administration of a contract supported by the solicitation if a conflict of interest, real or apparent, would be involved.
- No purchase agreement or contract may be awarded until respondent/bidder has complied with Executive Order 12549, 29 CFR, Part 98 by submitting a signed Certification of Debarment, which states that neither the vendor, nor any of its principles, are presently debarred,

suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a procurement by any Federal department or agency.

- In the interest of maximum free and open competition, all Workforce Solutions members and staff will be prohibited from providing technical assistance or answering questions concerning this solicitation which may be construed as offering a competitive advantage to any respondent/bidder. Potential respondents/bidders are requested to respect these conditions by not making personal requests for assistance.

WFSCB is an equal opportunity employer and complies fully with the nondiscrimination and equal opportunity provisions of the applicable laws.



**RFP RESPONSE**

**RFB FOR TEMPORARY STAFFING SERVICES**

**ATTACHMENT A**

To submit your response to the RFP, please answer the following questions:

1. Will your firm be able to provide temporary staffing services as stated in the RFP on or before October 1, 2017?  Yes  No
2. Does your firm/agency currently have a full-time staffed office located in the Coastal Bend region?  
 Yes  No
3. Is your company/agency legally eligible to provide services in the disaster impacted counties of: Aransas, Bee, Kleberg, Nueces, Refugio, and San Patricio?  Yes  No
4. In responding to the RFP, do you agree to abide by and provide the services listed in this solicitation?  Yes  No
5. If there is a need to alter or modify your policies and/or procedures to ensure the services requested are provided in an effective and efficient manner and in compliance with federal/state/local rules and regulations, will your company/agency agree to comply?  
 Yes  No
6. Please provide information as to the experience of your current staff, number of office personnel, management, training and qualifications of staff. If needed, you may submit summaries of your staff bios. Please provide the name/title of lead staff person for this project.



7. Does your firm have an established plan in place for rapid response events such as this whereby a higher demand for such services/resources are required immediately?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain your plan for immediate action and deployment of services/resources to meet such a need. If you have provided similar rapid response services describe those emergency events. Additionally, if your company/agency has current or prior experience with “industrial” worksites, safety (OSHA) and worker oversight, please explain below.

8. Will your firm comply with all Equal Employment Opportunity rules and regulations as to making employment opportunities accessible to all eligible applicants? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Does your firm agree to the payment process for reimbursement of fees/costs incurred?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
10. If awarded the contract, will your firm agree to the insurance requirements and to add the Board as an additional certificate holder? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Will your company/agency abide to our requirement to have weekly and/or monthly meetings with WFSCB management and program staff? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. How many years has your company/agency provided professional temporary staffing services?  
\_\_\_\_\_ years. And are you registered with the State of Texas Comptroller’s office?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If you are, please provide a copy of your registration with the dates of certification.

13. Briefly, provide any examples/explanation of your firm's added value approaches and services that you feel distinguish you from other temporary staffing agencies.

\_\_\_\_\_

Print Name of Individual and Title Committing to RFP

\_\_\_\_\_

Signature of Individual

\_\_\_\_\_

Date



**ATTACHMENT B**

**FFES/COST FORM**

Name of Company: \_\_\_\_\_

Physical and Mailing Address, and Telephone Number:

\_\_\_\_\_

Is your company/firm a Historically Underutilized Business (HUB) as certified by the State of Texas Comptroller? If your response is **YES**, please include your current HUB Certificate issued by the State.

\_\_\_\_\_ Yes      \_\_\_\_\_ certificate attached

**Classification Specifications:**

The positions that will be considered for this type of work are Truck Drivers, Crew Lead Workers and Labors for disaster clean up and recovery. However, we will need to inquire from county and city officials as to the types, number of positons needed, and hourly rates.

Fees/Cost Information:

**Range of Mark-Up for Labor Related Work:**

Markup %: \_\_\_\_\_

Hourly pay rate will be determined by county/city pay scale.

Comments/Explanation:

Itemize all applicable fees:

Salary: \$ \_\_\_\_\_  
Fringe Benefits: \$ \_\_\_\_\_  
Service Fee: \$ \_\_\_\_\_  
Setup Fees/Cost: \$ \_\_\_\_\_

Provide a complete list of all fees associated with this proposal. Please use the space below to specify any other additional costs.

Other Charges (please specify):

\_\_\_\_\_  
Print Name of Individual and Title Committing to RFP

\_\_\_\_\_  
Signature of Individual and Date

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 contractor 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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 contractor 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 contractor 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 Contractor'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 Contractor's policy statement;
- (d) Notifying the employees in the Contractor'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 Contractor 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 Contractor'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 require 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.

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Name and Title of Authorized Representative

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Signature

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.

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

\_\_\_\_\_  
Signature



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.

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

\_\_\_\_\_  
Signature

ATTACHMENT – F

Coastal Bend Workforce Development Board

DISCLOSURE OF INTEREST

It is the fiscal policy of the Coastal Bend Workforce Development Board (“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:

1. Corporation  2. Partnership  3. Sole Owner  4 Association  5. 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:

Name

Job Title and Section (if known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

Name	Title
_____	_____
_____	_____

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:

Name	Board, Commission, or Committee
_____	_____
_____	_____

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:

Name	Consultant
_____	_____
_____	_____

**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 Coastal Bend Workforce Development Board, as changes occur.

*Certifying Person:* \_\_\_\_\_

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

*Signature of Certifying Person:* \_\_\_\_\_

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

**ATTACHMENT – G**

**Coastal Bend Workforce Development Board**

**ORIENTATION TO COMPLAINT PROCEDURES FOR SERVICE PROVIDERS**

The policy of the Coastal Bend Workforce Development Board (the Board) is to resolve complaints in a fair and prompt manner. The Board's administrative directive on GRIEVANCE PROCEDURE establishes the guidelines for the resolution of grievances/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:

**Coastal Bend Workforce Development Board  
ATTN: EO Officer  
520 North Staples Street  
P.O. Box 2568  
Corpus Christi, Texas 78403  
Telephone: (361) 885-3019**

Every effort should be made to resolve your grievance at the optimum management level. The Board's EO 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 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 WV.**

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:

\_\_\_\_\_  
Signature of Contractor's Representative

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Contractor's Representative

\_\_\_\_\_  
Date

ATTACHMENT I  
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	