



# **WORKFORCE SOLUTIONS** of the Coastal Bend

**TO: Interested Parties**

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

**DATE: September 25, 2018**

**SUBJECT: REQUEST FOR APPLICATIONS (RFA) FOR CONSULTING & TECHNICAL WRITING SERVICES**

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Workforce Solutions of the Coastal Bend (WFSCB), formally known as the Coastal Bend Workforce Development Board, is soliciting applications from a qualified individual, or firms to provide specialized consulting services. These consulting and technical writing services will assist staff throughout the program year on an as-needed-basis.

A Services Survey Form, indicated as Attachment B, has been provided as part of this application process. Applicants may select those subject matter areas where they have demonstrated ability to deliver the requested services. Any applicant responding to this RFA must have a minimum of five (5) years experience in the area(s) indicated.

All inquiries should be directed to Robert Ramirez, at phone number: (361) 885-3013 or [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org). Mailed, hand delivered, or emailed via PDF file responses are acceptable.

Workforce Solutions of the Coastal Bend is an Equal Opportunity Employer/Program. Auxiliary aid and services are available upon request to individuals with disabilities. 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 APPLICATIONS

Issued by



## **WORKFORCE SOLUTIONS** of the Coastal Bend

For

**Consulting**

**&**

**Technical Writing Services**

Applications to be submitted to the  
Coastal Bend Workforce Development Board  
(d.b.a. Workforce Solutions of the Coastal Bend)  
520 North Staples, Corpus Christi, Texas 78401 (if  
hand-delivered) or P.O. Box 2568, Corpus Christi,  
Texas 78403 (if mailed)

Issue Date: September 25, 2018

**Application Period: October 01, 2018 – September 30, 2019**

Procurement is open and subject to the availability of funds.

Workforce Solutions of the Coastal Bend is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas: 1-800-735-2989 (TDD) and 1-800-735-2988 or 71-1 (Voice). Historically Underutilized Businesses (HUB's) are encouraged to apply.

## **Workforce Solutions of the Coastal Bend Request for Application (RFA)**

The Coastal Bend Workforce Development Board (d.b.a. Workforce Solutions of the Coastal Bend) in Corpus Christi, Texas will receive applications for Consulting and Technical Writing Services which will assist Board staff in addressing day-to-day operational issues.

### **Background Information**

The Coastal Bend Regional Workforce Development Board is a volunteer Board made up of 34 members representing various employment sectors in an 11-county area. The Board manages approximately 20-million dollars in workforce development programs, which are administered through Workforce Solutions' Centers, performing workforce development activities for area businesses and residents. The primary responsibility of the Board is to provide policy and program guidance and evaluation of workforce development programs and services that affect area employers, residents and job seekers.

The 11-county area served by Workforce Solutions of the Coastal Bend includes: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio counties.

The Board recognizes that Coastal Bend employers are a priority customer. Resolving the concerns of regional employers has become one of the primary goals of the Board. The Board is charged with providing expanded and improved activities for Coastal Bend employers, which includes identifying key trends and major external threats affecting today's local employers, as well as capitalizing on existing opportunities available in the community.

### **Eligible Applicants**

Private-for-profit corporations, community-based organizations (CBO), private non-profit organizations, or individuals which have the education and demonstrated ability to perform the requested services and meet the RFA requirements.

### **Purpose of the Procurement**

The purpose of this Consulting and Technical Writing RFA is to solicit applications from individuals or firms which have the demonstrated ability to deliver a variety of services.

To readily react to the needs of the Coastal Bend workforce community, it is the intent of the Board to release a Consulting and Technical Writing Services RFA which will address various aspects of day-to-day operational issues.

Those parties wishing to apply for the RFA should review Attachment B, Services Survey Form. This attachment will indicate several areas of expertise commonly utilized by the Board throughout the program year. Applicants are requested to indicate which areas they are interested in providing consulting services and are qualified.

It must be noted that the Board does require that applicants have five (5) years of demonstrated experience within the selected subject matter. These subject matter areas are indicated on the Services Survey Form as Attachment B. Additionally, applicants entering into a contract with the Board must have the required insurance coverage's. See section on "RFA Conditions" on page six (6) for additional information.

**The application process is open-ended so that potential applicants may submit an application at any time during the fiscal year. However, WFSCB will take applications for the current fiscal year until 4:00 p.m., Friday, September 13, 2019.** Applications which have been evaluated, deemed responsive, and accepted will be selected for the Board's Consulting Vendors List. Applicants will be engaged by the Board on an as needed-basis for a period not to exceed twelve (12) months beyond application acceptance/award and ending September 30, 2019.

The attached materials describe the information needed to submit an application. Questions about the RFA may be sent via fax to: Robert Ramirez at (361) 356-3958 or email to: [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org) One original, signed application must be submitted to the Workforce Solutions of the Coastal Bend. In addition to a hard copy, submission of application electronically (via email) can expedite the review process. **This RFA is open and continuous and applications may be submitted until 4:00 p.m., Friday, September 13, 2019. No applications will be accepted after this deadline.**

### **Submission of Applications**

Applications shall be submitted to:

Workforce Solutions of the Coastal Bend  
Attn: Robert 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)  
Fax# (361) 356-3958

Submit one original, signed copy of the application forms (Attachment A-H). In order to expedite the review process, you may submit an additional PDF copy via email to [robert.ramirez@workforcesolutionscb.org](mailto:robert.ramirez@workforcesolutionscb.org). This electronic copy must indicate all signatures required.

### **Application Selection Process**

1. All applications considered must be responsive to the RFA instructions.
2. Workforce Solutions will base its selection on responsiveness to the RFA, education, experience, demonstrated ability, availability, and cost.
3. Any applicant receiving a score of less than "70" will be declared non-responsive.
4. Workforce Solutions of the Coastal Bend will make a good faith effort to award contracts to Historically Underutilized Businesses (HUB's).
5. All applicants will receive notification of application approval. An applicant 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 any desired remedies of action. Workforce Solutions of the Coastal Bend reserves the right to determine whether the protest is valid and merits further consideration.

### **Application Evaluation Criteria**

The review and selection process will include the following criteria and value system:

#### **Responsiveness to RFA**

##### **Value 10 points**

This criterion examines the extent to which the minimum requirements of the RFA were met.

#### **Education**

##### **Value 10 points**

This measure addresses the applicant's educational credentials and analytical capacity.

#### **Experience**

##### **Value 30 points**

This criterion examines the knowledge and skills of the applicant which have been derived from actual work experiences within the workforce development field and the requirement of five (5) years of relevant prior experience.

**Demonstrated Ability**

**Value 30 points**

This criterion is a measure of the applicants past ability to deliver similar services.

**Availability**

**Value 10 points**

This evaluation measure indicates the applicant's ability to respond within a timely manner for the requested services.

**Cost**

**Value 10 points**

This measure evaluates the costs of the services to see if there are within the market rate for such services.

**HUB**

**Value 5 points**

Historically Under-Utilized Business as certified by the State of Texas  
(Applicant must provide current copy of the certification.)

**RFA Conditions**

1. 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 RFA does not commit WFSCB to pay for any cost incurred prior to the execution of any contract. All contracts are contingent upon availability of funds from the U.S. Department of Labor and/or Texas Workforce Commission.
4. The intent of this RFA 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 application submitted.
5. Applicants 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 RFA contact person or designated WFSCB Board staff. Violation of this instruction will result in immediate rejection of the application.
6. 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.

7. All applications 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 RFA become property of WFSCB.
8. The contents of a successful application may become contractual obligations, if a contract is awarded. Failure of the applicant to accept those obligations may result in the cancellation of the application for selection. The contents and requirements of this RFA may be incorporated into any legally binding and duly negotiated contract between WFSCB and the selected applicant(s).
9. WFSCB reserves the right to select and/or contract with more than one applicant from the applications submitted.
10. Costs incurred by a contracted entity in the delivery of 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 coverages: **General Liability Insurance** consisting 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. If the Contractor does not have the required general liability insurance, WFSCB will assess the need for such insurance, on a case by case basis. **Workers Compensation Insurance** will be required for all employees that will be working under a contract with the Board. However, if the Contractor meets the definition of "Independent Contractor", as defined by the State of Texas, the Contractor must sign a waiver agreeing to this independent 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 37.20(a)(1). Each application for financial assistance under Title I of WIOA, as defined in §37.4, 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 Innovative 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 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIOA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA 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**  
**CONSULTING & TECHNICAL WRITING SERVICES**

**I. IDENTIFICATION OF RESPONDENT**

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

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

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

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

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

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

How many years has your firm been providing similar services? \_\_\_\_\_

What are your qualifications, education, experience, and area(s) of expertise?

## DESCRIPTION OF SERVICES PROVIDED

Indicate on Attachment A those services you are qualified to deliver. You must have a minimum of five (5) years experience.

Cost per hour/per day for services rendered (If needed, travel and hotel arrangements will be made separately and reimbursed at cost.) \_\_\_\_\_

When can you/will you be available to perform services. \_\_\_\_\_

Is your firm currently registered and certified by the State of Texas Comptroller of Public Accounts as a HUB (Historically Underutilized Business)? If you are, please submit a copy of the HUB Certificate.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Does your firm currently have the required insurance coverage's? \_\_\_\_\_ (yes/no)  
If not, will your firm be able to comply with the required insurances upon the award of a contract? \_\_\_\_\_ (yes/no)

## SIGNATURE

Name and Title of Respondent: \_\_\_\_\_

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

Date Application Form Submitted: \_\_\_\_\_

The deadline for the receipt of applications is **4:00 p.m., Friday, September 13, 2019.**

Responses received after the deadline will not be considered.

Responses should be mailed, e-mailed, or hand delivered to:

Workforce Solutions of the Coastal Bend

Attention: Mr. Robert Ramirez

520 North Staples, Corpus Christi, TX 78401 (if delivered in person) or

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

Phone # (361) 885-3013

**ATTACHMENT B**  
**WORKFORCE SOLUTIONS SERVICES SURVEY FORM**

The following areas of expertise are being solicited by the Board. Please indicate those areas that you are qualified to deliver consulting services or provide technical writing expertise. You must have a minimum of five (5) years experience within the subject matter selected.

- Development of Operational & Programmatic Policies and Procedures
- Programmatic Monitoring
- Fiscal Monitoring and Policy Development
- Fiscal and Operational Pre-Award Survey
- Mystery Shopper Review/Survey/Interviews
- Workforce Systems Review
- Data Analysis & Verification
- Business Services Development
- Grant Writing
- General Technical Writing
- Proposal Reading
- Staff Training & Development
- Small Business Services
- Human Resources
- Contract Negotiations
- Economic Analysis & Labor Studies
- General Consulting
- Keynote Speaking Services
- General Facilitation
- Outreach Surveys
- Internship Activities
- DVD, HDV, Video Film recording and/or related electronic tasks
- Video and Photograph capabilities
- Youth Services (ages 14-17, or 18-24)
- Other Services (specify services): \_\_\_\_\_

Please submit a resume which indicates your expertise in these fields. Also, include resumes of staff providing services. If selected, references will be checked and verified prior to contracting for services.

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 |  |