



WORKFORCE SOLUTIONS of the Coastal Bend

TO: Interested Parties

FROM: Ken Trevino, President/CEO

DATE: October 17, 2018

SUBJECT: REQUEST FOR APPLICATIONS (RFA) FOR PROFESSIONAL DEVELOPMENT TRAINERS TO PROVIDE TRAINING TO CHILD CARE PROVIDERS

Workforce Solutions of the Coastal Bend (WFSCB), formally known as the Coastal Bend Workforce Development Board, is soliciting applications from professional, qualified individuals, institutions, and organizations to provide specialized professional training to the region's child care providers. The training provided will promote the professional development needs of child care providers throughout the program year on an "as needed" basis.

The application process is open-ended so that potential applicants may submit an application anytime during fiscal year and/or may amend their current application. **Once your application is received, reviewed, and evaluated, a contract for services will be executed, once the applicant is contacted by WFSCB and requested to conduct a professional development training. This contract may be renewed for an additional one-year period. The contract renewal is at the discretion of the WFSCB and is based on satisfactory performance, availability of funds, and successful contract negotiations.**

A Professional Development Education and Training Services Form, indicated as Attachment B and B-1, has been provided as part of this application process. Applicants must provide specific information on the training topics to be delivered in the requested general areas as specified in Attachment B. Applicants responding to this RFA must have *a minimum of five (5) years of professional trainer experience (of having conducted professional development training activities to adults in a professional setting.)* in the areas of early childhood education, i.e., early literacy or early numeracy, business management topics, and professional development training instruction.

All inquiries should be directed to Robert Ramirez, at phone number: (361) 885-3013 or robert.ramirez@workforcesolutionscb.org. Mailed, hand delivered, or emailed via PDF file responses are acceptable. However, an original application with original signatures must be submitted in order to be considered under this RFA.

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

Professional Development Trainers To Provide Training To Child Care Providers

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 or
P.O. Box 2568, Corpus Christi, Texas 78403

Issue Date: October 17, 2018

Application Start Date: October 1, 2018 - September 30, 2019

Procurement is open and subject to the availability of funds.

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Workforce Solutions of the Coastal Bend Request for Applications (RFA)

The Coastal Bend Workforce Development Board (d.b.a. Workforce Solutions of the Coastal Bend) in Corpus Christi, Texas will receive applications for education and training of professional child care providers in the Coastal Bend region.

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. Workforce Solutions of the Coastal Bend (WFSCB) manages approximately 19 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 Workforce Solutions of the Coastal Bend 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 WFSCB includes: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio counties.

WFSCB recognizes that Coastal Bend employers are a priority customer. Resolving the concerns of regional employers has become one of the primary goals of WFSCB. WFSCB 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 institutions, community-based organizations (CBO), private non-profit institutions or organizations, or individuals which have the qualifications, experience, and demonstrated ability to perform the requested services, are eligible to apply. Priority will be given to those trainers who are currently registered with the Texas Early Childhood Professional Development System (TECPDS) sponsored by the University of Texas Health Science Center at Houston.

Purpose of the Procurement

The purpose of this Professional Development Trainers to Provide Training to Child Care Providers RFA is to solicit applications from individuals, institutions, or organizations which have the qualifications, experience, and the demonstrated ability to provide training on a variety of early childhood education and business management topics and should the need arise, to design and create a professional development training based on the trainer's experience, knowledge, and education on the subject content area.

To readily react to the needs of the Coastal Bend workforce community, it is the intent of the WFSCB to release this RFA which will address the needs of the region's professional child care providers.

Those parties wishing to apply under the RFA should review Attachment B, "WFSCB Professional Development Education and Training Services Form" and Attachment B-1, "Cost/Price Information". These attachments will indicate the different areas of education and training topics commonly utilized by WFSCB throughout the program year. Applicants are requested to indicate which education and training topics they are qualified to and interested in presenting.

It must be noted that WFSCB requires that applicants have *five (5) years of demonstrated experience* within the selected topic areas. These areas are indicated on the WFSCB Professional Development Education and Training Services Form as Attachment B. Additionally, applicants entering into an agreement for training with the WFSCB must have the required insurance coverage. See section on "RFA Conditions" on page eleven for additional information.

The application process for this fiscal year (October 1st through September 30th) will be open until **4:00 p.m., Friday, August 16, 2019**. Applications which have been evaluated, deemed responsive, and accepted will be included on the trainers list for Professional Development Training to the Coastal Bend child care providers. Approved applicants will be engaged by WFSCB on an "*as needed*" basis for a period not to exceed *twelve (12)* months from date of initial application acceptance/award, but not to exceed the end date of September 30, 2019.

This RFA is open and continuous and applications may be submitted for the fiscal year until 4:00 p.m., Friday, August 16, 2019. No applications will be accepted after this deadline.

Unless a contract has been approved with your firm, you will have to submit a new application under a re-issued RFA for the next fiscal year (October 1, 2019 – September 30, 2020). The new applications will be accepted for consideration beginning on **Wednesday, September 21, 2019**. The application process is open-ended so that

potential applicants may submit an application anytime during the fiscal year and/or to amend their current application.

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 One original, signed application and three (3) copies must be submitted to the WFSCB. In addition to the hard copies that are required, submission of application electronically (via email) can expedite the review process.

Scope of Services, Specifications, and Trainer Requirements

Description of Services – Approved trainers will provide specialized professional development training activities for child care providers located in the Coastal Bend region. The training activities will be held at facilities located in the City of Corpus Christi (Nueces County). However, in the event the training activities are moved to a different location within the Coastal Bend region, an advance notice will be provided.

Professional Development Education and Training – WFSCB expects the delivery of education and training activities to be conducted in training workshop style classes ranging in size from a minimum of 10 participants to as large as 45 participants per session, and single training conference sessions, of up to 150 participants. Specific number of participants for each training session will be set with each selected trainer at the time of acceptance of the proposed trainings.

Service Specifications– For each proposed training topic include the following information (reference in the order provided below):

- A. Course Description: Provide a brief description of the course and include an outline containing objectives and questions participants are expected to answer at the end of the training session. Each training activity's course description will list the core competency (ies) as per the "*Texas Core Competencies for Early Childhood Practitioners and Administrators*" manual and list the minimum standard as per the Child Care Licensing (CCL) Division's *Minimum Standards* guide.
- B. Length of Training: Specify the length of each training session per topic. Throughout training, we expect to offer participants training workshops that are series-based. For individual weekday and weekend trainings, we would like to offer training sessions that are 4 to 8 hours in length. For individual weeknight trainings, we would like to offer trainings from 1 to 2 hours in length over a course of weeks. Additionally, please indicate in your course syllabus (per each topic) the length of your presentation and if it can be shorten and/or extended to meet our time frames.

- C. Participant Information: Please provide for each topic, information on who may attend and benefit from this course, e.g., infant/toddler caregivers, early childhood providers, after school caregivers, etc. Also, include the number of participants recommended for each course.
- D. Experience Level of Trainees: If appropriate, specify the level of training such as; Beginner, Intermediate, and Advance.
- E. Training Methodology, Techniques, and Presentation Skills: Briefly explain the training methodology you will be using to instruct, as well as your use of teaching techniques and presentation skills (include a description of your training aids).
- F. Course Evaluations: Please specify how trainees will evaluate the training. Include any proposed forms to be used to evaluate the course.
- G. Course Handouts: If selected to provide training, applicant must submit electronic copies of course handouts.
- H. Trainer Certification: If applicable, include a copy of the Texas Early Childhood Professional Development System (TECPDS) Trainer Registry Orientation certificate and/or Trainer Registry certification. If there are multiple trainers, please submit the appropriate certifications for each one of them.
- I. Trainer Resume: Include current resume(s) for each of the proposed instructor(s).
- J. Course Certification: If applicable, provide information on the number of Continuing Professional Education (CPE) Units (clock hours) participants may receive for completion of course requirements.

Cost Per Training – Provide the cost per training course by completing Attachment B-1, “Cost/Price Information”. A comparative cost/price analysis will be performed to verify market price/costs. The cost analysis will ensure a reasonableness value will be determined for proposed services.

References - Include five (5) distinct references from most recent customers (within the last five years) that have direct knowledge of your training qualifications and your ability to teach. References will be verified. Reference information should be provided in Attachment J.

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)

Submit one original, signed copy and three (3) copies of the application forms (Attachment A-J). In order to expedite the review process, you may submit an additional PDF copy via email to 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. WFSCB will base its selection on responsiveness to the RFA, qualifications, experience, demonstrated ability/references, availability, and cost.
3. **Any applicant receiving a score of less than "70" will be declared non-responsive.**
4. WFSCB will make a good faith effort to award contracts to Historically Underutilized Businesses (HUB's).
5. All applicants will receive notification of application status. An applicant who wishes to protest the decision will be required to notify WFSCB 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. WFSCB reserves the right to determine whether the protest is valid and merits further consideration.

Attachments To Be Completed and Returned With Each Response

Potential applicants should submit a cover letter and the attachments listed below. All forms must be signed, dated, and completed.

Attachment A – Certification By Applicant

Attachment B – WFSCB Professional Development Education & Training Services Form

Attachment B1- Cost/Price Information

Attachment C – Certification Regarding Lobbying and Debarment

Attachment D – Certification Regarding Texas Corporate Franchise Tax

Attachment E – State Assessment Certification

Attachment F – Workforce Solutions of the Coastal Bend Disclosure of Interests

Attachment G – Orientation of Complaint Procedures

Attachment H – Undocumented Worker Certification

Attachment I – Other Materials (Resumes of staff providing training and other

materials requested or referred to in the narrative should be labeled and included here)

Attachment J - References

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.

Qualifications

Value 25 points

This criterion addresses the applicant's educational and training credentials. Priority will be given to those trainers who are currently registered with the Texas Early Childhood Professional Development System (TECPDS) sponsored by the University of Texas Health Science Center at Houston.

Experience

Value 25 points

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

Demonstrated Ability/References

Value 10 points

This criterion is a measure of the applicants past ability to deliver similar services. The quality of references from past customers will also be evaluated. References will be verified.

Availability

Value 10 points

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

Cost

Value 20 points

This criterion evaluates the cost of the services to determine if they are within the market rate for such services. Also, costs will be evaluated for reasonableness.

HUB

Value 5 points

Historically Under-Utilized Business (HUB) 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 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 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 or payment agreement 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 any time prior to the execution of the contract or payment agreement where such variance is deemed to be in the best interest of Workforce Solutions of the Coastal Bend.
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 or payment agreement 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 WFSCB. 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 Workforce Innovation and Opportunity Act (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 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 basis 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 APPLICANT
FOR
PROFESSIONAL DEVELOPMENT TRAINING TO CHILD
CARE PROVIDERS

IDENTIFICATION OF RESPONDENT

Name of Individual Responding: _____

Name of Firm (if applicable): _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email address: _____

How many years have you or your firm been providing similar services? _____

Briefly state your qualifications, education, experience, and area(s) of expertise?

Is your firm registered with the state General Services Commission as a HUB? _____

If your response is YES, please include in your bid response the certificate from the State.

DESCRIPTION OF SERVICES PROVIDED

Indicate on Attachment B the education and training classes you are qualified to deliver. You must have a minimum of five (5) years experience.

When can you/will you be available to perform services. _____

Does your firm currently have the required insurance coverages? _____ (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: _____

Responses should be 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)**

ATTACHMENT B

WORKFORCE SOLUTIONS OF THE COASTAL BEND CHILD CARE PROFESSIONAL DEVELOPMENT TRAINING SERVICES FORM

The following areas of early childhood education training topics are being solicited by Workforce Solutions of the Coastal Bend. Please indicate those topics that you are qualified to provide services on. Applicants must have **a minimum of five (5) years professional trainer experience** (having conducted professional development training activities to adults in a professional setting within the subject matter selected).

Pre-Service Training Topics:

Developmental Stages of Children	Age-Appropriate Activities for Children
Positive Guidance and Discipline of Children	Code of Ethics/Code of Conduct
Teacher/Child Interactions	Fostering Children's Self-Esteem
Supervision and Safety Practices in the Care of Children	Pre-K Guidelines
Emergency Preparedness	Medication Administration (EpiPen)
Preventing the Spread of Communicable Diseases	Care of Children with Special Needs
Developmentally Appropriate Practices (DAP)	Lesson Planning
Recognizing and Preventing Shaken Baby Syndrome,	Curriculum and Instruction
Preventing Sudden Death, Early Childhood Brain Development	Observation and Assessment
Early Learning Guidelines	Identification and Care of All Children
Understanding Early Childhood Brain Development/Child Growth and Development	
Minimum Standards and How They apply to the Caregiver	

Quarterly Training Topics:

Child Abuse and Neglect	Child Health (for example, nutrition)
Risk Management	Cultural Diversity for Children and Families
Professional Development	Observation and Assessment
Curriculum and Instruction	Children w/ Special Needs Topics
Early Literacy & Numeracy	CPR/First Aid
Lesson Planning (writing lesson plans)	

Additional Training Topics:

Educational Development (CDA)	Leadership
AED/Defibrillator	Fun Toddler Topics
Staff Supervision	Fun Pre-school Topics
Fun Infant Topics	Personnel Management

Management Training Topics:

Staff Supervision	Lesson Planning
Observation and Assessment	Professional Development
Management Techniques/Leadership	Finance Management
Transition Forms	

ATTACHMENT B-1

COST/PRICE INFORMATION

Please use copies of this form to include the cost/price information for each course submitted. If the cost/price information is the same regardless of the training topic, please note this under the space provided under "Name of Course". The cost/price information must be firm for the applicable fiscal year your application has been approved for. **WFSCB reserves the right to negotiate training rates based on education, years of experience, and content.**

Name of Course: _____

Training Session Rate: \$_____ per day (more than 4 hours)

 \$_____ per hour

Presentation Materials/Handouts (if applicable): \$_____ (03.5¢ per page x _____ pages) Please specify below the description of the materials. (Optional: Upon request, WFSCB can make the copies available. If requested, please submit via e-mail a PDF version of the materials/handouts.)

*Travel Costs (for out of town only) _____ Yes _____ No

Workforce Solutions of the Coastal Bend follows the State Coordination of Travel rule and the GSA's federal Domestic Maximum Per Diem Rates.

Travel costs may include lodging, meals, airfare, car rentals, and mileage, as appropriate. Travel reimbursements will not exceed the current State travel rates. Reimbursement requests for lodging, airfare, and car rentals must include receipts for actual cost.

Transportation expenses will be reimbursed only for the quickest and most economical means of transportation to reach the desired location. An individual choosing to take another means of transportation will be reimbursed only at the cost of the quickest and least expensive means of transportation. Car rental, taxis, and other forms of ground transportation must comply with this policy of quickest and most economical means. Coordination of travel must occur when two, three, or four authorized travelers travel on the same dates with the same itinerary to conduct the same business. When coordination of travel is required, Workforce Solutions may reimburse only one of the authorized travelers for mileage.

Costs for travel must have prior written approval from Workforce Solutions of the Coastal Bend. Due to unforeseen circumstances, Workforce Solutions may need to cancel scheduled training sessions. Consequently, Workforce Solutions will make every effort to provide prior notice to trainers. However, we advise trainers not to purchase non-refundable airfare tickets. Workforce Solutions will not be responsible for reimbursing trainers for any unused non-refundable airfare tickets.)

ATTACHMENT C

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

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).

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.

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).

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.

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).

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.

Name and Title of Authorized Representative

Signature

ATTACHMENT D

TEXAS CORPORATE FRANCHISE TAX CERTIFICATION

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.

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 that all persons or firms seeking to do business with Workforce Solutions of the Coastal Bend 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 Workforce Solutions of the Coastal Bend 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 Workforce Solutions of the Coastal Bend 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 Workforce Solutions of the Coastal Bend 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 Workforce Solutions of the Coastal Bend 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 Workforce Solutions, 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 Workforce Solutions of the Coastal Bend is to resolve complaints in a fair and prompt manner. The Workforce Solutions of the Coastal Bend 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 Workforce Solutions of the Coastal Bend 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) 885-3019

Every effort should be made to resolve your grievance at the optimum management level. The Workforce Solutions of the Coastal Bend EO Officer is available to assist, as necessary, in the grievance resolution process.

The time limit to file a complaint under the Workforce Solutions of the Coastal Bend grievance procedure is 30 calendar days from the date of the event that leads to the filing of the grievance. A copy of the Workforce Solutions of the Coastal Bend Policy and Procedure is available upon request.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions of the Coastal Bend 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. 15th STREET
AUSTIN, TEXAS 78778
Telephones: (512) 936-0343; (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 Workforce Solutions of the Coastal Bend complaint procedures for services providers and the statement regarding EQUAL OPPORTUNITY IS THE LAW:

Signature of Certifying Person

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 Certifying Person

Date

ATTACHMENT I
RESUMES AND OTHER RESPONSE INFORMATION

ATTACHMENT J

REFERENCES FORM

DEMONSTRATED ABILITY/REFERENCES – Maximum Points: 10

Failure to provide and include the following information with your response by the submission date 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 WFSCB will result in a score of zero. **Therefore, we recommend that you follow up with each reference to assure their cooperation.**

REFERENCE #1:

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

REFERENCE #4:

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

REFERENCE #5:

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