## GENERAL INFORMATION

1. Legal name of Applicant firm:
2. Assumed names under which Applicant and/or firm have operated:
3. Name of individual completing application.
4. Physical Address:
5. Mailing Address:
6. Primary Contact Name: *should be an individual authorized to make representations on behalf of Applicant*
7. Primary Contact Title:
8. Primary Contact Telephone Number:
9. Primary Contact Email Address:
10. Is Applicant registered with the State of Texas as a Historically Underutilized Business (HUB)? *If yes, please provide HUB Certification Number and include a copy of certification as part of this response document.*

By signing below Applicant certifies the following:

Acceptance of the terms and conditions of this RFA.

Application will remain in effect until a contract has been finalized and a purchase order has been issued by WFSCB to the awarded contractor.

Applicant acknowledges that it currently has the required insurance coverage or, if awarded the contract, will purchase and provide all of the required proof of insurance coverages within ten (10) days of execution of the contract.

The information provided above is accurate and I am authorized to make representations on behalf of and legally bind Applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certifying Person Title of Certifying Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Person Date

## QUALIFICATIONS

Please provide the following information:

1. Understanding of the scope of work and why you are qualified to deliver the requested services.
2. Interest in representing WFSCB.
3. List of educational credentials.
4. List of training credentials.
5. Are you currently registered with the Texas Early Childhood Professional Development System (TECPDS) sponsored by the University of Texas Health Science Center at Houston? If yes, please include a copy of certificate.
6. List of services provided and number of years providing each type of service.
7. Method(s) of keeping up with industry trends and knowledge.
8. When will you be available to perform services?
9. Affirmative action plan, if applicable. If there is no formal plan, please provide your firm’s statement adhering to affirmative action.
10. Specimen Certificate of Liability Insurance showing insurance coverage currently maintained.
11. Has Applicant ever been debarred, or otherwise declared ineligible by any public agency from bidding or providing services?
12. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against Applicant or its officers?
13. Has Applicant or its officers filed or been involved in any lawsuits or requested arbitration with regard to professional development training within the last sixty (60) months?
14. Within the last sixty (60) months, has any officer or principal of Applicant firm ever been an officer or principal of another firm when it failed to complete a contract?

## EXPERIENCE

Please provide the following information:

List of clients for whom you have provided paid professional development training services within the past three (3) years. For each please provide company name, name of primary contact, their email address and training topics. WFSCB reserves the right to contact Applicant’s current and/or past clients to evaluate the level of performance and customer satisfaction.

**WORKFORCE SOLUTIONS COASTAL BEND**

**CHILD CARE PROFESSIONAL DEVELOPMENT TRAING SERVICES FORM**

The following areas of early childhood education training topics are being solicited by Workforce Solutions Coastal Bend. Please indicate those topics on which you are qualified to provide services. Applicants must have a ***minimum of three (3) years professional trainer experience*** (paid experience as a professional development trainer within the subject matter selected).

**Training Topics**

\_\_ Developmental Stages of Children \_\_ Early Learning Guidelines

\_\_ Ages and Stages Developmental Assessment \_\_ Pre-Kindergarten Guidelines

\_\_ Developmentally Appropriate Practices (DAP) \_\_ Curriculum and Instruction

\_\_ Positive Guidance & Discipline of Children \_\_ Fostering Children’s Self-Esteem

\_\_ Child Growth and Development \_\_ Code of Ethics/Code of Conduct

\_\_ Brain Development in Young Children \_\_ Sudden Infant Death Syndrome

\_\_ Developing Talkers (Vocabulary Building) \_\_ Shaken Baby Syndrome

\_\_ Child Care Regulations (CCR) Minimum Standards \_\_ Teacher/Child Interactions

\_\_ Safety and Supervision Practices in the Care of Children \_\_ Care of Children w/Special Needs

\_\_ Americans w/Disabilities Act (ADA) Compliance

\_\_ Emergency Preparedness

\_\_ Child Care Center Safety Precautions

**Quarterly Training Topics**

\_\_ Child Abuse and Neglect \_\_ Child Wellness, i.e. nutrition

\_\_ Cultural Diversity for Children and /Families \_\_ Family Engagement

\_\_ Lesson Planning (writing lesson plan objectives) \_\_ Early Literacy

\_\_ Early Numeracy

**Directors Management Training Topics**

\_\_ Supervision of Staff \_\_ Child Care Budget/Finance

\_\_ Staff Retention Strategies \_\_ Emergency Preparedness

\_\_ How to Motivate Your Staff \_\_ Mental Wellness

\_\_ How to Market/Promote Your Child Care Center

\_\_ Child Care Center Safety Precautions

**COURSE INFORMATION**

**Use copies of this form to provide information of each course submitted.**

Topic Category (from Child Care Professional Development Training Services Form):

Title of Course:

Course Description: Description of training topic.

Length of Training (in hours):

Participant Information: Who may attend and benefit from this course? For example, infant/toddler caregivers, early childhood providers, after school caregivers, etc.

Number of Participants Recommended:

Experience Level of Participants: Beginner, Intermediate, Advanced

Training Methodology, Techniques, and Presentation Skills: Include a description of training aids.

Course Evaluations: How will participants evaluate the training? Include proposed evaluation forms.

Course Materials: Include a copy of the materials that will be distributed to participants. Trainers are **required** to provide participants with course materials.

Trainer Certification: If applicable, include a copy of the TECPDS Trainer Registry Orientation certificate and/or Trainer Registry certification for each trainer.

Trainer Resume: Include current resume for each of the proposed trainers.

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.

Course Outline: Complete a Course Outline containing all of the information listed on the example response document on page 21 of this RFA.

Cost for Course: Assuming a class size of 15 participants, please provide an amount that includes your training rate and cost of course materials.

## RESUMES AND OTHER RESPONSE DOCUMENTS

**COURSE OUTLINE**

**Use copies of this form to provide an outline of each course submitted.**

Title of Course:

Description of Course:

Training Objective(s):

Competency Area(s):

Texas Core Competencies for Early Childhood Practitioners and Administrators:

Minimum Standards for Child-Care Centers:

Questions:

## DEMONSTRATED ABILITY / REFERENCES

**Please furnish three (3) references for whom paid professional development training services were provided within the last five (5) years. As a part of the evaluation process, WFSCB will be contacting these references. If references fail to respond by the requested due date and time, points awarded in this category will be negatively impacted.**

Organization Name:

Organization Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Types of Services Provided:

Contract Term(s): (How many years were services provided? Please provide to/from dates.)

## COST / PRICE INFORMATION

**All cost/price information will be firm from January 23, 2023 through September 30, 2023. WFSCB reserves the right to negotiate training rates based on education, years of experience and content.**

Training Session Rates:

$\_\_\_\_\_\_\_\_ Per Hour

□ My hourly training session rates are the same regardless of course.

□ My hourly training session rates vary depending on course.

Travel Costs (out of town only):

□ No

□ Yes

□ Applicant has read and understands that WFSCB’s policy regarding reimbursement for travel will follow the State Coordination of Travel Rule and the GSA’s federal domestic maximum per diem rates as described in paragraph 2.8 - Travel Reimbursement on page 8 of this RFA.

**ATTACHMENT A**

**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:

1. 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;
2. 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;
3. Providing each employee with a copy of the Contractor’s policy statement;
4. 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;
5. Notifying the Commission within ten days of Contractor’s receipt of a notice of a conviction of an employee; and,
6. 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 of Authorized Representative Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

**ATTACHMENT B**

**TEXAS CORPORATE FRANCHISE TAX CERTIFICATION**

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for profit corporations 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 of Authorized Representative Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

**ATTACHMENT C**

**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 of Certifying Person Title of Certifying Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Person Date

**ATTACHMENT D**

**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)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 Title**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certifying Person Title of Certifying Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Person Date

**ATTACHMENT E**

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certifying Person Title of Certifying Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Person Date

**ATTACHMENT F**

**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. 15th STREET

AUSTIN, TEXAS 78778

Telephones: (512) 463-2400; (TDD): 1-800-RELAY TX, Voice 1-800-RELAY VV.

or you may file a complaint directly with the:

DIRECTOR, DIRECTORATE OF CIVIL RIGHTS (DCR)

U.S. DEPARTMENT OF LABOR

200 CONSTITUTION AVENUE NW, ROOM N4123

WASHINGTON, D.C. 20210

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date