# APPLICATION INSTRUCTIONS

**Application for Management and Operation of Career Center System**

**(Including Youth Services)**

**Due Date: May 22, 2023 by 4:00 PM (CDT)**

This Application for career center system management for WFSCB is intended to be a process whereby qualified entities are identified and determined to have the expertise and experience to operate a career center system. Entities successfully completing the Application phase of the procurement process will be invited to submit a Proposal for career center system management.

Instructions:

Applications must be received by 4:00 P.M. on May 22, 2023**.** Entities who have been notified that their application has passed will be allowed to submit a Proposal.

Applications may be submitted electronically or in paper form. If submitted in paper, an electronic version must also be submitted. Paper submittals must be originals with all forms and certificates containing original wet signatures. Electronic versions must contain e-signatures and be a single PDF file. Any differences between the original paper version and the electronic version are at the liability of the applicant.

Note: Joint venture partners must each submit all forms and requested materials pertaining to their organization or company as part of the single PDF file.

Applications which do not adhere to the submission requirements, will be ruled unresponsive to the specifications, and will not be considered under this procurement.

Paper versions may be submitted by mail, courier service or hand delivered to:

Esther Velazquez, Contract and Procurement Specialist

Workforce Solutions Coastal Bend

400 Mann Street, Suite 800

Corpus Christi, TX 78401

Electronic versions should be submitted via email to: esther.velazquez@workforcesolutionscb.org

or via SharePoint to:

[https://wscostalbend-my.sharepoint.com/:f:/g/personal/shileen\_lee\_workforcesolutionscb\_org/Epqzj3CRq59Hp6gqOqr85eUBC9xiUrTe\_m0nmrIseyTUEg?e=v2VkRP](https://wscostalbend-my.sharepoint.com/%3Af%3A/g/personal/shileen_lee_workforcesolutionscb_org/Epqzj3CRq59Hp6gqOqr85eUBC9xiUrTe_m0nmrIseyTUEg?e=v2VkRP)

**Faxed or late Applications will be ineligible and not accepted for consideration.**

**Forms:**

1. Application for Career Center System Management Form
2. Copy of Certificate for Historically Underutilized Business (if applicable)
3. Completed Application Check List Form
4. Application Narrative
5. Financial Systems Survey
6. Certification By Proposer Form
7. Administrative Management Form
8. Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug Free Workplace Requirements
9. Certification Regarding Conflict of Interest, Disclosure of Interest
10. Texas Corporate Franchise Tax Certification
11. State Assessment Certification
12. Orientation to Complaint Procedures
13. Undocumented Worker Certification
14. Customer Rights and Complaint Resolution Procedure

## Attachments:

* 1. Organization Chart for the Applicant Organization
	2. Proposed Organization Chart for the Operation and Management of Coastal Bend Career Centers
	3. Joint Venture Agreement/and/or Managing Director/PEO agreement, if applicable (if applicable).
	4. List of Organization’s Board of Directors, Owners, or Principals
	5. Resumes for key the staff (if employed or known), up to date with current positions included; labeled: (per staff person whether full or part time, or in-kind)
		1. Administrative/Management Team
		2. Supervisory Staff for career center on-site supervisory staff only
	6. Job Descriptions and Required Qualifications for each proposed funded position.
	7. Provide a chronologic list of all current or past workforce-related contracts for the last 10 years (most recent first). Include the name of the board area, the specific contract title and number, the total amount of the contract awarded, and the percent expended, start and end dates of each contract.
	8. For each contract listed in G, above, provide a table showing actual performance against contracted performance for each TWC performance measure and each contracted measure by year for the last 3 years minimum.
	9. A copy of monitoring reports from the contracting workforce board, to include monitoring conducted by board-contracted monitors, or the last three contract years for each career center system management contract as generated and imposed by any Workforce Board, TWC, State or Federal agency. (No Summaries); In addition, provide any follow-up and final resolution reports for any findings or deficiencies identified in the monitoring reports.
	10. A copy of any primary funding source reports regarding Corrective Action Plans as generated and imposed by any Workforce Board, TWC, State, or a federal agency, over the last three years, and the status of these plans. (No Summaries)
	11. A copy of any primary funding source reports regarding Performance Improvement Plans as generated and imposed by a Workforce Board, TWC, State, or a federal agency, over the last three years, and the status of these plans. (No Summaries)
	12. A copy of any primary funding source reports regarding Sanctions as generated and imposed by a Workforce Board, TWC, State, or Federal Agency, over the last three years, and the status of these sanctions. (No Summaries)
	13. Audits with management letters for the last three years, plus a financial statement for the current year. In the event the entity is part of a larger organization, the financial statements must include a breakout by Workforce Development Contract and applicable cost categories as described in WD Letter 04-15, Change 2.
	14. Provide documentation of any legal judgments, claims, arbitration proceedings, and suits pending or outstanding against the organization or its officers.
	15. Cost allocation plan
	16. Indirect cost rate and approval of rate – if applicable
	17. Certificate of non-profit incorporation – if applicable
	18. IRS Form 990 (for 501 (c) (3) non-profit organizations)
	19. Copy of annual report to shareholders for for-profit companies
	20. List of agencies which have MOUs (Memorandum of Understanding) with your organization.
	21. List of three (3) references with requested information. Please submit as Attachment U to the Application.

# COVER PAGE

**Application for Management and Operation of Career Center System**

1. Identification of Proposer:

Name of Organization: Address: Contact Person Regarding this Proposal: Telephone Number: Fax:

E-Mail Address:

1. Name and Title of Person Responsible for:

Contracting Authority: / Contract Negotiations: / Liaison to WFSCB: /

1. Description of Proposer (Legal/Tax status):

Private, for-profit Public, non-profit Private, non-profit

□

□

□

1. Model:

□

Turnkey Operation Managing Director/PEO

□

□

Other (Specify) State Comptroller ID #

Corporation Partnership Sole Ownership

Government entity

□

□

□

□

Federal Tax ID #

1. Please check if your firm is a Historically Underutilized Business as defined by the Texas Government Code 407.101.

□

Yes (If “Yes” provide approved certification.) No

□

Signature of person who can commit organization to this application and proposal:

Typed Name of Representative Typed Title

Signature Date

# Application Checklist

The items listed below should be submitted in the following order as the Application for Management and Operation of Career Center System due May 22, 2023 by 4:00

P.M. (CDT). Check each item included in your application.

Forms:

* 1. Application for Career Center System Management Form

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* 1. Copy of Certificate for Historically Underutilized Business (if applicable)

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* 1. Completed Application Check List Form

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* 1. Application Narrative
	2. Financial Systems Survey

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* 1. Certification By Proposer Form

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* 1. Administrative Management Form

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* 1. Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug Free Workplace Requirements
	2. Certification Regarding Conflict of Interest, Disclosure of Interest

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* 1. Texas Corporate Franchise Tax Certification

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* 1. State Assessment Certification
	2. Orientation to Complaint Procedures
	3. Undocumented Worker Certification

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* 1. Customer Rights and Complaint Resolution Procedure

Attachments:

1. Organization Chart for the Applicant Organization

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1. Proposed Organization Chart for the Operation and Management of Coastal Bend Career Centers

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1. Joint Venture Agreement and/or Managing Director/PEO agreement (if applicable).

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1. List of Organization’s Board of Directors, Owners, or Principals
2. Resumes for key the staff (if employed or known), up to date with current positions included; labeled: (LIMIT TWO PAGES EACH per staff person whether full or part time, or in-kind)

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* 1. Administrative/Management Team
	2. Supervisory Staff for career center on-site supervisory staff only
1. Job Descriptions and Required Qualifications for each proposed funded position.

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1. Provide a list of all current or past workforce-related contracts for the last 10 years. Include the name of the board area, the specific contract title and number, the total amount of the contract awarded, and the percentage expended.

\_\_

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1. For each contract listed in G, above, provide a table showing actual performance against contracted performance for each TWC performance measure by year for the last three years at minimum.

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1. A Copy of original monitoring report from your primary funding source for the last three contract years for each career center system management contract as generated and imposed by any Workforce Board, TWC, State or Federal agency. (No Summaries); In addition, provide any follow-up and final resolution reports for any findings or deficiencies identified in the monitoring reports.

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1. A copy of any primary funding source reports regarding Corrective Action Plans as generated and imposed by any Workforce Board, TWC, State, or a Federal agency, over the last three years, and the status of these plans. (No Summaries); See notes in I.
2. A copy of any primary funding source reports regarding Performance Improvement Plans as generated and imposed by a Workforce Board, TWC, State, or a Federal agency, over the last three years, and the status of these plans. (No Summaries)

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1. A copy of any primary funding source reports regarding Sanctions as generated and imposed by a Workforce Board, TWC, State, or Federal Agency, over the last three years, and the status of these sanctions. (No Summaries)

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1. Audits with management letters for the last three years, plus financial a financial statement for the current year. In the event the entity is part of a larger organization, the financial statements must include a breakout by Workforce Development Contract and applicable cost categories as described in [WD Letter 04-15, Change 2: Cash Draw and Expenditure Reporting System Instructions—Update (texas.gov)](https://www.twc.texas.gov/files/policy_letters/wd-04-15ch2-twc.pdf)
2. Provide documentation of any legal judgments, claims, arbitration proceedings, suits pending or outstanding against the organization or its officers.

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1. Cost allocation plan
2. Indirect cost rate and approval of rate – if applicable

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1. Certificate of non-profit incorporation – if applicable

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1. IRS Form 990 (for 501 (c) (3) non-profit organizations)
2. Copy of annual report to shareholders for for-profit companies

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1. List of agencies which have MOUs with your organization.

\_\_

1. Provide three (3) references for projects of similar size and scope that they have performed. Reference’s organization name, address, and phone number, name of contact person, and description of services provided, dates of relationship and total budget. Please submit as Attachment U to the application.

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I have verified that all of the requested forms have been made available as a part of this application.

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Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

## APPLICATION NARRATIVE

Provide brief responses to the questions below. Any reference to attachments in the narrative must include the attachment name and page number.

1. Provide a brief history of your organization’s experience operating career center systems.
2. Describe your organization’s attributes that enhance your ability to provide the requested services.
3. Describe any innovative initiatives your organization developed, procured, or implemented to address employer or job seeker issues that demonstrate your expertise in workforce development.
4. Description of Fiscal Management System - Describe your financial management system including cash management and accrual system, budget tracking, financial capacity, and knowledge of staff;
	1. Include the last three years of audited financial statements.
	2. List your experience in managing and accounting for State and Federal funds, including sound organizational structure.
	3. List names and qualifications of the organization’s (proposal) chief fiscal officer and respective accounting staff.
	4. Describe how payroll, leave and travel policies will be documented, and records will be maintained.
	5. Describe what procedures and techniques will be used to ensure that there are no disallowed costs and identify sources from which disallowed costs would be paid.
	6. Describe how you will comply in reporting to WFSCB in the respected cost category classification (WD Letter 04-15, Change 2) for all costs that the contractor is responsible for.
	7. List the available resources, including financial capacity to work without cash advances for a limited time, (excess of current assets over current liabilities as indicated in the financial statements).
	8. Discuss compliance with The Texas Administrative Code, Chapter 802.21.
	9. Ability to pay disallowed costs from non-federal funds; administrative and fiscal accountability. Working capital should normally be at least 10% of the proposed contract.
	10. Provide cost allocation and indirect cost policies and procedures;
	11. Audit issues; pending litigation; claims on insurance; status of questionable costs,
	12. Discuss historical overhead costs (cost category 709) to contract and identify what specific cost makes up the overhead costs and the methodology for allocating those costs. (See attached spreadsheet.)
	13. Description of Applicants experience conducting self-monitoring for financial performance and compliance.
	14. Submitted the organization’s insurance documents including insurance binder, if applicable.
	15. Describe how you will list Workforce Solutions as an additional insured on insurance.
	16. Describe how expenditures and obligations incurred are tracked to ensure that expenditure levels will be met.
5. Management Capacity – includes organization history; organization chart; career center system management experience; staff qualifications; Applicant must demonstrate its capability to set direction, achieve outcomes, bring non-federal funding to the table, and manage overall operations, including staff oversight, customer services, continuous improvement, and achievement of measurable outcomes.
	1. List the governing body/board of directors or other principals.
	2. Describe lawsuits, if any initiated against the Applicants’ organization or any of the project team members, within the last five years.
	3. List the organization’s vision, goals, objectives, and describe how they relate to the Workforce Solutions strategic direction in workforce development.
	4. Provide a brief organizational/company history.
	5. Provide copies of the most recent IRS form 990(501)(c)(3) NON-PROFITS, for Profit: Proof of incorporation, corporate resolution.
	6. Provide a corporate organizational chart of the operations.
	7. Indicated the Number of employees in Nueces County, in the State of Texas and nationwide, corporate.
	8. Indicate the location of the office from which the administration or oversight is to be done.
	9. Submitted evidence that the Applicant has developed and implemented an equal opportunity program for hiring and promoting its employees.
	10. Description of Applicant’s Corporate or Administrative Policies.
	11. Evidence that the Organization can meet the needs of all client types.
6. Demonstrated Effectiveness – Described the organization’s history and experience in workforce development.
	1. Described the Applicant’s knowledge, expertise, and experience in performing workforce or staffing. The Applicant demonstrated level of compliance with regulations and policies.
	2. Included Compliance or Monitoring Reports that demonstrate the organization or company’s ability to meet programmatic and financial performance outcomes with similar services. (Reference Attachment I)
	3. Included performance reports for those contracts used as references sufficient to demonstrate the organization's ability to meet programmatic and financial outcomes with similar services. Example budget vs actual in non-client and client. (Reference Attachment H)
	4. Provided at least three (3) references for projects of similar size and scope that they have performed. Reference’s organization name, Reference’s address and phone number, Contact person, and Description of services provided, dates of relationship and total budget. Include this information on “Attachment U”.

Submit all signed certifications, administrative and fiscal surveys, and appropriate documents

*[Submit with Application}*

# FINANCIAL SYSTEMS SURVEY

PROPOSER:

Please answer the following questions regarding your fiscal management system. Additional information may be requested at the time of a pre-award survey, including copies of the documents specifically named.

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | N/A |
| Does your organization follow GAAP? |  |  |  |
| 1. Does your accounting system:
	1. Provide control and accountability for funds received, property, and other assets;
	2. Provide identification of receipt and expenditures of funds separately for each funding source;
	3. Provide adequate information to prepare monthly financial reports on an accrual basis;
	4. Have the capability to track allow-ability and allocation of costs in accordance with requirements for federal grant programs.
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| 2. Are state and federal funds which may be advanced to you deposited in a bank withfederal insurance oversight? |  |  |  |
|  |  |  |
| 3. Has the bank in which you deposit state and federal funds insured the account(s) or put up collateral or both equal to the largest sum of money which would be in suchaccount(s) at any one point in time during the contract period? |  |  |  |
|  |  |  |
| 4. Do you reconcile your bank accounts monthly? |  |  |  |
| 5. Are the bank reconciliations made by the same person who performs recordkeeping forreceipts, deposits, and disbursement transactions? |  |  |  |
|  |  |  |
| 6. Do you record daily cash receipts and disbursement transactions? |  |  |  |
| 7. Do you maintain records on all property acquisition, disposition, and transfer? |  |  |  |
| 8. Do you have written procedures and internal controls established for the procurementof goods and services? |  |  |  |
|  |  |  |
| 9. Is a competitive bidding process incorporated into your purchasing procedures for acquisition of subcontractors, major goods and services, equipment, and office space? |  |  |  |
|  |  |  |
| 10. Are timesheets kept to support payroll disbursement? |  |  |  |
| 11. Are records maintained to support authorized employee leave (vacation, sick, etc.)? |  |  |  |
| 12. Are complete records kept to support travel payments? |  |  |  |
| 13. Has a formal audit by an outside auditing firm been conducted of your organization’sfinancial record in the past year? |  |  |  |
|  |  |  |
| 14. Do you have an indirect cost plan with current approval by a cognizant agency? |  |  |  |
| 15. Is your organization funded by more than one source? |  |  |  |
| 16. Does your organization maintain written accounting procedures? |  |  |  |

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Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*[Submit with Application}*

# CERTIFICATION BY PROPOSER

I hereby certify that the information contained in this proposal and all attachments is true and correct and may be viewed as an accurate representation of the proposed services to be provided by this organization. I certify that no employee, board member, or agent of Workforce Solutions Coastal Bend has helped prepare this proposal. I acknowledge that I have read and understood the requirements and provisions of the request for proposals and directives in this program's implementation.

I, ( ), certify that I am the ( ) of corporation, partnership, or sole proprietorship, or other eligible entity named as Proposer and Respondent herein and that I am legally authorized to sign this proposal and submit it to Workforce Solutions Coastal Bend, on behalf of said organization by authority of its governing body.

Person authorized to sign for the Signature of Individual attesting to Organization: Signatory’s authority:

 \_ Signature Signature

Printed Name Printed Name

Printed Title Printed Title

Date Date

Subscribed and Sworn to before me on this day of 2023, in

 (City), (County), (State). Notary Public in and for County, State of .

Commission expires: . SEAL

*[Submit with Application}*

# ADMINISTRATIVE MANAGEMENT SURVEY

PROPOSER:

Please answer the following questions regarding your administrative management system. Additional information may be requested at the time of a pre-award survey, including copies of documents specifically named.

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | N/A |
| 1. Does your organization have current Articles of Incorporation? |  |  |  |
| 2. Does your organization have written personnel policies? |  |  |  |
| 3. Do your written personnel policies contain procedures for: |  |  |  |
| a. open employee recruitment, selection and promotional opportunities based on ability, knowledge and skills; |  |  |  |
|  |  |  |
| b. providing equitable and adequate compensation; |  |  |  |
| c. training of employees to assure high-quality performance; |  |  |  |
| d. retaining employees based on the adequacy of their performance, and for making adequate efforts for correcting inadequate performance; |  |  |  |
|  |  |  |
| e. assuring fair treatment of applicants and employers in all aspects of personnel withoutregard of political affiliation, race, color, national origin, sex, age, disability, religion, or creed, with proper regard for their privacy and constitutional rights as a citizen; and |  |  |  |
|  |  |  |
| f. Assuring that employees are protected against coercion for partisan political purposes andare prohibited from using their official position to influence procurement. |  |  |  |
|  |  |  |
| 4. If your organization does not have the procedures noted above, could your personnel policies be revised expeditiously to include these procedures? |  |  |  |
|  |  |  |
| 5. Do your written personnel policies contain a prohibition against nepotism? |  |  |  |
| 6. Do your written personnel policies contain a prohibition against employees using their positions for private gain for themselves or other parties? |  |  |  |
|  |  |  |
| 7. Does your organization have an authorized, written travel policy for employees and authorizedagents that provides for reimbursement for mileage and/or per diem at a specified rate? |  |  |  |
|  |  |  |
| 8. Does your organization have a written employee complaint procedure used to resolve disputes? |  |  |  |
|  |  |  |
| 9. Does your organization have the capacity or staff to produce and maintain records on projectparticipants and/or other customers as well as other management information that may be needed? |  |  |  |
|  |  |  |
| 10. If certain costs are determined to be disallowed, does your organization have a procedure orsource for reimbursing such costs to WFSCB? |  |  |  |
|  |  |  |
| 11. Does your organization have a State Comptroller Vendor Number? |  |  |  |
| 12. Is your organization governed by a Board of Directors, an elected body (city/county ISD council, commission or board) or Council? |  |  |  |
|  |  |  |
| 13. Does your organization operate under local rules or by-laws? |  |  |  |
| 14. Has your Board/Council reviewed and approved this proposal for submission? |  |  |  |
| 15. Does your organization have a current approved fidelity bond? |  |  |  |
| 16. Does your organization have an EEO/affirmative action plan? |  |  |  |
| 17. Does your organization have a complaint or grievance process for customers? |  |  |  |
| 18. Does your organization have a Complaint Monitor? |  |  |  |

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Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*[Submit with Application}*

**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.

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Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*[Submit with Application}*

**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 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 attach a 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)**

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

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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**

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

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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**

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

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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**

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

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# 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.

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

Printed Name of Certifying Person Printed Title of Certifying Person

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Signature of Certifying Person Date

*[Submit with Application}*

**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.

#

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Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*[Submit with Application}*

 **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.

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Printed Name of Certifying Person Printed Title of Certifying Person

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Signature of Certifying Person Date

*[Submit with Application}*

**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 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

400 Mann St., Suite 800

Corpus Christi, Texas 78401

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 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 TWC’s resolution of your complaint, you may file a complaint, it 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:

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

Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*{Submit with Application}*

**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 applying 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.

If 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.

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

Printed Name of Certifying Person Printed Title of Certifying Person

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Signature of Certifying Person Date

*{Submit with Application}*

**CUSTOMER RIGHTS AND COMPLAINT RESOLUTION PROCEDURE**

**WORKFORCE SOLUTIONS COASTAL BEND**

Participating in workforce services administered by the Texas Workforce Commission (Commission) or Workforce Solutions of the Coastal Bend (Board) grants you the right to file a complaint regarding your workforce services. These rights are guaranteed through the Commission’s complaints, hearings and appeals procedures\* at 40 TAC, Chapter 823.

Please be aware that this complaint process does not pertain to matters alleging violations of nondiscrimination or equal opportunity requirements under the Workforce Innovations and Opportunity Act (WIOA) or matters governing job service related complaints.

**THE COMPLAINT PROCESS**

**What is a complaint?**

A complaint is a written statement alleging a violation of any law, regulation, or rule relating to any federal- or state-funded workforce service. If you have received an adverse action or want to file a formal complaint about workforce services you are first encouraged to discuss the adverse action or complaint with Texas Workforce Center staff where the complaint originated.

**Who may file a complaint?**

Texas Workforce Center customers – Individuals who have applied for or are eligible to receive federal- or state-funded workforce funded services administered by the Commission or the Board. These services include:

* Child Care Services
* Temporary Assistance for Needy Families (TANF) / CHOICES
* Supplemental Nutrition Assistance Program (SNAP) Employment &Training
* Workforce Innovations and Opportunity Act (WIOA) - Adult, Dislocated Worker, and Youth
* Eligible Training Providers receiving WIOA funds or other funds for training services.
* Other interested parties affected by the Texas workforce system, including subrecipients. These individuals may be child care or other service providers that have a received a written statement issued by the Board, a Texas Workforce Center, or the Agency relating to an adverse action, or a provider or contractor, related to denial or termination of eligibility, under programs administered by the Agency or the Board.
* Previously employed individuals who believe they have been displaced by a Texas Workforce Center customer participating in work-based services such as subsidized employment, work experience, or workfare.

**How do I file a complaint?**

* Complaints must be in writing using the attached complaint form.
* Complaints must be filed within 180 days of the alleged violation.
* Complaints should be filed at the service level where the complaint originated for optimal and immediate satisfaction.

Board complaint procedures are available upon request.

**How will the complaint be resolved?**

* You will be given the opportunity for an informal resolution to resolve any disputes resulting from either a complaint or an appeal to a determination. An example of an informal resolution may include:
* Meeting with your immediate case worker to seek a resolution;
* Meeting with a Texas Workforce Center manager or designated Board staff for a more in-depth discussion related to the circumstances of the complaint and to discuss how the complaint may be resolved.
* If you are not satisfied with the outcome of the informal resolution, you have the right to file a complaint and to have the opportunity for a Board hearing with:

Workforce Solutions of the Coastal Bend

520 N. Staples

Corpus Christi, Texas 78401

* Once a complaint is filed with the Board, you will be notified in writing of a Board hearing at least (10) ten calendar days prior to the hearing date. The ten-day notice may be shortened with prior written consent of the parties involved.
* A Board decision will be issued within 60 calendar days from the date the complaint is originally filed.

If you do not agree with the decision issued by the Board or if no decision is mailed within 60 calendar days from the date the complaint was originally filed, you may file a written appeal to the Commission. The appeal must be sent within 14 calendar days after the mailing date of the Board’s decision or 90 calendar days after the original filing date of the complaint. Appeals to the Commission are mailed to:

Appeals, Texas Workforce Commission

101 East 15th St., Room 410

Austin, Texas 78778-0001

The Secretary, US Department of Labor will investigate appeals under the following circumstances:

* Local-level grievances and complaints—when a state-level appeal is filed and within 60 days of that request, either party appeals to the Secretary.
* State-level complaints:
	+ when no determination is made at the state level within 60 days of receipt of the state-level complaint; or
	+ when a decision on a state-level grievance or complaint has been reached and the party to which the decision is adverse appeals to the Secretary.

And those who wish to appeal a final state-level determination of the following:

* Appeals to the Secretary, that are based on a state-level determination not being made within 60 days of receipt of a grievance or complaint, must be filed within 120 days of filing the grievance or appeal with the state.
* Appeals to the Secretary that are based on a party’s dissatisfaction with the decision of the state-level appeal must be filed within 60 days of receipt of the state-level decision.
* Appeals to the Secretary must be submitted by certified mail with a return receipt requested. In addition to sending an appeal to the Secretary, the party must also simultaneously provide a copy of the appeal to the opposing party and the US Department of Labor Employment and Training Administration (DOLETA) regional administrator.
* The Secretary must make a final decision on an appeal no later than 120 days after receiving the appeal.

 Secretary, US Department of Labor Regional Administrator, DOLETA

 200 Constitution Ave. NW 525 S. Griffin Street, Room 317

 Washington, DC 20210 Dallas, Texas 75202

 Attention: ASET

By my signature below, I certify I have received a copy of the Workforce Customer Rights and Complaint Resolution Procedure.

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

Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

*[Submit with Application}*

**ATTACHMENT U - REFERENCES FORM**

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 a timely manner 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 |  |

## PROPOSAL INSTRUCTIONS

**Proposal for Management and Operation of**

**Career Center System**

**(Including Youth Services)**

**Due Date: June 26, 2023 by 4:00 PM (CDT)**

The proposal for Management and Operation of WFSCB’s Career Center System is intended to be the proposing entity’s approach to operating the career center system in a manner to exceed contracted performance measures, provide quality services to customers, be accountable for all compliance requirements, and represent WFSCB and its goals and objectives for workforce development in the Coastal Bend WDA. Any or all parts of the proposal may become a part of the contract, if selected. Therefore, the proposal should be realistic in its portrayal of the proposer’s abilities and expertise.

Instructions: **Proposals must be received by 4:00 PM on June 26, 2023.**

Proposals may be submitted electronically or in paper form. If submitting in paper, an electronic version must also be submitted. Paper submittals must be originals with all forms and certificates containing original signatures. Electronic versions must contain e-signatures and include a single PDF file for the response document and a single Excel file for the proposed budget.

Note: Joint venture partners must each submit a signed statement stating they support the proposal and their role in the proposed approach for management and operation of the career center system. The signed joint venture statement must be part of the single PDF file.

Any differences between the original paper version and the electronic version are at the liability of the proposer. Proposals which do not adhere to the submission requirements, will be ruled as unresponsive to the specifications and will not be considered under this procurement.

Paper versions may be submitted by mail, courier service or hand delivered to:

Esther Velazquez, Contract and Procurement Specialist

Workforce Solutions Coastal Bend

400 Mann Street, Suite 800

Corpus Christi, TX 78401

Electronic versions should be submitted via email to: esther.velazquez@workforcesolutionscb.org.

or via SharePoint to:

[https://wscostalbend-my.sharepoint.com/:f:/g/personal/shileen\_lee\_workforcesolutionscb\_org/Epqzj3CRq59Hp6gqOqr85eUBC9xiUrTe\_m0nmrIseyTUEg?e=v2VkRP](https://wscostalbend-my.sharepoint.com/%3Af%3A/g/personal/shileen_lee_workforcesolutionscb_org/Epqzj3CRq59Hp6gqOqr85eUBC9xiUrTe_m0nmrIseyTUEg?e=v2VkRP)

**Faxed or late Proposals will be ineligible and not accepted for consideration.**

# COVER PAGE

**Proposal for Management and Operation of Career Center System**

1. Identification of Proposer:

Name of Organization: Address: Contact Person Regarding this Proposal: Telephone Number: Fax:

E-Mail Address:

1. Name and Title of Person Responsible for:

Contracting Authority: / Contract Negotiations: / Liaison to WFSCB: /

C. Proposal Summary Data:

Proposed Total Budget Amount: Proposed Cash or In-Kind Contribution:

Proposed Total Amount for Staff Salaries and Fringe:

Proposed Total Amount for Direct Participant Training/Services:

Proposed Total Number of Staff FTEs:

\_\_\_

Model Approach:

\_\_\_\_\_

\_ Turnkey Organization

\_ \_ Managing Director/PEO

Signature of person who can commit organization to this proposal:

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

Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

# PROPOSAL CHECKLIST

The items listed below should be submitted as the proposal for career center system management due

**June 26, 2023, 4:00 p.m.** Check each item included in your proposal.

Proposer Cover Page (Front Page of Proposal) Proposal Checklist

□

□

□

Proposal Narrative

□

Proposal Budget (A, B, C and D) Attachments

□

□

1. Proposed Organization Chart (if different from Application)

□

1. Staff Training Matrix

□

1. Job Seeker Customer Flowchart

□

1. Employer Customer Flow Chart

I have verified that all of the requested information is contained in this proposal.

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

Printed Name of Authorized Representative Printed Title of Authorized Representative

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Signature of Authorized Representative Date

# PROPOSAL NARRATIVE INSTRUCTIONS

Instructions: Repeat each instruction in the proposal narrative including the corresponding section heading and section number and letter and provide a thorough response. Exhibits may be referenced in the narrative and provided in the attachments. Any references to attachments in the narrative must include the name of the attachment and the page number.

## Proposed Management and Operation of Career Center System

1. Management & Staffing
	1. Describe your proposed approach to managing the Coastal Bend career center system.
	2. Management is the process of planning, organizing, leading and controlling all phases of business operation in order to achieve the objectives of our organization. Describe the objectives of your organization and your proposed approach for each of the following elements:
		1. Management style
		2. Business objectives
		3. Initial On-boarding/Training & On-going Staff Skills Development
		4. Team-Building, Morale & Incentive Plans, and Leadership Development
		5. Staff Accountability
		6. Communication (Internal & External)
		7. Anticipating and planning for changes in the business environment
		8. Outreach & Coordination with partners and grantor agencies
	3. Describe each of the following in detail:
		1. Management team and the structure for supervision of career center system staff.
		2. Proposed staffing of the Coastal Bend career center system. Include in your discussion the staffing for each center. Explain/justify why you propose this staffing structure. Provide a staffing chart which includes TWC ES staff.
		3. Staff development strategies to support continuous learning and development of career center staff. Provide a staff development matrix as Attachment B that lists your proposed training for staff. Include the source of the training for each topic. Include orientation and training for new staff as well as development of skills of current staff.
		4. Employee benefits you will provide to career center staff. Include eligibility date, cost to program and cost to employee.
		5. Your organization’s code of conduct for career center and management staff.
		6. Process for assessing customer satisfaction and how that information is processed.
		7. Proactive continuous improvement/quality assurance processes for career center systems operation. Include the use of information and data to support key career center system management processes and improve performance.
		8. Reactive corrective action processes for addressing any deficiencies identified through internal or external monitoring. Discuss each of the following:
			1. Internal process for identifying and resolving program and compliance issues.
			2. Response to internal/external monitoring findings, corrective action plans performance improvement plans, and/or sanctions.
			3. Ensure the accuracy and integrity of data and information.
			4. Evaluate the value of career center products and services offered to customers.
	4. Managing Director with Professional Employer Organization (PEO) Option: (If applicable)

Managing Director Proposers must respond to the following narrative questions as an addition to responding to all the above criteria questions:

1. Describe the procurement for the professional employer organization (PEO) or staff leasing company to include dates, proposals received, and the entity selected.
2. Describe the PEO’s approach to the following functions:
	1. Benefits management
	2. Payroll services
	3. Human resources management
	4. Paid time off
3. Provide a description of how the PEO’s staff will interact with the Managing Director of the workforce center system. Please provide the name of the single point of contact for these services.

Managing Director’s must complete the PEO’s section of the proposal Budget (PEO Budget).

1. Communication and Outreach

WFSCB expects service providers to work with each other and WFSCB Communications department in a team effort to develop regional marketing products (e.g., event ads, brochures, posters, signage, promotional items), to provide event and activity support for each other (e.g., job fairs, open houses) and to promote general internal system communications. All service providers are required to comply with WFSCB’s Strategic Marketing Standards and Guidelines which set specifications for all communication, public relations and outreach activities. The document is available at:

<https://www.workforcesolutionscb.org/wp-content/uploads/2017/01/WFSCB_StrategicMarketingStandards-Guidelines_Jan-2020_UPDATED.pdf>

Please address the following elements:

* 1. Your strategies for ensuring compliance with WFSCB’s communication and outreach standards and guidelines.
	2. How your marketing plan is implemented and delivered to effectively communicate WFSCB’s goals and complement WFSCB’s Strategic Marketing Standards and Guidelines.
	3. Your communication procedures (internal and external) to ensure that information is delivered in a timely and efficient manner to all levels of employees, customers, potential customers, and other constituencies.
	4. Your procedures to quickly address crises situations, or emergencies that impact employees, customers, potential customers, and other constituencies.
1. Proposed Program Service Delivery

For your proposed service delivery approach, identify and briefly describe what you believe to be the key processes that are essential to the delivery of high performance, customer focused services in an efficient and effective manner and how do you propose to implement those key processes.

Submit customer flowcharts clearly identifying all services available through the career center system for job seekers and employers, the service-specific decision points for customers within the system, and the potential outcomes of or benefit to customers receiving one-stop and/or program services.

* 1. Employer Services
		1. How will you:
			1. Involve employers to ensure an employer-driven system throughout the region.
			2. Ensure services are available to and used by employers; include appropriate staffing levels and explanation.
			3. Identify employer needs and respond to employer expectations?
			4. Expand the use of WorkinTexas.com, Career Coach, and other TWC web-based resources by employers and job seekers?
			5. Ensure you will provide on-going employer feedback to assist WFSCB in identifying the skills and competencies inherent in high-growth, high-demand jobs, and identify gaps between current and projected skill needs?
			6. Assist WFSCB in developing solutions to workforce skills gaps and challenges through partnerships between industry leaders and educational institutions.
			7. Utilize existing TWC Employment Services staff in providing employer services?
		2. Describe:
			1. Specific strategies you will implement to exceed WFSCB’s Employer Performance measures.
				1. Specifically discuss the Employers Receiving Workforce Assistance rate, its definition, and operationalize your process to exceed the performance goal.
				2. Organizational benchmarks beyond those of WFSCB’s.
				3. Innovative ideas and proven strategies that will increase performance.
			2. Your organization’s capacity to develop, deliver and/or implement strategies for:
				1. Targeting employers by industry type and size, and job seekers and youth customers by education and work experience, and to assist WFSCB in coordinating such efforts in the region.
				2. Actively coordinating with business and economic development organizations in the region. Include in your discussion interactions with the organizations and projected outcomes of these relationships to include existing board development activities such as Site Selection programs and Business Retention & Expansion activities.
				3. Process/screening systems to ensure the quality of job matches and referrals of qualified candidates to employers using WorkinTexas.com.
				4. Coordinating employer services with job seeker services and program activities.
				5. Coordinating employer services with youth services and activities.
				6. Successful implementation of fee-for-service activities.
				7. Implementing apprenticeship services for new or existing registered apprenticeships
				8. Implementing fidelity bonding and WOTC services.
	2. Job Seeker & Program Services

This two-part question serves as your opportunity to showcase all aspects of customer/job seeker service delivery. Each of the populations listed below can be addressed in each lettered elements below.

Describe your strategies for each of the following topics and incorporate program-specific service delivery strategies and staffing models, address key program elements (i.e. 14 WIOA Youth Program elements), flow charts and any innovative approaches with examples that have proven successful in the following areas:

* + 1. Outreach/Recruitment
		2. Resource Room, Information, Triage and Referral Services
		3. Intake/Eligibility
		4. Assessment
		5. Case Management
		6. Job Search
		7. Job Development
		8. Training Activities
		9. Support Services
		10. Follow Up & Retention

Describe your strategies to integrate all programs and resources available through the career centers to meet the needs of all job seekers and to serve customers with significant barriers to employment throughout the region. Populations to be addressed include but are not limited to:

* General Job Seekers
* Veterans & their spouses
* UI Claimants
* Dislocated Workers
* Individuals in need of training (AEL, post-secondary, and employment related)
* Long term unemployed
* Public Assistance recipients
* Non-Custodial Parents
* Referrals from community organizations
* Individuals with disabilities
* Youth (in & out-of-school)
	1. Program Oversight and Data Collection
		1. Elaborate on management oversight processes to include staff accountability and data integrity to ensure program compliance and successful outcomes for all populations addressed in question 2.
		2. Discuss experience with Cabinet, Gazelle, and any other paperless systems.
	2. Performance Attainment
		1. Describe each performance measure listed in the Expected Performance Measure section on page 14 of this document and explain your strategies to exceed contracted performance targets. Include specific service delivery processes that enable customers to attain their education and employment goals, ultimately impacting performance.
1. Transition Plan

Discuss your plan for a smooth transition of career center management from the current operator to your organization (or to a different organization if you are the current contractor). The transition plan should address:

* 1. Describe the activities required of each party for the transition of career center management.
	2. Describe the process to minimize the disruption of service to customers and for notification of customers, training providers, each of the career center partners, community organizations etc. about the change of career center operator.
	3. Discuss your strategy for assessing current career center staff, any proposed probationary period, recruiting any needed additional staff, and negotiating salaries and benefits.
	4. Provide a proposed timeline for all transition activities.
1. Proposed Fiscal Approach and Budget

The funds available from WFSCB for this RFP are based on current funding levels. The proposed budget will not include any carryover funds. Facility-related costs, such as rent, copier leases, copier paper, and janitorial and security services should not be budgeted. The Contractor will need to budget for office supplies. A complete explanation and documentation of “overhead costs” and what costs make up overhead costs will be required. Any costs for staff that are not housed at WFSCB facilities should be considered overhead costs (cost category 709).

The proposal must delineate all costs that are for staff not cost allocated or not located in the centers operated by WFSCB and paid by other funds.

All management costs and oversight costs must be separate from operational costs and the methodology for allocating those costs based on funding (e.g., percentage of a base or indirect base).

* 1. Describe how you will comply with the cost allocation codes in developing your budget and reporting expenditures. Explain in detail the cost that will be allocated for Management and Overhead of the contract (Cost Category) and how you will ensure the allocated amount will not exceed the respective management and overhead percentage limit in the proposal. Explain how you will adjust your management and overhead budget to consider any increase or decrease if there is a change in funding.
	2. How will you ensure that at least 30% of the WIOA operating budget is for direct client expenditures? In addition, please explain the process you will use to track and monitor client expenditures and coding of expenditures into TWIST. Please give details on the staff involved and how often reports will be reconciled into board payments and ensure that caps are not exceeded.
	3. Describe how you will forecast expenditures for direct client services and address how you will track ITA payments.
	4. Describe employee benefits you will provide to career center staff. Include eligibility date, associated costs and estimate cost to employee.
	5. Describe how you will integrate any grants and other special projects into the service delivery system pool of resources.
	6. Describe any cash or in-kind contributions you are offering in your proposal. Please indicate cash or in-kind contributions on the budget forms where appropriate. For in-kind contributions please state the source and how the amount/value was calculated.
	7. Include a proposed budget narrative explaining all calculations and provide a justification for each expenditure. Note: Any expense for staff and related costs that are not housed in Board facilities will be coded as Management and Oversight and must be reflected accordingly in the budget, to include any payroll related costs which should be broken out in the detailed explanation of your proposed budget. Submit your proposed budget on the forms/spreadsheets provided.

# PROPOSAL BUDGET INSTRUCTIONS

Budget forms are contained in a separate MS Excel file. Complete the Budget forms as follows:

Note: Sub-recipient’s administration costs are captured under cost category 709. WFSCB requires a breakout of all administrative costs including local staff directly charged to the grants and PEO fees, if applicable. WFSCB pays, on behalf of the contractor, participants' costs (excluding 617 work experience and 616 Transitional jobs) Reference WD Letter 04-15, Change 2. In addition, any indirect administration costs considered programmatic must be listed separately.

1. **Summary Budget by Funding Stream-** Please complete the Budget Summary provided.
2. **Line-Item Budget-** Please list all costs associated with the proposed program and requested from WFSCB on this Line-Item Budget form. Include In-Kind or Cash Costs paid for by your organization or others on the next to last line, and the total costs of proposed program on the bottom line.
3. **Line-Item Budget by Funding Stream-** Please include information requested on the Budget Back- Up pages. Each cost element must be reasonable, allowable under regulations, and necessary to operate the proposed program.
4. **Staffing Salaries** – Present each proposed staff position and the funding amount in the appropriate fund source column. Positions charged to Code 709 should be budgeted in the appropriate section as indicated on the form.

## Note: Budget forms must be submitted as a part of the proposal submission. All budget forms must be provided in both PDF and MS Excel formats.

**Note: Budget forms will be available as MS Excel files and can be accessed via Workforce Solutions website** [**https://www.workforcesolutionscb.org/about-us/procurement-opportunities/**](https://www.workforcesolutionscb.org/about-us/procurement-opportunities/) **or at this hyperlink:** [https://wscostalbend-my.sharepoint.com/:x:/g/personal/shileen\_lee\_workforcesolutionscb\_org/ESKSxvl4XSZLlbKCysIGYv4BPJ9BKUadnwnXYf1fniN0qg?e=RAdBPB&CID=9F3B2D23-FCE3-46FF-BAD9-416816462224&wdLOR=c7EDD2280-D1B3-4E07-ACF9-B0985F0A9F12](https://wscostalbend-my.sharepoint.com/%3Ax%3A/g/personal/shileen_lee_workforcesolutionscb_org/ESKSxvl4XSZLlbKCysIGYv4BPJ9BKUadnwnXYf1fniN0qg?e=RAdBPB&CID=9F3B2D23-FCE3-46FF-BAD9-416816462224&wdLOR=c7EDD2280-D1B3-4E07-ACF9-B0985F0A9F12)