

**INFORMAL QUOTE REQUEST**

**for**

**FISCAL REVIEW SERVICES**

**IQR No. 23-09**

Date Issued: May 17, 2023

Point of Contact: Esther Velazquez, Contract & Procurement Specialist

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 Corpus Christi, TX 78401

 361.885.3013

 esther.velazquez@workforcesolutionscb.org

Please Respond By: May 31, 2023

***You are invited to provide a quote for fiscal review services described in***

***Attachment A Scope of Work***

**General Information:**

1. This is an Informal Quote Request (IQR), therefore, Workforce Solutions Coastal Bend (WFSCB) reserves the right to extend the respond by date until an adequate number of valid quotes are received.
2. Respondents may submit any questions and/or inquiries via email to the point of contact listed above.
3. Response to this IQR should be completed and returned to the Point of Contact at the email address indicated above. All Attachments listed below must be included in the response:

Attachment A: Scope of Work for Fiscal Review Services

Attachment B: Quote/Pricing Schedule *(signed & dated)*

Attachment C: Qualifications & Experience

Attachment D: References

**General Requirements:**

1. If working on-site, services will be performed during normal business hours of 8:00 AM to 5:00 PM, Monday through Friday.
2. If awarded, the Contractor will be required to maintain insurance coverage for the period of the contract. Contractor must obtain insurance adequate to cover contractor’s employees and against personal and bodily injury and property damage. The following minimum insurance coverage and limitations will be required:
* General liability insurance for personal injury and bodily injury and property damage to a third party. The required minimum coverage shall be $500,000 per occurrence or $1,000,000 aggregate.
* Automobile liability insurance in the broad form (applicable if the Contractor uses an automobile whether owned, leased, or non-owned) in conducting its performance under this Contract is required. Such automobile insurance must provide $100,000 liability per occurrence, $300,000 aggregate liability and $100,000 property damage. A reasonable deductible is allowable. Contractor shall maintain up-to-date, on file evidence that employees who drive their own automobile in the normal scope of work performed under this Contract possess a valid Texas Drivers License and proof of current liability insurance.
* Errors and Omissions professional liability insurance coverage in the amount of $1,000,000.
* Workers Compensation insurance shall be required for all the contractor’s employees that will be working under this contract. However, if the contractor does not have the insurance coverage, but meets the definition of “Independent Contractor” as defined by the State of Texas, the contractor must sign a waiver agreeing to this independent relationship. The waiver form can be obtained upon request.
* Contractor must provide a Certificate of Liability Insurance containing all of the above coverages with WFSCB as a certificate holder.
1. In accordance with the Governor’s directive, all individuals joining meetings virtually or visiting WFSCB facilities in person, must adhere to the required Model Security Plan for Prohibited Technologies that seeks to protect the State’s sensitive information and critical infrastructure from technology that poses a threat to the State of Texas. Prohibited devices may include cellular telephones, laptops, tablets, desktop computers, and other devices capable of internet connectivity. For a complete list of prohibited devices and apps please reference: <https://dir.texas.gov/information-security/prohibited-technologies>.
2. Contractor’s cyber security standards will adhere to the Texas DIR standard, NIST, TWC WD Letters, and included but not limited to Texas government Code 2054.077.

**Quote/Pricing:**

1. Quote is to be submitted on the Quote/Pricing Schedule (Attachment B) and provide estimated hours, hourly rate and cost of service for each service line item.
2. The lowest responsive quote meeting all requirements will be selected.

**Increase in Contract Amount:**

1. In the event that WFSCB requires additional fiscal services to be performed under the contract in excess of the total contract amount, WFSCB may authorize an increase in the contract amount at any time.

**Invoice for Payment, Record Keeping and Accountability:**

1. Payment for contracted services will be reimbursed by submitting an invoice with proper documentation by the tenth (10th) of each month for costs incurred during the previous month. The invoice will be submitted to WFSCB’s Fiscal Department via email at fiscal@workforcesolutionscb.org. Invoice will be paid within three (3) weeks of receipt of complete and accurate information.
2. Complete and accurate information includes an itemized invoice for fiscal review services. The monthly billing will show the date of service, cost and description of services performed summarized as presented under the Quote/Pricing Schedule. The Contractor will maintain supporting records to reflect the services rendered in the monthly invoices.

**Travel Reimbursement:**

1. WFSCB follows the State Coordination of Travel rule and the GSA’s federal Domestic Maximum Per Diem Rates. Travel costs may include lodging, meals, airfare, car rentals, and mileage. Travel reimbursements will not exceed the current State travel rates. Reimbursement requests for lodging, airfare, and car rentals will include receipts for actual cost.
2. Transportation expenses will be reimbursed only for the quickest and most economical means of transportation to reach the desired location. An individual choosing to take another means of transportation will be reimbursed only at the cost of the quickest and least expensive means of transportation. Car rental, taxis, and other forms of ground transportation must comply with this policy of quickest and most economical means. Coordination of travel must occur when two, three, or four authorized travelers travel on the same dates with the same itinerary to conduct the same business. When coordination of travel is required, WFSCB may reimburse only one of the authorized travelers for milage.
3. Costs for travel must have prior written approval from WFSCB. Due to unforeseen circumstances, WFSCB may need to re-schedule events. Consequently, WFSCB will make every effort to provide prior notice to contractors. However, if applicable, we advise contractors not to purchase non-refundable airfare tickets. WFSCB will not be responsible for reimbursing contractors for any unused non-refundable airfare tickets.

**Periodic Request for Quote:**

1. Federal and state purchasing policies require that periodic requests for a quote be conducted. WFSCB will issue a new IQR for fiscal review services at least every twelve (12) months.

# ATTACHMENT A

# SCOPE OF WORK FOR FISCAL REVIEW SERVICES

# Contractor will perform fiscal review related services during the period of July 10, 2023 through September 30, 2023, or as requested.

# The contractor will assist WFSCB’s Chief Financial Officer, or designee, in performing a fiscal integrity review of the contractor selected for Management and Operation of Career Center System (Including Youth Services) as a result of the Request for Proposal issued on April 3, 2023.

# The fiscal integrity review must adhere to the Texas Workforce Commission and the U.S. Departments of Labor, Health and Human Services, and all applicable OMB Circulars, program legislation, regulations, Federal, State, and WFSCB requirements.

# The fiscal integrity review will cover the period from October 1, 2022 to June 30, 2023, unless specified otherwise, and will review information in the following areas:

# Administrative and financial management systems;

# Internal policies related to fiscal and personnel policies and procedures;

# Personnel compensation plan;

# Cost allocation plans and indirect cost rates for selected contractor and parent company;

# Audit reports;

# Perform desk-top and/or on-site surveys of selected contractor, as needed;

# Prepare interim and final reports; and

# Conference with WFSCB management and staff concerning fiscal issues.

# ATTACHMENT B

# QUOTE / PRICING SCHEDULE

*Complete the Excel Spreadsheet*

# ATTACHMENT C

# QUALIFICATIONS & EXPERIENCE

# Please provide a summary of no more than one page in length that outlines your qualifications, knowledge, and skills derived from actual fiscal review services, including experiences with workforce development programs.

# Please attach a copy of your resume and certifications.

# ATTACHMENT D

# REFERENCES

# Please furnish three (3) client references for whom you have provided similar fiscal review services within the last three (3) years. WFSCB will be contacting these references.

# Reference 1

# Organization Name:

# Organization Address:

# Contact Name:

# Contact Title:

# Contact Telephone Number:

# Contact Email Address:

# Description of Services Performed:

# Date Services Performed:

# Reference 2

# Organization Name:

# Organization Address:

# Contact Name:

# Contact Title:

# Contact Telephone Number:

# Contact Email Address:

# Description of Services Performed:

# Date Services Performed:

# Reference 3

# Organization Name:

# Organization Address:

# Contact Name:

# Contact Title:

# Contact Telephone Number:

# Contact Email Address:

# Description of Services Performed:

# Date Services Performed: