

**RESPONSE TO**

**REQUEST FOR APPLICATIONS**

for

**PROFESSIONAL WORKPLACE FACILITATOR SERVICES**

**RFA 24-03**

**Submitted By:**

*Feel free to use this cover page or create your own personalized cover page.*

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## PROFILE & CERTIFICATION

1. Legal name of Applicant entity:
2. Assumed names under which Applicant has operated:
3. Physical Address:
4. Mailing Address:
5. Name of Primary Contact: *should be an individual authorized to make representations on behalf of Applicant*
6. Title of Primary Contact:
7. Telephone Number of Primary Contact:
8. Email Address of Primary Contact:
9. Tax / Legal Status of Entity *(e.g. corporation, LLC, LP, GP, LLP, association, sole proprietor)*:
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 I hereby certify 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 currently has the required insurance coverages or upon award of the contract will purchase and provide a Certificate of Liability Insurance within ten (10) business days of contract execution.

That the information in this application and all attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this entity. I certify that no employee, board member, or agent of WFSCB has assisted in the preparation of this application. I acknowledge that I have read and understand the requirements and provisions of the RFA and that this entity will comply with the procurement standards applicable under this RFA, and any other applicable local, state, and federal regulations, policies, and directives.

I certify that I am legally authorized to sign and submit this application on behalf of said entity.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

## QUALIFICATIONS & EXPERIENCE

## Value 45 Points

Please provide the following information:

1. Describe your understanding of the scope of work and why you are qualified to deliver the requested services.
2. List of the subject matter areas in which you have expertise and for which you are submitting this application.
3. Current resumes for each person who will be providing facilitator services. Resumes must list education credentials, facilitator credentials, and areas of expertise (types of services and number of years providing each type of service).
4. Certifications - include copies of certificates for each certified person who will be providing services.
5. Briefly explain the methodology and techniques that will be used to facilitate.
6. What methods are used for keeping up with industry trends and knowledge?
7. When will you be available to perform services?
8. Affirmative action plan, if applicable. If there is no formal plan, please provide your entity’s statement adhering to affirmative action.
9. Has Applicant ever been debarred, or otherwise declared ineligible by any public agency from bidding or providing services?
10. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against Applicant or its officers?
11. 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?
12. 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?

## RESUMES, CERTIFICATES, AND OTHER RESPONSE DOCUMENTS

## Facilitator Certification Value 20 Points

## HUB Certification Value 5 Points

## COST / PRICE INFORMATION

## Value 20 Points

All cost/price information will be firm from the date Application is received through September 30, 2024. WFSCB reserves the right to negotiate rates based on subject matter expertise, qualifications and years of experience.

Session Rates:

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

□ My hourly session rates are the same regardless of subject matter.

□ My hourly session rates vary depending on the subject matter.

If session rates vary, please provide list of hourly rates for each specific class/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 7 of this RFA.

## DEMONSTRATED ABILITY / REFERENCES

## Value 15 Points

Please furnish four (4) distinct references for whom paid professional workplace facilitator 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.

**Reference #1**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Types of Services Provided:

Contract Term (start & end dates):

Contract Amount: $

**Reference #2**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Types of Services Provided:

Contract Term (start & end dates):

Contract Amount: $

**Reference #3**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Types of Services Provided:

Contract Term (start & end dates):

Contract Amount: $

**Reference #4**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Types of Services Provided:

Contract Term (start & end dates):

Contract Amount: $

**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.

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Name of Authorized Representative Title of Authorized Representative

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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.

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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.

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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 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)**

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

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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.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

**ATTACHMENT E**

**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

400 Mann Street, 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 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:

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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**ATTACHMENT F**

**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.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date