**APPLICATION INSTRUCTIONS**

This Application for Management of Direct Child Care Services System for WFSCB is intended to be a process whereby qualified entities are identified and determined to have the expertise and experience to operate a child care services system. Entities successfully completing the application phase of the procurement process will be invited to submit a proposal.

Applications must include all Forms and Attachments listed on the Application Checklist.

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.

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

Nelda Rios, 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: Nelda.Rios@workforcesolutionscb.org or, if the file size is too large to transmit via email, a link from which the Application can be downloaded may be emailed.

**Applications must be received by 4:00 PM on March 17, 2025.** Entities who have been notified that their application has passed will be allowed to submit a proposal.

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

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

## FORM 1: APPLICANT INFORMATION

## Name of Applicant Organization:

## Address:

## Name of Person to Contact regarding Application:

## Title:

## Telephone Number:

## Email Address:

## Name of Person to Responsible for Contracting Authority:

## Title:

## Telephone Number:

## Email Address:

## Name of Person to Responsible for Contracting Negotiations:

## Title:

## Telephone Number:

## Email Address:

## Tax / Legal Status of Organization:

Private, for-profit Public, non-profit Private, non-profit Corporation Partnership

Sole Ownership Government entity

Other (Specify)

Turnkey Operation Managing Director/PEO

State Comptroller ID # Federal Tax ID #

## HUB Status

## Is Applicant 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:

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Name of Authorized Representative Title

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Signature Date

**FORM 3: APPLICATION CHECKLIST**

The items listed below should be submitted in the following order as the Application for Management of Direct Child Care Services System due March 17, 2025 by 4:00 PM Central time. Check each item included in your Application.

## Forms:

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

**Attachments:**

1. Organizational Chart for the Applicant.
2. Proposed Organization Chart for the Management for Direct Child Care Services System.
3. Joint Venture Agreement and/or Managing Director/PEO agreement (if applicable).
4. List of Organization’s Board of Directors, Owners and/or Principals.
5. Resumes for key staff (if employed or known), up-to-date with current positions included & labeled (whether full, 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. Chronological list of all current or past contracts for the management of direct child care services systems for the last ten (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.
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 five (5) years.
9. A copy of original monitoring report from your primary funding source for the last three (3) contract years for each contract for management of direct child care services system 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.
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 (3) years, and the status of these plans. (No Summaries).
11. 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 (3) years, and the status of these plans. (No Summaries).
12. A copy of any primary funding source reports regarding Performance Improvement Plans as generated and imposed by a Workforce Board, TWC, state, or federal agency, over the last three (3) years, and the status of these sanctions. (No Summaries).
13. Audits with management letters for the last three (3) years, plus a financial statement for the current year.
14. Documentation of any legal judgments, claims, and arbitration proceedings, 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 Memorandums of Understanding (MOUs) with your organization.
21. List of three (3) references with requested information.

I have verified that all of the requested forms and attachments are included in this Application.

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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

## FORM 4: APPLICATION NARRATIVE

Provide brief responses to the questions below, (not to exceed ten (10) pages).

1. Provide a brief history of your organization’s experience managing and operating a child care services system.
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 child care and child care management issues that demonstrate your expertise in providing these services.
4. Description of Fiscal Management System
	1. Describe your financial management system including cash management and accrual system, financial capacity and knowledge of staff. Provide the name and qualifications of your organization's chief fiscal officer and the respective staff.
	2. Describe your payroll, leave and travel, accounting policies in regard to how you will document and maintain related records.
	3. What procedures and techniques will be used to ensure that there are no disallowed costs? If there are costs determined to be disallowed, from what source will these costs be paid? Please explain in detail how you propose to pay for those funds and the capacity to access those funds.
	4. Describe how you would be in compliance in reporting to WFSCB in the respected cost category classification for all costs that the contractor is responsible for, (i.e., operational and client costs).
	5. Describe how expenditures and obligations incurred are tracked to ensure that expenditure levels will be met.
	6. Describe the organization’s ability to have sufficient working capital (excess of current assets over current liabilities as indicated in the financial statements) to ensure adequate financial resources for the potential bidder to complete the contractual services. Working capital should normally be at least 10% of the proposed contract. (The proposed contract is to be a cost reimbursement contract and the potential bidder will need to have resources in place or obtain a line of credit if necessary.)

## FORM 5. FINANCIAL SYSTEMS SURVEY

APPLICANT:

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **N/A** |
| 1. Does your organization follow GAAP? |  |  |  |
| 2. Does your accounting system:a. Provide control and accountability for funds received, property, and other assets? |  |  |  |
| b. Provide identification of receipt and expenditures of funds separately for each funding source? |  |  |  |
| c. Provide adequate information to prepare monthly financial reports on an accrual basis? |  |  |  |
| d. Have the capability to track allow-ability and allocation of costs in accordance with requirements for federal grant programs? |  |  |  |
| 3. Are state and federal funds which may be advanced to you deposited in a bank with federal insurance oversight? |  |  |  |
| 4. 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 such account(s) at any one point in time during the contract period? |  |  |  |
| 5. Do you reconcile your bank accounts monthly? |  |  |  |
| 6. Are the bank reconciliations made by the same person who performs recordkeeping for receipts, deposits, and disbursement transactions? |  |  |  |
| 7. Do you record daily cash receipts and disbursement transactions? |  |  |  |
| 8. Do you maintain records on all property acquisition, disposition, and transfer? |  |  |  |
| 9. Do you have written procedures and internal controls established for the procurement of goods and services? |  |  |  |
| 10. Is a competitive bidding process incorporated into your purchasing procedures for acquisition of subcontractors, major goods and services, equipment, and office space? |  |  |  |
| 11. Are timesheets kept to support payroll disbursement? |  |  |  |
| 12. Are records maintained to support authorized employee leave (vacation, sick, etc.)? |  |  |  |
| 13. Are complete records kept to support travel payments? |  |  |  |
| 14. Has a formal audit by an outside auditing firm been conducted of your organization’s financial records in the past year? |  |  |  |
| 15. Do you have an indirect cost plan with current approval by a cognizant agency? |  |  |  |
| 16. Is your organization funded by more than one source? |  |  |  |
| 17. Does your organization maintain written accounting procedures? |  |  |  |

Name of Authorized Representative Title of Authorized Representative

Signature of Authorized Representative Date

## FORM 6. ADMINISTRATIVE MANAGEMENT SURVEY

APPLICANT:

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **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 without regard 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? |  |  |  |
| f. Assuring that employees are protected against coercion for partisan political purposes and are 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 employeesand authorized agents 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 project participants 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 or source 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 or Council (city/county ISD council, commission or board)? |  |  |  |
| 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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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**FORM 7. CERTIFICATION BY APPLICANT**

I hereby certify that the information contained 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 organization. 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 understood the requirements and provisions of the RFP and directives in the implementation of this program.

I, certify that I am the of corporation, partnership, or sole proprietorship, or other eligible entity named as Applicant herein and that I am legally authorized to sign this Application and submit it to WFSCB, on behalf of said organization by authority of its governing body.

Person authorized to sign for the Signature of Individual Attesting

Organization Signatory’s Signature

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Signature Signature

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Name Name

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

Title Title

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

Date Date



Subscribed and Sworn to before me on this \_ day of ,2025,

In , \_, \_.

 (City) (County) (State)

Notary Public in and for County, State of

 Commission expires: .

SEAL

**FORM 8. 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

**FORM 9. 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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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**FORM 10. 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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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**FORM 11. DISCLOSURE OF INTEREST**

It is the fiscal policy of WFSCB that all persons or firms seeking to do business with WFSCB 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 WFSCB 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 WFSCB 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 WFSCB 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 WFSCB 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 WFSCB, as changes occur.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

**FORM 12. ORIENTATION TO COMPLAINT PROCEDURES FOR SERVICE PROVIDERS**

The policy of WFSCB to resolve complaints in a fair and prompt manner. WFSCB’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 WFSCB under contract or agreement.

Acts of restraint, interference, coercion, discrimination or reprisal towards complainants exercising their rights to a file a grievance under WFSCB 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. WFSCB’s EO Officer is available to assist, as necessary, in the grievance resolution process.

The time limit to file a complaint under WFSCB’s grievance procedure is thirty (30) calendar days from the date of the event that leads to the filing of the grievance. A copy of WFSCB’s Policy and Procedure is available upon request.

EQUAL OPPORTUNITY IS THE LAW

WFSCB 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 one hundred eighty (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 TWC, you must wait until the TWC issues a decision or until sixty (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 sixty (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 thirty (30) days of the expiration of the sixty (60) day period. If you are dissatisfied with the TWC’s resolution of your complaint, you may file a complaint must be filed within thirty (30) days of the date you received notice of the TWC’s proposed resolution.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Authorized Representative Title of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Authorized Representative Date

**FORM 13. 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 WFSCB within one hundred twenty (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

**FORM 14. CUSTOMER RIGHTS AND COMPLAINT RESOLUTION PROCEDURE**

Participating in workforce services administered by the TWC or WFSCB 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 TWC or WFSCB. 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 WFSCB, 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 WFSCB.
* 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 one hundred eighty (180) days of the alleged violation.
* Complaints should be filed at the service level where the complaint originated for optimal and immediate satisfaction.

WFSCB 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 WFSCB 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 WFSCB hearing with:

Workforce Solutions Coastal Bend

400 Mann Street, Suite 800

Corpus Christi, Texas 78401

* Once a complaint is filed with WFSCB, you will be notified in writing of a WFSCB hearing at least ten (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 WFSCB decision will be issued within sixty (60) calendar days from the date the complaint is originally filed.

If you do not agree with the decision issued by WFSCB or if no decision is mailed within sixty (60) calendar days from the date the complaint was originally filed, you may file a written appeal to the TWC. The appeal must be sent within fourteen (14) calendar days after the mailing date of WFSCB’s decision or ninety (90) calendar days after the original filing date of the complaint. Appeals to the TWC 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 sixty (60) days of that request, either party appeals to the Secretary.
* State-level complaints:
	+ when no determination is made at the state level within sixty (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 one hundred twenty (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 one hundred twenty (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.

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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**ATTACHMENT U – REFERENCES**

Please furnish three (3) distinct references for whom management for direct child care 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: $