

REQUEST FOR QUOTES

For

Texas Certified American Disability Act (ADA) Accessibility Specialist

For the

WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
P. O. BOX 4128
3391 E. 29th STREET
BRYAN, TEXAS 77805
(979) 595-2800

ISSUE DATE: Thursday, March 1, 2018

Deadline for Questions: Tuesday, March 6, 2018

Bidders Conference Call: Thursday, March 8, 2018

Q&A posted: Monday, March 12, 2018

RESPONSE DEADLINE: Tuesday, April 3, 2018, 4:00 P.M. (CST)

**ADA accessibility monitoring
Cover Sheet**

Submit this form as the cover sheet to your proposal. All items on this cover sheet must be completed. Identify a contact person, as well as a signatory authority (a person with the legal authority to negotiate and sign a contract on behalf of the proposing organization). **Historically Underutilized Businesses (HUB) must indicate the HUB certification number and the certifying agency on the cover sheet.**

Identification of Proposing Agent: _____

Please print

Contract Signatory Authority: _____

Please print name and title

Please sign name and title

Mailing Address:

Physical Address (if different):

Phone Number: _____ **Fax number** _____

Contact Person: _____

Titel of Contact Person: _____

Is Provider certified as a Historically Underutilized Business (HUB)? _____
(if yes, please attach copy of certificate to cover sheet)

Certifying Agency: _____

PROPOSAL BUDGET SUMMARY

Proposers Name: _____

Preparer's Name and Phone: _____

Unit Cost per Hour For Services	Total	Additional Costs (Please List)	Total		
TOTAL COST					

ADA Specialist REQUEST FOR QUOTE

CERTIFICATION OF BIDDER

I hereby certify that the information contained in this quote and any 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 the Workforce Solutions of the Brazos Valley has assisted in the preparation of this quote. I acknowledge that I have read and understood the requirements and provisions of the RFQ and that this organization will comply with the procurement standards applicable under this RFQ, and any other applicable local, state, and federal regulations and policies. I also certify that I have read and understand the "Governing Provisions and Limitations" section presented in this RFQ and will comply with the terms, thereof, and that the WSBVB is authorized to verify references and stated performance data. Furthermore, that:

I, _____ am the _____ of the corporation, partnership, association, public agency or other entity named as Bidder and Respondent herein and that I am legally authorized to sign this quote and submit it to the Workforce Solutions of the Brazos Valley on behalf of said organization by authority of its governing body.

ATTEST

Respondent Signature

Printed/Typed Name

Printed/Typed Title

Date

**WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY
ADA Specialist REQUEST FOR QUOTE**

CERTIFICATION REGARDING DEBARMENT

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement and Government-wide Requirements for Drug-Free Workplace (Grants))." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Workforce Solutions Brazos Valley determines to award the covered transaction, grant, or cooperative agreement.

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application 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;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- (e) Where the applicant is unable to certify to any of the statements of this certification, he or she shall attach an explanation to this application.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY

ADA Specialist REQUEST FOR QUOTE

CERTIFICATION REGARDING LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement and Government-wide Requirements for Drug-Free Workplace (Grants))." The certifications shall be treated as a material representation of fact upon which reliance will be placed when Workforce Solutions of the Brazos Valley determines to award the covered transaction, grant, or cooperative agreement.

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Section 82.105 and 82.110, the applicant certifies that:

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 any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.;

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, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all times (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all Sub-recipients shall certify and disclose accordingly.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY

ADA Specialist REQUEST FOR QUOTE

CERTIFICATION REGARDING DRUG-FREE WORKPLACE

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement and Government-wide Requirements for Drug-Free Workplace (Grants))." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Workforce Solutions of the Brazos Valley determines to award the covered transaction, grant, or cooperative agreement.

DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

B. Establishing an on-going drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs;
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
- (5) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (A);

C. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such a conviction;

D. Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (C)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position and title to the Executive Director Workforce Solutions Brazos Valley. Notice shall include the identification number(s) of each affected grant.

E. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (D)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee(s) to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposed by a Federal, State, or local health, law enforcement, or other appropriate agency;

F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

G. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

Check here , if there are work places on file that are not identified in this certification.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY

ADA Specialist REQUEST FOR QUOTE

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and at 34 CFR Part 85, Sections 86.605 and 85.610:

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will provide notice of such conviction, in writing, within 10 calendar days of the conviction to the Executive Director, Workforce Solutions Brazos Valley.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

**WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY
ADA Accessibility Monitoring
REQUEST FOR QUOTE**

CERTIFICATION REGARDING CONFLICT OF INTEREST

By signature on this quote, Respondent covenants and affirms that:

1. No manager, employee or paid consultant of the Respondent is a member of the Board, the President, or a Manager of the Workforce Solutions of the Brazos Valley (WSBVB);
2. No manager or paid consultant of the Respondent is a spouse to a member of the Board, the President, or a manager of the WSBVB;
3. No member of the Board, the President or an employee of the WSBVB owns or controls more than 10 percent in the Respondent;
4. No spouse of a member of the Board, President or employee of the WSBVB is a manager, manager or paid consultant of the Respondent;
5. No member of the Board, President, or employee of the WSBVB receives compensation from Respondent for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;
6. Respondent has disclosed within the Quote any interest, fact or circumstance that does or may present a potential conflict of interest;
7. Should respondent fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Respondent shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with the WSBVB and shall immediately refund to the WSBVB any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by the WSBVB relating to that contract.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY

PLANNER SERVICES REQUEST FOR QUOTE

NON-DISCRIMINATION STATEMENT

The undersigned applicant certifies that it shall comply with the non-discrimination provisions outlined by the U.S. Department of Health and Human Services, WIA, the Rehabilitation Act of 1973, and BVCOG and WSBVB policies.

Signature of Authorized Representative

Date

Printed/Typed Name

Title

CERTIFICATION REGARDING TEXAS CORPORATE FRANCHISE TAX

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 entity entering into this subcontract is current in its franchise taxes or is not subject to the payment of franchise taxes to the State of Texas must be signed by the individual authorized to sign the subcontract for the subcontracting entity.

The undersigned authorized representative of the entity subcontracting herein certifies that the following indicated statement is true and correct and that the undersigned understands that making a false statement is a material breach of subcontract and is grounds for subcontract cancellation.

Indicate the certification that applies to your subcontracting entity:

The subcontracting entity is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

The subcontracting entity is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

Name of Business: _____

Type of Business (if not corporation): Sole proprietor
 Partnership
 Other

IRS Tax Number: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

ATTACHMENT A

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. Is your organization in good standing with the Secretary of State?			
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; and _____			
f. Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or nomination for office?			
4. Can your organization revise its present written personnel policies to include the above procedures?			
5. Do your written personnel policies contain a prohibition against nepotism and a code of conduct?			
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 authorized agents that provides for reimbursement for mileage and/or per diem at a specified rate?			
8. Does your organization have a written employee grievance procedure used to resolve complaints?			
9. Does your organization have the capacity or staff to produce and maintain records and other information as needed by the Board?			
10. If certain costs are determined to be disallowed, does your organization have a procedure or source for reimbursing such costs to the Board?			
11. Does your organization have a State Comptroller Vendor Number?			
12. Is your organization governed by a Board/Council?			
13. Does your organization operate under local rules or by-laws?			
14. Has your Board/Council reviewed and approved this proposal? (Attachment must be submitted)			
15. Does your organization have a current approved fidelity bond?			
16. Does your organization have an EEO/affirmative action plan?			

Name: _____ Signature: _____

**ATTACHMENT B
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:			
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 allowability and allocation of costs in accordance with requirements for federal grant programs;			
2. Are state and federal funds which may be advanced to you deposited in a bank with federal 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 such account(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 for receipts, deposits, and disbursement transactions?			
6. Do you record daily cash receipts and disbursement transactions?			
7. Are individuals or positions in your organization which handle the receipt or distribution of money covered by bond?			
a. Is there a person who is responsible for the receipt of all purchased goods?			
b. Does this person assign, upon receipt, an inventory number for items?			
c. Does this person perform an inventory audit at least once a year?			
2. Do you maintain records on all property acquisition, disposition, and transfer			
3. Do you have written procedures and internal controls established for the procurement of goods and services?			
4. Is a competitive bidding process incorporated into your purchasing procedures for acquisition of subcontractors, major goods and services, equipment, and office space?			
5. Are timesheets kept to support payroll disbursement? If not, describe how employee time is documented and payroll supported:			
6. Are records maintained to support authorized employee leave (vacation, sick, etc.)?			
7. Are complete records kept to support travel payments?			
8. Has a formal audit by an outside auditing firm been conducted of your organization's financial record in the past year?			
9. Do you have an indirect cost plan with current approval by a cognizant agency?			
10. Is your organization funded by more than one source?			
11. Does your organization maintain written accounting procedures?			

Name: _____

Signature: _____

ASSURANCES AND CERTIFICATIONS

Each organization and any branch, division or department or individual that submits a proposal in response to a Request for Proposal warrants, assures and certifies:

1. The information contained in this proposal is true and correct.
2. The costs described in the proposal budget accurately reflect the proposer's cost of providing services or goods.
3. No employee, member of a government board or board of directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Proposals has offered or will offer any gratuities, favors, or anything of monetary value to any member of the Workforce Solutions - Brazos Valley Board or any employee of the Board for the purpose of or having the effect of influencing the decisions of the with respect to the organization or individual's proposal or any other proposal.
4. No employee, member of a governing board or board of directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Proposals has engaged or will engage in any activity which may be construed in restricting or eliminating competition for funds available under this Request for Proposals.
5. The organization or individual possesses the legal authority to offer this proposal.
6. If the proposer is an organization, a resolution, motion, or similar action has been duly adopted or passed as an official act of the proposer's governing body authorizing the submission of this proposal.
7. No person will be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or be denied employment in the administration of or in connection with any program operated with funds from this Request for Proposals because of race, color, religion, sex, national origin, age, disability, sexual orientation, or political affiliation or belief.
8. The organization or individual business does not and will not knowingly employ an undocumented worker as defined in Texas Government Code, §2264.001(4). If the Contractor knowingly employs an undocumented worker, they shall repay WSBVB/BVCOG the amount of the public subsidy with 15% interest no later than the 120th day after the business is notified of the violation.
9. If awarded this contract the organization or individual business will comply with the Buy American Act concerning these funds.

Each organization or individual that submits a proposal also warrants and assures that they will abide by the rules of the following laws, acts, codes, etc. and all applicable rules and regulations promulgated hereunder, as a condition to award of financial assistance from WSBVB with respect to operation of WSBVB funded programs or activities and all agreements or arrangements to carry out WSBVB funded programs or activities:

WIA of 1998

Title Vi of the Personal Responsibility and Work Opportunity Act of 1996

PL 88-352 Civil Rights Act of 1964

42 USC12001 American with Disabilities Act of 1990

PL 93-112 Rehabilitation Act of 1973

40 TAC § Texas Administrative Code, Article 40, Part I, Chapter 73 Subpart A

Assurances required for the Child Care program, Chapter 809 Texas Workforce Commission Administrative Code

Age Discrimination Act of 1975

Title IX of the Education Amendments of 1972

Texas Government Code §2264.051

By signing I acknowledge that I have read these assurances and certifications and that I am authorized to bind the organization I represent to these requirements should this proposal be accepted for funding by the Workforce Solutions Brazos Valley Board.

Signature

Proposing Organization

Typed Name and Title

Date