

# **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)**

## **PART A. SCOPE OF THIS REQUEST**

### **I. PURPOSE OF THIS REQUEST FOR QUOTE (RFQ)**

On March 1, 2018 Workforce Solutions Brazos Valley Board (WSBVB) is releasing a request for quotes for an American Disabilities Act (ADA) Certified Accessibility Specialist to survey our Workforce and Adult Education Literary sites as needed. WSBVB is a publically funded employment and training agency. We operate in 7 counties in the Brazos Valley Region. The Counties are Brazos, Burleson, Robertson, Leon, Madison, Grimes, and Washington. We currently have seven workforce centers and seven adult education class locations that must comply with Texas Workforce Commission the ADA Accessibility Survey. These surveys are redone anytime one of our sites has construction done or we move locations to ensure we are still in compliance. Our administrative and fiscal agent is Brazos Valley Council of Government.

This RFQ provides a uniform method for the procurement of Workforce Development services. It contains the necessary background, requirements, instructions, and information for responding to this request for quote for a Certified ADA Accessibility Specialist. This RFQ may be renewed yearly for up to three years past the first year depending upon performance and funding.

### **II. ACTIVITIES AND SERVICES SOLICITED IN THIS RFQ**

The WSBVB is procuring a Texas certified ADA accessibility specialist willing to survey each of our sites, and potential new sites using the attached TAS checklist.

The expectations will be to complete and provide an assessment of current and potential sites, and attaching photos of any non-compliance. After finding is fixed then a photo will be sent to document clearing the finding and a response would be needed to state if finding was resolved. All surveys must be scheduled with office staff no less than 2 days prior to arrival. Expected time to begin this project is June 1<sup>st</sup>, 2018 and should be fully completed for any sites requested by September 1, 2018.

**BIDDERS CONFERENCE CALL** - Bidders will have the opportunity to ask questions during the bidder's conference. The bidders' conference will be held **Thursday, March 8, 2018 at 10:00 AM (CST), the call in number for the conference call is (979) 595-2802**. The bidder's conference will be held at the Center for Regional Services, located at 3991 East 29<sup>th</sup> Street – Bryan, Texas 77805. Bidders can submit questions to Rachael Robertson by **5:00 PM (CST) Tuesday, March 6, 2018**, by email at [Rachael.Robertson@bvcog.org](mailto:Rachael.Robertson@bvcog.org) or mailed to the listed address. These questions will be answered during the bidder's conference. Attendance at the bidders' conference is not mandatory. All questions and answers will be posted at [www.bvjobs.org](http://www.bvjobs.org) by March 12, 2018.

**RESPONSE DEADLINE** - The response deadline is **4:00 P.M. (CST) on Tuesday, April 3, 2018**. The Board must **officially receive responses to this RFQ by this deadline**. Official receipt of responses will be entered on a WSBVB log of proposals received. WSBVB staff, upon request, will issue verification in the form of a receipt. Fax or e-mail is not acceptable. Any modifications or amendments to a quote (i.e., one submitted prior to the deadline) must also comply with the above requirements and the response deadline. **Any responses to this RFQ delivered/received after the deadline will not be considered, but will be deemed late and non-responsive to this RFQ process.**

***Please direct questions, in writing to: Workforce Solutions Brazos Valley Board  
Attn: Rachael Robertson  
P.O. Box 4128  
3991 East 29th Street  
Bryan, TX 77805  
Or  
[Rachael.Robertson@bvcog.org](mailto:Rachael.Robertson@bvcog.org)***

***Questions will be addressed during the bidders conference scheduled for Thursday, March 8, 2018, questions must be received by Tuesday, March 6, 2018 by 5:00 PM CST.***

***Proposal should be externally labeled as follows:***

***Rachael Robertson, Program Specialist  
Workforce Solutions Brazos Valley Board  
P.O. Drawer 4128  
3991 East 29th Street  
Bryan, TX 77805***

**Mailed quotes must be received by 4:00 PM (CST) on Tuesday April 3, 2011.**

**WSBVB is not responsible for any errors of omission or otherwise on the part of the U.S. Postal Service or other carrier regarding this proof of mailing.**

**PART B. GENERAL INFORMATION**

**I. BACKGROUND ON THE WSBVB**

The WSBVB is a volunteer body instituted in accordance with the Texas Workforce Act (HI3 1863 and S 642). The primary responsibility of the WSBVB is to provide policy and program guidance, to plan regionally for Workforce programs, and to exercise independent oversight of local workforce activities, in partnership with local government. The services include workforce training and related services, vocational and technical education programs, and employment services. WSBVB is responsible for the effective and efficient delivery of services and that all program outcomes are consistent with the needs, goals, objectives and performance standards of the region and the state. The WSBVB has an Integrated Plan on file with TWC which describes the operational and planning goals for the region. This Integrated Plan is carried through via Operating Policies and Procedures implemented in accordance with the goals.

The mission of the WSBVB is to assure to the extent feasible within the appropriated resources, that the residents and employers of the Brazos Valley region of Texas have access to and receive the highest quality of services designed to prepare individuals for productive employment, and to provide employers with a capable and competitive workforce.

The WSBVB is a partnership between regional representatives of private industry, community-based organizations, education, public interest groups, organized labor, and human services that are committed to the planning, policy-making and evaluation of all workforce related programs in the Brazos Valley region. Representatives of the private sector constitute a majority of the Board membership. Twenty - five members from Brazos, Burleson, Grimes, Leon, Madison, Robertson and Washington Counties are selected by the region's seven county judges (chief elected officials), to serve on the board. The Brazos Valley Council of Governments (BVCOG), a consortium of local governments in Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties, is the administrative and fiscal agent for the WSBVB.

**II. CONTRACTOR SELECTION PROCESS**

**A. Selection of providers shall be in accordance with all applicable laws and regulations. Selection criteria are as follows:**

Award and selection will be based upon the basis of demonstrated competence, license, and qualifications to perform the services; and a fair and reasonable price as determined by a price analysis.

**B. WSBVB rules which apply to the selection and award of a contract ADA Monitoring under this RFQ include:**

**Proposal Conditions and Limitations**

1. The response to this Request for Rate Quote (RFQ) does not commit the Board to pay any costs incurred in the preparation of such response.
2. The Board reserves the right to accept or reject any or all Quotes received, to cancel this RFQ in part or in its entirety and to reissue this RFQ.
3. The Board may award the contract for any items/services or group of items/services in the RFQ and increase or decrease the quantity in the RFQ, unless otherwise specified in the quote.
4. The Board reserves the right to hold and select any quote that has been submitted in compliance with the previously stated deadline for a period of sixty (60) days after the response deadline.

5. The Board reserves the right to negotiate the final terms of all agreements with respondents selected. Any agreements negotiated because of this RFQ may be re-negotiated and/or amended to meet the needs of the Brazos Valley Workforce Development Area.
6. The Board reserves the right to waive any defect in this procurement process or to make changes to this solicitation, as it deems necessary. The Board will provide notifications of such changes to all respondents recorded in the official record (Distribution Log/Receipts Record) as having received or requested an RFQ.
7. The Board reserves the right to contact any individual, agencies or employers listed in the quote; to contact others who may have experience and/or knowledge of the respondent's relevant performance and/or qualifications; and to request additional information from respondents.
8. The Board reserves the right to withdraw or reduce the amount of an award, or to cancel any contract resulting from this procurement if adequate funding is not received from the Texas Workforce Commission.
9. Respondents shall not, under penalty of law, offer or provide any gratuities, favors or anything of monetary value to any officer, member, employee or agent of the Board for the purpose of or having the effect of influencing favorable disposition toward their own quote or any other quote submitted hereunder.
10. No employee, officer or agent of the Board shall participate in the selection, award or administration of a contract supported by federal or state funds if a conflict of interest, real or apparent, would be involved.
11. Respondents shall not engage in any activity that will restrict or eliminate competition. Violation of this provision may cause a Respondent's quote to be rejected. This does not preclude joint ventures or subcontracts.
12. All responses submitted must be an original work product of the respondent. The copying, paraphrasing or other use of substantial portions of the work product of others and submitted hereunder, as original work of the respondent is not permitted. Failure to adhere to this instruction may cause the quote(s) to be rejected.
13. The only purpose of this RFQ is to ensure uniform information in the selection of the Quote for the procurement of services. This RFQ is not to be construed as a purchase agreement or contract, or as a commitment of any kind, nor does it commit the Board to pay for costs incurred prior to the execution of a formal contract unless such costs are specifically authorized in writing by the Board.
14. The contents of a successful quote may become a contractual obligation, if selected for award of a contract. Failure of the respondent to accept this obligation may result in the cancellation of the award. No plea of error or mistake shall be available to successful respondent(s) as a basis for release of proposed services at stated price/cost. Any damages accruing to the Board because of the respondent's failure to contract may be recovered from the respondent.
15. A contract with the selected provider may be withheld at the Board's sole discretion if issues of contract compliance or questioned/disallowed costs exist, until such issues are satisfactorily resolved. The Board may withdraw award of contract.
16. The Board is the responsible authority for handling complaints or protests regarding the quote selection process. This includes, but is not limited to, disputes, claims, protests of award, source evaluation, or other matters of a contractual nature. Matters concerning violation of law shall be referred to such authority, as may have proper jurisdiction.
17. All respondents will be notified in writing of the results of this RFQ. Any protest regarding this process must be filed with the Board within 10 days of that notification by contacting:  
Patricia Buck  
Workforce Solutions Brazos Valley Board  
P.O. Box 4128  
Bryan, TX 77805  
979 595-2800  
[patricia.buck@bvcog.org](mailto:patricia.buck@bvcog.org)
18. Solicitation and selection through this RFQ must conform to relevant State and Federal laws and regulations and local policies governing the procurement of supplies, equipment and services. Respondents are responsible for familiarizing themselves with these laws and regulations.
19. All quotes and their accompanying attachments become the property of the Board upon submission. Materials submitted will not be returned. All quotes are subject to the Texas Open Records Act.
20. This is a negotiated procurement utilizing the Request for Quote method and as such, award may not be made to the respondent submitting the lowest price quote, but rather the respondent submitting the most responsive quote satisfying the Board's requirements.

***Proposer Inquiry and Appeal Process is as follows:***

**STEP 1: Request for Debriefing** - Proposers not selected by this procurement process may appeal the decision by submitting, within 10 days of the receipt of WSBVB notification of the procurement decision, a written Request for Debriefing to obtain information on the procurement process and how their proposal or offer was received and ranked. The WSBVB shall acknowledge receipt of the Request for Debriefing in writing within 10 days of receipt, along with the date and time of the scheduled Debriefing. The Debriefing shall be scheduled as soon as possible, and no later than 10 days from the receipt of the Request for Debriefing. (NOTE: A debriefing is offered as a courtesy to any bidder or proposer who is not selected for funding; the 10 day time frame must be adhered to only if a bidder or pro-poser is considering an appeal.)

**STEP 2: Debriefing** - The purpose of the debriefing is to promote the exchange of information, explain the proposal evaluation system, and help unsuccessful proposers understand why they were not selected. Debriefings serve as an important educational function for new proposers. Debriefings will help them to improve the quality of future proposals. Additionally, staff hear direct feedback to help improve future procurements.

**STEP 3: Written Notice of Appeal** - If, after the debriefing, the appealing party wishes to continue with the appeals process, they must submit to the WSBVB a Notice of Appeal. This written notice must clearly state that it is an appeal and identify the decision being appealed; the name, address, phone and fax number of appealing party; and the grounds of the appeal. The Notice of Appeal must be received by the WSBVB Director within 15 days of receipt of the notice of the status of their proposal.

**STEP 4: Formal Hearing** - Upon receipt of the letter of protest, the WSBVB Chairperson designee shall contact the proposer to arrange for an appeals conference to be held within 21 days of the notice of protest. The Appeals Conference shall be held at a designated place and at a date and time to be mutually acceptable to both parties. An Appeals Committee shall conduct the Appeals Conference and shall consist of the Board Chairperson (or designee) who shall chair the committee, the Board Vice Chairperson (or designees) and two staff persons appointed by the Board Chairperson. If, after a full review, a simple majority of the Committee votes to have the Board reconsider, the issue will appear on the agenda at the next regularly scheduled Board meeting.

## **PART C. STATEMENT OF WORK**

### **I. Statement of Objectives**

ADA Monitoring using the Texas Accessibility Standards (TAS) checklist at designated sites through the year. These counties include: Robertson, Grimes, Brazos, Washington, Leon, Madison, and Burleson. The Specialist will report to the Program Manager of Workforce Development and the designated Board Program Specialist.

### **II. Type of Work to be Performed**

As the need arises ADA Accessibility Specialist will be expected to complete and provide an assessment of current and potential sites, and attach photos of any non-compliance. After finding is fixed then the Board Program Specialist will send a photo to document clearing the finding and a written response will be needed from the ADA Specialist to state if the finding is resolved. This will be a cost reimbursement vendor agreement.

### **II. Measuring Progress and Results**

- Contracted ADA Specialist will meet with Board staff at pertinent meetings and functions.
- Specialist will effectively keep WSBVB staff and WSBVB informed of process and report to WSBVB as requested.

## **PART D. PROPOSAL EVALUATION CRITERIA**

Responsive proposals to this Planning RFQ submitted by the deadline will be evaluated using the criteria below. Proposals will compete with and be ranked against other proposals.

### **I. EVALUATION CRITERIA**

#### **(1) Demonstrated Performance/Experience (10)**

The proposer must have previously provided effective and successful independent ADA monitoring and must provide a summary of their professional qualifications and experiences demonstrating their ability to provide the service.

If an organization is proposing then they need to list the experience of the individuals who will be performing the work.

**(2) Current License (30)**

A copy of the individual who will be doing the monitoring current Texas Department of Licensing and Regulation registered Certification as an Accessibility Specialist must be attached.

**(3) Three References (20)**

**(4) Reasonableness of Costs (40)**

The proposer must propose an hourly rate that includes travel costs at .54 cents per mile. The costs stated in the proposal should be necessary, reasonable and allowable. Review of cost items may be compared to other proposers, comparisons of average costs with previous experience, and a comparison of individual items with market price. Costs stated are reasonable for the length of time the service is provided, the type of service provided, and the number of hours worked. Indirect costs are accounted for in detail.

**(5) HUB Status (5)**

Proposers claiming Historically Underutilized Business **must provide certificate to receive these points.**

**TOTAL POSSIBLE POINTS 105**

**PART E: PROPOSAL SUBMISSION INSTRUCTIONS**

**A. Responsiveness** - Proposers must be responsive to the instructions in this RFQ. Points will be awarded based on the content of the proposal. No amendment or additions will be accepted after the deadline unless specifically requested in writing by the Board Workforce Director. Selection for possible consideration for further negotiation is competitive and will depend upon the quality of a proposal and the responsiveness to this RFQ.

**B. Format** - Proposals must be typed, may be single spaced, and submitted on 8 1/2 x 11 inch plain white paper. Each page of the proposal, with the exception of the cover sheet should be numbered with the name of the bidder on each page.

**C. Number of copies** - One complete original proposal and 4 copies each with executed certificates (i.e. original signatures of the authorized signatory authority). The proposer is responsible for ensuring that **all** required information is contained in each copy.

**D. Proposal Cover Sheet**

All items on the Proposal Cover Sheet must be completed. Identify a liaison or primary contact person, as well as the Signatory Authority--a person with the legal authority to negotiate and sign a contract on behalf of the proposing organization. Historically Under-utilized Businesses (HUBs) must indicate the HUB certification number and the certifying agency on the cover sheet, and attach a copy of the notice of certification

**E. Order of Submission**

1. Proposal Cover Sheet
2. Demonstrated knowledge and experience
3. Copy of license
4. Three References
3. Budget Form

Attachments to be submitted:

- A. Signed Certification of Bidder
- B. Signed Certification Regarding Debarment Lobbying Drug Free Work Place
- C. Certification Regarding Drug-Free Work Place (GRANTEES WHO ARE INDIVIDUALS)
- D. Signed Certification Regarding Conflict of Interest
- E. Certificate of Historically Under-utilized Business, if applicable

## **PART F: PROPOSAL NARRATIVE INSTRUCTIONS**

Using these instructions write a proposal narrative fully addressing each of the narrative items. Keep in mind that your proposal will be reviewed for completeness of each response, clarity of the response, demonstrated knowledge of requested services and applicable program laws, rules and requirements. The proposal narrative must present each question and the response.

### **I. DEMONSTRATED PERFORMANCE / EXPERIENCE**

\* Limit 1 page, not including examples.

- A. Describe the bidder's organization. Items to include are:
  1. A history of the organization.
  2. Discuss the organization's current mission and philosophy.
  3. A list of the organization's board of directors, principals, and chief officers.
- B. Describe the individual's and /or organization's experience and capabilities in providing ADA Accessibility Survey services
  1. A summary of your qualifications

### **II. COPY OF LICENSE**

A copy of your current Texas Department of Licensing and Regulation registered Certification as an Accessibility Specialist must be attached.

### **III. THREE REFERENCES**

1. Name
2. Title
3. Relationship
4. Contact information, address, phone, and email

### **IV. COST EFFECTIVENESS / BUDGET**

\* Limit 1 page

All proposals will be rated for overall cost effectiveness

1. Complete a budget sheet giving unit rate per hour.
2. Describe any work that will be subcontracted out and cost.
3. Describe the organizations proposed method of tracking expenditures.

Reasonableness of Cost

1. Give a complete schedule of necessary costs
2. Give a description of how each cost is reasonable and allowable for the service provided
3. Give a detailed description of how indirect costs are accounted for

### **V. HUB STATUS**

1. Attach a copy of the HUB status certificate

## **PART G: FORMS**

The following forms are attached:

- Proposal Review Instrument
- Proposal Cover Sheet
- Budget and Proposed Staffing Charts
- Certification of Bidder

- Certification Regarding Debarment Lobbying Drug-free Work Place
- Certification Regarding Drug-Free Work Place (GRANTEES WHO ARE INDIVIDUALS)
- Certification Regarding Conflict of Interest
- Certificate of Historically Under-utilized Business, if applicable



## PROPOSAL REVIEW INSTRUMENT

	VALUE	POINTS
<b>I. DEMONSTRATED PERFORMANCE / EXPERIENCE</b>	<b>(10)</b>	_____
Describe the bidder's organization. Items to include are:		
A history of the organization.		
Discuss the organization's current mission and philosophy.		
A list of the organization's board of directors, principals, and chief officers.		
Describe the individual's and /or organization's experience and capabilities in providing ADA Accessibility Survey services		
A summary of your qualifications		
<b>II. COPY OF LICENSE</b>	<b>(30)</b>	_____
<b>III. THREE REFERENCES</b>	<b>(20)</b>	_____
1. Name		
2. Title		
3. Relationship		
4. Contact information, address, phone, and email		
<b>IV. COST EFFECTIVENESS / BUDGET</b>	<b>(40)</b>	_____
All proposals will be rated for overall cost effectiveness		
1. Complete a budget sheet giving unit rate per hour		
Including travel at .54cents per mile.		
2. Describe any work that will be subcontracted out and cost.		
3. Describe the organizations proposed method of tracking expenditures.		
Reasonableness of Cost		
1. Give a complete schedule of necessary costs		
2. Give a description of how each cost is reasonable and allowable for the service provided		
3. Give a detailed description of how indirect costs are accounted for		
<b>V. HUB STATUS</b>	<b>(5)</b>	_____
1. Attach a copy of the HUB status certificate		
<b>Total all categories</b>	<b>105</b>	_____

## 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:**\_\_\_\_\_

<b>Unit Cost per Hour For Services</b>	<b>Total</b>	<b>Additional Costs ( Please List)</b>	<b>Total</b>		
<b>TOTAL COST</b>					

**WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY**

## 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 wrtitten 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

---

Typed Name and Title

---

Proposing Organization

---

Date