

**REQUEST FOR QUOTE
(RFQ)
For**

Available Commercial Space to Lease in Navasota, Texas

For the

WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD

*P.O. Drawer 4128
Bryan, Texas 77805
(979) 595-2800*

ISSUE DATE: February 28, 2018

BIDDERS CONFERENCE CALL: March 9, 2018 at 11:00 AM CST

RESPONSE DEADLINE: 4:00 PM CST March 23, 2018

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ATTACHMENT A

The Brazos Valley Council of Governments (WSBVB/BVCOG) is seeking information for a total of 1000 to 1800 sq. ft. of NET USABLE SPACE.

TO SATISFY THE LEASE REQUIREMENTS PROPOSED LESSOR OFFERS THE FOLLOWING:

OFFICE SPACE: _____ sq. ft.
 Allowance for Internal Hallways _____ sq. ft.
TOTAL OFFICE SPACE IN SQUARE FOOTAGE: _____ sq. ft. \$ _____
 Janitor Services \$ _____
 Utilities \$ _____
TOTAL INFORMATION \$ _____

_____ Existing _____ To Be Built _____ Historical _____
 Structure* _____
 Building Offered (Name) (Check All That Apply)

 Street Address of Building (Attached Full Legal Description) City County
 State Zip

PROPOSED LESSOR CERTIFIES ALL INFORMATION SUBMITTED TO BE FULL, TRUE AND CORRECT.

WARNING:

**Failure to manually sign will disqualify information.
 Failure to complete information in its entirety may disqualify information.**

Altering the information form or failure to meet or comply with the minimum specifications as advertised and attached hereto, will result in the **disqualification** of this information.

Proposed Lessor shall be the entity which contracts with the state and **shall be held liable for performance under the information submitted** in response to this Invitation for Information.

Proposed Lessor must sign the information (a.) personally; or (b.) by its corporate officer, identifying the corporate office held; or (c.) by its agent, who must provide evidence establishing authority to sign information. Failure to provide required authorization may result in the **disqualification** of this information.

 Name of Proposed Lessor

 Address of Proposed Lessor

 City County State Zip

 Area Code Telephone Number
 Signature: _____
 Print Name: _____
 Title: _____

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
COVER SHEET**

All items of the RFQ Cover Sheet must be completed and become the first sheet of the information to be returned to WSBVB. 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 and who is also the person who must sign the various certification forms). **Historically Underutilized Businesses (HUB's) must indicate the HUB certification number and the certifying agency on the cover sheet and attach a copy of the certificate to the information.**

Name of Individual/Business/Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

Physical Address (If Different): _____

City, State, Zip Code: _____

Contact Person: _____

Title: _____

Telephone Number :(_____) _____

E-mail Address: _____

Contract Signatory Authority: _____

Signature **Date**

Printed/Typed Name

General Information

Tax/Legal Status of Business:

Corporation Sole Proprietorship Partnership
 Public Not for Profit Other _____

Date business established: _____

State Controller ID Number (If available): _____

Federal Taxpayer ID Number or SSN: _____

Is respondent certified as a historically underutilized business? Yes No
(If yes, a copy of the certification notice is required as an attachment.)

Certifying Agency: _____

**WORKFORCE SOLUTIONS BRAZOS VALLEY
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
CERTIFICATION OF BIDDER**

I hereby certify that the information contained in this information 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 information. 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 Information and Respondent herein and that I am legally authorized to sign this information 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

Date

Name of Business Submitting Information

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
CERTIFICATION REGARDING DEBARMENT**

Applicants shall refer to the regulations cited below to determine the certification to which they are required to attest. Applicants shall 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 Board 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 and Date

Printed/Typed Name

Name of Business Submitting Information

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
CERTIFICATION REGARDING LOBBYING**

Applicants shall refer to the regulations cited below to determine the certification to which they are required to attest. Applicants shall 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 and Date

Printed/Typed Name

Name of Business Submitting Information

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

Applicants shall refer to the regulations cited below to determine the certification to which they are required to attest. Applicants shall 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 purposes 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 and Date

Printed/Typed Name

Name of Business Submitting Information

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER 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 and Date

Printed/Typed Name

Name of Business Submitting Information

**WORKFORCE SOLUTIONS BRAZOS VALLEY BOARD
NAVASOTA, TEXAS WORKFORCE CENTER REQUEST FOR QUOTE
CERTIFICATION REGARDING CONFLICT OF INTEREST**

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

1. No manager, employee or paid consultant of the Respondent is a member of the Policy 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 Policy Board, the President, or a manager of the WSBVB;
3. No member of the Policy 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 Policy Board, President or employee of the WSBVB is a manager, manager or paid consultant of the Respondent;
5. No member of the Policy 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 Information any interest, fact or circumstance that does or may present a potential conflict of interest;
7. Shall respondent fail to ainformatione 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 and Date

Printed/Typed Name

Name of Business Submitting Information

**WORKFORCE SOLUTIONS OF THE BRAZOS VALLEY
NAVASOTA, TEXAS WORKFORCE CENTER 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 WSBVB/BVCOG and WSBVB policies.

Signature of Authorized Representative and Date

Printed/Typed Name

Name of Business Submitting Information