## APPENDIX A

**PROPOSAL COVER SHEET**

|  |  |  |
| --- | --- | --- |
| **Company Name** |  |       |
| **Company CEO** |  |       |
| **Mailing Address** |  |       |
| **City, State and Zip Code**  |  |      ,             |
| **Business Phone Number** |  |       |
| **Proposal Contact Name and Title**  |  |      ,       |
| **Proposal Contact** **Email Address and** **Phone Number** |  |            |
| **Federal Employer ID or Social Security Number** |   |       |
| **Texas State Comptroller ID** |   |       |
| **Name and Title of Authorized Signatory** |   |      ,       |
| **Signature and Date** |  |  |

### APPENDIX B

### TABLE OF CONTENTS / DOCUMENT CHECKLIST

**Proposer may include additional documents to the following list of required documents if they are needed to answer the questions fully.**

|  |  |  |
| --- | --- | --- |
| **Page** |  | **Document** |
|  |  |  |
|  |  | Proposal Cover Sheet ***(Appendix A)*** |
|  |  |  |
|  |  | Table of Contents / Documents Checklist *(Appendix B)* |
|  |  |  |
|  |  | Executive Summary *(Appendix C)* |
|  |  |  |
|  |  | References *(Appendix D)* |
|  |  |  |
|  |  | Proposal Content |
|  |  | Organization and Staff Qualifications *(Appendix E)* |
|  |  | Work Plan *(Appendix F)* |
|  |  |  |
|  |  | Pricing *(Appendix G)* |
|  |  |  |
|  |  | Attachments *(Appendix H)* |
|  |  | Attachment 1 – Resumes for key personnel and staff assigned to CECT account |
|  |  | Attachment 2 – Copy of insurance policy or statement assuring that policy will be obtained |
|  |
|  |  | Attachment 3 - Copies of all professional certifications/licenses held by key management staff as well as those assigned to this project |
|  |
|  |  | Attachment 4 - Copy of the most recent financial audit or financial statements |
|  |  | Attachment 5 - Copy of the current HUB Certificate, if applicable |
|  |  | Attachment 6 – Other documents provided by proposer |
|  |  |  |
|  |  | Assurances and Certifications *(Appendix I)* |
|  |  | Attachment 7 - Certification of Bidder |
|  |  | Attachment 8 - Certifications Regarding Lobbying, Debarment, Suspension and Other Assurances and Drug-Free Workplace Requirements |
|  |
|  |  | Attachment 9 - Certification of Conflict of Interest and Disclosure of Interest |
|  |  | Attachment 10 - Texas Corporate Franchise Tax Certification |
|  |  | Attachment 11 - State Assessment Certification |
|  |  | Attachment 12 - Other Certifications |

**APPENDIX C**

**EXECUTIVE SUMMARY**

**Proposing Entity:**

**Facility Address:**

**City/State/ZIP:**

***Provide a clear and concise 1-3 page Executive Summary. The summary should highlight and substantiate the advantages to the Board of contracting with the proposer. Include a brief overview of the proposal that includes the following: (1) a brief description of the proposer’s organization/company, (2) list of the facilities/locations available in the Heart of Texas area that would service CECT’s account, (3) explain how long the organization/company has been doing business in the Heart of Texas area, and (4) summarize understanding of the services requested and experience providing such services.***

## APPENDIX D

## REFERENCES

**Provide three (3) business/professional references relevant to this RFP. These references may be contacted, with email the preferred method of contact.**

**REFERENCE 1**

|  |  |
| --- | --- |
| Business/Organization Name: |       |
| Name and Title of Point of Contact: |       |
| Phone #: |       |
| Email Address: |       |
| Street Address |       |
| City, State, Zip Code |       |
| Type of organization/business |       |
| Type of services provided to organization |       |
| Number of years serving company |       |

**REFERENCE 2**

|  |  |
| --- | --- |
| Business/Organization Name: |       |
| Name and Title of Point of Contact: |       |
| Phone #: |       |
| Email Address: |       |
| Street Address |       |
| City, State, Zip Code |       |
| Type of organization/business |       |
| Type of services provided to organization |       |
| Number of years serving company |       |

**REFERENCE 3**

|  |  |
| --- | --- |
| Business/Organization Name: |       |
| Name and Title of Point of Contact: |       |
| Phone #: |       |
| Email Address: |       |
| Street Address |       |
| City, State, Zip Code |       |
| Type of organization/business |       |
| Type of services provided to organization |       |
| Number of years serving company |       |

**APPENDIX E**

**ORGANIZATION AND STAFF QUALIFICATIONS**

Refer to Section 3.6 on Page 9 of the RFP for the specific information that must be addressed for each category listed below. The Organization and Staff Qualifications narrative shall not exceed ten (10) double spaced pages.

* + 1. **Organization Qualifications**
		2. **Staff Qualifications**

**APPENDIX F**

**WORK PLAN**

Refer to Section 3.7 on Page 10 of the RFP for the specific information that must be addressed for category listed below. The Work Plan narrative shall not exceed ten (10) double-spaced pages.

**3.7.1 Recruitment and Selection Process**

**3.7.2 Workplace Readiness**

**3.7.3 Staff Training**

**3.7.4. Skills Assessment**

**APPENDIX G**

**PRICING**

**Please complete the tables below.**

**Proposed Bill Rates:** The positions that may be hired through the temporary agency are listed below. Provided the rates for each position.

|  |  |  |
| --- | --- | --- |
| **Positions** | **CECT Pay-Range** | **Proposed Bill Rate** |
| **Low** | **High** | **Low** | **High** |
|  Career Specialist Triage/Job Attainment | $15.00 | $16.00 |       |       |
| Career Specialist Career Counseling | $17.00 | $19.00 |       |       |
| Career Specialist Employment Services | $17.00 | $19.00 |       |       |
| Career Specialist Partner Relations | $17.00 | $19.00 |       |       |
| Career Intake Specialist | $17.00 | $19.00 |       |       |
| Administrative Specialist | $18.00 | $20.50 |       |       |
| Career Specialist Outreach | $17.00 | $19.00 |       |       |
| Follow-up Specialist | $17.00 | $19.00 |       |       |

**Proposed Conversion Rates:** Temporary staff hired through the agency may be suitable for transition in 90 or 180 days. Include the rate for converting an employee from temp to regular status.

|  |  |  |
| --- | --- | --- |
| **Positions** | **90-Day Conversion Fee****(3 Months)** | **180-Day Conversion Fee****(6 Months)** |
| Career Specialist Triage/Job Attainment |       |       |
| Career Specialist Career Counseling |       |       |
| Career Specialist Employment Services |       |       |
| Career Specialist Partner Relations |       |       |
| Career Intake Specialist |       |       |
| Administrative Specialist |       |       |
| Career Specialist Outreach |       |       |
| Follow-up Specialist |       |       |

Note: Pricing for positions not listed will be negotiated as needed. CECT’s job descriptions for the associated job titles will be sent to potential bidders that request a copy.

**APPENDIX I - ATTACHMENT 7**

**CERTIFICATION of BIDDER**

I hereby certify that the information contained in this proposal and any attachments thereto is true and correct and may be viewed as an accurate representation of proposed services to be provided by this individual or organization. I certify that no employee, Board member, or agent of CECT has assisted in the preparation of this proposal. I acknowledge that I have read and understood the requirements and provisions of the RFP and that this individual or organization will comply with the Federal regulations and policies. I also certify that I have read and understand the requirements and provisions presented in this RFP and will comply with the terms thereof; and furthermore that:

I,       am the       of the Individual, corporation, association, public agency or other entity named as Proposer herein, and that I am legally authorized to sign this proposal and submit it to CECT on behalf of said organization by authority of its governing body.

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 CECT Workforce Solutions, LLC, as changes occur.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Printed or Typed Name of Certifying Person: |  | Title |
|  |  |       |
| Signature of Certifying Person |  | Date |

## APPENDIX I - ATTACHMENT 8

**CERTIFICATONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER ASSURANCES 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 sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients 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 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 requires 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.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Printed or Typed Name of Certifying Person: |  | Title |
|  |  |       |
| Signature of Certifying Person |  | Date |

**APPENDIX I - ATTACHMENT 9**

**CERTIFICATION REGARDING CONFLICT OF INTEREST DISCLOSURE OF INTEREST**

It is the policy of CECT Workforce Solutions, LLC (CECT) that all persons or firms seeking to do business with CECT 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,

# Please complete the disclosure questions on the following page.

**DISCLOSURE QUESTIONS**

If additional space is necessary, please use the reverse side of this page or attach a separate sheet.

|  |
| --- |
| 1. State the name of each “non-managerial employee” of CECT Workforce Solutions, LLC (or any workforce development board contract area managed by CECT) 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) |
|  |  |  |
| Name  |  | Job Title and Section (if known) |

|  |
| --- |
| 1. State the names of each “managerial employee” of CECT Workforce Solutions, LLC (or any workforce development board contract area managed by CECT) 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  |  | Job Title and Section (if known) |
|  |  |  |
| Name  |  | Job Title and Section (if known) |

|  |
| --- |
| 1. Provide the names of each “board member” on the CECT Workforce Solutions, LLC Board or staff (or any workforce development board contract area managed by CECT) 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  |  | Job Title and Section (if known) |
|  |  |  |
| Name  |  | Job Title and Section (if known) |

|  |
| --- |
| 1. Provide the names of each employee or officer of a “consultant” of CECT Workforce Solutions, LLC staff (or any workforce development board contract area managed by CECT) 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  |  | Job Title and Section (if known) |
|  |  |  |
| Name  |  | Job Title and Section (if known) |

## APPENDIX I - ATTACHMENT 10

**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 or is not subject to the payment of franchise taxes to the State of Texas must be signed by the individual authorized to sign contracts, execute agreements or attest to such certifications on behalf of the business/vendor.

The undersigned authorized representative of the entity 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 subcontract/agreement and is grounds for contract cancellation.

## Indicate the certification that applies to your business:

|  |  |
| --- | --- |
| □ | The Vendor/Business is a for-profit company and certifies that it is not delinquent in its franchise tax payments to the State of Texas. |
| □ | The Vendor/Business is a non-profit corporation/organization or is otherwise not subject to payment of franchise taxes to the State of Texas. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorized Representative |  |  | Title of Authorized Representative |
|  |  |  |  |
|  |  |  |  |
| Signature of Authorized Representative |  |  | Date |
|  |  |  |  |

## APPENDIX I - ATTACHMENT 11

**STATE ASSESSMENT CERTIFICATION**

The undersigned authorized representative of the corporation or Vendor/Business subcontracting or doing business with CECT Workforce Solutions, LLC 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 cancellation of the business relationship.

The business 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorized Representative |  |  | Title of Authorized Representative |
|  |  |  |  |
|  |  |  |  |
| Signature of Authorized Representative |  |  | Date |
|  |  |  |  |

**APPENDIX I – ATTACHMENT 12**

**OTHER CERTIFICATIONS**

**PART A: RESTRICTIONS ON THE USE OF CERTAIN PUBLIC SUBSIDIES**

Pursuant to Texas Government Code § 2264.051, the proposer certifies that the business, or a branch, division, or department of the business does not and will not knowingly employ an undocumented worker as defined in Texas Government Code § 2264.001(4). The proposer shall follow Board policies and procedures concerning this law based on Agency guidance in WD Letter 07-08 and subsequent issuances.

The proposer further certifies that it shall establish and implement reasonable internal program management procedures sufficient to ensure its compliance with Texas Government Code § 2264.051.

The proposer certifies that it has been notified about the unlawful employment of undocumented workers and advised of the penalties that the selected subcontractor will incur if convicted of the unlawful employment of undocumented workers.

Texas Government Code § 2264.052 mandates that a business convicted of a violation under 8 U.S.C. § 1324a(f) (unlawful employment of undocumented workers), shall repay the amount of the public subsidy with interest not later than the 120th day after the entity is notified of the violation. In accordance with Texas Government Code § 2264.053, the Agency has determined that if the Board is convicted of such a violation, the interest rate to be applied to the public subsidy is fifteen percent (15%).

The authorized representative of the proposer understands and certifies that the following statements are true and correct in the event of receipt of a Subaward:

4.1 That making a false statement is a material breach of contract and grounds for contract cancellation; and

4.2 That after receiving a public subsidy, if the Subrecipient is convicted of a violation under 8 U.S.C. § 1324a(f), relating to the unlawful employment of undocumented workers, the Subrecipient shall repay the amount of the public subsidy with interest, at the rate of fifteen percent (15%).

**PART B: NONDISCRIMINATION AND EQUAL OPPORTUNITY PROVISIONS**

As a condition of this agreement, all parties assure they have the ability to comply with 29 CFR 38, the nondiscrimination and equal opportunity provisions of the following laws, as well as all other regulations implementing them. This assurance applies to the delivery of programs, activities, and services related to this agreement. All parties will remain in compliance for the duration of the agreement.

(A) Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I-financially assisted program or activity;

(B) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin;

(C) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

(D) The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

(E) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

All parties understand that the United States has the right to seek judicial enforcement of this assurance.

|  |
| --- |
|  |
| Signature |
|  |
| Typed/Printed Name and Title of Authorized Representative  |
|  |
| Date |