

WORKFORCE SOLUTIONS – SOUTHEAST TEXAS BOARD
WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS – SOUTHEAST TEXAS CENTER SYSTEM

CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY

I, _____, certify that I am the
(Typed Name)

_____ of _____
(Title) (Typed Name of Organization)

_____, and that the authority of the organization named herein to submit the attached proposal is derived from the following provisions (check one):

- Bylaws: _____
- Articles: _____
- Governing Board Resolution/Minutes: _____
- Other (specify): _____

I further certify that _____ who signed the
(Typed Name)

Cover Page of this response on behalf of the above named organization, has the legal authority to enter into and execute a contract with the Workforce Solutions – Southeast Texas Board to provide the activities authorized and detailed in this response. I agree to submit upon request by the Workforce Solutions – Southeast Texas Board such information and documentation as may be necessary to verify the certification contained herein.

Signature

Typed Name

Typed Title

Date

WORKFORCE SOLUTIONS – SOUTHEAST TEXAS BOARD
WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS-
SOUTHEAST TEXAS CENTER SYSTEM
RESPONSE COVER SHEET

INFORMATION ABOUT RESPONDER

Organization Name	
Physical Address (No P.O. Boxes)	
City, State, Zip	
Mailing Address	
City, State, Zip	
Contact Person & Telephone/Fax number/ E-mail address	
Type of Organization	<input type="checkbox"/> Private for-profit <input type="checkbox"/> Private non-profit <input type="checkbox"/> Other, (describe)
Federal EIN	
Texas State Comptroller ID Number	

INFORMATION ABOUT RESPONSE

Organization Mission Statement	
Organization Fiscal Period	

AUTHORIZATION FOR SUBMISSION

Typed Name & Title of Authorized Signatory	
Signature & Date	

**WORKFORCE SOLUTIONS – SOUTHEAST TEXAS BOARD
WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS-
SOUTHEAST TEXAS CENTER SYSTEM
ASSURANCES AND CERTIFICATIONS**

Each organization or individual that submits a proposal in response to our Request for Responses warrants and assures:

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 Responses has offered or will offer any gratuities, favors, or anything of monetary value to any member of the Workforce Solutions - Southeast Texas Board or any employee of the Workforce Solutions – Southeast Texas Board for the purpose of or having the effect of influencing the decisions of the Workforce Solutions – Southeast Texas Board 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 Responses has engaged or will engage in any activity which may be construed in restricting or eliminating competition for funds available under this Request for Responses.

Each organization or individual that submits a proposal also warrants and assures that:

1. The organization or individual possesses the legal authority to offer this proposal:
2. 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; and
3. 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 Responses because of race, color, religion, sex, national origin, age, disability, sexual orientation, or political affiliation or belief.

Each organization or individual that submits a proposal also warrants and assures that they will, as a condition to award of financial assistance under a Workforce Solutions – Southeast Texas Board Contract, with respect to operation of Workforce Solutions – Southeast Texas Board funded programs or activities and all agreements or arrangements to carry out Workforce Solutions – Southeast Texas Board funded programs or activities:

1. Comply with all requirements of the Workforce Investment Act of 1998, including the Nontraditional Employment for Women Act of 1991; relevant portions of the public welfare programs under the Social Security Act, and the Personal responsibility and Work Opportunity and Reconciliation Act; welfare to work programs under the Budget
2. Reconciliation Act of 1997; and the implementing regulations associated with the aforementioned statutes.

3. Comply with all requirements of 29 CFR Part 98 (Debarment and Suspension; Drug Free Workplace); 29 CFR Part 93 (Lobbying Certification); 29 CFR Parts 33 and 34 (Non-Discrimination and Equal Opportunity Requirements); provisions of the grants/agreements under which the State of Texas and the Workforce Solutions – Southeast Texas Board have received funding for this Request for Proposal process; and provisions of the grant/ agreement that will result from this Request for Proposal process.
4. Comply with the requirements of Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and the Americans with Disabilities Act of 1990, and all applicable requirements imposed by or pursuant to regulations implementing those laws;
5. Comply with federal cost principles as described in Office of Management and Budget 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.
6. Comply with all requirements of any relevant policies issued by the US Departments of Agriculture, Education, Health and Human Services, and Labor, the State of Texas, or the Workforce Solutions – Southeast Texas Board which concern the operation of programs and services funded under each appropriate funding source (WIOA, Food Stamp Employment and Training, TANF and others).

Copies of the statutes and regulations described above are available from the Board on request. The United States has the right to seek judicial enforcement of the requirements listed above.

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 RESPONSE BE ACCEPTED FOR FUNDING BY THE WORKFORCE SOLUTIONS – SOUTHEAST TEXAS BOARD.

Signature

Typed Name & Title

Responding Organization

Date

TEXAS CORPORATE FRANCHISE TAX CERTIFICATION

Pursuant to Article 2.45, Texas Business Corporation Act, State agencies may not award grants to for profit corporations that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this grant award is current in its franchise taxes must be signed by the individual authorized on Form 2031, Corporate Board of Directors Resolution, to sign the grant award for the corporation.

The undersigned authorized representative of the corporation being awarded a grant 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 the grant award and is grounds for grant award cancellation.

Indicate the certification that applies to your corporation:

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

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

Signature

Typed/Printed Name and Title of Authorized Representative

Date

TEXAS SALES AND USE TAX CERTIFICATION

Pursuant to § 2155.004, Government Code, a state agency may not accept a bid or award a grant award to any individual not residing in this state or business entity not incorporated in or whose principal domicile is not in this state unless: the individual or business entity holds a permit issued by the comptroller to collect or remit all state and local sales and use taxes that become due and owing as a result of the individual's or entity's business in this state certifies that it does not sell tangible personal property or services that are subject to the state and local sales and use tax.

The undersigned authorized representative of the corporation being awarded a grant herein certifies that it (indicate the statement that applies to your corporation):

_____ holds a permit issued by the comptroller to collect or remit all state and local sales and use taxes that become due and owing as a result of the individual's or entity's business in this state; or

_____ certifies that it does not sell tangible personal property or services that are subject to the state and local sales and use tax.

Under Section 2155.004, Government Code, the undersigned certifies that the indicated statement is true and correct and understands that making a false statement is a material breach of the grant award and is grounds for grant award cancellation.

Business Name and Address

Typed/Printed Name and Title of Authorized Representative

Signature

Date

**WORKFORCE SOLUTIONS – SOUTHEAST TEXAS BOARD
 WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS-
 SOUTHEAST TEXAS CENTER SYSTEM
 ADMINISTRATIVE MANAGEMENT SURVEY**

Please answer the following questions regarding your administrative management system and attach a copy of the documents requested. The Workforce Solutions – Southeast Texas Board requires current issuances of all documents. Additional information may be requested at the time of a pre-award survey.

Yes, No, N/A

- | | | | |
|----|-----|---|-------|
| 1. | (a) | Does your organization have a certificate of nonprofit status?
(Attach a copy) | _____ |
| | (b) | Does your organization have current Articles of Incorporation or Charter? (Attach a copy) | _____ |
| 2. | | Does your organization have written personnel policies? (Attach a copy) | _____ |
| 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 to 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 employer in all aspects of personnel without regard to political affiliation, race, color, international origin, sex, age, physical handicap or religious creed, with proper regard for their privacy and constitutional rights as a citizen; | _____ |
| | (f) | Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official 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? | _____ |
| 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 per diem at a specified rate? (Attach a copy) | _____ |
| 8. | | Does your organization have a written employee grievance procedure used to resolve employment complaints? | _____ |
| 9. | | Does your organization have the capacity or staff to produce and maintain | |

participant 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? _____

11. Is your organization governed by a Board/Council? (Attach a list) _____

12. Does your organization operate under local rules or by-laws? (Attach a copy) _____

13. Has your Board/Council reviewed and approved this proposal? (Attach a copy) _____

14. Does your organization have a current approved Fidelity Bond? (Attach a copy) _____

15. Does your organization have an EEO/Affirmative Action Plan? (Attach a copy) _____

16. Does your organization have a Compliance Monitor? _____

I certify that the information I have provided on this form and the accompanying attachments is an accurate and true representation of the administrative management systems of this organization.

Signature _____

Typed Name _____

Title _____

Organization _____

Date _____

WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS – SOUTHEAST TEXAS CENTER SYSTEM FISCAL MANAGEMENT SYSTEMS SURVEY

Answer the following questions regarding your fiscal management system and attach a copy of the documents specifically requested. The information submitted should contain sufficient information to demonstrate your organization's capability in the area surveyed. Additional information may be requested.

- | | Yes, No, N/A |
|--|---------------------|
| 1. Do you have an indirect cost plan with current approval by a cognizant agency?
(Attach a copy) | _____ |
| 2. Does your organization have written accounting procedures? | _____ |
| 3. Is your organization in good standing with the State of Texas regarding taxes, fees, etc.? | _____ |
| 4. Does your accounting system provide control and accountability over all funds received, property and other assets? | _____ |
| 5. Can your accounting system provide for financial reports on an accrual basis? | _____ |
| 6. Does your accounting system provide for identification of receipt and expenditure of funds separately for each funding source? | _____ |
| 7. Are your accounting records maintained in such a manner as to facilitate the tracking of funds to source documentation of the unit transaction? | _____ |
| 8. Does your accounting system procedures include determining the allowability and allocability of costs in accordance with the provisions of WIOA regulations and the TWC Financial Manual for Grants and Contracts ? | _____ |
| 9. Are State and Federal funds advanced to you deposited in a bank with FDIC coverage? | _____ |
| 10. Do you make timely monthly reconciliation of your bank account(s)? | _____ |
| 11. Are these reconciliation's made by the same person who performs the record keeping for receipt and disbursement transactions? | _____ |
| 12. Do you have written procedures and internal controls established for the procurement of goods and services? | _____ |
| 13. Is documentation (i.e., Time sheets, etc.) properly kept to support each payroll disbursement? | _____ |

I certify that the information I have provided on this form and the accompanying attachments is an accurate and true representation of the fiscal management systems of this organization.

Signature _____

Typed Name _____

Title _____

Organization _____

Date _____

**WS 2017-02 RFP FOR THE MANAGEMENT AND OPERATION OF THE WORKFORCE SOLUTIONS –
SOUTHEAST TEXAS CENTER SYSTEM
CERTIFICATIONS**

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 Agriculture (7 CFR Part 3018), Department of Labor (29 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned 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 grant award, 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 grant award, 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 sub-grant awards, sub-grants, and grant awards 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 Part 85), Department of Health and Human Services (45 CFR Part 76).

The undersigned 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 grant award 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 grant award under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
- (4) Have not within a three-year period preceding this grant award had one or more public transactions terminated for cause or default.

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 Part 85), and Department of Health and Human Services (45 CFR Part 76).

The undersigned certifies that it shall provide a drug-free workplace by:

- (a) 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;
- (b) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Board'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;
- (c) Providing each employee with a copy of the policy statement;
- (d) Notifying the employees in the policy statement that as a condition of employment under this grant award, employees shall abide by the terms of the policy statement and notifying the employer in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
- (e) Notifying the Agency within ten days of receipt of a notice of a conviction of an employee; and,
- (f) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requiring such employee to participate in a drug abuse assistance or rehabilitation program.

Certification

These certifications are a material representation of fact upon which reliance is placed when entering into this transaction. Signature by an authorized representative of the awardee and return of this document to the Agency are prerequisites for finalizing the award.

Where the undersigned awardee is unable to certify to any of the statements above, an explanation shall be attached.

The undersigned certifies that the indicated statements are true and correct and understands that making a false statement is a material breach of the grant award and is grounds for grant award cancellation.

The person signing this grant award on behalf of the awardee hereby warrants that he/she has been fully authorized to execute this grant award on behalf of the awardee and to legally bind the awardee to all the terms, performances and provisions herein set forth.

Signature

Date

Typed Name and Title of Authorized Representative

Organization