

**REQUEST FOR PROPOSALS FOR**

**MANAGEMENT AND OPERATION WDB WDB 2025-001**

**APPLICATION PACKET**

**Released by**

**WORKFORCE SOLUTIONS SOUTHEAST TEXAS BOARD**

**Issued: January 24, 2025**

**Letter of Intent to Bid: February 17, 2025, 2:00 p.m.**

**Deadline for Questions: March 3, 2025, 2 p.m.**

**Email:** [**rfp@setworks.org**](mailto:rfp@setworks.org)**.**

**Proposals Due: March 20, 2025, 2:00 p.m.**

**P.O. Box 3607**

**Beaumont, Texas 77704**

**(409)719-4750**

**Serving the Texas Counties of Hardin, Jefferson, and Orange**

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**Application Packet Instructions**

Proposers must complete the entire Application Packet, with an emphasis placed on addressing all of the requirements asked in each question in a clear and concise manner. All information requested in the RFP will need to be answered within the Application Packet, and not as additional summaries attached to the packet, unless otherwise noted as an attachment requested.

Proposers may use a continuation page if needed when answering questions within the application packet. If a continuation page is used, Proposers must reference the use of a continuation page, noting “see Attachment \_” as the last sentence for the question block that they are answering. When continuing the question on the attached pages, make reference to the question that is being answered, ie “Cont. Attachment E, Question 2:”

Proposals must be submitted as a complete proposal packet. Proposals cannot be a scanned copy, but an original document saved as a PDF, with the possible exception of the pages that require signatures. Signatures can be digital or hand signed and the page added to the packet emailed. Full packet with all requested attachments and continuity pages cannot exceed 100 pages.

**Confidentiality**

Any confidential or proprietary information and data contained within a proposal must be clearly marked and labeled as such. Confidential/proprietary information submitted in response to this RFP will be handled in accordance with State law. WSSET is subject to the Texas Open Records Act. Proprietary information will be kept confidential by WSSET to the extent that State law permits. Proposals become the property of WSSET.

**Attachment A – Letter of Intent to Bid**

**To:**

**LETTER OF INTENT TO BID**

Workforce Solutions Southeast Texas Board

P. O. Box 2607

Beaumont, TX 77704

E-Mail: [rfp@setworks.org](mailto:rfp@setworks.org)

Fax: (409)835-8219

**Reference:**

*Request for Proposal for the Operation and Management of Career Centers – WDB 2025-001*

Release Date: January 24, 2025

This is to notify you that it is our intent to submit a proposal in response to the above referenced RFP. The individual to whom information regarding this RFP should be transmitted to is:

|  |  |
| --- | --- |
| Name |  |
| Company |  |
| Address |  |
| City, State & Zip |  |
| Phone Number |  |
| E-Mail Address |  |

Signature of Authorized Representative

Date

Typed Name and Title of the Authorized Representative

Typed Name of the Company

This Letter of Intent to Bid must be received on or before February 17, 2025 **at 2:00 pm.**

**Proposals will NOT be accepted from proposers who do not submit this letter by the required deadline.**

**Proposers should verify that the letter of intent was received by the Board by calling (409) 719-4785.**

**Attachment B – Proposal Cover Sheet**

**PROPOSAL COVER SHEET MANAGEMENT AND CENTER OPERATIONS**

**WDB 2025-001**

|  |  |
| --- | --- |
| **Legal Name of Proposing Entity** |  |
| **Mailing Address** |  |
| **Authorized Contact/ Signatory Authority** |  |
| **Phone Number** |  |
| **Fax Number** |  |
| **E-Mail** |  |
| **Type of Organization** | □ Private for-profit  □ Private non-profit  □ Government Agency  □ Partnership  □ Sole Proprietor/Entity  □ Other (specify) |
| **Amount of Bid** |  |
| **Federal EIN** |  |
| **Texas State Comptroller ID Number** |  |
| **Historically Underutilized Business?** | □ Yes (if yes, attach current certificate)  □ No |
| **Proposal Authorization**  I, the undersigned, hereby certify and warrant that I am fully authorized to submit this proposal on behalf of the organization represented and to legally bind the organization to all the terms, performances, and provisions as herein set forth. | |
| **Typed Name &**  **Title of Authorized Signatory** |  |
| **Signature** |  |
| **Date** |  |

**Attachment C – Response Checklist/Order of Submission**

 Your proposal information should be submitted in the order listed below.

 Confirm that you are providing the requested information (yes or no).

 To ensure reviewers can easily identify your answer, please list the Proposal page that contains each response.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1: Proposal Submission** | | | **Provided in Proposal (Yes/No)** |
| Attachment B – Proposal Cover Sheet | | |  |
| Attachment C – Response Checklist/Order of Submission | | |  |
| Attachment D – Certification of Bidder | | |  |
| Attachment E – Organizational Capacity and Capability | | |  |
| Attachment F – Workforce Center Services | | |  |
| Attachment G – Demonstrated Experience/Efficiency | | |  |
| Attachment H – Financial Management | | |  |
| Attachment I – Cost Analysis/Cost Reasonableness | | |  |
| Attachment J – Certification Regarding Debarment | | |  |
| Attachment K – Certification Regarding Drug Free Workplace | | |  |
| Attachment L – Certification Regarding Lobbying | | |  |
| Attachment M – Certification Regarding Conflict of Interest | | |  |
| Attachment N – Certification Regarding Assurances | | |  |
| Attachment O – Texas Corporate Franchise Tax Certification | | |  |
| Attachment P – Certification Regarding Grievances and Legal Actions | | |  |
| **Part 2: Required Items as Additional Attachments** | | |  |
| Proof Of Incorporation or Organizational Status | | |  |
| Current List of Board of Directors and/or Principals/Chief Officers/Owners  Including Name, Positions/Titles | | |  |
| If Applicable: Agreements for Partnerships, Consortium or Joint Ventures or  Managing Director/PEO | | |  |
| Certificates of Insurance or Statement of Insurability | | |  |
| Organization Charts | | |  |
| Job Descriptions/Resumes | | |  |
| Customer Flow Charts | | |  |
| If Applicable, List of Texas Workforce Board Contracts/Information | | |  |
| If Applicable, List of Non-Texas Workforce Board Contracts/Information | | |  |
| Monitoring Reports | | |  |
| Audits/Management Letter | | |  |
| IRS Form 990 (Non-Profit Proposers Only) | | |  |
| If applicable, approved Indirect Cost Plan or Cognizant Agency Letter | | |  |
| **Part 3: Other Attachments** |  |
| Other, Provide Descriptions: | | |  |
| Other, Provide Descriptions: | | |  |
| Other, Provide Descriptions: | | |  |
| Other, Provide Descriptions: | | |  |
| Other, Provide Descriptions: | | |  |

**Attachment D – Certification of Bidder**

**CERTIFICATION OF BIDDER**

Answer the following questions regarding your administrative management system. If selected for award of a contract, some items listed below may be required to be provided during the pre-award survey prior to the development of a contract.

I hereby certify that the information contained in this proposal and any attachments are true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management and financial systems of this organization. I certify that no employee of the Workforce Solutions Southeast Texas Board has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of the RFP and that the organization will comply with applicable local, state and federal regulations and directives in the implementation of the program. I also certify that I have read and understand the Governing Provisions and Limitations (Section 1.15) and the Administrative Requirements and Other Limitations (Section 1.16) presented in this RFP and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

I,

(Typed Name)

certify that I am the

(Typed Title)

of the corporation, partnership,

organization, or other entity named as Respondent herein and that I am authorized to sign this proposal and submit it to the Workforce Solutions Southeast Texas Board on behalf of said organization by authority of its governing body.

Signature Address Phone

**Attachment E – Criteria 1: Organizational Capacity and Capability (60 Points)**

Capacity refers to the organization’s ability to:

 Ensure sufficient staffing and work processes to successfully deliver services; and

 Accomplish its work through the knowledge, skills, and abilities of its people (i.e. qualifications and experience of staff).

**Criteria 1 Questions**

Provide a brief summary to answer the following:

1. Organizational history and structure, unique qualifications, and experience. Provide a brief history of the proposer’s organization/entity. Include year established, location of home/corporate office, locations of any regional offices, number of employees, and lines of business. Attach a proof of incorporation or agency status as instructed under Attachment C.

a. **If** submitting a proposal as a partnership, consortium or joint venture, describe the roles and responsibilities of each party and identify the lead entity. A copy of the partnership, consortium or joint venture agreement must be included in the proposal as instructed under Attachment C.

b. **If** submitting a proposal using a Managing Director/PEO Model a copy of the agreement between the Managing Director and the Professional Employer Organization (PEO or staffing agency) and an agreement is already in place it must be included in the proposal as an attachment as instructed under Attachment C. If an agreement is not in place, describe the plan to obtain a PEO.

2. Overall approach and philosophy to managing and operating Southeast Texas Workforce Centers and delivering customer services.

Describe the proposed organizational structure responsible for the management of the Workforce Centers with an integrated service delivery system that includes all programs, listed in the RFP including applicable organizational charts. Note: Proposing entities that plan to retain the current PEO should describe any plans to change the current staffing structure or positions.

Include lines of authority and responsibility. Provide job descriptions for all key staff directly related to the management, operation and administration of the Workforce Centers. List the minimum qualifications for each position. If the proposer currently has staff for these positions, attach a resume for each and indicate which position that staff will be assigned.

3. Describe how the proposer will manage and measure contract results (not only TWC performance measures). Describe the actions that will be taken to maintain high performance and address program performance deficiencies. Discuss how staff are held accountable for performance outcomes. Provide an example of how the proposer improved performance and/or customer service under a current or recent contract. Explain how follow-up services will be used to benefit operations.

4. Describe how current and incoming managers, supervisors, and frontline staff are prepared, monitored, and motivated to ensure attainment of quality services, program requirements, and performance targets. Include an overview of communication strategies and internal program monitoring strategies.

5. Explain the process that will be used to add additional workforce programs or services throughout the length of the award as may be mandated by the Board, TWC, or other funding sources. Give examples of how this has been handled in the past.

6. Describe the proposed transition plan. The current contractor would propose how they would respond if not awarded. Note: The Board expects entities awarded a contract resulting from this RFP to:

 Complete all transition plan activities no later than August 31, 2025.

 Give first consideration in employment to current employees providing services in the

Workforce Centers who may be displaced as a result of this procurement.

7. Describe any unique or innovative aspects of the proposal.

8. Describe extra benefits or values added that the proposer brings to the Board. What is it that separates the proposer from other proposers?

**ADMINISTRATIVE MANAGEMENT SURVEY**

Mark “yes,” “no,” or “n/a” to answer the following questions regarding the Proposer’s administrative management system. If selected for contract award items listed below may be requested during the pre- award survey. Requested items must be received prior to the development of a contract.

Yes No N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Does the Proposer have current Articles of Incorporation? |  |  |  |
| 2 | Does the Proposer have written personnel policies? |  |  |  |
| 3 | Do the Proposer written personnel policies contain procedures for: | | | |
|  | a. Conducting Employee recruitment, selection and promotional  opportunities based on ability, knowledge, and skills; |  |  |  |
| b. Providing equitable and adequate compensation including health benefits  and leave; |  |  |  |
| c. Training employees to assure high-quality performance; |  |  |  |
| d. Retaining employees based on the adequacy of their performance, and for making positive efforts for correcting inadequate performance; |  |  |  |
| e. Assuring fair treatment of applicants and employees in all aspects of  personnel without regard to 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 | If response is “No” to #3 a, b, c, d, e, or f above, can the Proposers revise its  present written personnel policies to include the above procedures? |  |  |  |
| 5 | Do the Proposer written personnel policies contain a prohibition against  nepotism? (Private, non-profits only) |  |  |  |
| 6 | Do the Proposer written personnel policies contain a prohibition against  employees using their positions for private gain for themselves or other parties? (Non-profit) |  |  |  |
| 7 | Does the Proposer have a written employee complaint or grievance  procedure used to resolve employment complaints? |  |  |  |
| 8 | Does the Proposer have the capacity or staff to produce and maintain participant records and other information as needed by the Board? |  |  |  |
| 9 | If certain costs are determined to be disallowed, does the Proposer have a  procedure or source for reimbursing such costs to the Board? |  |  |  |
| 10 | Does the Proposer have a current approved Fidelity Bond? |  |  |  |
| 11 | Does the Proposer have an EEO/Affirmative Action Plan? |  |  |  |
| 12 | Does the Proposer agree to develop policy and release staff to participate in  WSSET’s DOL Registered Apprenticeship Program? |  |  |  |

**Attachment F – Criteria 2: Workforce Center Services (100 Points)**

Workforce Center Services Criteria examines the proposed overall approach, design, strategies, and processes for managing staff providing services delineated in this RFP.

Also examined is the proposer’s ability to effectively and efficiently manage and operate the Workforce Centers, in support of the Board’s mission, vision, goals, expectations, and strategies. Staff benefits and transition plans will also be considered.

**Criteria 2 Questions**

**Employer/Business Services**

1. Describe the proposed service delivery design for meeting the needs of employers/businesses in regard to the following:

 Assisting in the identification of their workforce challenges,

 Providing solutions for their needs,

 Ensuring quality referrals to employer “specific” job postings,

 Meeting/exceeding Board and TWC defined performance measures.

2. Discuss how outreach will be conducted for employers/businesses to expand market share, particularly in:

 Industry sectors targeted by the Board,

 Job openings that align with occupations targeted by the Board.

3. Describe how employer/business services staff will coordinate efforts with program frontline staff to support job seeker services and placement efforts.

4. Describe any innovative approaches or services the proposer plans to implement. Describe past experience and success rate(s) if these have been implemented by the proposer in past/current contracts.

**Job Seeker Services**

5. Provide a brief overview of the proposed approach for serving job seekers with high-quality services that support employment. Describe past experience and success rate(s) if these have been implemented by the proposer in past/current contracts.

6. Discuss the strategies the proposer will use to outreach and serve job seekers, particularly targeted populations as listed in the RFP. Provide examples of success using similar efforts.

7. Describe the proposer strategies for determining the needs of customers and providing appropriate customer-driven services/activities. How will customers be made aware of the full array of services available? How will eligible customers be transitioned into training or other services to address employability gaps? How will customers be engaged in services that ultimately lead to productive employment?

8. Describe any strategies that the proposer has previously employed or would employ to serve job seekers living in rural parts of the service area.

9. Describe the proposer plans to ensure there is a strong program to serve disadvantaged youth and particularly out-of-school youth.

**Attachment G – Criteria 3: Demonstrated Experience/Effectiveness (55 Points)**

The proposer must demonstrate a history of successfully providing the same or similar services to those specified in the RFP, specifically relating to the types of activities, targeted populations, performance outcomes (measures/targets), expenditure benchmarks, and contractual compliance. Such entities can include a business enterprise with similar management demands, including but not limited to Chambers of Commerce, Labor Organizations, Economic Development Corporations, or other entities as described in Department of Labor guidance regarding eligible providers.

Other areas of review include collaboration; customer flow; methods to identify customer needs and match them to appropriate services; monitoring systems; use of data including customer satisfaction to improve services; and outreach and recruitment of targeted populations.

**Criteria 3 Questions**

1. Describe the proposer’s experience:

a. In providing public workforce services. Include the number and names of

current Workforce related awards within and outside the State of Texas and the total number of employees; and/or

b. Describe the proposer’s experience in managing similar organizations and providing

similar services (for entities that have not provided public workforce services).

2. Describe the proposer's experience in working with businesses, maintaining quality relationships with employers, and in providing workforce services to employers. Provide examples.

3. Provide a list of all workforce or similar clients both in Texas and other states (current and for the past three (3) years). For each client, provide the following:

 Name of Board Area

 Date(s) of contract(s)

 Programs included under the contracts

 Amount of contract funds

 Performance targets and outcomes for all contracted measures

4. Describe the proposer’s plan to receive feedback from staff on needs or enhancements within the system. Include past experience and success rate(s) using similar strategies used by the proposer.

5. How will the proposer ensure the accuracy, integrity, security, and timeliness of customer and program data?

6. Describe how the proposer will ensure that performance measures are met or exceeded. Describe methods for tracking and evaluating performance. Identify any performance indicators that the proposer will be track and analyze to measure impact on performance measures. If performance drops or is not satisfactory, describe how it will be addressed and what actions will be taken for immediate improvement.

7. Describe the proposer’s complaint management process. Include how the proposer will ensure that both staff and customer complaints are resolved effectively and efficiently. Describe how customer complaints are analyzed for use in overall organizational improvement. Provide a specific example of how the proposer has used a complaint for improvement purposes (i.e. policy or procedural changes, etc.).

Respond to the following questions by placing an “X” in the appropriate column. Respond to the corresponding detail question, if applicable.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 8. Has the proposer ever been identified as a “High risk” contractor? |  |  |
| If yes, describe the circumstances: | | |
| 9. Is the proposer currently operating under any form of corrective action,  technical assistance or performance improvement plan? |  |  |
| If yes, for what purpose and what is the proposer’s current status/progress? | | |
| 10. Is the proposer currently, or within the past two (2) years, been under any form of sanction? |  |  |
| If yes, describe the basis for the sanction, status, and duration. Also complete information requested  in Attachment P. | | |
| 11. Has the proposer “lost” any contracts within the past two (2) years – i.e. terminated early? |  |  |
| If yes, specify the reason(s) for the early termination. | | |
| 12. Has the proposer been involved in any litigation involving a contract with a  local Workforce Board? |  |  |
| If yes, describe the circumstances, including resolution or current status. Also complete information requested in Attachment P. | | |
| 13. Has the proposer had any EEO related complaints during the past two (2)  years? |  |  |
| If yes, provide a summary of all complaints. Include resolution or current status of each. Also  complete information requested in Attachment P. | | |
| 14. Has the proposer had any legal judgments, claims, arbitration proceedings,  lawsuits or other legal proceedings pending or outstanding (unresolved)  against the organization, its owners, officers, and/or principles? |  |  |
| If yes, provide a summary of the circumstances. Also complete information requested in Attachment P. | | |

**Attachment H – Criteria 4: Financial Management (35 Points)**

The proposer must demonstrate sound financial condition and have effective fiscal and administrative management systems, fiscal organizational structures, financial resources, financial capacity, and knowledge in accordance with GAAP.

**Criteria 4 Questions**

1. Describe the proposer’s financial management system, fiscal organizational structures, cash

management system, financial capacity and knowledge in accordance with GAAP.

2. Describe the proposer's internal fiscal monitoring systems and techniques used to measure budget versus actual expenditures and to assure that expenditures are accurate and allowable.

3. Describe the proposer’s and/or PEO/staffing agency’s payroll, leave, and travel policies, and how related documentation and files are maintained. Note: All allowable travel expenditures will be reimbursed based on WSSET policy which aligns with TWC policy.

4. In lieu of submitting complete personnel policies/procedures, the proposer should include a statement of assurance that the proposer’s personnel policies address at a minimum the following elements:

 Terms and conditions of employment,

 Employee compensation/fringe benefits,

 Holidays, vacation, and sick leave,

 Travel policies and reimbursement of travel expenses,

 Conflict of interest policies,

 Employee grievance procedures, and

 Employee code of conduct.

Note: The selected proposer’s personnel policies/procedures will be verified as part of the pre- award review.

5. Describe how the proposer will pay disallowed costs should such costs occur in the course of Workforce Center operations under their management? What are the sources of the(se) repayment funds?

6. Describe how the proposer will ensure program expenditures are allowable, appropriately distributed, and aligned to expenditure rates.

Respond to the following questions by placing an “X” in the appropriate column. Respond to the

corresponding detail question, if applicable.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 7. Will the proposer obtain professional liability insurance as required for this  RFP? |  |  |
| If no, describe the circumstances: | | |
| 8. Has the proposer ever had to pay back funds to a funding source such as a local Workforce Board, TWC, the Federal Government or other contracting  entity? |  |  |
| If yes, explain the dollar amount, the reason for disallowance, and what moneys were used to  repay? | | |
| 9. Does the proposer have any potential liabilities (e.g. delinquent taxes, lawsuits, claims, injunctions, audit exceptions, etc.) which might affect the  proposer’s ability to perform under a contract resulting from this RFP? |  |  |
| If yes, provide information on resolution or current status. Also identify all current unrestricted debt not specifically funded by a specific funding source. Include plans for repayment. | | |

**Criteria 4 Required Documents**

1. In the order listed in Attachment C, Response Checklist, submit: A copy of the proposer’s last audits and a copy of the proposer’s accompanying Management Letter

2. All Workforce monitoring reports and/or TWC monitoring reports for previous programs operated in Texas for the past two (2) years. If the proposer has not operated in Texas, attach monitoring reports from other states in which the proposer has operated. Describe how any findings were resolved.

3. The proposer’s most recent IRS form 990 (non-profit proposers only).

4. An approved indirect cost plan and/or cognizant agency letter approving an indirect cost rate. If proposing a management fee, provide details including rate. Indirect costs or management fees must be competitive.

**Attachment I – Criteria 5: Cost Analysis/Cost Reasonableness (50 Points)**

**FISCAL MANAGEMENT SURVEY**

Answer the following questions regarding the proposer’s fiscal management system. If selected for award of a contract, some items listed below may be required during the pre-award survey prior to the development of a contract. Answering a more detailed questionnaire may be required upon selection for award of a contract and modifications to systems may be required to meet regulatory requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| 1 | Does the proposer follow GAAP? |  |  |  |
| 2 | Does the proposer 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 determine allowability and allocation of costs in accordance with requirements for state and federal grant programs? |  |  |  |
| 3 | Are state and federal funds, which may be advanced, deposited in a bank with federal  insurance oversight? |  |  |  |
| 4 | Has the bank in which the proposer deposits 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? |  |  |  |
| 5 | Are individuals or positions in the proposer’s organization who handle the receipt or  distribution of money covered by bond? |  |  |  |
| 6 | a. Does the proposer reconcile bank accounts monthly?  b. Are these reconciliations made by the same person who performs the recordkeeping for receipts, deposits and disbursement and transactions? |  |  |  |
| 7 | Are timesheets kept supporting payroll disbursement? If not, describe how employee time is documented and payroll supported. |  |  |  |
| 8 | Are records maintained to support authorized leave (sick, vacation, etc.)? |  |  |  |
| 9 | Are complete records kept to support travel payments? |  |  |  |
| 10 | Has a formal audit by an outside auditing firm been conducted of the proposer's financial  records in the past year? |  |  |  |
| 11 | Does the proposer maintain written accounting procedures? |  |  |  |
| 12 | Is the proposer funded by more than one source? |  |  |  |
| 13 | Dose the proposer have an indirect cost plan with current approval by a cognizant agency? |  |  |  |

**BUDGET FOR THE PERIOD SEPTEMBER 1, 2025 THROUGH AUGUST 31, 2026**

Budgets will be reviewed to determine that proposed costs are reasonable, necessary, allocable and allowable. Other areas of review will include: cost allocation methodology, competitive indirect rate or management fees, overhead costs, profit, in-kind or matching funds.

Cost Reasonableness will be addressed based upon a review of the Budget Sheets and accompanying budget questions answered with this RFP. The amounts budgeted should not exceed what would be incurred by a prudent person conducting the same business under similar circumstances.

Profit (for-profit entities) and staff performance bonuses must be competitive. Complete the

Profit/Performance Bonus section of the Budget. All profit/incentives are subject to negotiation.

All costs will be reviewed for their relationship to the services to be performed under a contract and whether they are allocable, allowable, and reasonable.

**MANAGEMENT AND OPERATIONS**

**Attachment I. Continuation, Budget Form**

The totals of information entered on the Salary Plan should be consistent with the proposal application questions and the amount entered below.

**6Budget Available – September 1, 2025 to August 31, 2026**

|  |  |
| --- | --- |
| **Line Item** | **Total Costs** |
| **A. Personnel Costs** | |
| Salaries |  |
| Fringe Benefits |  |
| Temporary Staffing |  |
| Other Personnel Costs |  |
| ***Sub-Total Personnel Costs*** |  |
| **B. Non-Personnel Costs** | |
| Insurance |  |
| Other Non-Personnel Costs |  |
| ***Sub-Total Non-Personnel Costs*** |  |
| **C. Contractual Costs** | |
| Audit Services |  |
| Consulting Services |  |
| Staffing Entity Costs |  |
| Other Contractual Costs including required insurance and bonding |  |
| ***Sub-Total Contractual Costs*** |  |
| ***Sub-Total B and C*** |  |
| **D. Indirect Costs** |  |
| **E. Management Fees** |  |
| **F. Profit** |  |
| ***Grand Total*** |  |

**Attachment I. Continuation, Personnel Costs: Salary Plan**

Instructions: Complete the following table using actual or planned staff. Each line represents one staff member. Add additional lines and pages as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR THE PERIOD SEPTEMBER 1, 2025 to AUGUST 31, 2026** | | | | | |
| Count | Position/Title | Part-Time P/T Full-Time F/T | Percentage of Time Charged to Contract | Monthly  Salary | Annual Salaries Amount Charged to Contract |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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**WORKFORCE SOLUTIONS SOUTHEAST TEXAS MANAGEMENT AND OPERATIONS**

**Attachment I. Continuation**

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| **FOR THE PERIOD SEPTEMBER 1, 2025 to AUGUST 31, 2026** | | | | | |
| Count | Position/Title | Part-Time P/T Full-Time F/T | Percentage of Time Charged to Contract | Monthly  Salary | Annual Salaries Amount Charged to Contract |
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1. Fringe Benefits- List all fringe benefits provided to staff. Provide the total cost and percentage of total salary each represents.

2. **Temporary Staffing** – Explain the purpose of any planned temporary staffing needs and identify type(s) of positions.

3. **Other Personnel Costs** – Identify and explain any other personnel costs not included in items already listed and described.

**B. Non-Personnel Costs:**

1. **Insurance** – List each type of insurance and cost separately. Explain how premiums are allocated if costs are shared with non-workforce uses or other workforce contracts.

2. **Other Non-Personnel Costs** – List and explain all other non-personnel costs not included in the specific cost items.

**C. Contractual Costs:**

1. **Audit Services** – Provide estimated cost of conducting an annual audit. If known, provide the name and contact information of the auditor.

2. Consulting Services- List each consulting service(s) to be purchased. Provide an explanation and reasoning for each service. Include hourly/daily rates and any related costs.

3. **Staffing Entity Costs –** List and describe the cost(s) charged by the staffing entity to provide payroll services.

4. **Other Contractual Costs** – Identify and explain any other contractual costs not already disclosed.

**D. Indirect Costs:**

Indirect costs are allowable only if the proposer is an entity with an approved indirect costs plan/rate. If

indirect costs are requested, a copy of your approved indirect cost plan and/or cognizant agency letter approving the indirect cost rate is required. A proposer may not charge bot h an Indirect and a Management Fee.

**E. Management Fees:**

Allowable line-item only if the proposer cannot itemize costs and is proposing a management fee. The

proposer may not charge both Indirect and a Management Fee.

**F. Matching/In-Kind Provided (not required)** –Report any matching or in-kind resources to be provided.

Indirect costs, Management Fee, and/or Matching/In-Kind Resources should be individually listed and explained below.

**G. Profit and Incentive Payments:**

Profit is an allowable line-item only if the proposer is a for-profit entity. All profit is negotiable.

Incentive Funds earned by profit or not for profit organizations must be reinvested into allowable cost/services in support of the earning project/program.

|  |  |  |
| --- | --- | --- |
| **For-Profit Proposers** | Yes | No |
| Does the proposer plan to reinvest any earned profit back into allowable  costs/services in support of the local project? |  |  |
| If yes, what percent? | % | |
| Provide a description of how the funds will be reinvested back into allowable costs/services in support  of the project. | | |
|  | | |

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| --- | --- |
| **For Profit and Non-Profit Proposers** | |
| Provide a description of how any incentive bonus funds earned will be reinvested back into allowable  costs/services in support of the earning project/program from TWC. | |
|  | |
| **Proposed Schedule** | |
| % | Profit Proposed |
| % | Profit to be reinvested |

**Attachment J – Certificate Regarding Debarment**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

Subgrantee/Contractor Organization:

This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension,

29CFR Part 98, Section 98.510 Participant’s responsibilities. The regulations were published as Part VII of the May

26, 1988 *Federal Register* (Pages 19160 19211).

1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by Federal department or agency.

2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to its proposal.

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment K – Certification Regarding Drug Free Workplace**

**CERTIFICATION REGARDING DRUG FREE WORKPLACE**

Contractor certifies that it will provide a drug-free work place by:

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

B. Establishing a drug free awareness program to inform employees about:

1. the dangers of drug abuse in the workplace;

2. the contractor's policy of maintaining a drug free workplace;

3. any available drug counseling, rehabilitation, and employee assistance programs; and

4. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

C. Making it a requirement that each employee engaged in the performance of the contract be given a copy of the statement required by paragraph A.

D. Notifying the employee in the statement required by paragraph A that, as a condition of employment under the contract, the employee will:

1. abide by the terms of the statement, *and*

2. notify the employer of any criminal drug statutes conviction for a violation occurring in the workplace no later than five working days after such conviction.

E. Notify the Workforce Solutions of Central Texas Board within 5 days of receipt of notice from employee under subparagraph D2.

F. Within 30 days of receipt of notice under subparagraph D2, take one of the following actions with respect to any employee who is so convicted:

1. taking appropriate personnel action against such an employee, up to and including termination; *or*

2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program

approved for such purpose by Federal, State, or local health, law enforcement, or other appropriate agency.

G. Making a good faith effort to continue to maintain a drug free work place through implementation of paragraphs

A, B, C, D, E, and F.

1. Certification is a precondition of receiving a new contract after July 1, 1990.

2. This policy does not require drug testing.

3. Costs incurred to comply with this policy’s requirements are allowable costs under the contract.

4. The Board and Contractors are not required to pay for employee rehabilitation programs.

5. The requirements of this policy must be in place and certification must be made to Workforce Solutions

Central Texas Board at the time that the contract is executed.

6. Alcohol is not covered by this policy.

**Attachment K. Continuation**

**CONTRACTOR STATEMENT OF COMPLIANCE WITH THE DRUG FREE WORKPLACE ACT OF 1988**

Contractor will provide a Drug Free Work Place in compliance with the Drug Free Work Place Act of 1988. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on the contractor's premises or any of its facilities. Any employee who violates this prohibition will be subject to disciplinary action up to and including termination. All employees, as a condition of employment, will comply with the policy.

**By my signature below I understand that I will comply with both the Certification Regarding Drug Free**

**Workplace and the Contractor Statement of Compliance with the Drug Free Workplace of 1988.**

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment L – Certification Regarding Lobbying**

**CERTIFICATION REGARDING LOBBYING, CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENT**

The undersigned certifies, to the best of his or her knowledge and belief, 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 an agency, a Member of Congress, or an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any Federal loan, the entering into of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant local, or cooperative agreement.

2) If any funds other than Federal appropriated funds have 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 the 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 subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is 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 imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment M – Certification Regarding Conflict of Interest**

**CERTIFICATION REGARDING CONFLICT OF INTEREST**

By signature of this proposal, Proposer covenants and affirms that:

1) no manager, employee or paid consultant of the Proposer is a member of the Board, the Executive Director, or an employee of Workforce Solutions Southeast Texas Board;

2) no manager or paid consultant of the Proposer is married to a member of the Board, the Executive Director, or an employee of Workforce Solutions Southeast Texas Board;

3) no member of the Board, the Executive Director or employee of Workforce Solutions Southeast Texas Board owns or controls more than a 10 percent interest in the Proposer;

4) no spouse or member of the Board, Executive Director or employee of Workforce Solutions Southeast Texas

Board is a manager or paid consultant of the Proposer;

5) no member of the Board, the Executive Director or employee of Workforce Solutions Southeast Texas Board receives compensation from Proposer for lobbying activities as defined in Chapter 305 of the Texas Government Code;

6) proposer has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interest;

7) should Proposer fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Proposer shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with Workforce Solutions Southeast Texas Board and shall immediately refund to Workforce Solutions Southeast Texas Board 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 Workforce Solutions Southeast Texas Board relating to that contract.

Disclosure of Potential Conflict of Interest

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment N – Certification Regarding Assurances**

**CERTIFICATION REGARDING ASSURANCES**

By signature of this proposal, Proposer covenants and affirms and will ensure that in accordance with

Federal, State, and Local Laws/Rules/Regulations/Policies, Proposer agrees to abide by the following:

 Titles VI and VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin;

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

 Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;

 The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;

 Americans with Disabilities Act of 1990, as amended;

 Non-traditional Employment for Women Act of 1991, as amended;

 Section 188 of the Workforce Innovations and Opportunity Act (WIOA) of 2014 which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I-financially assisted program or activity.

 All applicable rules and regulations issued under the above laws.

 Proposer will ensure that services will be provided in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

 Proposer will ensure through monitoring and oversight that it complies with all applicable Equal Opportunity and Americans with Disabilities Act requirements with a goal of equal access and fair treatment for all customers and employees.

 Proposer will take all necessary steps to maintain the integrity of expenditure of public funds arising from awarded grants.

 Proposer will make good faith effort to ensure that the employees and personnel of the local workforce development system reflect the demographic composition of the Central Texas area.

 Proposer will not deny services under any grant to any person and are prohibited from discriminating against any employee, applicant for employment, or beneficiary because of race, color, religion, sex, national origin, age, physical or mental disability, temporary medical condition, political affiliation or belief, citizenship or his/her participation in any workforce administered program or activity.

 Proposer will take appropriate steps to ensure that the evaluation and treatment of employees and applicants for employment are free from discrimination.

 Proposer will not knowingly employ an undocumented worker and will implement policies and procedures concerning this law by following Agency guidance in this area and repay public subsidies if convicted of knowingly employing undocumented workers.

 Proposer will ensure that individuals with visual and those with Limited English Proficiency are provided program information in an alternate format and that when provided, that information is documented in customer’s file in accordance with 29 CFR 37.31(b).

o Examples may include providing an auditory recording of program information to visually impaired customers; providing written program materials in Spanish or

**Attachment N. Continuation**

furnishing a Spanish-language interpreter to an individual that does not speak

English.

 Proposer will ensure that communications to individuals with impaired vision and hearing and who are limited English speakers are as effective as communications as with others.

o Examples may include furnishing a sign-language interpreter during customer orientations and workforce program activities; utilizing the Language Line to communicate with individuals who are not primary English speakers; making

available headsets and Pocket Talkers to communicate with hard of hearing individuals.

 Proposer will ensure that an individual with a disability is not required to accept an accommodation, aid, benefit, service, training or opportunity that s/he chooses not to accept

, as per 29 CFR §37.7(o). For all customers, customer choice of all workforce opportunities will be honored, within the parameters of funding and federal/state/local guidelines.

 Proposer will ensure that the EO Notice is provided to individuals with visual impairments in an alternative format, such as a voice recording of the EO Notice, in braille format, etc., and that documentation of same is maintained in the participant’s counselor notes, according

to 29 CFR 37.31(b).

 Proposer will not charge applicants, participants, or groups of individuals with disabilities for providing auxiliary aids or program accessibility.

The Proposer also assures that it will comply with 29 CFR Part 38 and all other regulations implementing the laws listed above. This assurance applies to the Proposer’s operation of the WIOA Title I-financially assisted program or activity, and to all agreements the Contractor makes to carry out the WIOA Title I-financially assisted program or activity. The Contractor understands that the United States has the right to seek judicial enforcement of this assurance.

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment O – Texas Corporate Franchise Tax Certification**

**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 must be signed by the individual on Form 203, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned authorized representative of the corporation 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 contract and is grounds for contract 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.

Organization Name

Typed/Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date

**Attachment P – Listing of Grievances and Legal Actions**

**Grievances:**

**Listing of Grievances and Legal Actions (For Prior Two Years and Current Year to Date) Add Additional Lines if Necessary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Complainant (Staff, Job Seeker or Employer) | Summary of Complaint | Status (Resolved or In Process) | Amount of Funds Paid Out |
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**MANAGEMENT AND OPERATIONS**

**Attachment I. Continuation**

**Lawsuits, Injunctions, Court Orders:**

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|  | Complainant (Staff, Job Seeker or Employer) | Summary of Complaint | Status (Resolved or In Process) | Amount of Funds Paid Out |
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