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**RESPONSE TO REQUEST FOR**

**STATEMENT OF QUALIFICATIONS FOR**

**INDEPENDENT EVALUATOR SERVICES**

**RFQ No. 25-03**

Submitted By:

*Feel free to use this cover page or create your own personalized cover page.*

## PROFILE & CERTIFICATION

## Legal name of Respondent entity:

## Assumed names under which Respondent has operated:

## Physical Address:

## Mailing Address:

## Name of Primary Contact: *should be an individual authorized to make representations on behalf of Respondent*

## Title of Primary Contact:

## Telephone Number of Primary Contact:

## Email Address of Primary Contact:

## Tax / Legal Status of Entity *(e.g. corporation, LLC, LP, GP, LLP, association, sole proprietor)*:

## Names, titles and contact information of other individuals authorized to make representations on behalf of Respondent.

## Is Respondent organization registered with the State of Texas as a Historically Underutilized Business (HUB)? If yes, please provide HUB Certification Number and include a copy of certification as part of this Response Document.

## Respondent is willing to:

## \_\_\_\_\_ Only Read & Evaluate Proposals \_\_\_\_\_\_ Act as Lead Evaluator

## Is Respondent available during the proposal review period of April 29, 2025 through May 16, 2025?

## If Respondent is willing to act as Lead Evaluator, will the Respondent be available to perform the additional duties listed in the Projected Timeline chart on page 6 of the RFQ?

## How many years has Respondent been providing proposal evaluation services?

## Has Respondent ever performed any monitoring? If so, please list by year, boards and contractors monitored that WFSCB should consider as part of your qualifications.

## Respondent acknowledges that if awarded the contract, it can provide all of the required proof of insurance coverages.

## Is Respondent firm registered with the State of Texas as a Historically Underutilized Business (HUB)?

If yes, please provide HUB Certification Number and include a copy of certification as part of this Response Document.

## Affirmative action plan. If there is no formal plan, please provide your firm’s statement adhering to affirmative action.

## Has Respondent ever failed to complete any work awarded?

## Has Respondent ever been debarred, or otherwise declared ineligible by any public agency from bidding or providing services?

## Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against Respondent, its officers or of any proposed team members?

## Has Respondent, its officers or any of the proposed team members filed or been involved in any lawsuits or requested arbitration with regard to Independent Evaluator Services contracts within the last sixty (60) months?

## Within the last sixty (60) months, has Respondent or any officer or principal of Respondent firm ever been an officer or principal of another firm when it failed to complete a contract?

By signing below I certify the following:

Acceptance of the terms and conditions of this RFQ.

Proposal will remain in effect until a contract has been finalized and a purchase order has been issued by WFSCB to the awarded contractor.

Respondent currently has the required insurance coverages or upon award of the contract will purchase and provide a Certificate of Liability insurance within ten (10) business days of contract execution

The information provided above and in all Attachments is accurate and I am authorized to make representations on behalf of and legally bind Respondent firm.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

## QUALIFICATIONS, EDUCATION AND CREDENTIALS

Please provide a current resume that contains the following information:

Name and address of **current** employers excluding short-term (less than 3 months) consulting jobs.

Dates services were performed.

Detailed description of the services provided.

Any specific programs that were involved (WIOA, youth, etc.)

Estimated annual budget of each program.

Service provider under contract for services.

Name and address of **former** employers for the last five (5) years excluding short-term (less than 3 months) consulting jobs.

Dates services were performed.

Detailed description of the services provided.

Any specific programs that were involved (WIOA, youth, etc.)

Estimated annual budget of each program.

Service provider under contract for services.

## DEMONSTRATED ABILITY / REFERENCES

Please furnish three (3) distinct references for whom proposal evaluation services were provided within the last three (3) years. As a part of the evaluation process, WFSCB will be contacting these references for feedback.

**Reference #1**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Description of Services Provided:

**Reference #2**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Description of Services Provided:

**Reference #3**

Entity Name:

Entity Address:

Contact Name:

Contact Title:

Contact Telephone Number:

Contact Email Address:

Description of Services Provided:

**ATTACHMENT A**

**CERTIFICATONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER**

**RESPONSIBILITY MATTERS, 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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 Paragraph (2) of 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 require 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.

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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date

**ATTACHMENT B**

**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.

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Signature of Authorized Representative Date

**ATTACHMENT C**

**STATE ASSESSMENT CERTIFICATION**

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.

The corporation 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.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

**ATTACHMENT D**

**Coastal Bend Workforce Development Board**

**DISCLOSURE OF INTEREST**

It is the fiscal policy of the Coastal Bend Workforce Development Board (“the Board”) that all persons or firms seeking to do business with the Board to 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 □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DISCLOSURE QUESTIONS

**If additional space is necessary, please attach a separate sheet.**

1. State the name of each “non-managerial employee” of the Board 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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. State the names of each “managerial employee” of the Board 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 Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. State the names of each “board member” of the Board 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 Board, Commission, or Committee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. State the names of each employee or officer of a “consultant” of the Board 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 Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# CERTIFICATE

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 the Coastal Bend Workforce Development Board, as changes occur.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

**ATTACHMENT E**

**Coastal Bend Workforce Development Board**

**UNDOCUMENTED WORKER CERTIFICATION**

Effective September 1, 2007, HB 1196 amended Subtitle F, Title 10, of the Texas Government Code to add Subsection 2264. Chapter 2264 directs public agencies, state or local taxing jurisdictions, and economic development corporations (public entities) to require that any business submitting an application to receive public subsidies include in the application a statement certifying that the business, or branch, division or department of the business does not and will not knowingly employ an undocumented worker.

In the event that a business grantee is found in violation of 8U.S.C. subsection 1324a(f), consistent with the requirements of Texas Government Code subsection 2264, Boards are permitted to bring a civil action to recover any amounts owed, as well as court costs and reasonable attorney’s fees.

Penalties incurred by business grantees shall be assessed damages at a rate of 20% of contract award. Said damages shall be made payable to the Board within 120 days of receiving the notice of violation.

DEFINITION OF TERMS

Public Subsidy – is broadly defined Texas Government Code §2264.001 (3) as a public program or public benefit or assistance of any type that is designed to stimulate the economic development of a corporation, industry, or sector of the state’s economy or to create or retain jobs in Texas. The term includes, among other things, bonds, grants, loans, loan guarantees, benefits relating to an enterprise or empowerment zone, infrastructure development and improvements designed to principally benefit a single business or defined group of businesses, and matching funds. The Commission’s Office of General Counsel has found that HB 1196 does not apply to the acquisition of goods and services.

Undocumented Worker – is defined as an individual who, at the time of employment, is not lawfully admitted for permanent residence in the United States, or is not authorized under law to be employed in that manner in the United States.

CERTIFICATION

Contractor certifies that no undocumented workers will be employed during the execution of this contract. By the signature indicated below, the contractor verifies their understanding of the terms and conditions of this requirement.

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Name of Certifying Person Title of Certifying Person

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Signature of Certifying Person Date

**ATTACHMENT F**

**Coastal Bend Workforce Development Board**

**ORIENTATION TO COMPLAINT PROCEDURES FOR SERVICE PROVIDERS**

The policy of the Coastal Bend Workforce Development Board (the Board) is to resolve complaints in a fair and prompt manner. The Board’s administrative directive on GRIEVANCE PROCEDURE establishes the guidelines for the resolution of grievances/complaints and requires this orientation sheet be received and acknowledged by all individuals or organizations providing services to the Board under contract or agreement.

Acts of restraint, interference, coercion, discrimination or reprisal towards complainants exercising their rights to a file a grievance under Board policy are prohibited. A complainant is the individual or organization filing a grievance/complaint. A respondent is the individual or organization against whom a grievance/complaint is filed. Inquiries regarding the resolution of grievances should be addressed to:

Coastal Bend Workforce Development Board

ATTN: EO Officer

400 Mann St., Suite 800

Corpus Christi, Texas 78401

Telephone: (361) 885-3019

Every effort should be made to resolve your grievance at the optimum management level. The Board’s EO Officer is available to assist, as necessary, in the grievance resolution process.

The time limit to file a complaint under the Board’s grievance procedure is 30 calendar days from the date of the event that leads to the filing of the grievance. A copy of the Board’s Policy and Procedure is available upon request.

EQUAL OPPORTUNITY IS THE LAW

The Board is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only. If you think that you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with the Equal Opportunity Officer at the:

TEXAS WORKFORCE COMMISSION

WORKFORCE DEVELOPMENT DIVISION

EQUAL OPPORTUNITY OFFICE

101 E. 15th STREET

AUSTIN, TEXAS 78778

Telephones: (512) 463-2400; (TDD): 1-800-RELAY TX, Voice 1-800-RELAY VV.

or you may file a complaint directly with the:

DIRECTOR, DIRECTORATE OF CIVIL RIGHTS (DCR)

U.S. DEPARTMENT OF LABOR

200 CONSTITUTION AVENUE NW, ROOM N4123

WASHINGTON, D.C. 20210

If you elect to file your complaint with the Texas Workforce Commission (TWC), you must wait until the TWC issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the TWC has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued but may file a complaint with DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the TWC’s resolution of your complaint, you may file a complaint must be filed within 30 days of the date you received notice of the TWC’s proposed resolution.

By my signature below, I acknowledge this orientation to the Board’s complaint procedures for services providers and the statement regarding EQUAL OPPORTUNITY IS THE LAW:

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Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date