

**REQUEST FOR INFORMATION**

**FOR**

**RAPID RETRAINING**

**Release Date: Friday October 30, 2020 by 4:00PM (CST)**

**Response Due: Ongoing Until Closed by WFS**

**Workforce Solutions**

**Capital Area**

**9001 N. IH 35, Suite 110E**

**Austin, Texas 78753**

**(512) 597-7100**

[www.wfscapitalarea.com](http://www.wfscapitalarea.com/)



Workforce Solutions Capital Area is an Equal Opportunity Employer/Program.

Auxiliary aids and services are available, upon request, to persons with disabilities.

Relay Texas: 1.800.735.2989 (TDD) / 711 (Voice)

## ATTACHMENT B - COVER SHEET

RFI FOR RAPID RETRAINING

|  |  |
| --- | --- |
| Legal Name of Proposing Entity and dba, if any: |  |
| Mailing Address: |  |
| Physical Address: |  |
| Authorized Representative/Signatory Authority: |  |
| Telephone Number: |  |
| Cell Phone Number: |  |
| Fax Number: |  |
| E-Mail: |  |
| Type of Organization | □Private for-profit  □Private non-profit  □Government Agency  □Partnership  □Sole Proprietor  □Other (specify) |
| Date Established: |  |
| Federal EIN: |  |
| Texas State Comptroller ID Number: |  |
| Historically Underutilized Business? | □Yes (if yes, attach current certificate)  □No |
| Typed Name & Title of Authorized Signatory: |  |
| Signature and Date: |  |

## ATTACHMENT C - Proposal Narrative

## ATTACHMENT D - CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed name) certify that I am the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed title) of the eligible entity named as bidder and Respondent herein, and I am legally authorized to sign and submit this proposal to Workforce Solutions Capital Area (WFS) on behalf of said organization by authority of its governing body.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typed or printed name) who signed the cover sheet of this proposal has the legal authority to enter into and execute a contract with WFS to provide the services and activities authorized and detailed in this proposal. I agree to submit upon request by WFS such information and documentation as may be necessary to verify the certification contained herein.

I further certify that the information contained in this proposal and all attachments is true and correct. I certify that no officer, employee, board member, or authorized agent of WFS has assisted in the preparation of this proposal. I acknowledge that I have read and understand the requirement and provisions of this RFI and that this organization will comply with all applicable federal, state, and local laws, rules, regulations, polices and directives in the implementation of this proposal. I certify that I have reach and understand the governing provisions, limitations and administrative requirements of this RFI and will comply with all terms and conditions.

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

Name of Organization (Proposer)

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

Signature of Authorized Representative Date

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

Typed/Printed Name and Title of Authorized Representative

## ATTACHMENT E- 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 Acts, Title 31 U.S. Code, for the Department of Agriculture (7 CFR part

3018), Department of Labor (20 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned contractor states that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or any 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.

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.

The undersigned shall require that the language of this certification be included in the award documents for all sub‐‐‐awards at all tiers (including subcontracts, sub‐‐‐grants, and contracts under grants, loans, and cooperative agreements) and that all sub‐‐‐recipients shall certify and disclose accordingly.

\* \* \* \* \* \* \* \* \* \* \*

Debarment, Suspension and Other Responsibility Matters: This certification is required by the Federal

Regulations implementing Executive Order 12549, Government‐‐‐wide Debarment and Suspension, for the

Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), and Department of Health and Human Services (45 CFR Part 76).

The undersigned contractor certifies that it or its principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency

Have not within a three‐‐‐year period preceding this proposal been convicted 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;

Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and

Have not within a three‐‐‐year period preceding this contract had one or more public transactions (federal, state, or local) 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 participant shall attach an explanation to this proposal.

\* \* \* \* \* \* \* \* \* \*

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:

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

Establishing an on‐‐‐going drug‐‐‐free awareness program to inform employees of the dangers of drugs in the workplace, the Contractor’s policy of maintaining a drug‐‐‐free workplace, the availability of drug counseling, rehabilitation, and employee assistance programs; and the penalties that may be imposed on employees for drug abuse violations occurring in the workplace.

Providing each employee with a copy of the Contractor’s policy statement.

Notifying the employees in the Contractor’s policy statement that, as a condition of employment under the grant, employees will abide by the terms of the policy statement and notifying the Contractor in writing within five (5) days after any conviction for a violation by the employee of a criminal drug statute in the workplace.

Notifying the grantor agency, Workforce Solutions Capital Area in writing, within ten (10) calendar days of the Contractor’s receipt of a notice of conviction of an employee.

Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

These certifications are a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Proposer/Organization | Name and Title of Authorized Representative |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Authorized Representative | Date |

## ATTACHMENT F- CERTIFICATION REGARDING IMPLEMENTATION OF THE NON‐‐‐DISCRIMINATION & EQUAL OPPORTUNITY PROVISIONS AND THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

As a condition to the award of financial assistance from the Department of Labor (DOL) under Title I of the Workforce Innovation and Opportunity Act (WIOA), the bidder assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 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;

Title VI 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;

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

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

The bidder 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 bidder’s operation of the WIOA Title I‐‐‐financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I‐‐‐financially assisted program or activity. The bidder understands that the United States has the right to seek judicial enforcement of this assurance.

Applicant’s signature below indicates organization is agreeing to comply fully with the assurance and certifications as part of its responsibilities as a successful contractor.

Signature of Authorized Representative Date

Name and Title of Authorized Representative

## ATTACHMENT G - 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 making this contract is current in its franchise taxes must be signed by the individual authorized on Form 2031, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned certifies that the following statement is true and correct and that the undersigned understands making a false statement will prevent Workforce Solutions Capital Area from contracting with the proposing organization.

Indicate the certification that applies to your corporation by checking the appropriate box:

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 for the following reason(s):

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

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

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

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

Not applicable. Proposer is not a corporation.

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

Signature of Authorized Representative Name of Proposer’s Organization

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

Name and Title of Authorized Representative Date

## ATTACHMENT H- STATE ASSESSMENT CERTIFICATION

Proposer must certify that they are current in all Unemployment Insurance taxes, Payday and Child Labor Law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas. Applicants must also certify that they have not outstanding Unemployment Insurance overpayment balances due to the State of Texas.

The undersigned authorized representative of the Applicant certifies that the following statements are true and correct and that the undersigned understands that making a false statement will prevent Workforce Solutions Capital Area from contracting with the organization.

The corporation certifies, by checking the boxes below, 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.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Authorized Representative | Name of Proposer’s Organization |

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

Name and Title of Authorized Representative

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

Date

## ATTACHMENT I- 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 Workforce Solutions Capital Area 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.

CERTIFICATION

Name of Individual or Organization submitting a proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ATTACHMENT J - CERTIFICATE REGARDING CONFLICT OF INTEREST

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

* No manager, employee or paid consultant of the proposer is a member of the Policy Board, the Chief Executive Officer, or an employee of Workforce Solutions Capital Area (WFS);

* No manager or paid consultant of the proposer is married to a member of the Policy Board, the Chief Executive Officer, or an employee of WFS;

* No member of the Policy Board, the Chief Executive Officer or an employee of WFS owns or controls more than a 10 percent share in the proposer’s organization;

* No spouse of a member of the Policy Board, Chief Executive Officer, or employee of WFS receives compensation from proposer for lobbying activities as defined in Chapter 305 of the Texas Government Code;

* Proposer has disclosed within the proposal response any interest, fact or circumstance which does or may present a potential conflict of interest;

* 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 relations to any contract with WFS and shall immediately refund to WFS any fees or expenses that may have been paid under the contact and shall further be liable for any other costs incurred or damages sustained by WFS relating to that contract.

Name of Individual or Organization submitting a proposal:

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

Name and Title of Authorized Signatory:

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

Signature of Authorized Representative:

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

Date:

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

## ATTACHMENT K - CERTIFICATION OF PROPOSER

I hereby certify that the information contained in this application and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I certify that no employee of Workforce Solutions Capital Area (WFS), executive or agent has assisted in the preparation of this application. I acknowledge that I have read and understand the requirements and provisions of the RFI and that this organization will comply with WFS policies and other applicable local, state, and federal regulations and directives governing this procurement process.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Typed Name) (Title)

of the corporation, committee, commission, association, or public agency named as Proposer herein and that I am authorized to sign this proposal and submit it to WFS on behalf of said organization by authority of its governing body or owners. I authorize Capital Area to verify references and stated performance data and to conduct other background checks, as it deems necessary.

ATTEST:

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

(Proposer’s Signature) (Collateral Signature)

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

(Typed Name) (Typed Name)

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

(Typed Title) (Typed Title)

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

(Date) (Date)