

**ATTACHMENT C
COST/PRICE INFORMATION**

Please use copies of this form to include the cost/price information for each course submitted. The cost/price information must be firm for the applicable period your application has been approved for. Workforce Solutions Alamo (WSA) reserves the right to negotiate training rates based on education, years of experience, and content.

Name of Course: _____

Brief Description:

Core Competency Area(s): _____
(See Attachment B for reference)

CDA Content Area(s): _____
(See Attachment B for reference)

Length (CPE/clock hours): _____

Targeted Group: ___ Director ___ Infant ___ Toddler ___ Pre School ___ School

Maximum Number of Participants: _____

Experience Level Trainees: ___ Beginner ___ Intermediate ___ Advanced

Training Session Rate: \$ _____ per day (more than 4 hours) OR
 \$ _____ per participant (more than 4 hours) OR
 \$ _____ per hour

Materials/Handouts: \$ _____ (\$0.035 per page x _____ pages)

*Travel Costs: ___ Yes ___ No

*(Out of Town Only) Travel costs may include lodging, meals, car rentals or mileage, as appropriate. Travel costs will be requested for reimbursement at cost not to exceed the State travel rates. Reimbursement will be based on the submission of an invoice with the appropriate documentation, e.g., receipts for actual costs. Costs for travel must have prior written approval from WSA. Due to unforeseen circumstances, WSA may need to cancel scheduled training sessions and will make every effort to provide prior notice to trainers. Transportation expenses will be reimbursed only for the quickest and most economical means of transportation to reach the desired location. An individual choosing to take another means of transportation will be reimbursed only at the cost of the quickest and most economical means of transportation. Coordination of travel must occur when two, three, or four authorized travelers travel on the same dates with the same itinerary to conduct the same business. When coordination of travel is required, Workforce Solutions Alamo may reimburse only one of the authorized travelers for mileage.

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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 work place 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 Alamo 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 Applicant/Organization

Name and Title of Authorized Representative

Signature of Authorized Representative

Date

ATTACHMENT E
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 F
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 Alamo 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. Applicant is not a corporation.

Signature of Authorized Representative

Name of Applicant's Organization

Name and Title of Authorized Representative

Date

ATTACHMENT G
STATE ASSESSMENT CERTIFICATION

Applicant 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 Alamo 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 Applicant's Organization

Name and Title of Authorized Representative

Date

**ATTACHMENT H
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 Alamo 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 application:

Name and Title of Authorized Signatory:

Signature of Authorized Representative:

Date: _____

**ATTACHMENT I
CERTIFICATE REGARDING CONFLICT OF INTEREST**

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

- 1) No manager, employee or paid consultant of the Applicant is a member of the Policy Board, the Executive Director, or an employee of Workforce Solutions Alamo (WSA);
- 2) No manager or paid consultant of the Applicant is married to a member of the Policy Board, the Executive Director, or an employee of WSA;
- 3) No member of the Policy Board, the Executive Director or an employee of WSA owns or controls more than a 10 percent share in the Applicant's organization;
- 4) No spouse of a member of the Policy Board, Executive Director, or employee of WSA receives compensation from Applicant for lobbying activities as defined in Chapter 305 of the Texas Government Code;
- 5) Applicant has disclosed within the proposal response any interest, fact or circumstance which does or may present a potential conflict of interest;
- 6) Should Applicant fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Applicant shall not be entitled to the recovery of any costs or expenses incurred in relations to any contract with WSA and shall immediately refund to WSA any fees or expenses that may have been paid under the contact and shall further be liable for any others costs incurred or damages sustained by WSA relating to that contract.

Name of Individual or Organization submitting application:

Name and Title of Authorized Signatory:

Signature of Authorized Representative:

Date:

**ATTACHMENT J
CERTIFICATION OF APPLICANT**

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 Alamo (WSA), director or agent has assisted in the preparation of this application. I acknowledge that I have read and understand the requirements and provisions of the RFA and that this organization will comply with WSA 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 Applicant herein and that I am authorized to sign this proposal and submit it to WSA on behalf of said organization by authority of its governing body or owners. I authorize the board to verify references and stated performance data and to conduct other background checks, as it deems necessary.

ATTEST:

(Applicant's Signature)

(Collateral Signature)

(Typed Name)

(Typed Name)

(Typed Title)

(Typed Title)

(Date)

(Date)

**ATTACHMENT K
REFERENCES FORM**

DEMONSTRATED ABILITY/REFERENCES – Maximum Points: 15

Failure to provide and include the following information with your response by the submission date may result in disqualification from further consideration for an award resulting from this solicitation. Each reference will be contacted for evaluation purposes. Any reference that does not respond in the allotted time provided by Workforce Solutions Alamo will result in a score of zero.

REFERENCE #1:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (To/From) Dates	

REFERENCE #2:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (To/From) Dates	

REFERENCE #3:

Company Name	
Contact Name	
Address, City, State, Zip	
Phone Number	
Fax Number	
E-Mail Address	
Types of Services Provided	
Contract Term (To/From) Dates	

ATTACHMENT L
RESUMES AND OTHER RESPONSE INFORMATION

Resume(s)

Trainer Certification(s)
(if applicable)

Historically Underutilized Business
(if applicable)