

Annual Statement of Qualifications (SOQ) For Bidders List

workforceCONNECTIONS

7251 West Lake Mead, Suite 200, Las Vegas, Nevada 89128

1. **Date of Statement:** _____ **New** **Update**
(Print)

2. **Name of Organization:** _____
(Print)

3. **Primary Address:** _____
(Print)

4. **Contact Person:** _____ **Title:** _____
(Print) (Print)

5. **E-mail Address:** _____ **Phone:** _____

6. **Authorized Signatory:** _____

The signatory above must be authorized by the organization's governing body as indicated in the attached "SIGNATURE CERTIFICATION" to obligate and bind the organization to the provisions of any contracts or agreements executed between the organization workforceCONNECTIONS.

7. **Legal Status: (Check one)**

For-Profit Corporation: Date Incorporated: _____ State: _____

Not-for-Profit Corporation: Date incorporated: _____ State: _____

Date of IRS Determination Letter: _____

(Note: Attachment: Please attach your most recent IRS Form 990 (Parts I to IV only)

State, Local or Indian Tribal Government (Name): _____

Post-secondary Educational Institution (Name): _____

Faith/Community Based Organization (Name): _____

Other (Specify) _____

8. **Tax Identification Number:** _____

(Internal Revenue Service (IRS) Employer's Number (EIN) Or (TIN)

DUNS Number: _____

13. Performance History

- a. Please list any contracts your organization has had within the past five (5) years providing services similar to those you will propose under the Workforce Investment Act. (Attach additional sheets if necessary.)

Program Name	Purpose of Contract	Contracting Agency	Contract Amount	Start/End Dates

- b. In the past five (5) years, has your organization been involved in a lawsuit on a matter related to payment to subcontractors, work performance, or employment-related litigation that proceeded to court? If yes, please attach an explanation of the circumstances surrounding each instance. Yes No
- c. In the past five (5) years, has your organization or any of its owners, partners or officers ever been investigated, cited, assessed any penalties, or have been found to have violated any laws, rules or regulations enforced or administered by any governmental entity? If yes, please attach an explanation of the circumstances surrounding each instance. (For this question, “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.) Yes No
- d. Is your organization now, or has it ever been at any time in the past five (5) years, the debtor in a bankruptcy case? If yes, please attach an explanation of the circumstances. Yes No
- e. Is your organization in the process of, or in negotiations toward, being sold? If yes, please attach an explanation of the circumstances surrounding the sale. Yes No
- f. In the past three (3) years, has a governmental or private entity or individual **terminated** your organization’s contract prior to completion of the contract, withheld funding pending the resolution of issues associated with fulfilling the terms of the contract and/or placed your agency under “High Risk” status at any time. ? Yes No If yes to any of the referenced questions, please attach an explanation of the circumstances surrounding each instance and its current status.

- g. In the past three (3) years, has your firm been debarred from receiving federal funds or determined to be a non-responsible bidder or contractor? Yes No If yes, please attach an explanation of the circumstances surrounding each instance.
- h. In the past three (3) years, has your organization used any subcontractor on a government contract that had previously been debarred by a governmental entity? Yes No If yes, please attach an explanation of the circumstances surrounding the debarment, as well as the subcontractor's current status. Please indicate in the explanation when your agency became aware of the debarment.

14. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any government contract during the past three (3) years. Include disallowances that are still not resolved and indicate the status. Use additional sheets if necessary.

Grantor	Date of Disallowance	Amount	Date Repaid

15. Insurance

Requirements:

- All WIA contractors are required to carry general public liability insurance in the amount of \$500,000 single limit coverage prior to entering into any contract with the wC. All insurance coverage must list the workforceCONNECTIONS as an additional insured.
- Contractors using motor vehicles in conducting program activities shall provide automobile insurance which clearly specifies that the wC, and/or staff are held harmless against claims arising from ownership, maintenance, or use of said vehicle. The wC requires a minimum coverage of \$100,000 per person and \$300,000 per accident for bodily injury and \$25,000 per accident for property damage.
- Contractors that place trainees in work based activities are required to carry workman's compensation coverage for any incidents arising out of those activities.
- Contractors serving youth shall provide sexual misconduct insurance that clearly specifies that the wC, and/or staff are held harmless against claims arising from sexual misconduct on the part of the contractor or contractor's employees.

a. Does your organization currently have **General Liability** insurance? Yes No

If yes, please provide the following information and attach proof of insurance from carrier:

Insurance Carrier Name: _____

Address: _____

Policy #: _____ Amount: _____

If no, your agency must obtain and provide documentation of the policy which indicates the required coverage prior to entering into a contract with this agency.

b. Does your organization currently provide **Automobile** insurance for employees performing official business? Yes No

If yes, please provide the following information and attach proof of insurance from carrier:

Insurance Carrier Name: _____

Address: _____

Policy #: _____ Amount: _____

If no, your agency must obtain the required coverage prior to entering into a contract with this agency.

c. Does your organization currently have **Nevada Workman’s Compensation** insurance for participants enrolled in a paid Work Experience, Internship, and/or other subsidized training programs? Yes No

If yes, please provide the Policy #: _____

If no, your agency must obtain the required coverage prior to entering into a contract with this agency

d. Does your organization propose to serve minor youth? Yes No

If so, do you have **Sexual Misconduct** insurance coverage? Yes No

If yes, please provide the following:

Insurance Carrier Name: _____

(Print)

Address: _____

(Print)

Policy #: _____ Amount: _____

If no, your agency must obtain the required coverage prior to entering into a contract with this agency.

Note: Contractors who are state agencies or political subdivisions of the State of Nevada are exempt from the liability insurance requirement as referenced above but must have and provide documentation of their Self Insured in accordance with the limitations of NRS 41.0305-41.039.

16. Program Management

Requirements: WIA contractors are required to establish internal control program management system procedures to: 1) ensure compliance with applicable sections of the Workforce Investment Act; 2) to enable monitors to review program progress; 3) prevent fraud, waste and abuse; 4) ensure that auditable and otherwise adequate records are maintained to support the eligibility of all WIA participants; and, 5) confirm adherence to specific program requirements and limitations.

Please identify the staff member responsible for ensuring all program management requirements are met.

Name of Program Manager: _____

(Print)

Position Title: _____ Phone #: _____

17. Financial Management

Requirements:

WIA contractors are required to conduct internal financial, and overall operations quality assurance for compliance with: 1) the Workforce Investment Act and applicable regulations; 2) State and WC policies and procedures; 3) accepted financial management and accounting practices; and, 4) Applicable OMB Circulars and Federal CFRs. Internal financial management procedures must be sufficient to: 1) ensure maintenance of auditable records; 3) ensure adherence to applicable fiscal policies and procedures; 4) prevent fraud and abuse;

Please identify the staff member responsible for managing accounts, maintaining financial records, monitoring fiscal activities for contractual compliance, assisting monitors/auditors during on-site visits and during all financial requirements are met.

Name of Financial Manager: _____

(Print)

Position Title: _____ Phone #: _____

(Print)

18. Financial Information

Requirements: All potential WIA subcontractors must provide the following information:

- A copy of your organization's current budget (please attach).
- A copy of your organization's most recent audited financial statement (please attach) OR an unaudited financial statement along with a letter from the treasurer stating the statements have been reviewed and approved by the board and the date of board approval.

Note: A site visit by WC staff to evaluate administrative back office systems may be a component of qualifying as a bidder. Qualified bidders may be asked to provide further details and information based on the needs of a specific project.

19. Cost Allocation Plan

Does your organization utilize a cost allocation plan? Yes No If yes, please attach a copy.

(Note: All WC Service Providers are required to develop and comply with an internal cost allocation plan)

20. Indirect Cost Rate

Does your organization have a federally approved Indirect Cost Rate? If yes, please attach a copy and indicate the federal approving agency. Yes No

Cognizant Federal Agency: _____ Rate: % _____ of: _____

21. Equal Employment Opportunity (EEO)

Requirements: All WIA “Contractors” must comply with: 1) Section 188 of the Workforce Investment Act as amended; 2) Age Discrimination Act of 1975; 3) Section 504 of the Rehabilitation Act of 1973; 4) the American with Disabilities Act of 1990; and 5) Title VI of the Civil Rights Act of 1964.

All WIA contractors must: 1) develop and adhere to affirmative action policies; and, 2) process all allegations of discrimination, violations of the WIA, or criminal fraud, abuse or misconduct according to the WC Grievance/Complaint Procedures. All employees and participants must be informed of EEO policies and guidelines and be given the name of the EEO Officer. Please identify the staff member responsible for ensuring all Equal Employment Opportunity requirements are met.

Name of EEO Officer: _____

(Print)

Position Title: _____ Phone #: _____

(Print)

22. Technology System Requirements

Requirements: At a minimum, WIA contractors must have: 1) computers capable of using the WC’s data management system (Windows 98, 2000, ME, NT or XP, Internet Explorer 6.0.2600 or above, and Microsoft Word 97, 2000 or 2002); 2) Adobe Acrobat Reader; 3) Internet access (broadband capability recommended); and, 4) Individual E-mail accounts for staff working on the project. Please identify the staff member responsible for ensuring all technology system requirements are met.

Name of Information Technology Contact: _____

(Print)

Position Title: _____ Phone #: _____

(Print)

Signature Certification

Name _____ requests consideration for

(Print Your organization name)

placement on the Qualified Agencies List (QAL) of workforceCONNECTIONS, In submitting this Statement, applicant certifies that it is true and accurate to the best knowledge of the signatory. Applicant certifies that personnel policies are on file at their agency for inspection.

Applicant also certifies that the workforceCONNECTIONS, (WC) formerly known as the SOUTHERN NEVADA WORKFORCE INVESTMENT BOARD, is authorized to examine administrative and fiscal systems for compliance with minimum requirements to be on the Qualified Agencies List. It is understood that WC reserves the right to request additional information regarding administrative, financial, and legal status, and to visit the facilities at normal and reasonable hours.

I certify that I am authorized to submit this Statement on behalf of the above named organization. If any information changes significantly, I will notify WC within 30 days of date of change. I certify that the contents of this document are true and correct.

Signature: _____ Title: _____ Date: _____

(Print Title)

_____ Address: _____

Print Name

Print Address

(Please attach governing board resolution or other certification of signature authority.)

Other Authorized Representatives: _____

List the name, title, and other information of individual(s) authorized (if different than signatory above) to sign proposals and contracts on behalf of applicant. (Provide address, if different than address listed above.)

Name	Title	Address	Phone No.	E-mail

Please attach governing board resolution or other certification of signature authority for other individual(s) listed above.

Alternate Contact Person:

Name: _____ Title: _____

Address: _____ Telephone: _____

E-mail: _____

Assurances and Certifications

General Assurances

1. The Program Applicant (hereinafter referred to as the “**Contractor**”) assures that it will fully comply with the requirements of the Workforce Investment Act (Public Law 105-220) and its regulations, and the WC Local Area Plan as approved by the WC board and the Southern Nevada Chief Elected Official for the Workforce Development System.
2. The Contractor assures that it will administer its services under the WIA in full compliance with safeguards against fraud and abuse as set forth in the WIA regulations; that no portion of its service will in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any person on the grounds of race, color, national origin, religion, age, sex, disability, or political affiliation or belief; that it will target employment and training services to those most in need of them.
3. The Contractor assures that it will administer services funded under the WIA in accordance with these provisions: (1) a trainee will receive no payments for training activities in which the trainee fails to participate without good cause; (2) on-the-job training participants will be compensated by the employer at the same rate, including periodic increases, as similarly situated employees or trainees and in accordance with applicable law, but in no event less than the higher of the rate specified in Section 6(a)(1) of the Fair Labor Standards Act of 1938 of the applicable State Minimum Wage Law; and (3) participants employed in activities authorized under the Act must be paid wages which will not be less than the highest of (a) the minimum wage under Section 6(a)(1) of the Fair Labor Standards Act of 1938, (b) the minimum wage under the applicable State Minimum Wage Law, or the prevailing rates of pay for individuals employed in similar occupations by the same employer.
4. The Contractor assures that it will administer its services under the WIA in full compliance with health and safety standards established under State and Federal law and those conditions of employment and training is necessary, reasonable, and directly related to such factors as the type of work, geographical area and skill sets of the participant.
5. The Contractor assures that all staff and participants/enrollees paid from the grant funds and employed in any service will be covered by workers compensation benefits in accordance with State law; that enrollees in WIA work-related training will be provided accident or medical insurance to cover any injury resulting from participation in the program; and that enrollees employed in subsidized jobs will be provided benefits and working conditions at the same level and to the same extent as other employees working a similar length of time and doing the same type of work.
6. The Contractor assures that no funds available under the WIA will be used for contributions on behalf of any enrollee to retirement systems or plans; to impair existing conditions for services or collective bargaining agreements; to assist, promote, or deter union organization; and to displace any currently employed worker.
7. The Contractor assures that no enrollee will be employed or fill a job opening when any other individual is on layoff status from the same or substantially equivalent job, or when the employer terminates the employment of any regular employee or otherwise reduces its work force with the intention of filling vacancies so created by hiring participants subsidized under the Act; and no funds may be used to create promotional lines that infringe upon any current promotional opportunities.
8. The Contractor assures compliance with all federal rules and regulations which prohibit the use of WIA funds to lobby the Executive or Legislative Branches of the Federal Government in connection with a specific contract, grant or loan. If lobbying has occurred utilizing other than Federal appropriated funds, the contractor agrees to file a disclosure report if applicable.

9. The Contractor assures and certifies that it is in compliance with federal rules and regulations, Debarment and Suspension, 29 CFR Part 98 and is not presently debarred, suspended, for debarment, declared ineligible, or involuntarily excluded from participation in this transaction by any Federal department or agency.
10. The Contractor assures and certifies that an established grievance procedure is in place and shall be utilized for grievances or complaints about its program and activities from participants/enrollees, subgrantees, and subcontractors and other interested parties.
11. The Contractor will comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (Public Law 91-646) which requires fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
12. The Contractor will comply with applicable provisions of the Hatch Act which limits the political activity of certain State and local government employees.
13. The Contractor assures and certifies that it will comply with restrictions regarding conducting business with businesses on the Environmental Protection Agency's List of Violating Facilities. Contracts and subcontracts in excess of \$100,000, or circumstances where the State of Nevada has determined that orders under an indefinite quantity financial agreement in any year will not exceed \$100,000, or if a facility to be used has been the subject of a conviction under the Clean Air Act [42 U.S.C. 1319 (c)] and is listed by the Environmental Protection Agency (PA) or is not otherwise exempt, the Contractor assures that: (1) no facility to be utilized in the performance of the grant has been listed on the EPA List of Violating Facilities; and (2) it will notify the WC, prior to award of the receipt of any communication from the Director of Federal Activities, U.S.E.P.A., indicating that a facility to be utilized for a contract is under consideration to be listed on the EPA List of Violating Facilities.
14. The Contractor assures and certifies that it, and all of its subcontractors, will comply with applicable provisions of the following laws as they relate to employment and training procedures:
 - The Drug Free Workplace Act
 - The Davis-Bacon Act
 - The Immigration Reform Act
 - Child Labor Laws
 - The American's with Disabilities Act
 - The Fair Labor Standards Act
15. The Contract assures to immediately report to the WC any interruption and/or discontinuance of any services set forth in its statement of work or contract for any period in excess of one regular workday during the contract period.

Signature of Authorized Representative

Date

Print Name

Print Title

Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions

Contractor Agency/Organization: _____

(Print Name of Agency/Organization)

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (Pages 19160-19211).

(Before completing, please read the below referenced "Instructions" for Certification)

(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 this transaction by any 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 this proposal.

Name of Organization/Agency: _____

(Please Print)

Name and Title of Authorized Representative: _____

(Please Print)

Signature: _____ Date: _____

(Before completing, please read the below referenced "Instructions" for Certification)

Instructions For Certification-Lower Tier Transactions

1. By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
5. The prospective recipient of federal assistance funds agrees, by submitting this proposal, it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. The prospective recipient of federal assistance funds agrees in a covered transaction, that they may rely upon a certification of a prospective organization in a lower tier covered transaction that it is not debarred, suspended, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. An organization may decide the method and frequency by which it determines the eligibility of its principals. Each organization may, but is not required, check the List of parties Excluded from Procurement or Non-procurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 5 of these instructions, if an organization in a covered transaction knowingly enters into a lower tier covered transaction with an organization who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.