



Form A

**Workforce Development Board of Solano County's
Proposal Application And Cover Sheet**

Legal Name of Agency/Firm: _____

Agency DBA (if applicable): _____

Project Name: _____

Contact Name: _____

Phone No. _____

Fax No. _____

Email Address: _____

Location of Services: _____

Federal ID No. _____

State No. _____

Agency Status (please check one):

- Public
- Government
- Private-Non-Profit
- Private for Profit
- Faith Based Organization
- Other:

Years in Operation: _____

In compliance with the RFP # FY-21-001, and subject to the conditions thereof, the undersigned verifies the information provided in this proposal is complete and accurate; proposes to furnish the services stipulated; certifies s/he has read, understands and agrees to all terms and conditions as well as requirements of this RFP; and is authorized to contract on behalf of the firm/agency.

Signature of Authorized Representative

Title

Date



Form B

Workforce Development Board of Solano County's
Reference Form

Please list three (3) local references that can attest to your ability to provide WIOA One-Stop Operator Services to the Workforce Development Board of Solano County.

1. Name of Business: _____
Contact: _____
Address: _____
Phone Number: _____
Email Address: _____

2. Name of Business: _____
Contact: _____
Address: _____
Phone Number: _____
Email Address: _____

3. Name of Business: _____
Contact: _____
Address: _____
Phone Number: _____
Email Address: _____



Workforce Development Board of Solano County's
One-Stop Operator Project Rate Schedule

Agency/Firm Name: _____

Project Cost Summary (Total Cost): _____

Total Estimated Hours: _____

Hourly Rates:

Project Manager/Project Lead _____

Details Rates:

Standard Day _____

Evening/Saturday _____

Holiday _____

Overtime _____

Other (Explain) _____

Business Hours: _____



Form D

**Workforce Development Board of Solano County's
Program Budget Summary**

Agency/Firm Name _____

Total Project Cost: \$ _____

Total Estimated Hours: _____

A. Overall Proposed Budget Summary

CATEGORY	WDB PROGRAM	TOTAL COSTS
Personnel	\$	\$
Non-Personnel (building/overhead)	\$	\$
Other (Explain)		
<i>TOTALS</i>	\$	\$

B. Projected Cumulative Expenditure Breakout

	QUARTER ENDING 9/30/21	QUARTER ENDING 12/31/21	QUARTER ENDING 3/31/22
All Projected Program Expenditures	\$	\$	\$

Form E

Workforce Development Board of Solano County's
WIOA One-Stop Operator Services
Debarment Certification Instructions

By signing and submitting this proposal, the Prospective recipient of Federal assistance funds is providing the certification as set out below.

1. 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 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.
2. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which 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.
3. The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “principal”, “proposal”, and “voluntarily excluded”, as used in this clause, have the meanings set out in the Definitions and Coverage section of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
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 further agrees by submitting this proposal that it will include the clause title “Certification Regarding Debarment, Suspension, Voluntarily Exclusion – Lower Tier Covered Transactions”, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transactions that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to check the List of Parties Excludes from Procurement or Non-procurement program.



Workforce Development Board of Solano County’s
Debarment, Suspension, Ineligibility, and Voluntary Exclusion
Lower Tier Covered Transactions Certification

Debarment Certification

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participant’s responsibilities.

- 1. The prospective recipient of Federal assistance funds certifies, by submission of 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 Authorized Representative

Title of Authorizes Representative

Name of Agency or Firm

Signature of Authorized Representative

Date

Workforce Development Board of Solano County's
Drug Free Workplace Certification

Name of Agency/Firm _____

The agency named above hereby certified compliance with the Drug Free Workplace Act of 1998. The above named agency will:

- A. Publish a statement notifying employees that unlawful manufacturing, distribution dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- B. Establish a Drug Free Awareness Program to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The agency's policy of maintaining a drug free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Ensure that every employee who works in the proposed contract or grant:
 - 1. Will receive a copy of the agency's drug free policy statement; and,
 - 2. Will agree to abide by the terms of the company's statement as a condition of employment on the grant contract.

Certification

I certify that I am duly authorized legally to bind the Contractor to the above described certification. I am fully aware that this certification, executed on the date below is made under penalty of perjury under the laws of the State of California.

Contractor Signature

Date

Title

Federal Tax I.D #

Workforce Development Board of Solano County's
Certification of Compliance

Name of Firm/Agency: _____

By indication of the authorized signature below, the Respondent does hereby make certification and assurance of the Respondent's compliance with the following:

1. The laws of the County of Solano; <https://www.codepublishing.com/CA/SolanoCounty/>
2. Title VI of the federal Civil Rights Act of 1964;
<https://www.justice.gov/crt/fcs/TitleVI-Overview>
3. Title IX of the federal Education Amendments Act of 1972;
<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/title-ix>
4. The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government; <https://www.dol.gov/agencies/ofccp/executive-order-11246/as-amended>
5. The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government; <https://www.ada.gov/pubs/ada.htm>
6. All contract employees performing services and/or working as a result of this solicitation have documented legal authority to work in the United States of America;
7. The condition that the submitted proposal was independently arrived at, without collusion under penalty of perjury; and,
8. The condition that no amount shall be paid directly or indirectly to an employee or official of the Workforce Development Board as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Respondent in connection with the Procurement under this RFP.

Signature

Date

Printed Name

Title



Workforce Development Board of Solano County's
Acknowledgement Form

The selected vendor/agency that will be awarded the contract is required to provide the following information prior to the approval and execution of the final agreement.

Subrecipient Name _____ (which must match the name associated with its DUNS number)

Subrecipient DUNS (Data Universal Numbering System) number: _____

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA): _____

Indirect Cost Rate (If applicable) _____

Please acknowledge your Agency can provide this information if awarded the contract.

Contractor Signature _____ Date _____

Printed Name _____ Title _____

Company Name _____

Reference: Super Circular OMB Guidelines 2 CFR, Subtitle A, Chapter 2 Part 200

**Workforce Development Board of Solano County's
Disallowed Activities Certification**

The undersigned certifies that s/he will ensure, to the best of his/her ability, that:

- A. No federal appropriated funds have been or shall be paid, by or on behalf of any person in this agency/organization, to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or 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 any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- B. No Federal appropriated funds have been or shall be paid, by or on behalf of any person in this agency/organization to promote any religious, lobbying or political activities. Additionally, this agency/organization ensures that its program activities are available to all eligible individuals regardless of religious or political affiliation or non-affiliation, and said individuals shall in no way perform or assist in the performance of activities that are sectarian or political in nature.
- C. No funds under this Contract shall be used in any way to either promote or oppose union activities. No individual shall be required to join a union as a condition for enrollment in a program in which only institutional training is provided unless such training involves individuals employed under a collective bargaining agreement. No trainee may be placed into, or remain working in, any position which is affected by labor disputes involving work stoppage.

CERTIFICATION

I, the official name below, hereby swear that I am duly authorized to legally bind the agency to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Agency Official's Name: _____ Title: _____

Signature: _____ Date Executed: _____

**Workforce Development Board of Solano County's
Reservations Form**

COUNTY OF SOLANO HEREBY RESERVES THE FOLLOWING RIGHTS:

The Workforce Development Board (WDB) of Solano County reserves the right to make an award in whole or in part or any varying combination of the following requirements that will be in the best interest of the WDB not necessarily to the lowest Contractor but to the bid determined to be professionally and technically able to render services and perform associated work in support of the department and fulfill all contract requirements.

Right of Rejection

The WDB reserves the right:

1. To reject any and all proposals, or to cancel this RFP in part or in its entirety.
2. To waive any variances in proposal provided such action is in the best interest of the WDB.
3. To amend this RFP at any time. The WDB also reserves the right to cancel or reissue the RFP at its sole discretion.
4. Any proposal received which does not meet the requirements of this RFP, may be considered to be non-responsive, and may be rejected. The WDB may reject any proposal that does not comply with all of the terms, conditions, and performance requirements of the RFP.
5. To cancel any award and re-solicit proposals for services herein specified due to the increased or added costs, if in its opinion increased prices are greater than those of the general market.
6. To cancel any award and re-solicit proposals in the event services cannot commence within ten (10) days after the specified date for start of work.
7. To reject any and all proposals considered not to be in the best interest of the WDB.
8. To waive any and all minor irregularities in proposals.
9. To reduce or increase any specification, in whole or in part due to budget constraints.

Contractor Signature

Date

Print Name _____



Form K

**Workforce Development Board of Solano County's
Acknowledgement of Receipt and Understanding of General Terms & Conditions**

The Workforce Development Board (WDB) of Solano County's General Terms & Conditions is a required contract clause and contains important information and requirements for applicants subcontracting with the WDB.

As a Respondent, I am submitting a proposal and understand and agree that the proposal shall constitute acknowledgement, acceptance of, and intent to comply with all terms and conditions contained in this RFP. The determination of compliance with the terms and conditions of this RFP shall be in the WDB's sole judgment and its judgment shall be final and conclusive.

A copy of the General Terms & Conditions has been provided to the Respondent to retain for future reference. Since the information and requirements described in the RFP are necessarily subject to change, I acknowledge that revisions may occur. All such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing terms and conditions.

I understand that I should contact Chainey Brown at cbrown@solanowdb.org if I have any questions about the information contained in the RFP's General Terms & Conditions. I understand that any proposal that does not comply or meet the General Terms & Conditions will be rejected.

Respondent's Name (printed): _____

Respondent's Signature: _____ Date: _____



Attachment A

Workforce Development Board of Solano County's
WIOA One-Stop Operator Checklist

The following form/sheets must be completed and submitted on or before the Submittal Deadline. Please indicate compliance below:

	DOCUMENTS TO BE SUBMITTED	INCLUDED IN RESPONSE: Y= YES N=NO	IF NO, EXPLAIN
1.	Proposal Application Cover/ Signature Page		
2.	Business Profile		
3.	References		
4.	Project Rate Schedule		
5.	Program Budget Summary		
6.	Forms <ul style="list-style-type: none"> ▪ Debarment Certification ▪ Drug-Free Workplace Certification ▪ Certification of Compliance ▪ Acknowledgement ▪ Disallowed Activities Certification ▪ Reservations ▪ General Terms & Conditions Acknowledgement 		

Failure to complete, sign (where required), and return the above proposal documents with your proposal may render it non-responsive and may be rejected by the WDB.

ACKNOWLEDGEMENT

COMPANY NAME _____

SIGN NAME _____