**Attachment 1**

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 **ANNUAL AUDIT and TAX SERVICES RFP**

 **COVER PAGE**

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| --- |
| **Identification of Bidding Entity:**      **Legal Name of Parent Organization:**      **Head of Organization:**       **Title:**      **Mailing Address:**      **Physical Address (if different):**      **Proposal Contact Person:**       **Title:**      **Phone Number:**       **E-mail Address:**      **Contract Signatory Authority:**      **Title:**       **Phone Number:**       |
| **Tax/Legal Status:** [ ] Corporation [ ] Sole Ownership [ ] Public [ ] Profit[ ] Partnership [ ] Other [ ] Private [ ] Not For-Profit**Date Established:**      **State Controller Identification Number:**      **Federal Taxpayer Identification Number:**      **Small Business?** [ ] Yes [ ] No**Is proposer certified as a Historically Underutilized Business?** [ ] Yes [ ] No**Certifying Agency?**       **(If yes, a copy of the certification notice is required as an attachment.)****STATEMENT OF COMMITMENT: As the signatory authority, I commit to perform the services submitted within the timeframes specified in the RFP or pay a penalty in the form of a discount on cost of services performed. The proposed bid is valid for ninety days after submittal deadline.** |
|  |

*Signatory Authority Signature//Date*

**Attachment 2**

**PEER REVIEW**

Please include the following with your response:

 A. Certification of professional qualifications.

B. Copy of most recent peer review report.

 C. Statement and explanation of disciplinary action within the past three years; if none, so state.

**Attachment 3**

**Uniform Guidance and OMB Compliance Experience**

* Describe your audit firm’s and team’s experience with Uniform Guidance and OMB Compliance similar to the type requested.
* Please indicate your qualifications to include names and credentials, describe recent local and regional office audit and tax service experience. Identify audit managers, field supervisors, and other staff who will work on this project.
* Describe staff members experience and provide resumes.
* Please indicate relevant experience and continuing education of all staff involved in the project.

**Attachment 4**

**Workforce System Audit Experience**

* Describe your firm’s experience working with workforce systems with revenues of $100,000,000 or more.
* Please describe your proposed audit team’s workforce system experience.

**Attachment 5**

**Quality of Work Plan**

Describe your work plan to ensure a quality audit. Offer details in your work plan that demonstrate understanding of the audit requirements of a single audit as specified in Title 2 U.S. Code of Federal Regulations, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards (Uniform Guidance) and the audit tests and procedures to be applied in completing the audit plan. Include your description of work that will be accomplished to render the following:

* An opinion report on the financial statements;
* A report on the study and evaluation and report on internal control systems; and
* Reporting on the organization’s control system to assure compliance and other reports required by the Uniform Guidance.

Describe your work plan to allow for assistance in completing the Tax Form 990.

Describe how your firm will assist in completing and filling the Tax Form 990.

**Attachment 6**

**Reporting/Time Requirements**

1. Reporting Requirements: Describe bidder’s understanding of, and ability to meet reporting requirements, including type and number of reports and exit conferences.

B. Time Requirements: Describe in detail the plan to meet timeline and reporting deadline requirements.

**Attachment 7**

**Cost**

* Please provide the total cost of services proposed and should be specified in detail.
* All fees, expenses, and other requirements associated with providing audit services to the Board shall be stated.
* Describe your price per hour to be charged to the project.
* Describe your cost per person charged to the project.

**Attachment A**

**CERTIFICATION OF BIDDER**

I hereby certify that the information contained in this proposal 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 the Board, director or agent of the Board has assisted in the preparation of this proposal. I acknowledge that I have read and understood the requirements and provisions of the RFP and that this organization will comply with Board policies and other applicable local, state, and federal regulations and directives governing this procurement process. I also certify that I have read and understand Part 2.5, "Governing Provisions and Limitations", of this RFP and will comply with the terms; and furthermore that

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

(Typed Name) (Title)

of the corporation, committee, commission, association, or public agency named as Bidder and Respondent herein and that I am authorized to sign this bid and submit it to the Dallas County Local Workforce Development Board, Inc. 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.

 (Respondent Signature)

 (Typed Name)

 (Typed Title)

 (Date)

**Attachment B**

**CERTIFICATION REGARDING**

 **DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY** **EXCLUSION**

 **LOWER TIER COVERED TRANSACTIONS**

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

**(Before completing certification, read attached instructions which are an integral part of the certification)**

(1) The prospective recipients 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 Proposer Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date:

**Attachment C**

**Certification Regarding Drug-Free Workplace Requirements**

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) 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.

(b) Establishing an ongoing drug-free awareness program to inform employees about -

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of this statement;

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

 Check [ ] if there are workplaces on file that are not identified here. Not applicable.

 Place of Performance:

Name of Proposer Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date:

**Attachment D**

**Certification Regarding**

**Lobbying Certification for Contracts, Grants, Loans and Cooperative Agreement**

The undersigned certifies, to the best of his or her knowledge and belief, 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 an agency, a Member of Congress, or an officer or employee of Congress, or an 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 of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant local, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have 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, an officer or employee of Congress, or an employee of a Member of Congress in connection with the 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.

This certification is 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 imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Name of Proposer Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date:

**Attachment E**

**Certification Regarding Conflict of Interest**

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

(1) no manager, employee or paid consultant of the Proposer is a Director of the Board, the President, or a manager of the Board;

(2) no manager or paid consultant of the Proposer is a spouse to a Director of the Board, the President, or a manager of the Board;

(3) no Director of the Board, the President or an employee of the Board owns or controls more than a 10 percent interest in the Proposer;

(4) no spouse of a Director of the Board, President or manager of the Board is a manager, employee or paid consultant of the Proposer;

(5) no Director of the Board, President, or employee of the Board receives compensation from Proposer for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;

(6) Proposer has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interest;

1. 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 relation to any contract with the Board and shall immediately refund to the Board any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by the Board relating to that contract.
2. Proposer shall comply with the standards of conduct stated in the Assurances and Certifications, Section 11 Conflict of Interest and be in accordance with Texas Administrative Code, Title 40, Part 20, Chapter 802.

Name of Proposer Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date:

**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 entering into this contract is current in its franchise taxes must be signed by the individual on Form2031,

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.

\_\_\_\_\_\_ Not applicable – bidder is not a corporation.

Name of Proposer Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date: