****

**ATTACHMENT A**

**RFPManagement and Operation – Dallas Workforce System**

**PROPOSAL COVER SHEET**

**INFORMATION ABOUT BIDDER**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Mailing Address** |  |
| **City, State, Zip** |  |
| **Physical Address**  (if different) |  |
| **Contact Person Name and Job Title** |  |
| **Direct Telephone Number** |  |
| **E-mail Address** |  |
| **Alternate Contact Person Name and Job Title** |  |
| **Direct Telephone Number** |  |
| **E-mail Address** |  |
| **Type of Organization** | Private for-profit  Private non-profit  State government  Local government  Community college  Community-based organization  Other:  Small Business  Historically Under Utilized Business (Attach certificate) |
| **Date Established** |  |
| **Federal EIN** |  |
| **Texas State Comptroller ID number** |  |

**AUTHORIZATION FOR SUBMISSION**

|  |  |
| --- | --- |
| **Typed Name & Title of Authorized Signatory** |  |
| **Signature** |  |

****

**ATTACHMENT B**

**EXECUTIVE SUMMARY**

**(USING NO MORE THAN TWO PAGES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Proposing Entity |  | | Total Budget Amount |  | |

Attachment B of the proposal - provide a brief summary (maximum two pages) of: 1) organizational capability and capacity, 2) demonstrated performance/effectiveness 3) customer service delivery design,4) transition/implementation, 5) financial management and organizational stability, and 6) price/cost analysis/value. In addition, please note any unique or innovative aspects of your proposal. If the proposal consists of uniqueness and innovation, describe how they may be considered as extra benefit or value-add to workforce center operations.

# ATTACHMENT C

### statement of work

As Attachment C of the proposal, provide a complete description of the proposed workforce system operations in narrative form, according to the instructions provided below. Include the technical data that demonstrates that the bidder’s plan and capabilities will meet the RFP requirements.

**ATTACHMENT F**

**BUDGET BACK-UP SHEET**

**RFPManagement and Operation – Dallas Workforce System**

**A. Personnel Costs**

1. Salaries: The Salary Allocation Plan, in conjunction with job titles and job descriptions in the narrative provide necessary backup for the Salaries line item.

 2. Fringe Benefits: Itemize all fringe benefits, the cost, and percentage of salary. If these vary by position, list separately for each position to indicate how the total is computed.

3. Temporary Staffing: Itemize all temporary staffing items.

**B. Infrastructure - Lease:**

The Board has sufficient office space to operate the workforce centers and Administrative office. Please do not include these items in the budget.

**C. Infrastructure – Other Occupancy:**

1. General Business Liability Insurance: General liability insurance must cover bodily injury and property damage to a third party and personal injury: $1,000,000 each occurrence and $2,000,000 aggregate, and $10,000 medical expense (any one person) is required. A reasonable deductible is allowed, but may not exceed $10,000. Indicate how premiums are allocated if cost of insurance is shared.

1. Other Insurance: Please indicate other insurance as it applies.

1. Security: Please indicate cost per hour, number of hours per location, times the number of days to match the overall total cost of security.

**BUDGET BACK-UP SHEET - Page 2**

**D. Infrastructure – Utilities:**

1. Utilities: The Board covers the utility costs associated with all leases to operate the workforce centers and Administrative office. Please do not include these items in the budget.

**E. Infrastructure – General Office:** Note: The Board has sufficient office space, equipment, and furniture to operate the workforce centers and administrative office. Please do not include these items in the budget. Only that equipment and furniture necessary for project functions listed in this proposal that go beyond the usual course of business should be listed in equipment rental/purchase and repairs.

1. Supplies/Materials: Provide an itemized list with unit costs and quantities.

1. Printing/Reproduction: Provide an itemized list and associated cost for printing/reproduction.

1. Advertisement: Provide an itemized list and associated cost for advertising.

1. Postage/Freight: Provide an itemized list and associated cost for postage, freight, shipping and/or courier services.

1. Telephone: Provide an itemized list and associated cost for communications (cell phones, etc.)

1. Subscription fees: Provide an itemized list of any memberships and/or subscriptions, the purpose and associated cost.

1. Equipment Rental/Purchase: Provide an itemized list of any equipment to be rented or purchased, the purpose and associated cost.

**BUDGET BACK-UP SHEET - Page 3**

1. Equipment Repair: Provide an itemized list of any equipment repairs and associated cost.

**F. Infrastructure - Other:**

1. Personnel Costs
2. Staff Travel/Per Diem: Include purpose of travel and cost breakdown.

1. Staff Training: Explain type and purpose of training, and the breakdown of all related costs.

1. Recruiting, Drug Testing and Background Checks: Provide the cost associated with screening staff for hiring purposes.

1. Non-Personnel Costs: Explain any non-personnel costs not included in the specific cost items.
2. Other

3. Contractual Services: Provide basis of all contractual services and itemize any costs included.

1. Payroll Service Fee

1. Audit Services:

1. Contract Services:

1. Other:

**BUDGET BACK-UP SHEET - Page 4**

**G. Indirect Costs/ Management Fee**

Specify the indirect rate and describe the method of calculation used in deriving the rate. You must submit a copy of your approved plan and/or cognizant agency letter approving an indirect cost rate. Indirect cost plans are only approved for entities that currently have grants/contracts with the government. Identify the amount or percent of the management fee and the method of calculation used in deriving the rate of the fee. Indirect and/or Management Fees are negotiable and will not be computed on Direct Client Support (Pass-through) expenditures.

**H. Profit/Performance Incentive Costs**

Profit is an allowable line item only if the bidder is a for-profit entity. All profit/incentives are negotiable. Incentives are allowable line item if the bidder is a non-profit entity. Indicate the percentage used to calculate profit/performance incentive costs.

**I. Direct Client Support (Pass-through Funds):** List all separately and explain fully.

1. ITA/Scholarships

1. Transportation:

1. Support Services:

1. Subsidized Employment:

1. Client Incentives:

1. On—the-job training:

1. Apprenticeships:

1. Other:

**Matching - In Kind**

# ATTACHMENT G

**ADMINISTRATIVE MANAGEMENT SURVEY**

Answer the following questions regarding your administrative management system. If selected for award of a contract, some items listed below may be required during the pre-award survey prior to the development of a contract with the WFSDallas.

Yes, No or N/A

1. Does your organization have current Articles of Incorporation or Charter? \_\_\_\_\_\_\_\_\_\_\_

2. Does your organization have written personnel policies? \_\_\_\_\_\_\_\_\_\_\_

3. Do your written personnel policies contain procedures for:

a. Open employees recruitment, selection and promotional

opportunities based on ability, knowledge and skills; \_\_\_\_\_\_\_\_\_\_\_

b. providing equitable and adequate compensation; \_\_\_\_\_\_\_\_\_\_\_

c. training of employees to assure high-quality performance; \_\_\_\_\_\_\_\_\_\_\_

d. retaining employees based on the adequacy of their

performance, and for making adequate efforts for

correcting inadequate performance; \_\_\_\_\_\_\_\_\_\_\_

e. assuring fair treatment of applicants and employers in all aspects

of personnel without regard to political affiliation, race, color,

national origin, sex, age, disability, religion or creed, with proper

regard for their privacy and constitutional rights as a citizen; and \_\_\_\_\_\_\_\_\_\_\_

f. assuring that employees are protected against coercion for

partisan political purposes and are prohibited from using

their official authority for the purpose of interfering with or

affecting the result of an election or nomination for office? \_\_\_\_\_\_\_\_\_\_\_

4. If your organization does not have the procedures noted above can your personnel policies be revised to include these procedures? \_\_\_\_\_\_\_\_\_\_\_

5. Do your written personnel policies contain a prohibition against

nepotism? (Private, non-profits ONLY) \_\_\_\_\_\_\_\_\_\_\_

6. Do your written personnel policies contain a prohibition against

employees using their positions for private gain for themselves or

other parties? (Non-profit) \_\_\_\_\_\_\_\_\_\_\_

7. Does your organization have an authorized, written travel policy for

employees and authorized agents that provides for reimbursement

for mileage and per diem at a specified rate? \_\_\_\_\_\_\_\_\_\_\_

8. Does your organization have a written employee grievance

procedures used to resolve employment complaints? \_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATIVE MANAGEMENT SURVEY (page 2)**

9. Does your organization have the capacity or staff to produce

and maintain participant records and other information in accordance

with the Super Circular? \_\_\_\_\_\_\_\_\_\_\_

10. If certain costs are determined to be disallowed, does your

organization have a procedure or source for reimbursing such

costs to the Board? \_\_\_\_\_\_\_\_\_\_\_

11. Is your organization governed by a Board/Council? \_\_\_\_\_\_\_\_\_\_\_

12. Does your organization operate under local rules or by-laws? \_\_\_\_\_\_\_\_\_\_\_

13. Has your Board/Council reviewed and approved this proposal? \_\_\_\_\_\_\_\_\_\_\_

(Attachment must be submitted)

14. Does your organization have a current approved Fidelity Bond? \_\_\_\_\_\_\_\_\_\_\_

(Attach copy of binder/proof of coverage)

15. Does your organization have an EEO/Affirmative Action Plan? \_\_\_\_\_\_\_\_\_\_\_

16. Does your organization have a Complaint or Grievance process? \_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided on this form is an accurate and true representation of the administrative management systems of this organization.

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

Organization Name

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

Type/Printed Name and Title of Authorized Representative

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

Signature of Authorized Representative Date

# ATTACHMENT H

**FISCAL MANAGEMENT SYSTEMS SURVEY**

Answer the following questions regarding your fiscal management systems. If selected for award of a contract, some items listed below may be required during the pre-award survey prior to the development of a contract with the Board. Answering a detailed questionnaire may be required upon selection for award of a contract, and modifications to systems may be required to meet regulatory requirements.

Yes, No or N/A

1. You must have understanding of Uniform Administrative, Requirements,

Cost Principles, and Audit Requirements for Federal Awards (Super Circular)

In the management and operation of Dallas Workforce System.

Do you have a copy of the Super Circular?

Please visit: <http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>. \_\_\_\_\_\_\_\_\_\_\_

2. Do you have a copy of the Workforce Innovation and Opportunity Act (WIOA)

Federal Regulations and subsequent amendments? \_\_\_\_\_\_\_\_\_\_\_

3. Do you have a copy of the Texas Workforce Commission Financial

Management Manual for Grants and Contracts and the **Federal Uniform Guidance**?\_\_\_\_\_\_\_\_\_\_\_

4. Does your accounting system provide you with adequate information

to prepare a monthly financial report and capture expenditure with budget amounts

for each Federal Award? (Such report must be derived from a balance sheet and

income and expense statements).

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

5. Does your accounting system provide control and accountability over

all funds received, property and other assets? \_\_\_\_\_\_\_\_\_\_\_

6. Can your accounting system provide for financial reports on an accrual

basis? \_\_\_\_\_\_\_\_\_\_\_

7. Does your accounting system provide for identification of receipt and

expenditure of funds separately for each funding source? \_\_\_\_\_\_\_\_\_\_\_

8. Are your accounting records maintained in such a manner as to facilitate

the tracking of funds to source documentation of the unit transaction? \_\_\_\_\_\_\_\_\_\_\_

9. Does your accounting system have the written procedures for

determining the allowability and allocability of costs in accordance with the

provisions of Federal regulations, **Federal Uniform Guidance**, and the

TWC Financial Management Manual for Grants and Contracts? \_\_\_\_\_\_\_\_\_\_\_

10. Are State and Federal funds which are advanced to you deposited in a

bank with federal insurance coverage? \_\_\_\_\_\_\_\_\_\_\_

11. Will the bank in which you deposit State and Federal funds insured the

account(s) or put up collateral or both, which is equal to the largest sum

of money which would be in such bank account(s) at any one point in

time during the contract period? \_\_\_\_\_\_\_\_\_\_\_

**FISCAL MANAGEMENT SYSTEMS SURVEY (page 2)**

12. Do you make monthly reconciliation of your bank accounts? \_\_\_\_\_\_\_\_\_\_\_

13. Are these reconciliations made by the same person who performs the

recordkeeping for receipts, deposits and disbursement and transactions? \_\_\_\_\_\_\_\_\_\_\_

14. Do you record daily your cash receipts and disbursement transactions? \_\_\_\_\_\_\_\_\_\_\_

15. Are there individuals or positions in your organization which have,

as one of their duties, the receipt, distribution or handling of money

covered under fidelity bond? \_\_\_\_\_\_\_\_\_\_\_

16. Is there a person who is responsible for the review of all financial transactions? \_\_\_\_\_\_\_\_\_\_\_

17. Is there a person who is responsible for the receipt of all purchased goods? \_\_\_\_\_\_\_\_\_\_\_

a. Does this person immediately assign, upon receipt, an

inventory number to the required items? \_\_\_\_\_\_\_\_\_\_\_

b. Does this person perform an inventory audit at least once a year? \_\_\_\_\_\_\_\_\_\_\_

1. Do you maintain records on all property acquisition, disposition

and transfer? \_\_\_\_\_\_\_\_\_\_\_

18. Do you have written procedures and internal controls established for the

procurement of goods and services? \_\_\_\_\_\_\_\_\_\_\_

19. Is a competitive bid process incorporated in your purchasing procedures

for acquisition of subcontractors, major goods and services, equipment

and office space? \_\_\_\_\_\_\_\_\_\_\_

20. Is documentation (i.e., timesheets, etc.) properly kept in support of each

payroll disbursement? \_\_\_\_\_\_\_\_\_\_\_

21. Are records maintained to support authorized leave (sick, etc.)? \_\_\_\_\_\_\_\_\_\_\_

22. Is proper documentation maintained to support travel disbursement?

(Please attach a copy of travel disbursement policy, if yes.) \_\_\_\_\_\_\_\_\_\_\_

23. Has a formal independent audit of your organization's financial records been

conducted by a Certified Public Accounting Firm within the past year?

**(Required in Proposal Attachments)** \_\_\_\_\_\_\_\_\_\_\_

24. Is your accounting system bound by any outside agency

(city, county, etc.)? Please attach a copy of indirect cost plan approved by

the cognizant agency. \_\_\_\_\_\_\_\_\_\_\_

25. Do you have an indirect cost plan with current approval by a

cognizant agency? (Please attach a copy of indirect cost plan with current approval by cognizant agency, if yes.) \_\_\_\_\_\_\_\_\_\_\_

26. Is your organization funded by more than one source?

**(Details are required in Proposal)** \_\_\_\_\_\_\_\_\_\_\_

**FISCAL MANAGEMENT SYSTEMS SURVEY (page 3)**

27. Does your organization have a written lease for all rented or

leased properties? \_\_\_\_\_\_\_\_\_\_\_

28. Does your organization have written accounting procedures?

(Please attach a copy, if yes.) \_\_\_\_\_\_\_\_\_\_\_

29. Does your organization follow GAAP? \_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided on this form is an accurate and true representation of the fiscal management systems of this organization.

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

Organization Name

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

Type/Printed Name and Title of Authorized Representative

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

Signature of Authorized Representative Date

# ATTACHMENT I

# 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 2.6, "Governing Provisions and Limitations" and Part 5.0 "Assurances and Certifications" 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 J**

## 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 K

### 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 L**

**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 M

### 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 13 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 N

**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 Applicant Organization:

Typed/Printed Name and Title of Authorized Signatory:

Signature: Date:

**ATTACHMENT O**



**References**

**Please provide contact information for three (3) contract references, (use additional sheets if necessary). References will be used for the purpose of evaluating your proposal program performance and operations as mentioned in the RFP.**

***1. Contract Performance Reference for Proposed Bidder:***

Company or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

E-mail Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact/Title: \_\_\_\_\_\_\_

Alternate Contact/Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2. Contract Performance Reference for Proposed Bidder:***

Company or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

E-mail Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact/Title: \_\_\_\_\_\_\_

Alternate Contact/Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***3. Contract Performance Reference for Proposed Bidder:***

Company or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

E-mail Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact/Title: \_\_\_\_\_\_\_

Alternate Contact/Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_