workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

STATEMENT OF QUALIFICATIONS

*workforce***CONNECTIONS is an Equal Opportunity Employer/Program**
Auxiliary aids and services available upon request for individuals with disabilities from *workforce***CONNECTIONS**

*workforce***CONNECTIONS' hours of operation are Monday - Friday, 8:00 a.m. to 5:00 p.m.**

Instructions For Completing a Statement of Qualifications

The purpose of this Request for Qualifications (RFQ) is to determine the qualifications and capacity of organizations that wish to contract with, perform services for, or implement projects funded by *workforce*CONNECTIONS (WC). Potential Service Providers should provide evidence of their programmatic and financial capacity to implement workforce development programs. A Statement of Qualifications (SOQ), must be received, reviewed and accepted before any proposal will be considered.

New or potential Service Providers must complete and submit a SOQ **by** November 26, 2012, by close of business (5:00 pm).

Respondents must complete all information requested in the SOQ. Incomplete information will be considered unresponsive and may cause the organization not to be considered for the **procurement** process. All SOQs must be signed by an individual authorized to bind the organization under contract. Evidence of such authorization documented by a current and valid resolution of the board of directors, or other governing entity of the organization must be provided when requested.

The SOQ is available in fillable format using Adobe Acrobat or Reader.
Once completed, submit four hardcopies and required attachments via US Mail or hand delivered to

Procurement
*workforce*CONNECTIONS
7251 West Lake Mead, Suite 200
Las Vegas, NV 89128

Questions regarding this SOQ should be directed via e-mail to mstok@nvworkforceconnections.org

Statement of Qualifications (SOQ)

For

*workforce*CONNECTIONS

1. Name of Organization: _____

(Print)

2. Current Address: _____

(Print) **(no P.O.'s accepted)**

3. Contact Person:_____ **Title:**_____

(Print) **(Print)**

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

5. 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 information herein.

6. Tax Identification Number: _____

(i.e., Internal Revenue Service (IRS) Employer's Number (EIN) Or (TIN)

7. Local License/Nevada Business License: _____

8. DUNS Number: _____

9. Organizational Category: (Please √ the appropriate category)

☐ **Small Business Organization** ☐ **Emerging Business Organization**

☐ **Minority Business Enterprise** ☐ **Disabled Veteran Business Enterprise**

☐ **Women Business Enterprise** ☐ **Disadvantaged Business Enterprise**

☐ **Faith Based** ☐ **Non-Profit**

☐ **Other Business Enterprise** ☐ **Private for Profit**

10. Number of Years in Business _____

11. Mission Statement (Please attach one separate sheet with this information)

12. Governing Body, Board of Directors or Principals (you may attach separate sheet with this information)

Name	Title	Mailing Address	Phone	Email

13. Performance History

a. Please list any contracts and or agreements your organization has had within the past five (5) years providing services similar to those you plan to propose under the workforceCONNECTIONS. (Attach additional sheets if necessary.)

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

b. 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 ☐

c. 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.

Note: Yes response to this question does not necessitate automatic disqualification

d. In the past three (3) years, has your organization been debarred from receiving federal funds or determined to be a non-responsible bidder? Yes ☐ No ☐ If yes, please attach an explanation of the circumstances surrounding each instance.

14. Legal Status

a. 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 ☐

b. 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☐

c. 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☐

15. Insurance

Please provide a certificate of insurance for the following:

a. General Public Liability Insurance

All Service Providers are required to carry General Public Liability Insurance in the amount of $500,000 single limit coverage

b. Motor Vehicle Insurance

Service Providers must provide automobile insurance against claims arising from ownership, maintenance, or use of said vehicle if the use of the motor vehicles is related to conducting program activities. Minimum coverage of $100,000 per person and $300,000 per accident for bodily injury and $25,000 per accident for property damage.

c. Worker's Compensation Insurance

Service Providers placing participants in work-based activities (i.e. training, work experiences, internships, etc.) are required to carry Worker's Compensation Insurance for any accidents arising out of those activities.

It is the Service Provider's responsibility to maintain Workers' Compensation insurance for each work experience/internship client. Service Providers shall not be allowed to provide this training for their participants if Workers' Compensation insurance has not been procured.

d. Sexual Misconduct Insurance – **Youth Providers Only**

Service Providers serving youth participants shall provide Sexual Misconduct Insurance that clearly specifies that wC and/or staff are held harmless against claims arising from sexual misconduct on the part of the Service Providers or Service Providers employees, subcontractors, or agents.

Note: Entities that 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 they are Self Insured in accordance with the limitations of NRS 41.0305-41.039.

16. Program Management

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

Name of Program Manager: _____
(Print)

Position Title: _____ Phone #: _____

Requirements: Service Providers are required to establish internal control program management system procedures to: **1)** ensure quality assurance of compliance with applicable sections of Federal and State regulations; **2)** enables monitors to have access to review program activities and progress; **3)** prevent fraud, waste and abuse; **4)** ensure that auditable and otherwise adequate records are maintained; and, **5)** confirm adherence to specific program requirements and limitations.

17. Financial Management

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

Name of Financial Manager: _____
(Print)

Position Title: _____Phone #: _____

Requirements: All Service Providers are required to: **1)** place WIA funds in an interest bearing account; **2)** track and treat any interest as program income; and, 3) observe the U.S. Treasury restrictions on excess cash.

Service Providers are also required to conduct internal program, financial, and overall operations quality assurance for compliance with: **1)** applicable Federal and State 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; 2) ensure adherence to applicable fiscal policies and procedures; 3) prevent fraud and abuse; 4) ensure fiscal staff capability.

All potential Service Providers must provide the following information:

A copy of your organization's current budget (please attach).

A copy of your organization's most recent financial statement (please attach).

A statement from your auditor or an independent C.P.A. certifying that your Financial Management System meets the Generally Accepted Accounting Principles (GAAP), and issuing an opinion on compliance and internal controls (please attach).

18. 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: % _____

19. Equal Employment Opportunity (EEO)

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

Name of EEO Officer: _____
(Print)

Position Title: _____Phone #: _____
(Print)

Requirements: All potential Service Providers 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 potential service Providers 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.

20. Technology System Requirements

Please identify the staff member responsible for ensuring all technology system requirements are met.

Name of Information Technology Contact: _____
(Print)

Position Title: _____ Phone #: _____
(Print)

Requirements: At a minimum, Service Providers 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.

Certification

Name______

(Print your organization name)

In submitting this Statement, the applicant certifies that that all specifications contained in workforceCONNECTIONS SOQ have been read, understood, and addressed in this document; that all of the information contained in this statement is true and correct; and that all of the applicable assurances outlined herein by *workforce*CONNECTIONS shall be adhered to and that this Statement has been duly authorized by the governing body of the agency/organization and it is true and accurate to the best knowledge of the signatory.

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) thirty days of date of change.

Signature: _____ Title: _____ Date: _____

(Print Title)

_____ Address:_____

Print Name Print Address (no P.O.'s accepted)

Alternate Contact Person:

_____

Name: _____ Title: _____

Address: _____ Telephone: _____

(no P.O.'s accepted)

E-mail: _____

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

Service Provider 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).

(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: _____