



workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

Connecting Employers to a Ready Workforce

STATEMENT OF QUALIFICATIONS

Workforce Connections is an Equal Opportunity Employer/Program.

Auxiliary aids and services are available upon request for individuals with disabilities.

Nevada Relay 711 or (800) 326-6868

Statement of Qualifications Instructions

The purpose of this Statement of Qualifications (SOQ) 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). The SOQ determines an organization's legal, administrative and fiscal capacity to meet WC, state and federal government requirements.

Respondents must complete all information requested in the SOQ. Incomplete information will be considered unresponsive and may cause the organization to not be considered for a procurement process. If an item is not applicable, please note N/A. No item should be left blank. WC reserves the right to request additional or clarifying information on any item in the SOQ. Items in **red font** are required by an organization for an SOQ to be approved. Items in **blue font** denote required attachments.

A Statement of Qualifications must be received, reviewed and accepted before any proposal will be considered. Guidance in red font indicates certain minimum requirements that an organization must possess in order to be considered for an award. The minimum requirements listed on this form are not all inclusive and WC reserves the right to not consider an organization for an award based on information on the SOQ for any reason if it is in the best interest of the workforce development area. Respondents will be notified in writing if their SOQ is not accepted with the reason(s) for non-acceptance.

Workforce Connections Statement of Qualifications (SOQ)

Organizational Information

1. Legal Name of Organization: _____

DBA: _____

2. SOQ Contact Person: _____ Title: _____

E-mail Address: _____ Phone: _____

3. Business Mailing Address: _____

4. Business Phone: _____ Website: _____

5. Federal Tax Identification Number (EIN/TIN): _____

Please attach a completed W-9 form. A copy of this form is available at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Organizations must have an EIN/TIN.

6. Organizational Category: (Please \checkmark ALL of the appropriate categories.)

A. *Choose only **ONE** of the following:*

Non-Profit OR *Private-for-Profit* OR *Public/Unit of Government*

B. *Choose **ANY** of the following that apply:*

Faith-Based *Community-Based/Grassroots* *Minority-Owned*

Women-Owned *Other:* _____

7. Organization Year of Incorporation: _____ State of Incorporation: _____

8. Is your organization a wholly-owned affiliate or subsidiary of any other organization? Yes No

If yes, please specify the parent organization: _____

Organizational Registrations

9. Does your organization have a DUNS Number? Yes No DUNS Number: _____

If no, please submit proof that a DUNS Number has been applied for. This may be done for no cost at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Organizations must either have a DUNS Number or submit proof that one has been applied for.

10. Is the organization currently registered as a federal contractor on SAM.gov? Yes No

Expiration date of SAM registration: _____

If yes, please attach a copy of SAM registration.

If no, please submit proof that SAM registration is pending. This may be done at www.sam.gov under Register/Update Entity.

Organizations must either be registered in SAM or submit proof that registration is pending.

11. Business License/Registration Number: _____ Jurisdiction: _____

Please attach a copy of one business license or exemption.

Organizations must have at least one state or local business license or charitable registration and submit evidence of such. Units of government must submit any document that authorizes the creation of or verifies the status of the organization as a unit of government. Charitable organizations that are exempt from a business license requirement must submit proof of the exemption. The Annual List must also be active with the appropriate Secretary of State.

Organizational Management

12. Owner/Top Executive Name: _____ Title: _____

13. Governing Body, Board of Directors, or Principals

You may attach an additional sheet if necessary.

<i>Name</i>	<i>Title</i>

Staffing Structure

14. How many total paid employees does your organization currently have? _____

15. How many of those employees are based in the Southern Nevada Workforce Development Area*? _____

**The Southern Nevada Workforce Development Area covers the Nevada counties of Clark, Lincoln, Nye, and Esmeralda.*

Please attach an organizational chart.

Programmatic Capacity

16. Program Manager Name: _____ Title: _____

Please mark position type: Employee Contractor Volunteer Other: _____

E-mail Address: _____ Phone: _____

17. Does your organization currently provide programmatic or case management services to participants?

Yes No

If yes, what is your organization's current programmatic caseload total for all programs? _____

What types of programmatic services does your organization provide? _____

18. Has your organization ever been awarded a federal contract to provide programmatic services?

Yes No

*If yes, please list the **two most recent** awards (including those by WC):*

1. Awarding Agency: _____ Year: _____ Amount: _____

2. Awarding Agency: _____ Year: _____ Amount: _____

19. Has your organization ever been formally reviewed or monitored for programmatic compliance by a funding agency? Yes No

*If yes, please complete below regarding the **two most recent** review/monitoring visits (including by WC):*

1. Awarding Agency: _____ Review Date: _____ Period Reviewed: _____

Report Issued?: Yes No Pending Findings Reported?: Yes No Pending

2. Awarding Agency: _____ Review Date: _____ Period Reviewed: _____

Report Issued?: Yes No Pending Findings Reported?: Yes No Pending

WC may request additional information regarding the monitoring visits listed above.

20. Does your organization currently have any outstanding review/monitoring findings with any funding agency (excluding WC)? Yes No

If yes, please attach a narrative listing each finding, the awarding agency, date of the review, and the status of the corrective action.

21. Please provide a local address where programmatic services may be conducted if the organization is awarded a contract from WC.

This address may not be a personal residence. Addresses will be verified using Google maps.

Legal Status

22. Is the organization now, or has it ever been at any time in the past five (5) years, involved in a civil or criminal lawsuit? Yes No

If yes, please attach a narrative describing the circumstances and outcome of each instance.

23. In the past five (5) years, has the organization or any of its owners or officers ever been assessed any penalties, or found to have violated any civil or criminal laws, rules or regulations enforced or administered by any governmental entity? (For this question, “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.) Yes No

If yes, please attach a narrative describing the circumstances and outcome of each instance.

24. Has any officer, director, owner, partner, principal investigator, or other person with management or supervisory responsibilities for the organization ever been convicted of a felony? Yes No

If yes, please attach a listing with each individual’s name and title. WC may request additional information, if necessary.

25. Is the organization now, or has it ever been at any time in the past five (5) years, the debtor in a bankruptcy case? Yes No

If yes, please attach a narrative describing the circumstances and outcome of each instance.

26. Is the organization in the process of, or in negotiations toward, being sold? Yes No

If yes, please attach an explanation of the circumstances surrounding the sale.

Note: Organization legal names and DBA names will be searched in public records databases for civil and criminal cases. Any Yes answers in the Legal Status section must have a corresponding narrative attached.

Financial Status

27. Top Financial Officer Name: _____ Title: _____

Please mark position type: Employee Contractor Volunteer Other: _____

E-mail Address: _____ Phone: _____

28. Fiscal Year End Date: _____ Total Revenues for Last Completed Fiscal Year: _____

Organizations with revenues under \$250,000 may be required to provide additional information.

29. Has your organization ever had an independent financial audit? Yes No

Has your organization ever filed a tax return or 990? Yes No

If the organization answers "No" to both questions above, a narrative must be submitted explaining why.

Organizations must attach one of the following: the latest independent financial audit, the latest filed tax return or 990, or a narrative explaining why neither has been completed.

30. Is the organization currently debarred from receiving federal funds? Yes No

Organization legal names and DBA names will be searched under excluded parties using SAM.gov.

31. Does the organization have a delinquent federal debt? Yes No

If yes, please attach a narrative describing the amount, type and status of each debt.

Organization legal names and DBAs will be searched for delinquent federal debts using SAM.gov. Any organizations with delinquent federal debts must have them resolved prior to entering into any contract with WC.

Insurance Requirements

All service providers must procure and maintain insurance coverage that meets the following specifications:

a. *General Public Liability Insurance*

All Service Providers are required to carry General Public Liability Insurance in the minimum amount of \$1,000,000 single limit and \$2,000,000 aggregate coverage.

b. *Motor Vehicle Insurance*

Service Providers must provide automobile insurance for "non-owned" and "hired" autos with a minimum coverage of \$1,000,000 per occurrence. This coverage must clearly specify that WC and/or staff are held harmless against claims arising from ownership, maintenance, or use of said vehicle if the use of the motor vehicle is related to conducting program activities. For corporate owned vehicles, WC requires a minimum coverage of \$1,000,000 per occurrence.

c. *Workers Compensation Insurance*

Service providers must carry workers compensation insurance for any work-based activities (i.e. training, work experiences, internships, etc.). Service Provider shall not be allowed to provide work-based activities if workers compensation insurance has not been procured. Workers compensation must be available with respect to injuries suffered by any program participant in such activities. If the State workers compensation law does not apply to a participant in a work-based activity, insurance coverage must be secured for any injuries suffered by a participant in the course of a work-based activity.

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 Provider or Service Provider 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 be able to provide documentation that they are Self-Insured in accordance with the limitations of NRS 41.0305-41.039.

32. Does the organization currently have insurance coverages that meet the minimum requirements listed above? Yes No

If no, is the organization able to secure insurance that meets the minimum requirements listed above prior to entering into any contract with WC? Yes No

Technology System Requirements

All service providers must have a technology system that meets the following specifications:

- a. *Computers* capable of using the WC's data management information system (Windows 8.1 or above, Internet Explorer 11 or above, and Microsoft Office Suite 2007 or above);
- b. *Adobe Acrobat Reader*;
- c. *Internet access*; and,
- d. *Individual corporate e-mail accounts* for staff working on the project. Email addresses must have a corporate extension – Yahoo, Outlook, and Gmail accounts with non-corporate extensions are considered to be personal accounts and do not meet the criteria.

33. Does the organization currently have a technology system that meets the minimum requirements listed above? Yes No

If no, is the organization able to secure a technology system that meets the minimum requirements listed above prior to entering into any contract with WC? Yes No

SOQ Certification

Organization Name _____

In submitting this statement, the signatory certifies that that all specifications contained in this Workforce Connections SOQ have been read, understood, and addressed in this document; that all of the information contained in this statement is true and correct.

Signatory certifies that this statement has been duly authorized by the governing body of the organization and that 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 thirty (30) days of date of change.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Required Attachments Checklist

1. W-9 form (Question 5)
2. Proof of pending DUNS number, if applicable (Question 9)
3. SAM registration, or proof of pending registration (Question 10)
4. Business license, or proof of exemption (Question 11)
5. Governing body list, if more space needed (Question 13)
6. Organizational chart (Questions 14-15)
7. Monitoring findings narrative, if applicable (Question 20)
8. Legal narratives, if applicable (Questions 22-26)
9. Independent financial audit, tax return or 990, or narrative describing why neither has been completed (Question 29)
10. Delinquent federal debt narrative, if applicable (Question 31)