

# CENTRAL SAVANNAH RIVER AREA REGIONAL COMMISSION

## REQUEST FOR PROPOSALS **Workforce Development Services**

DUE DATE: March 25, 2020

DUE TIME: 3:00 P.M.

ALL BIDS MUST BE SUBMITTED BY THE DUE DATE AND DUE TIME NOTED IN THE RFP.

SUBMIT BID TO: [rfps@csrarc.ga.gov](mailto:rfps@csrarc.ga.gov)

### **NOTICE REGARDING ELECTRONIC SIGNATURE**

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CSRA Regional Commission  
3626 WALTON WAY EXT., SUITE 300  
AUGUSTA, GA 30909  
Phone: 706.210.2000  
Fax: 706.210.2006  
Email: [acrosson@csrarc.ga.gov](mailto:acrosson@csrarc.ga.gov)



**RFP Due Date: 3/25/2020**

**Deadline for Questions: 3/20/2020**

**Mandatory Bidder's Conference: 2/26/2020**

The Central Savannah River Area Regional Commission is seeking responses as noted below. If you are interested in responding to our Request for Proposals, please do so by the date noted in this RFP and in the manner so described.

The CSRA Regional Commission (hereinafter referred to by name or "CSRA RC"), as the CSRA Regional Commission, 3626 Walton Way Ext., Suite 300, Augusta, GA 30909, will receive responses (hereinafter referred to as "Response" or "Responses" or "Bid" or "Bids") to this Request for Proposals (RFP) until 3:00 PM on March 10, 2020, for the Scope of Services outlined in the RFP.

No responses will be accepted after 3:00 PM on March 25, 2020. The CSRA RC reserves the right to request additional information from any Responder submitting a response to this RFP if the CSRA RC, in its sole discretion, deems such information necessary to further evaluate the responses to this RFP. The CSRA RC reserves the right, in its sole discretion, to interview any Responder responding to this RFP. The CSRA RC reserves the right to waive informalities and minor irregularities in submittals and reserves the sole right to determine what constitutes informalities or minor irregularities. Responder shall be responsible for all costs associated with responding to this RFP.

Any questions concerning this RFP or requests for additional information must be directed in writing to:

[acrosson@csrarc.ga.gov](mailto:acrosson@csrarc.ga.gov)  
or Andy Crosson,  
Executive Director CSRA Regional Commission  
3626 Walton Way Ext., Suite 300  
Augusta, GA 30909

**A MANDATORY BIDDERS CONFERENCE will be held on 2/26/2020 @ 10 AM at the CSRA Regional Commission's Office.**

**All Bidders MUST Attend.**

Answers/responses from the CSRA RC to questions or requests for additional information will be in writing and will be provided to all persons who have received a copy of this RFP and/or requested to be included on the mailing list for potential addendums as noted above.

The CSRA RC will evaluate each Response, choosing the one(s) that, in the CSRA RC's sole discretion, is/are the most responsive (not necessarily the lowest in cost) for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

The CSRA RC also reserves the right, in its sole discretion, to contact any and/or all Responders after receiving the Responder's submittal to seek clarification of any portion thereof. The CSRA RC reserves the right to request additional information from any and/or all Responder if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder's qualifications and/or capacity to perform.

The CSRA Regional Commission reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any or all Responses submitted, and/or to waive any technicalities or formalities.

Awarding of any contracts and any subsequent periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period. **EOE / ADA / M/F/H/O**

## APPEALS PROCESS

Responders not selected may appeal the CSRA Regional Commission's decision to award a competitively solicited contract/agreement to another Responder by submitting a written appeal to the Executive Director within ten (10) calendar days of being notified that they were not selected. The written appeal must be sent via certified mail, return receipt requested to: Attn: Appeal of Procurement Award, CSRA Regional Commission, 3626 Walton Way Ext., Suite 300, Augusta, GA 30909.

For procurements resulting in awards of less than \$125,000, the Executive Director will schedule a time within ten (10) business days to hear the Responder's appeal. The Executive Director will consider the information presented and submit to the appealing Responder his/her decision within ten (10) business days after hearing the appeal.

For procurements resulting in awards equal to or greater than \$125,000, the CSRA Regional Commission's Council will hear any such appeal at the Council's next regularly scheduled meeting (where the Responder may present an argument on its behalf, and the Executive Director, or his/her designee, may submit the Regional Commission's counterargument(s)). The Council will consider the information presented and submit to the Responder its decision within ten (10) business days after hearing the appeal. The decision of the CSRA Regional Commission's Council shall be final and binding.

After the Regional Commission's Council or the Executive Director issues an appeal decision, any dispute that shall arise as to the procurement process shall be referred to a(n) arbitrator(s) selected in accordance with the rules of the American Arbitration Association, and such dispute shall be settled by arbitration in accordance with the rules prescribed by the CSRA Regional Commission, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction. The party requesting arbitration and the CSRA Regional Commission shall share equally the cost of the arbitration process.

Once the arbitrator(s)'s judgment has been rendered, the decision will be presented to the CSRA Regional Commission's Council at its next regularly scheduled meeting for further consideration and/or action, if necessary.

**I have read and understand the appeals process as outlined above.**

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Background

Through this Request for Proposal (RFP), the CSRA Regional Commission, in its capacity as the WIOA fiscal agent/grant recipient, is soliciting responses from potential Responders interested in operating certain workforce programs in the State-Designated CSRA Workforce Area 12 for the period outlined within the *“Period of Performance and Contract Terms”* section of this RFP. Responders may limit their request to serve a particular geographical area. This RFP is in accordance with Training and Employment Guidance Letter WIOA NO. 1516.

Under this RFP, the CSRA Regional Commission is accepting proposals for the following services:

- Comprehensive One-Stop Coordination and Operations
- Local Workforce Development Center/Access Point
- Business Services
- Out-of-School Youth Programs and Services

Responders must fully complete the Request for Proposal and associated assurances to be considered. Selected Responders will become a part of the service delivery system detailed in CSRA RC’s FY 20201 Local Area Plan (a planning document for the CSRA). Inclusion in the Area Plan does not guarantee or imply any grant award for subsequent years. This RFP only covers the period outlined in the *“Period of Performance and Contract Terms”* section of this RFP.

The CSRA Regional Commission has the responsibility for developing a Local Area Plan for workforce development services and programs which describes this service delivery system in detail and the impact the Plan has on the planning and service area. The Local Area Plan is implemented through contracts, subgrant agreements, and cooperative agreements negotiated with various providers and local jurisdictions to implement services for the benefit of unemployed and underemployed residents in the service area. The Local Area Plan planning period should not be confused with the period of contracts, subgrant agreements, or cooperative agreements awarded under this RFP.

# RESPONDER INFORMATION SHEET



Name of Organization: \_\_\_\_\_

Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address:

Street and/or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Public \_\_\_\_\_ Private Non-Profit  
(check all that apply) \_\_\_\_\_ Private Proprietary \_\_\_\_\_ Minority owned

(for informational/statistical purposes only) \_\_\_\_\_ Female owned \_\_\_\_\_ Less than 500 employees

Primary Contact Person: Name: \_\_\_\_\_

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

Services to be Provided (check all that apply):

☐ Comprehensive One-Stop including coordination

☐ Affiliate One-Stop Operations

☐ Adult Programs (check all that apply)

☐ Skills Training

☐ Offender-Focused Training and Job Placement

☐ Veterans Training and Job Placement

☐ Youth Programs (check all that apply)

- ☐ Tutoring, Study Skills Training, Instruction, and Dropout Prevention activities that lead to completion of a high school diploma or recognized equivalent
- ☐ Alternative Secondary School and Dropout Recovery Services assist youth who have struggled in traditional secondary education or who have dropped out of school
- ☐ Paid and Unpaid Work Experience is a structured learning experience in a workplace and provides opportunities for career exploration and skill development
- ☐ Occupational Skills Training is an organized program of study that provides specific skills and leads to proficiency in an occupational field
- ☐ Education Offered Concurrently with Workforce Preparation is an integrated education and training model combining workforce preparation, basic academic skills, and occupational skills

- ☐ Leadership Development Opportunities encourage responsibility, confidence, employability, self-determination, and other positive social behaviors
- ☐ Supportive Services enable an individual to participate in WIOA activities
- ☐ Adult Mentoring is a formal relationship between a youth and an adult mentor with structured activities where the mentor offers guidance, support, and encouragement
- ☐ Follow-up Services are provided following program exit to help ensure youth succeed in employment or education
- ☐ Comprehensive Guidance and Counseling provides individualized counseling to participants, including drug/alcohol and mental health counseling
- ☐ Financial Literacy Education provides youth with the knowledge and skills they need to achieve long-term financial stability
- ☐ Entrepreneurial Skills Training provides the basics of starting and operating a small business and develops entrepreneurial skills
- ☐ Services that Provide Labor Market Information offer employment and labor market information about in-demand industry sectors or occupations
- ☐ Postsecondary Preparation and Transition Activities help youth prepare for and transition to postsecondary education and training

**Counties to be served (check all that apply):**

- ☐ Burke
- ☐ Jefferson
- ☐ Jenkins
- ☐ Richmond

**Total Funds Requested:** \_\_\_\_\_

- ☐ *I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.*
- ☐ *By checking this box and signing my name below, I am electronically signing this form.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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# REQUEST FOR QUALIFICATIONS



**All information requested is required prior to consideration of any response.  
The undersigned certifies under oath to factual truth of all information presented.**

Name of Firm/Individual: \_\_\_\_\_

Form of Legal Entity (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name and Title of Respondent: \_\_\_\_\_

E-Verify Number: \_\_\_\_\_

Are You or Affiliate Rated by Dun and Bradstreet? ☐ YES ☐ NO

If yes, D&B Number: \_\_\_\_\_

**Have you or your firm defaulted on a contract or failed to complete any work awarded, or been involved in work related to litigation (if yes, please describe)?**      YES      NO

**List up to ten (10) projects which demonstrate skills to be used on a similar project. Note project name, location, owner, year, and nature of firm/individual's responsibility:**

List key personnel and qualifications likely to be involved on this type of project and explain their specific role in the work to be done:

List professional references for the firm/individual:

Certifying that all answers to the foregoing questions and all statements therein contained are true and correct, I acknowledge that I am authorized to submit this response and that, if this response is accepted, I or my organization, will perform the duties as described.

*I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.*

☐

*By checking this box and signing my name below, I am electronically signing this form.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SEE NOTICE REGARDING ELECTRONIC SIGNATURE**



# Scopes of Work

## Comprehensive One-Stop Coordination and Operation Overview

The cornerstone of the workforce development system is the One-Stop service delivery system designed to serve the needs of dual customers: the jobseeker and the employer. This delivery system is the mechanism through which programs and services are integrated within each community. In the CSRA this One-Stop system is identified through common branding and is identified by “WorkSource CSRA”. Under WIOA the law requires the use of a common One-Stop delivery system identifier. In addition, the One-Stop delivery system will use the tag line phrase “a proud partner of the American Job Center network.”

The selected contractor shall be a partner in the WorkSource CSRA local One-Stop service delivery system. The system is designed to operate as a network of partners working to enhance education, training and employment opportunities under the guidance of the WDB. WorkSource CSRA local One-Stop system (hereinafter referred to as “the One-Stop” or “WorkSource CSRA”) service delivery model is a common sense approach to helping people find the right job, training or educational programs at a single location. Job seekers will find a path to employment through a wide array of partner services such as housing, public assistance, Unemployment Insurance, Technical Education, Adult Education, Jobs for Veterans, Second Chance programs, post-secondary education, youth services, services for aging, and more. This array of services is designed to remove barriers for job seekers, allowing a clear path to employment. The local One-Stop center & affiliate locations also provide central locations for businesses to get help hiring employees, find qualified workers and/or post job listings. There is currently one comprehensive One-Stop location at 601 Greene Street in Augusta. Affiliate One-Stops or access points are also located in each county.

WorkSource CSRA considers employers to be principal customers within the local One- Stop center and a pivotal partner to a well-functioning workforce development system. The contractor shall be required to work in collaboration with all local area partner agency staff, particularly staff assigned to work directly with the business community.

The contractor will be expected to work in conjunction with the required WIOA partner agencies and all One-Stop locations within the area to provide a holistic approach to customer service. This shall include the promotion of the local One-Stop service delivery system at all times.

## COMPLETE, SIGN, AND RETURN

This entire section is to be completed, signed and returned as part of your proposal.

The contractor shall maintain and manage the WIOA Comprehensive One-Stop in Richmond County according to WIOA regulations. The contractor shall align with Georgia's WIOA & Wagner-Peyser State Plan, the CSRA Workforce Development's mission, and local area policy and procedures. (Within this section, the term "local area" is used to identify the Administrative Entity, CSRA Regional Commission (CSRARC), administering WIOA services within Burke, Jefferson, Jenkins and Richmond Counties). The term "contractor" may refer to the contractor's administrative staff or the One-Stop staff funded through this project).

*Marking the checkboxes below constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

	PRIMARY SCOPE OF WORK
	<ul style="list-style-type: none"> <li>A. To provide day-to-day management of the WorkSource Center in Augusta-Richmond County.</li> <li>B. Implement all WIOA-funded services consistent with the goals and objectives of the CSRA system; and</li> <li>C. Coordinate services of required system partner agencies. Ensure all required partner services are available to the customer through the CSRA One-Stop. These services must be provided on-site by the required partner and/or by the partner through on-site technology such as video web-conferencing.</li> <li>D. Ensure the facility is clean and in proper condition for public staff and public use.</li> <li>E. Monitor partner participation, reporting any required partner absences on their appointed days and times to the One-Stop Coordinator.</li> <li>F. Submit all required reports to the One-Stop Coordinator or designee.</li> <li>G. Monitor any customer complaints. Handle customer complaints as the event is taking place and report ALL complaints to the CSRA EO Officer.</li> <li>H. Maintain regular and open communication with the CSRA Assistant Workforce Director and any other designated contacts.</li> <li>I. Coordinate with other One-Stop locations and required partners within Local Workforce Development Area 12.</li> <li>J. Coordinate with employers within the area.</li> <li>K. Attend meetings and training as requested by the local area.</li> <li>L. Disseminate information to partners as directed.</li> <li>M. Adhere to standard One-Stop policies and procedures.</li> <li>N. May participate in job fairs in the One-Stop or in the Region.</li> <li>O. Maintain the One-Stop Resource Reference Guide listing all required partners, the partner contact information, services provided and hours available to the customer.</li> <li>P. One-Stop staff should assist customers with: <ul style="list-style-type: none"> <li>1) Resume Development.</li> <li>2) Computerized job search (including employer contact).</li> <li>3) Completion of online applications.</li> <li>4) Use of fax machine, telephones, computers for contacting and working with potential employers, partner agencies and community resources.</li> </ul> </li> </ul>

	<p>5) Registration in the Georgia Work Ready Online Participant Portal (GWR) system for customer tracking.</p> <p>6) Information regarding the local labor market.</p> <p>7) Information regarding WIOA training programs including youth, ITA and OJT programs.</p> <p>8) Information regarding the use of GWR for customer self-assessment</p> <p>9) Identifying immediate and long-term needs.</p> <p>10) Referrals to partner agencies and resources as appropriate to address needs.</p> <p>11) Follow-up regarding job search and/or training activities.</p> <p>Q. Provide referrals to customers who are interested in entering WIOA partner programs. This determination will be performed according to rules as issued by the local area.</p> <p>R. Assist customers in making an informed customer choice in the process of job search.</p> <p>S. Refer customers to other services when the customer is in need of those activities, including WIOA training services, social services agencies, community-based organizations, faith-based organizations and other partner agencies.</p> <p>T. Provide information on the full array of applicable or appropriate services that are available through the CSRA Comprehensive One-Stop Center , other local offices, other providers or One-Stop Partners.</p> <p>U. May provide follow-up services for all customers who participate in job search.</p> <p>V. submit reports as required by the local area.</p>
	<p><b>STAFF REQUIREMENT</b></p> <p>A. All staff funded with WIOA funds shall have a written job description with roles and responsibilities specific to the delivery of WIOA services as specified in this RFP. The contractor may not assign WIOA-funded staff to any duties or responsibilities beyond the comprehensive delivery of WIOA services outlined in the resulting contract.</p> <p>B. The contractor must have sufficient staff to ensure the CSRA One-Stop Center staffed ALL open hours as set by the local area regardless of staff absences, planned or emergency based absence. The contractor also agrees to immediately notify local area staff of any, and ALL absences of regularly scheduled staff whether the absence is planned or emergency based.</p> <p>C. The contractor must have a plan for how they will provide services outside of the regular business hours and must have a plan for how they will provide services to individuals who cannot visit a center during regular business hours</p> <p>D. The contractor shall submit a staffing plan (organizational chart must be included) which shall be sufficient to provide for staff to deliver services on a full-time basis.</p> <p>E. The contractor shall notify the local area immediately of any vacant position; when new staff is expected to be hired, and be committed to filling staff vacancies with qualified candidates without any delay or gap in services.</p> <p>F. The contractor shall assign a contact to work with the local area on all issues related to carrying out the terms and conditions of the contract between the local area and contractor.</p> <p>G. The contractor shall ensure that WIOA funded staff, at a minimum, have the following skills, knowledge and/or abilities:</p> <ul style="list-style-type: none"> <li>• Excellent customer service skills.</li> <li>• Computer and technology skills sufficient to perform accurate and timely data entry and other data collection functions.</li> <li>• Knowledge of how to coordinate services and activities.</li> <li>• Familiar with job-searching activities.</li> <li>• Ability to succeed in a “team-work” environment.</li> <li>• Knowledge of purpose of workforce development programs.</li> <li>• Ability to handle customer complaints &amp; knowledge of safety procedures for staff and customers</li> </ul>

	<p>H. The contractor shall ensure that all staff hired to work under this contract are trained by local area staff in the following areas:</p> <ul style="list-style-type: none"> <li>• WIOA process and procedures, specifically One-Stop procedures</li> <li>• Ensuring successful outcomes.</li> <li>• Information on employment services available throughout the local area One-Stop system.</li> <li>• The use of specific USDOL workforce development/One-Stop service</li> <li>• Internet tools (e.g. Americas Career Net Tool, Americas Service Locator, ONET).</li> <li>• The use of Labor Market Information in determining career goals.</li> <li>• The knowledge of all programs of CSRA Workforce Development and partner agencies required under WIOA Law and Regulations.</li> <li>• How to provide superior service to all job seekers and businesses in an integrated, regionally focused framework with regards to the CSRARC and its required partners.</li> </ul> <p>I. The contractor will ensure that all staff funded through this contract have undergone a criminal background check and drug screening and do not have any violations or convictions that could adversely affect the customers served under this program.</p>
	<p><b>REPORTING &amp; MANAGEMENT REQUIREMENTS</b></p> <p>Reporting requirements shall include both program and financial reports and will include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>• Reporting on participation in One-Stop Activities (Comprehensive One-Stop as well as other service centers)</li> <li>• Corrective Action Reports (when necessary)</li> </ul>
	<p><b>POLICIES AND PROCEDURES</b></p> <p>Regarding policies and procedures, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Ensure that all staff are sufficiently trained in WIOA operational policies and reporting procedures.</li> <li>• Provide staff access to both hard copy and electronic copies of all policies and procedures developed for use by the local area as they apply toward the One-Stop operation.</li> <li>• Ensure that all newly developed policies and procedures are shared with staff as appropriate.</li> </ul>
	<p><b>CUSTOMER CONFIDENTIALITY</b></p> <p>Regarding customer confidentiality, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Maintain customer confidentiality at all times. Confidentiality requirements include any information regarding project applications of customers and their immediate families that may be obtained through application forms, interviews, tests, reports from public agencies or counselors, or any other source.</li> <li>• Take reasonable steps to ensure the physical security of all data gathered, and inform each of its employees, contractors, and sub-recipients having any involvement with personal data or other confidential information, of the laws and regulations relating to confidentiality</li> </ul>
	<p><b>WORKFORCE DEVELOPMENT SYSTEM</b></p> <p>The contractor staff may be requested to attend local One-Stop partner meetings, WDB committee meetings, WDB meetings, partner agency meetings, or other local area meeting pertaining to the CSRA Comprehensive One-Stop Center operations.</p>
	<p><b>CORRECTIVE ACTION</b></p> <p>The local area reserves the right to conduct monitoring and evaluation of the performance provided under contract. The local area will notify the contractor in writing of any deficiencies noted during such review, and may withhold or disallow payments as appropriate based upon</p>

	such deficiencies. The local area will provide technical assistance to the contractor related to the deficiencies noted. The local area shall conduct follow-up visits to review the previous deficiencies and to assess the efforts made to correct them. If such deficiencies persist, the local area may terminate the contract.
<input type="checkbox"/>	<b>LEGAL AUTHORITY</b> The contractor assures and guarantees that it possesses the legal authority pursuant to any proper, appropriate and official motion, resolution or action passed or taken, giving the contractor legal authority to enter into a contract, receive the payments authorized under contract, and to perform the work the contractor has obligated itself to perform under contract.

*Marking the checkboxes above constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

*I certify that the activities and requirements outlined in the STATEMENT OF WORK checklist above are understood. I agree that contractor staff will be responsible for completing all activities and requirements outlined. I also certify that the STATEMENT OF WORK narrative is attached.*

☐ **By checking this box and signing my name below, I am electronically signing this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (typed) \_\_\_\_\_ Title \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Local Goals **SEE NOTICE REGARDING ELECTRONIC SIGNATURE**

In addition to the requirements and expectations detailed in this RFP, all services proposed by the respondent must support the goals of the WorkSource CSRA system, which include the following:

- Universal services, resulting in efficient and timely access to a wide variety of employment related services to individuals seeking work;
- Integration which creates a seamless, functional coordination of services through collaborative development of the system's vision, goals, service strategies, resource allocation and team-based system management;
- Customer choice; and
- Accountability which results in a performance-driven, outcome-based system that uses data collection, customer feedback and other tools to assess program success

## REQUIRED WIOA ONE-STOP PARTNERS

- Wagner Peyser
- Adult Education Programs & Family Literacy Act
- Technical College System of Georgia
- Community Service Block Grants
- Job Corps
- Native American Programs
- Migrant and Seasonal Farmworkers
- YouthBuild
- Adult Programs
- Dislocated Worker Programs
- Youth Programs
- Vocational Rehabilitation
- Housing and Urban Development Jobs for Georgia Veteran's Program
- Re-Entry Second Chance Programs
- Unemployment Insurance Programs
- Senior Community Service Employment Program
- Trade Act Programs

## **Scope or Work: Local Workforce Development Center/Access Point**

In addition to the Comprehensive One Stop Center, the CSRA Regional Commission currently operates several local workforce development centers throughout the service area. Any agency interested in operating one of these centers must apply through this RFP process.

All of the local centers shall be a partner in the WorkSource CSRA local One-Stop service delivery system. The system is designed to operate as a network of partners working to enhance education, training and employment opportunities under the guidance of the WDB. WorkSource CSRA local One-Stop system (hereinafter referred to as “the One-Stop” or “WorkSource CSRA”) service delivery model is a common sense approach to helping people find the right job, training or educational programs at a single location.

Local centers may provide any or all of the services that are required to be offered at the Comprehensive One-Stop. At these centers, job seekers will find a path to employment through a wide array of partner services such as housing, public assistance, Unemployment Insurance, Technical Education, Adult Education, Jobs for Veterans, Second Chance programs, post-secondary education, youth services, services for aging, and more. This array of services is designed to remove barriers for job seekers, allowing a clear path to employment.

WorkSource CSRA considers employers to be principal customers within the local One- Stop center and a pivotal partner to a well-functioning workforce development system. The contractor shall be required to work in collaboration with all local area partner agency staff, particularly staff assigned to work directly with the business community.

All bidders should submit a detailed proposed scope of services and operations with their application. All successful bidders will work with the CSRA RC to identify reporting and performance requirements based on the scope of services submitted with the application.

## Scopes of Work: Business Services

The Business Services provider will connect employers to the CSRA's workforce system, gather business intelligence and assist in strengthening the Regional Workforce/Economic Development partnership by developing relationships with regional businesses and local development authorities.

Successful respondents shall develop and implement plans to deliver Business Services activities as outlined in the checklist below. The successful bidder will be able to connect customers with job opportunities and vice versa. The successful bidder will have or develop meaningful relationships with the hiring managers at potential employers in the region.

The following deliverables will be used to measure success of the contract

- ☐ Record all activity with businesses/employers in the designated system on a regular and continual basis.
- ☐ On a quarterly basis attend at least one Chamber or other business and industry group meeting in each county in the region. Attend Augusta Regional Development Alliance meetings monthly.
- ☐ Monthly, provide a summary report of activity to CSRA Regional Commission, by no later than the 10th business day of each month. Report should contain a narrative of special projects and status updates, number of direct customer visits, meetings, job fairs, etc.
- ☐ Attendance at CSRA Workforce Board meetings and participation in statewide Business Consultant meetings and training events.

## COMPLETE, SIGN, AND RETURN

The contractor shall provide services according to WIOA regulations. The contractor shall align with Georgia's WIOA & Wagner-Peyser State Plan, the CSRA Workforce Development's mission, and local area policy and procedures. (Within this section, the term "local area" is used to identify the Administrative Entity, CSRA Regional Commission (CSRARC), administering WIOA services within Burke, Jefferson, Jenkins and Richmond Counties).

*Marking the checkboxes below constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

	PRIMARY SCOPE OF WORK
	<ul style="list-style-type: none"><li>A. Market CSRA RC Workforce services to the businesses in the region, in group or one-on-one settings.</li><li>B. Compile/gather business intelligence to better understand the needs of business for workforce development solutions.</li><li>C. Communicate, facilitate and coordinate services with state, regional and local entities.</li><li>D. Work with economic development and industry professionals in business retention, expansion and attraction activities as needed.</li><li>E. Manage a portfolio of premier companies to accomplish above goals.</li><li>F. Collect business intelligence from employers in the region and develop professional relationships with the major contributors to the regional economy.</li><li>G. Consultant will compile and advise CSRA RC of business intelligence for strategic planning.</li><li>H. Provide information to employers, to raise awareness about all workforce services including but not limited to; WorkSourceCSRA Comprehensive One-Stop, on-the-job training programs, specialized recruitment and placement, screening services, etc.</li></ul>

	<ul style="list-style-type: none"> <li>I. Promote the hiring of Dislocated Workers and other specialized populations, such as; Veterans, persons with disabilities, Adult Education students, and Youth.</li> <li>J. Deliver presentations to business and trade organizations regarding workforce related topics and services.</li> <li>K. Evaluate the workforce development and hiring/recruitment needs of businesses, and develop solutions- based strategies to meet those needs.</li> <li>L. Serve as the point of contact for companies in the event of closure or layoffs and coordinate Rapid Response efforts if necessary. Consultant should look for opportunities where layoff aversion activities would be appropriate and deploy resources as necessary.</li> <li>M. Develop strategic partnerships with local and statewide economic development individuals to understand programs and abilities, share appropriate information about business activity and coordinate services that maintain, and or promote increased employment levels.</li> <li>N. Assist employers in utilizing all features of the CSRA Workforce Development system to effectively recruit and select employees. Help employers post job orders as needed and use the system to find and/or screen applicants.</li> <li>O. Participate in Job Fairs, Career Fairs, and other opportunities for both employers and applicants to exchange information about jobs.</li> <li>P. Assist CSRARC staff with marketing and development of work experience worksites and on-the-job training contracts.</li> <li>Q. Provide referrals to customers who are interested in entering WIOA partner programs. This determination will be performed according to rules as issued by the local area.</li> <li>R. Refer customers to other services when the customer is in need of those activities, including WIOA training services, social services agencies, community-based organizations, faith-based organizations and other partner agencies.</li> <li>S. May provide follow-up services for all customers who participate in job search.</li> <li>T. submit reports as required by the local area.</li> </ul>
	<p><b>STAFF REQUIREMENT</b></p> <ul style="list-style-type: none"> <li>A. All staff funded with WIOA funds shall have a written job description with roles and responsibilities specific to the delivery of WIOA services as specified in this RFP. The contractor may not assign WIOA-funded staff to any duties or responsibilities beyond the comprehensive delivery of WIOA services outlined in the resulting contract.</li> <li>B. The contractor shall submit a staffing plan (organizational chart must be included) which shall be sufficient to provide for staff to deliver services on a full-time basis.</li> <li>C. The contractor shall notify the local area immediately of any vacant position; when new staff is expected to be hired, and be committed to filling staff vacancies with qualified candidates without any delay or gap in services.</li> <li>D. The contractor shall assign a contact to work with the local area on all issues related to carrying out the terms and conditions of the contract between the local area and contractor.</li> <li>E. The contractor shall ensure that WIOA funded staff, at a minimum, have the following skills, knowledge and/or abilities: <ul style="list-style-type: none"> <li>• Excellent customer service skills.</li> <li>• Computer and technology skills sufficient to perform accurate and timely data entry and other data collection functions.</li> <li>• Knowledge of how to coordinate services and activities.</li> <li>• Familiar with job-searching activities.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Ability to succeed in a “team-work” environment.</li> <li>• Knowledge of purpose of workforce development programs.</li> <li>• Ability to handle customer complaints and knowledge of safety procedures for staff and customers.</li> </ul> <p>F. The contractor shall ensure that all staff hired to work under this contract are trained by local area staff in the following areas:</p> <ul style="list-style-type: none"> <li>• WIOA process and procedures</li> <li>• Ensuring successful outcomes.</li> <li>• Information on employment services available throughout the local area One-Stop system.</li> <li>• How to provide superior service to all job seekers and businesses in an integrated, regionally focused framework with regards to the CSRARC and its required partners.</li> </ul> <p>G. The contractor will ensure that all staff funded through this contract have undergone a criminal background check and drug screening and do not have any violations or convictions that could adversely affect the customers served under this program.</p>
	<p><b>REPORTING &amp; MANAGEMENT REQUIREMENTS</b></p> <p>Reporting requirements shall include both program and financial reports and will include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>• Reporting on Business Services Activities</li> <li>• Corrective Action Reports (when necessary)</li> </ul>
	<p><b>POLICIES AND PROCEDURES</b></p> <p>Regarding policies and procedures, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Ensure that all staff are sufficiently trained in WIOA operational policies and reporting procedures.</li> <li>• Ensure that all newly developed policies and procedures are shared with staff as appropriate.</li> </ul>
	<p><b>CUSTOMER CONFIDENTIALITY</b></p> <p>Regarding customer confidentiality, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Maintain customer confidentiality at all times. Confidentiality requirements include any information regarding project applications of customers and their immediate families that may be obtained through application forms, interviews, tests, reports from public agencies or counselors, or any other source.</li> <li>• Take reasonable steps to ensure the physical security of all data gathered, and inform each of its employees, contractors, and sub-recipients having any involvement with personal data or other confidential information, of the laws and regulations relating to confidentiality</li> </ul>
	<p><b>WORKFORCE DEVELOPMENT SYSTEM</b></p> <p>The contractor staff may be requested to attend local One-Stop partner meetings, WDB committee meetings, WDB meetings, partner agency meetings, or other local area meeting pertaining to the CSRA Comprehensive One-Stop Center operations.</p>
	<p><b>CORRECTIVE ACTION</b></p> <p>The local area reserves the right to conduct monitoring and evaluation of the performance provided under contract. The local area will notify the contractor in writing of any deficiencies noted during such review, and may withhold or disallow payments as appropriate based upon such deficiencies. The local area will provide technical assistance to the contractor related to the deficiencies noted. The local area shall conduct follow-up visits to review the previous deficiencies and to assess the efforts made to correct them. If such deficiencies persist, the local area may terminate the contract.</p>
	<p><b>LEGAL AUTHORITY</b></p> <p>The contractor assures and guarantees that it possesses the legal authority pursuant to any</p>

	proper, appropriate and official motion, resolution or action passed or taken, giving the contractor legal authority to enter into a contract, receive the payments authorized under contract, and to perform the work the contractor has obligated itself to perform under contract.
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*Marking the checkboxes above constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

*I certify that the activities and requirements outlined in the STATEMENT OF WORK checklist above are understood. I agree that contractor staff will be responsible for completing all activities and requirements outlined. I also certify that the STATEMENT OF WORK narrative is attached.*

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐ ***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### NOTICE REGARDING ELECTRONIC SIGNATURE

This response will become part of the contract documents if it is selected for an award. Digital signatures are used in this document. In all locations except the last, the digital signature is represented by the typed name of the individual duly authorized to sign on behalf of the agency. The final signature is an Adobe signature box. If you do not have an Adobe certificate, you may self create the signature certification as instructed by your Adobe program. Signing this response in any of the signature boxes will be recognized by both parties as an official signature of the respondent. Traditional signatures may be requested by the Commission at any time.

# SCOPE OF WORK: OUT-OF-SCHOOL YOUTH

The successful bidder shall operate training program(s) for Out-of-School Youth Programs to be delivered in any or all of the following counties: Burke, Jefferson, Jenkins and Richmond. Successful bidders will be responsible for all aspects of the programming from trainee recruitment, to intake and eligibility determination, to case management and advisement, to delivering occupational skills training and/or brokering such training from entities approved to operate such training, to job placement and follow-up for a 12 month period following program exit.

Successful Bidders must provide any or all of the Youth Program Elements. A complete list of these elements is available at the referenced website.<sup>1</sup> Preference may be given to bidders that serve multiple counties or provide multiple program elements. The most successful bidders will be responsible for all aspects of the programming from trainee recruitment, to intake and eligibility determination, to case management and advisement, to delivering occupational skills training and/or brokering such training from entities approved to operate such training, to job placement and follow-up for a 12 month period following program exit.

Proposed services must support skills development, the attainment of industry-recognized/industry relevant credentials and degrees, and are to prioritize career pathways in high demand sectors. Proposers must demonstrate their ability to recruit and identify low-skilled job seekers and at-risk vulnerable populations, and provide them with services necessary for entry into career pathways in high demand or high growth industry sectors/clusters in the region.

These training programs must be designed to meet participant needs by either directly providing the needed service and/or purchasing occupational skills training from eligible providers. All training providers must be on the State's eligible provider list (ETPL) or must apply to become an eligible provider through the CSRA RC.

## PARTICIPANT ELIGIBILITY

The selected proposer may use youth funds to provide services for out-of-school-youth between the ages of 16-24 that meet the federal WIOA eligibility criteria. Suitability factors should also be considered when making a determination for enrollment. The successful bidder is responsible for determining eligibility based on the criteria and process provided by the CSRA RC.

### Definition

The term "out-of-school youth" means an individual who is:

- 1) Not attending any school (as defined under state law as a public, private, or home study program that meets requirements under O.C.G.A. § 20-2-690); However, for purposes of WIOA, USDOL does not consider providers of Adult Education under Title II of WIOA, Youth Build programs, and Job Corps programs to be schools. Therefore, WIOA youth programs may consider a youth to be an out-of-school youth for purposes of WIOA youth program eligibility if he/she is attending Adult Education provided under Title II of WIOA, Youth Build, or Job Corps. It is the policy of WDB that student attendance at a post-secondary institution qualifies as "attending school" and does not apply to this section.
- 2) Not younger than age 16 or older than age 24 at the time of enrollment and one or more of the following:
  - a) A school dropout;
  - b) A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete quarter or semester. The definition of a quarter or semester is based on how a local school district defines the terms;
  - c) A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner;
  - d) An individual who is subject to the juvenile or adult justice system; 6
    - a) A homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), a homeless child or youth (as defined in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under section 477 of the Social Security Act (42 U.S.C. 677),

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<sup>1</sup> Youth Element Definitions and Guidance:

[https://youth.workforcegps.org/resources/2017/03/22/09/55/~/\\_link.aspx?\\_id=4E318B919AAD49B5BA55FA77FEFA2F4E&\\_z=z](https://youth.workforcegps.org/resources/2017/03/22/09/55/~/_link.aspx?_id=4E318B919AAD49B5BA55FA77FEFA2F4E&_z=z)

- or in an out-of-home placement;
- e) An individual who is pregnant or parenting;
- f) A youth who is an individual with a disability;
- g) A low income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. The term "requires additional assistance" is defined by local policy.

The following chart summarizes the eligibility criteria:

Age & Other	Low Income
<p>A. 16-24 years old at eligibility determination, <u>and</u></p> <p>B. <b><u>Not attending</u></b> or <b><u>enrolled</u></b> in secondary or for-credit postsecondary school at eligibility determination <u>and</u></p> <p>C. At least one of the following apply:</p> <ol style="list-style-type: none"> <li>1. School Dropout; <u>or</u></li> <li>2. Youth who (a) received HS Diploma/equivalent and (b) is low-income and (c) is Deficient in Basic Literacy Skills or is an English language learner; <u>or</u></li> <li>3. Required to attend school but has not attended for at least the most recent complete school year's calendar quarter'; <u>or</u></li> <li>4. Homeless or Runaway; <u>or</u></li> <li>5. In foster care or aged out of foster care; <u>or</u></li> <li>6. Pregnant/Parenting; <u>or</u></li> <li>7. Subject to the juvenile or adult justice system; <u>or</u></li> <li>8. Has a disability; <u>or</u></li> <li>9. Requires additional assistance to complete an educational program, or to secure and hold employment (<b>must also meet low income requirements</b>)</li> </ol>	<p>A. OSY customers can attend and/or be enrolled in a non-credit postsecondary school at eligibility determination.</p> <p>B. OSY customers 21-24 years old are not subject to in-school educational requirements.</p> <p>C. Low income required only if using C. 2. or C. 9. from "Age &amp; Other" column</p> <p>D. Family income at or below 100% of poverty line or 70% lower living standard <u>or</u> Meets one of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Customer receives or is a member of a family that receives (currently or in the past six months) one of the following: TANF, SNAP, SSI, or other public assistance; <u>or</u></li> <li>2. Foster Child; <u>or</u></li> <li>3. Homeless; <u>or</u></li> <li>4. Receives or is eligible to receive free or reduced-price lunch; <u>or</u></li> <li>5. Lives in a high poverty census tract.</li> </ol> <p>Note: Customer with a disability must be considered family of one for income determination purposes if family income exceeds youth income criteria and 1-5 above do not apply.</p>

## PRIORITIES

The following "at-risk" youth shall receive priority of service:

- Pregnant and/or parenting teens,
- Offenders,
- Dropouts,
- Graduated or completed a GED but have no sustainable plans nor post-secondary or career targets,
- No connections to post-secondary education or training,
- Youth from foster homes.

## COMPLETE, SIGN, AND RETURN

This entire section is to be completed, signed and returned as part of your proposal.

The contractor shall provide services according to WIOA regulations. The contractor shall align with Georgia's WIOA & Wagner-Peyser State Plan, the CSRA Workforce Development's mission, and local area policy and procedures. (Within this section, the term "local area" is used to identify the Administrative Entity, CSRA Regional Commission (CSRARC), administering WIOA services within Burke, Jefferson, Jenkins and Richmond Counties). The term "contractor" may refer to the contractor's administrative staff or the One-Stop staff funded through this project).

*Marking the checkboxes below constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

	<b>PRIMARY SCOPE OF WORK</b>
	<p>A. Provide an objective assessment of the academic level, skills levels, and service needs of each participant. This assessment shall include a review of basic skills, occupational skills, prior work experience, employability, interest, aptitudes (including interest and aptitudes for nontraditional jobs), supportive service needs, and development needs of such participant for the purpose of identifying appropriate services and career pathways for participants.</p> <p>B. Develop service strategies for each participant that shall identify career pathways that include education and employment goals, appropriate achievement objectives, and appropriate services for the participant taking into account the assessment conducted.</p> <p>C. Provide:</p> <ul style="list-style-type: none"> <li>i. Activities leading to the attainment of a secondary school diploma or its recognized</li> <li>ii. equivalent or a recognized postsecondary credential;</li> <li>iii. Postsecondary educational and training opportunities;</li> <li>iv. Strong linkages between academic and occupational education; and</li> <li>v. preparation for unsubsidized employment opportunities, and when appropriate,</li> <li>vi. effective connections to employers in in-demand industry sectors and occupations of the local and regional labor markets</li> </ul> <p>D. Address the required WIOA Program Elements. The linked document<sup>2</sup> is a list of the required services local programs must provide or make available to youth per Section 129 (c) (2) of WIOA. If any of the 14 elements are provided outside the bidder's organization, bidders must have clear processes in place for determining how youth are referred to these services, and how services and related youth outcomes are tracked. A Memorandum of Agreement must be included from partners if they are providing any of these elements.</p> <p>E. Bidders must provide follow up services for all participants for 12 months. Follow Up services may include:</p> <ul style="list-style-type: none"> <li>• Leadership development and supportive service activities;</li> <li>• Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise;</li> <li>• Assistance in securing better paying jobs, career pathway development, and</li> </ul>

<sup>2</sup> Youth Element Definitions and Guidance:

<https://youth.workforcegps.org/resources/2017/03/22/09/55/~/link.aspx?id=4E318B919AAD49B5BA55FA77FEFA2F4E&z=z>

- further education or training;
- Peer work-related support groups;
- Adult mentoring; and/or
- Services necessary to ensure the success of youth participants in employment and/or post-secondary education.
- 

*Note: The Workforce Development Board supports collaboration among agencies in provision of services. This does not mean that all proposals must directly provide themselves or through subcontracts, all 14 elements of WIOA youth programming but they must show that there is a plan in place for referral to other programs when appropriate.*

- F. It is expected that the following components will be integrated into program design:
- 1) **Recruitment**—Contractors are responsible for the recruitment of applicants. The intent is to use WIOA funds to serve in-school and out-of-school youth who would benefit from year-round service and otherwise have limited access to comprehensive services.
  - 2) **Follow-up**—Contractors are responsible for all youth currently active and in follow-up. A plan must be included which details the approach for engaging these youth and transitioning them to the proposed program. Follow-up must consist for twelve months after exit from the program.
  - 3) **Case Management**—Effective case management is essential to providing a customized menu of programs and services for each youth. Service continuity, referral and integration are either initiated or implemented in the case management process. Case Management must be documented in the State Data Management System in a timely manner. Successful bidders will receive access to and training for the Data Management System.
  - 4) **Intake/Eligibility Determination**—Under WIOA legislation, all youth must meet eligibility guidelines as identified in this RFP. Certification of eligibility for all WIOA funded programs must be completed prior to enrollment.
  - 5) **Orientation**—All participants must receive information on the services available for them in the CSRA Workforce Service Area.
  - 6) **Comprehensive Objective Assessment**—The proposing organization will provide each participant with an objective assessment of his/her academic levels, skill levels, work experience, employability and service needs at the time of WIOA enrollment. Standardized assessment tests will be used for assessment of basic skills (TABE), career interests and aptitudes (including interests and aptitudes for nontraditional jobs), and work readiness needs.
  - 7) **Individual Service Strategy**—An approved form, a written plan of long and short term goals addressing educational, occupational or vocational, and personal support service needs. The ISS must be age-appropriate, developed with each participant and linked to targeted performance outcomes for each youth. The ISS must be regularly reviewed and updated as changes occur in employment goals, barriers, program services or supportive service needs.
  - 8) **Information and Referrals**—Programs are encouraged to link and share information with other youth-serving organizations provided the appropriate releases of information have been signed. If there are youth requesting services that cannot be certified as eligible under WIOA guidelines, the contractor will be expected to make efforts to help the youth secure other appropriate services or referrals.
  - 9) **Collaboration**—Contractors will be expected to engage in partnerships to provide resources and services to youth. The provider will be expected to work closely with the One Stop Career Center Service Providers, the entities receiving WIOA funds to service adult populations. Specifically, programs will be required to provide a

	<p>seamless transition to the Career Center system.</p> <p>10) <b>Academic Remediation Services</b>—In order to assist participating in school and out of school youth in both academic and occupational success, services must have a strong emphasis on achieving measurable skill gains toward such credential or employment. (Not yet specifically defined in the regulations) All programs must provide academic remediation services, where appropriate, to assist in skills gains and have the capability to utilize instruments that identify skill gain. This may be done in-house or through partnerships with educational service providers.</p> <p>11) <b>Employer Connections</b>—Connections to employers are essential in the creation of a system of providers that can effectively assist youth to become highly skilled and employable. These connections should lead to Work Experience placements as well as unsubsidized employment. Bidders are also encouraged to leverage employer support in terms of leveraged funds for training or wages, staff or operational needs related to training.</p> <p>12) <b>Worksite Agreements</b>—the proposing organization will be responsible for the development and execution of formal worksite agreements with employers that participate in paid and unpaid work experience, summer employment, job shadowing and internship activities. This agreement will stipulate the roles and responsibilities of each party and identify the duties and expectations for the job or activity to be provided, as well as, the terms, conditions, stipulations, and assurances related to the relationship. All such relationships will include supervisors and participant orientations prior to start.</p> <p>G. Implement all WIOA-funded services consistent with the goals and objectives of the CSRA system; and</p> <p>H. Monitor any customer complaints. Handle customer complaints as the event is taking place and report ALL complaints to the CSRA EO Officer.</p> <p>I. Maintain regular and open communication with the CSRA Youth Coordinator and any other designated contacts.</p> <p>J. Attend meetings and training as requested by the local area.</p> <p>K. Referrals to partner agencies and resources as appropriate to address needs.</p> <p>L. Provide referrals to customers who are interested in entering WIOA partner programs. This determination will be performed according to rules as issued by the local area. Assist customers in making an informed customer choice in the process of job search.</p> <p>M. Refer customers to other services when the customer is in need of those activities, including WIOA training services, social services agencies, community-based organizations, faith-based organizations and other partner agencies.</p> <p>N. Provide information on the full array of applicable or appropriate services that are available through the CSRA Comprehensive One-Stop Center, other local offices, other providers or One-Stop Partners.</p> <p>O. May provide follow-up services for all customers who participate in job search.</p> <p>P. Submit reports as required by the local area.</p>
	<p><b>STAFF REQUIREMENT</b></p> <p>A. All staff funded with WIOA funds shall have a written job description with roles and responsibilities specific to the delivery of WIOA services as specified in this RFP. The contractor may not assign WIOA-funded staff to any duties or responsibilities beyond the comprehensive delivery of WIOA services outlined in the resulting contract.</p>

	<p>B. The contractor shall ensure that WIOA funded staff, at a minimum, have the following skills, knowledge and/or abilities:</p> <ul style="list-style-type: none"> <li>• Excellent customer service skills.</li> <li>• Computer and technology skills sufficient to perform accurate and timely data entry and other data collection functions.</li> <li>• Knowledge of how to coordinate services and activities.</li> <li>• Familiar with job-searching activities.</li> <li>• Ability to succeed in a “team-work” environment.</li> <li>• Knowledge of purpose of workforce development programs.</li> <li>• Ability to handle customer complaints and knowledge of safety procedures for staff and customers.</li> </ul> <p>C. The contractor shall ensure that all staff hired to work under this contract are trained by local area staff in the following areas:</p> <ul style="list-style-type: none"> <li>• WIOA process and procedures</li> <li>• Ensuring successful outcomes</li> <li>• How to provide superior service to all job seekers and businesses in an integrated, regionally focused framework with regards to the CSRARC and its required partners.</li> </ul> <p>D. The contractor will ensure that all staff funded through this contract have undergone a criminal background check and drug screening and do not have any violations or convictions that could adversely affect the customers served under this program.</p>
	<p><b>REPORTING &amp; MANAGEMENT REQUIREMENTS</b></p> <p>Reporting requirements shall include both program and financial reports and will include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>• Reporting on participation in Youth Services Program</li> <li>• Outreach Activities Report</li> <li>• Corrective Action Reports (when necessary)</li> </ul>
	<p><b>POLICIES AND PROCEDURES</b></p> <p>Regarding policies and procedures, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Ensure that all staff are sufficiently trained in WIOA operational policies and reporting procedures.</li> <li>• Provide staff access to both hard copy and electronic copies of all policies and procedures developed for use by the local area as they apply toward the One-Stop operation.</li> <li>• Ensure that all newly developed policies and procedures are shared with staff as appropriate.</li> </ul>
	<p><b>CUSTOMER CONFIDENTIALITY</b></p> <p>Regarding customer confidentiality, the contractor shall:</p> <ul style="list-style-type: none"> <li>• Maintain customer confidentiality at all times. Confidentiality requirements include any information regarding project applications of customers and their immediate families that may be obtained through application forms, interviews, tests, reports from public agencies or counselors, or any other source.</li> <li>• Take reasonable steps to ensure the physical security of all data gathered, and inform each of its employees, contractors, and sub-recipients having any involvement with personal data or other confidential information, of the laws and regulations relating to confidentiality</li> </ul>
	<p><b>WORKFORCE DEVELOPMENT SYSTEM</b></p> <p>The contractor staff may be requested to attend local One-Stop partner meetings, WDB committee meetings, WDB meetings, partner agency meetings, or other local area meeting pertaining to the CSRA Comprehensive One-Stop Center operations.</p>
	<p><b>CORRECTIVE ACTION</b></p> <p>The local area reserves the right to conduct monitoring and evaluation of the performance</p>



	provided under contract. The local area will notify the contractor in writing of any deficiencies noted during such review, and may withhold or disallow payments as appropriate based upon such deficiencies. The local area will provide technical assistance to the contractor related to the deficiencies noted. The local area shall conduct follow-up visits to review the previous deficiencies and to assess the efforts made to correct them. If such deficiencies persist, the local area may terminate the contract.
	<b>LEGAL AUTHORITY</b>
	The contractor assures and guarantees that it possesses the legal authority pursuant to any proper, appropriate and official motion, resolution or action passed or taken, giving the contractor legal authority to enter into a contract, receive the payments authorized under contract, and to perform the work the contractor has obligated itself to perform under contract.

*Marking the checkboxes above constitutes an understanding of and an agreement by the proposer to conduct the activities/work listed.*

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Applicant Narrative Questions

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

### Capacity:

1. Describe how the Bidder will interface with the CSRA Regional Commission to resolve issues effectively related to service delivery and clients.
2. Discuss the qualifications and capability to provide effective services that will meet all program standards.
3. How does the organizational chart demonstrate effective lines of communication and program responsibility, and detail percent of staff time assigned to each service or program? (attach Org Chart)
4. State when (days and hours of operation) and where services will be provided, and if alternate delivery sites are used, identify each site and days and hours of operation.
5. Upload a copy of your Organizational Chart.

## Information and Referral

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

1. Describe how Bidder will interface with the CSRA Regional Commission Workforce Development Eligibility Staff.

## Special Initiatives or Collaborations:

1. Describe any special initiatives, innovations that will enhance Bidder's program in the community.
2. Describe any new or on-going plans to obtain additional financial support or resources for this program.
3. Describe any partnerships or collaborations with other community organizations or private businesses that will strengthen the services provided by Bidder.

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

## Outreach or Marketing Plan

1. Describe the program awareness activities or marketing plan for agency.
2. Describe the methods Bidder will use to provide outreach to persons in the community including Foster Children, Teen Parents, High School Drop-outs, individuals with disabilities, minorities, veterans and/or otherwise isolated individuals.
3. Describe any special materials or techniques Bidder has developed to reach special populations.
4. Describe any specific populations Bidder will target, if any.
5. Describe methods to be used to provide services to Limited English Proficiency/Sensory Impaired (LEP/SI) clients.

## Professional Staff Development

1. Describe how Bidder will provide new staff orientation and training and provide an outline of the orientation schedule and topics.
2. Describe Bidder's plan for conducting on-going staff training including topics and number of training sessions to be held.
3. Describe method Bidder will use to determine the training needs of staff.
4. Describe the agency's staff recruiting practices and retention strategies. Indicate the annual staff turnover rate from the most recent fiscal year.

## **Client Confidentiality**

1. Describe policy or procedures concerning client confidentiality

## **Technology and Ability to Meet Reporting Requirements**

1. Describe agency's capacity for and use of technology, both in agency administration and delivering services.
2. Describe agency's strategic plan for maintaining adequate stock including hardware, software and voice/data services.
3. Detail person(s) responsible for data validation, data entry and reporting.

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

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## Subcontracting

Describe, for each service, any proposed subcontract agreements and clearly identify the general scope of work to be performed by the subcontractor. If subcontracting for a service, include documentation of the bidding process to secure such subcontractors. Describe subcontractor qualifications, subcontractor requirements and how the subcontractor will be monitored. Any required reporting forms, with due dates, for subcontractors should be included in the response.



## OUTCOME MEASUREMENTS

List the outcome(s) proposed to measure for this service and how you will measure them. Identify the specific staff position responsible for determining and measuring outcomes for this service. In identifying outcome measurements, develop the following:

- Objectives: What results are intended? Objectives should have a definite time frame and should always be measurable. List as many objectives as needed.
- Action Steps: State what tasks or activities must be completed to achieve the objective; who is responsible for them; and when they will be completed.
- List as many action steps as needed to accomplish the objective.
- Performance Measure: What results will indicate that the objective has been achieved? How will success be measured?

Example:



## Budget Narrative

In addition to the Uniform Cost Methodology (if required), please upload supporting financial documentation, in order of preference, 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by an IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)

The budget narrative must address the following elements:

### 1. EMPLOYEE COSTS:

#### A. Wages

Identify the name, title, and FTE of each employee that will charge this program. For any employee with an FTE of <1, please provide a list other programs charged.

Example:

John Smith, Program Director (\$50,000)

Cost Code	Full Time Equivalent (FTE)	Salary Per Cost Code
Meal Program	.50	\$25,000
Rec Program	.25	\$12,500
General Agency Programs	.25	\$12,500
<i>Amount budgeted for contract = \$25,000</i>	1.0	\$50,000

#### B. Fringe Benefits

Identify each payroll related expense included in the budget and the formula used.

Example:

Social Security – Total Wage Budget = \$100,000 x 7.65% = \$7,650

Any payroll related expenses over and above Social Security, Worker's Compensation, and Unemployment Insurance must have a company policy attached.

#### B. Other Payroll Expenses

Identify any payroll expenses not included in Wages or Fringe Benefits (i.e., payroll administration costs, etc...)

#### C. Employee Travel

Employee travel must be supported through mileage logs or supervisor approved mileage reimbursement forms. We will not reimburse for gas purchases. In order to be reimbursed for employee travel, you must submit a copy of a travel reimbursement policy identifying the mileage reimbursement rate

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

## **2. OPERATIONAL COSTS:**

### **A. Consumable Supplies Expenses**

Consumable supplies include supplies and materials that relate to the program that cannot be used for future programs. Please identify the supplies and materials that you plan on buying in detail (i.e. do not just include a "per participant" cost).

### **B. Insurance Costs**

You may only include insurance costs if they are specifically provided for this program. If you are including direct insurance costs, please provide support as to the premium amount that relates specifically to this program.

## **3. OTHER EXPENSES**

Please list and give a detailed description of all other costs that need to be reimbursed by this program. Please keep in mind the federal allowable costs principals.

### **A. Supportive Services Paid to Participants**

Some participants may require supportive services. If supportive services are planned, please provide a description and estimate of each cost. No participant may receive more than \$3,000 for supportive services per calendar year.

### **B. Small Equipment**

Please provide the detail of planned purchases of equipment less than \$500.00. Equipment is any item that will be used for the program, but has the potential of continuing use beyond the duration of this contract.

### **C. Equipment**

Please provide the detail of planned purchases of equipment over \$500.00. Equipment is any item that will be used for the program, but has the potential of continuing use beyond the duration of this contract.

## BUDGET FORM

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

### BUDGET PROPOSAL

FY2021 WFD

Full-Time Employees:	
Part-Time Employees	
Fringe Benefit Rate:	

TOTAL	
<b>EMPLOYEE EXPENSES</b>	
Salaries/Wages	
Fringe Benefits	
Other Payroll Expenses	
Employee Travel	
<b>SUBTOTAL:</b>	
<b>OPERATIONAL COSTS</b>	
Supplies and Materials	
Rental (Real Estate)	
Rental (Equipment)	
Postage and Freight	
Consumable Supplies	
Insurance Costs	
<b>SUBTOTAL:</b>	
<b>OTHER EXPENSES</b>	
Telecommunications	
Advertising	
Memberships and Subscriptions	
Conference/Seminar Costs	
Facilities Cost	
Small Equipment	
Equipment	
<b>SUBTOTAL:</b>	
<b>TOTAL:</b>	

## EVALUATION CRITERIA AND REVIEW CONSIDERATIONS

It is essential that the Responder address each requirement set forth in this Request for Proposals. The response must contain all requested information. If a response is materially incomplete, in the sole judgment of the CSRA RC, it may be declared technically unresponsive and may be eliminated from further consideration.

For all procurements that are expected to result in an award/contract greater than \$50,000 in aggregate<sup>1</sup>, a review committee assembled by the CSRA RC (at its sole discretion) may be used to objectively review responses received. The review committee may or may not include or be solely limited to staff members of the CSRA RC.

By responding to this RFP, you also explicitly acknowledge that your response may be reviewed by a review committee as noted above and that any notes and/or discussions generated during the review of this RFP by the review committee are private and will not be shared with any Responder. A compilation of each Responder's average score (generated by averaging the score assigned by each reviewer for that Responder) may be made available only at the end of the award of this RFP.

By responding to this RFP, you also acknowledge that the CSRA RC, in its sole discretion, may make any award(s) to the Responder whose Response is the most responsive Response for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

The review committee's recommendation scoring will be submitted to the CSRA RC's management for consideration. The CSRA RC's Council will make a final decision related to the award of responses taking into consideration the RC's management's recommendation and the criteria for responsiveness. The CSRA RC Board's decision may differ from the review committee's recommendations.

### ***Acknowledgement of Appeals Process***

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

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<sup>1</sup> For procurements that are expected to result in an award/contract amount that is less than \$50,000, the CSRA RC may, at its sole discretion determine the best method to ascertain the responsible Responder who possess, at the Commission's sole discretion, the potential ability to perform successfully under the terms and conditions of a proposed procurement.

## Contractual and Administrative Assurances

The following assurances must be signed and included with the response.

- General Financial Requirements and Assurances
- Contractual and Standard Program Assurances
- Assurance of Compliance with Title VI of the Civil Rights Act of 1964, As Amended
- Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, As Amended and the Americans' with Disabilities Act of 1990, As Amended
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- Disclosure of Lobbying Activities
- Health Insurance Portability Protection Act (HIPPA) Business Associate Agreement
- Certification of Non-Collusion
- Conflict of Interest Disclosures
- E-Verify Certification
- Clean Air Act Certification

## RESPONDER CERTIFICATIONS

All Responders are required to affirm the following statements.

Yes	No	Certification – Affirm or Deny each of the following
<input type="checkbox"/>	<input type="checkbox"/>	The Responder is registered and in good standing with the Georgia Secretary of State to do business in the State of Georgia.
<input type="checkbox"/>	<input type="checkbox"/>	The person signing the response is the person in the Responder's organization responsible for, or authorized to make, decisions as to the prices quoted.
<input type="checkbox"/>	<input type="checkbox"/>	The price(s) proposed has been arrived at independently without collusion, communication, or agreement relating to such prices with any other Responder or competitor(s).
<input type="checkbox"/>	<input type="checkbox"/>	The response does not deviate from the detailed requirements of this RFP and I acknowledge that the CSRA RC, at its sole discretion, reserves the right to reject any response containing deviations and/or to require modifications before accepting any such deviations, and/or to immediately terminate any subgrant agreement and/or contract entered into when deviations that have not been duly noted are subsequently discovered.
<input type="checkbox"/>	<input type="checkbox"/>	I am not using any subcontractor(s) to do work on this project. If "NO" is selected, the general scope of work to be performed by the subcontractor/subgrantee, the subcontractor's/subgrantee's willingness to perform the work indicated; and guarantees that the subcontractor/subgrantee does not discriminate in its employment practices with regard to race, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability is attached.
<input type="checkbox"/>	<input type="checkbox"/>	<p>The Responder and any applicable subcontractor(s) will comply with the Georgia Security and Immigration Compliance Act, which requires the verification of the work eligibility for all newly hired employees thorough an electronic federal work authorization program (Employment Eligibility Verification (EEV)/Basic Pilot Program).</p> <p><b><i>(Note: For more information about the Georgia Security and Immigration Compliance Act, visit the Georgia Department of Labor's website at: <a href="http://www.dol.state.ga.us">http://www.dol.state.ga.us</a>) The EEV/Basic Pilot Program can be accessed at <a href="https://e-verify.uscis.gov/enroll/">https://e-verify.uscis.gov/enroll/</a>).</i></b></p>
<input type="checkbox"/>	<input type="checkbox"/>	The organization and its subcontractors/subgrantees, if any, will be compliant with the Health Insurance Portability and Accountability Act (Public Law No. 104-191, 110 Stat. 1936), including its Privacy, Security and Electronic Data Interchange standards and regulations, and any and all signed business associate or other agreements for the CSRA RC's CSRA Regional Commission and the Department of Human Resources.
<input type="checkbox"/>	<input type="checkbox"/>	<p>My agency has the solvency to meet performance requirements of this project and detailed financial data that gives a clear indication of the Respondent(s)' fiscal ability to perform the scope of services is attached.</p> <p><b><i>(Note: Preferred documentation includes, in order of preference, 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by and IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)</i></b></p>

Yes	No	Certification – Affirm or Deny each of the following
<input type="checkbox"/>	<input type="checkbox"/>	The name, address, and telephone number of the individual(s) who can be contacted from 8:00 am to 5:00 pm during business days for questions regarding this proposal is included in this response.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that all responses become the property of the CSRA RC and will not be returned to the Responder and the CSRA RC will have the right to use all ideas or adaptations of ideas contained in any response received and that selection or rejection of the Responder response will not affect this right.
<input type="checkbox"/>	<input type="checkbox"/>	There was no contact specifically related to this solicitation, direct or otherwise, with any employee of the CSRA RC or any TCSG (TCSG) staff with direct involvement with this RFP process, except as permitted by the RFP and that any subcontractor(s)/subgrantee(s) listed in this response also complied with this restriction on communications as well.
<input type="checkbox"/>	<input type="checkbox"/>	No undisclosed conflict of interest relationship exists nor will exist during the contract/subgrant period should the Responder enter into a subgrant agreement and/or contract with the CSRA RC that interferes with fair competition or is a conflict of interest.  <b><i>(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder from successfully contracting with the CSRA RC.)</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	No relationship exists between the Responder and another person or organization that constitutes an undisclosed conflict of interest with respect to an existing subgrant agreement and/or contract with the AAA.  <b><i>(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder from successfully contracting with the CSRA RC.)</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	The Responder assume(s) all costs associated with the preparation and submission of all documents related to this RFP and no claim will be made for payment to cover costs incurred in the preparation or submission of this response or any other costs associated with responding to any portion of this RFP.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that prior to award, the apparent winning Responder will enter into discussions with the CSRA RC to resolve any subgrant agreement and/or contractual differences before an award is made and that these discussions are to be finalized and all exceptions resolved within two (2) weeks of notification, unless mutually agreed otherwise in writing, and if they are not resolved in that time, this could lead to rejection of the Responder's response and discussions initiated with the Responder deemed by the CSRA RC, in its sole discretion, to be the next most responsive Responder.
<input type="checkbox"/>	<input type="checkbox"/>	I understand the CSRA RC, in its sole discretion, may make any award(s) to the Responder whose Response is the most responsive for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.



Yes	No	Certification – Affirm or Deny each of the following
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the CSRA RC reserves the right, in its sole discretion, to contact any and/or all Responder after receiving the Responder's response to this RFP to seek clarification of any portion thereof and that the CSRA RC reserves the right to request additional information from any and/or all Responder if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder's qualifications and/or capacity to perform.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that by responding to this RFP, that my response may be reviewed by a review committee assembled by the CSRA RC, at its sole discretion, which may or may not include staff of the CSRA RC and/or independent individual(s), and that any notes and/or discussions generated during the review by the review committee are private and will not be shared with any Responder and only a compilation of each Responder's average score (generated by averaging the score assigned by each reviewer for that Responder) may be made available only at the end of the award of this RFP.
<input type="checkbox"/>	<input type="checkbox"/>	I understand this RFP will result in a twelve (12) month contract/subgrant award for service(s) and that the contract/subgrant award document will outline methods of termination of the award. <b><i>This RFP covers the CSRA RC's fiscal year running from July 1, 2021 to June 30, 2022.</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	I understand that inclusion in the CSRA RC's CSRA Regional Commission's Area Plan does not guarantee or imply any grant award/contract for the immediate or any subsequent year.
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that any/all contract(s)/subgrant agreement(s) resulting from this Request for Proposal process are contingent on the availability of funds from the Technical College System of Georgia and that the terms and conditions of the CSRA RC's contract with TCSG and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that subgrant agreements, contracts, and cooperative agreements issued as a result of this RFP may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and that any such agreement(s)/contract(s) may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that, notwithstanding any other certifications to the contrary, the CSRA RC may terminate any contract(s)/subgrant agreement(s) issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days written notice.
<input type="checkbox"/>	<input type="checkbox"/>	I know that the CSRA Regional Commission reserves the right to reject any or all Responses, to cancel the RFP, and/or to waive any technicalities or formalities at its sole discretion and that awarding of any and/or all contracts and periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.

Yes	No	Certification – Affirm or Deny each of the following
<input type="checkbox"/>	<input type="checkbox"/>	I am aware of the appeal process of this RFP and that the appeal decision of the RC's Council is final and binding.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that after the RC's Executive Director or Council (as applicable) issues its appeal decision, any dispute that shall arise as to the RFP process shall be referred to a(n) arbitrator(s) selected in accordance with the rules of the American Arbitration Association, and such dispute shall be settled by arbitration in accordance with the rules prescribed by the CSRA RC, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction, and that the party requesting arbitration and the CSRA RC shall share the cost of the arbitration process equally.
<input type="checkbox"/>	<input type="checkbox"/>	If the Responder has had prior subgrant agreements, contracts, or cooperative agreements with the CSRA Regional Commission, I acknowledge that the obligations set forth under the previous agreement(s)/contract(s) were successfully met.
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that the CSRA RC reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and all responses submitted, and/or to waive any and/or all technicalities or formalities.
<input type="checkbox"/>	<input type="checkbox"/>	I am aware that awarding of any contracts and any subsequent periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.
<input type="checkbox"/>	<input type="checkbox"/>	I certify that I have read, understand, and accept all other terms, conditions, criteria, and requirements set forth in this RFP.

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐ ***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (typed) \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

## GENERAL FINANCIAL REQUIREMENTS AND ASSURANCES

The Responder/provider assures that the following general financial conditions are understood and will be met as a requirement for entering into a contract with the CSRA Regional Commission (CSRA RC) for Workforce Development services:

1. I understand that the CSRA Regional Commission shall have the right to suspend/withhold payment if conditions of the contract are not met.
2. I understand that CSRA RC shall not be liable for non-payment or late payment for services rendered if funds are not available or have not been received from the Technical College System of Georgia.
3. I understand that federal, state, and program income are restricted funds and must be spent during this fiscal year.
4. I understand this budget is for a period that runs from July 1, 2020 to June 30, 2021.

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

Please note that there is an attachment page at the end of this document. If you wish to attach additional information, please use those buttons and put "SEE ATTACHED" in the space provided for each answer.

## CONTRACTUAL AND STANDARD PROGRAM ASSURANCES

The Vendor assures the following general conditions will be met as a requirement for entering a contract with for aging services:

1. Assures compliance with the Older Americans Act (Public Law 89-73, Stat. 218) and any other funding sources as well as all federal, state laws, standards, policies and procedures.
2. Assures the provision of training to staff and volunteers as needed and/or required.
3. Assures that services will not be denied to any person because they cannot or will not contribute toward the cost of the service.
4. Assures that funds received through voluntary contributions from program participants will not be used to replace funds from other non-federal sources but will be used to maintain or expand aging services provided under this contract.
5. Assures that any required criminal record checks are performed for all employees.
6. Assures that it will supply an annual audit in accordance with the provisions of the 1359 Audit Law. Copies of all reports resulting from said audits shall be furnished to the CSRA Regional Commission no later than 180 days after the contract period has expired.
7. Assures records relating to the funded programs are kept on file at least six (6) years after the end of the contract.
8. Assures all services provided under this program will meet current state and local licensure safety and insurance requirements for the provision of those services.
9. Assures compliance with existing regulations and all relevant and current circulars from the Office of Planning and Budget for determination and allowableness of costs in connection with federal/state contracts and grants.
10. Assures the accurate and timely reporting of programmatic and financial information to the CSRA RC, state and federal government as required.
11. Assures access to all program and agency records by the CSRA RC, GADCH, and other federal or state officials or auditors as needed.
12. Assures cooperation in the transition of any service subsequently contracted to another vendor/contractor.

**I HAVE REVIEWED, UNDERSTAND, AND AGREE TO ABIDE BY ALL CONDITIONS AS STATED.**

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

# CONTRACTUAL AND STANDARD PROGRAM ASSURANCES OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED

The responder hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended, and all requirements imposed by or pursuant to the Regulation of the Technical College System of Georgia (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI and the Act and the Regulation, no person in the United States shall, on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity financed in whole or in part by federal funds, which the RESPONDER provides or participates directly through a contractual or other arrangement.

The RESPONDER agrees to make no distinction on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin with respect to admission policy or procedure or in the provision of any aid, care, service or other benefits to individuals admitted or seeking admission to the RESPONDER.

This assurance is given in consideration of and for the purpose of receiving any and all payments from state agencies receiving federal grants. The RESPONDER recognizes and agrees that state agency financial payments will be extended in reliance on the presentations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance.

The assurance is binding on the RESPONDER, its successors, transferees, and assignees, and the persons whose signatures appear below are authorized to sign this assurance on behalf of the RESPONDER.

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## NOTICE REGARDING ELECTRONIC SIGNATURE

This response will become part of the contract documents if it is selected for an award. Digital signatures are used in this document. In all locations except the last, the digital signature is represented by the typed name of the individual duly authorized to sign on behalf of the agency. The final signature is an Adobe signature box. If you do not have an Adobe certificate, you may self create the signature certification as instructed by your Adobe program. Signing this response in any of the signature boxes will be recognized by both parties as an official signature of the respondent. Traditional signatures may be requested by the Commission at any time.

# ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, AND THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED

The RESPONDER HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, and all requirements imposed by the applicable DHHS regulation (45 CFR Part 84) and all guidelines and interpretations issued pursuant thereto.

Pursuant to sub-section 84.5(a) of the regulation (45 CFR 84.5(a)), the RESPONDER gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Technical College System of Georgia after the date of this Assurance, including payments or other assistance made after such date on Responses for federal financial assistance that were approved before such date.

The RESPONDER recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the RESPONDER, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal assistance is extended by it to the Technical College System of Georgia or, where the assistance is in the form of real property, for the period provided for in sub-section 84.5(b) of the regulation (45 CFR 84.5(b)).

## The responder

Employs fifteen (15) or more persons and, pursuant to sub-section 84.7(a) of the regulation (45 CFR 84.7(a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of Compliance Person

Employer Identification # (IRS#)

I certify that this information is complete and correct to the best of my knowledge.

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

# COMPLIANCE WITH CLEAN AIR AND WATER ACTS

The grantee certifies that:

This contract is subject to the requirements of the Clean Air Act, as amended, 42 USC 1857 et. seq., and the regulations of the Environmental Protection Agency with respect thereto, at 40 CFR Part 15, as amended from time to time.

In compliance with said regulations:

1. The Contractor shall require of subcontractors that any facility to be utilized in the performance of any nonexempt contract or subcontract is not listed on the List of Violating Facilities issued by the Environmental Protection Agency (EPA) pursuant to 4C CFR 15.20.
2. The Contractor will comply with all the requirements of Section 114 of the Clean Air Act, as amended, (42 USC 1857c-8) and section 308 of the Federal Water Pollution Control Act as amended, (330 USC 1318) relating to inspection, monitoring, entry, reports, and information, as well as all other requirements specified in said section 114 and section 308, and all regulations and guidelines issued thereunder.
3. The Contractor will provide prompt notice of any notification received from the Director, Office of Federal Activities, EPA, indicating that a facility utilized or to be utilized for the contract is under consideration to be listed on the EPA List of Violating Facilities.
4. The Contract will include or cause to be included the criteria and requirements to paragraph (1) through (4) of this section in every nonexempt subcontract and take such action as the Government will direct as a means of enforcing such provisions.

## Signature of Legally Authorized Person

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS**

Federal Executive Order 12549 requires the CSRA RC to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification “contractor/grantee” refers to both contractor/grantee and subcontractor/sub-grantee: “contract/grant” refers to both contract/grant and subcontract/subgrant. By signing and submitting this certification the potential contractor/grantee accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Technical College System of Georgia, United States Department of Agriculture or other federal department or agency, the Technical College System of Georgia, or the CSRA Regional Commission may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words “covered contract,” “debarred,” “suspended,” “ineligible,” “participant,” “person,” “principal”, “response,” and “voluntarily excluded,” as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Technical College System of Georgia, United States Department of Agriculture or other federal department or agency, the Technical College System of Georgia and/or the CSRA Regional Commission as applicable.
5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants” without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract’s/subgrant’s initiation and upon each renewal.
7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is



suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Technical College System of Georgia, United States Department of Agriculture, or other federal department or agency, as applicable, the Technical College System of Georgia, or other state department or agency, as applicable, and/or the CSRA Regional Commission may pursue available remedies, including suspension and or debarment.

### Debarment Certification Statement

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (Executive Order 12549, Debarment and Suspension, 34 CFR Part 85)

Organization/Individual certifies to the best of its knowledge and belief, that it and its principals:

- (a) ☐ Are ☐ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) ☐ Have ☐ have not within a three-year period preceding award of this consulting agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) ☐ Are ☐ are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in Paragraph (b) above; and
- (d) ☐ Have ☐ have not within a three-year period preceding award of this consulting agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

#### Signature of Legally Authorized Person

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐ ***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (typed) \_\_\_\_\_ Title \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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CHECK HERE IF NOT  
APPLICABLE

# Disclosure of Lobbying Activity Form

<b>1. Type of Federal Action:</b> <input type="text"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input type="text"/> a. bid/offer/response b. Initial award c. post-award		<b>3. Report Type:</b> <input type="text"/> a. initial filing b. material change For Material Change Only: year <input type="text"/> quarter <input type="text"/> date of last report <input type="text"/>	
<b>4. Name and Address of Reporting Entity:</b> ____ Prime ____ Subawardee Tier _____, if known:  Congressional District, if known:			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description</b> CFDA Number, if applicable:		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI): (attach Continuation Sheet(s))			<b>b. Individual Performing Services (including address if different from No. 10a)</b> (last name, first name, MI) SF-LLL-A, if necessary)		
<b>11. Amount of Payment (check all that apply):</b> \$ _____ actual _____ planned _____			<b>13. Type of Payment (check all that apply):</b> ____ a. retainer ____ b. one-time fee ____ c. commission ____ d. contingent fee ____ e. deferred ____ f. other; specify: _____		
<b>12. Form of Payment (check all that apply):</b> ____ a. cash ____ b. in-kind; specify:  nature _____  value _____					
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for payment indicated in Item 11:</b> (attach Continuation Sheet(s) SF-LLL-A, if necessary)					
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="text"/> Yes <input type="text"/> No					
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.			Signature: _____ Print Name: _____  Title: _____  Telephone No.: _____ Date: _____		
<b>Federal Use Only</b>			Authorized for Local Reproduction Standard Form--LLL		

**SEE NOTICE REGARDING ELECTRONIC SIGNATURE**

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards undergrants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the response/response control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services and include full address if different from 10(a); Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

# Health Insurance Portability Protection Act (HIPPA)

## Business Associate Agreement

The contractor, \_\_\_\_\_, satisfactorily assures the Central Savannah River Area Regional Commission that it is in compliance with Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-19 1, 110 Stat. 1936. (Kassenbaum, Kennedy), 45 CFR 160, et seq. (HIPAA Privacy Regulations) and its regulations, including but not limited to the Privacy rule promulgated in 45 CFR 160 and Part 164 subparts A and E, that pursuant to HIPAA became effective April 14, 2003. The contractor (provider) understands and acknowledges that the TCSG is a covered entity as defined by HIPAA and is required to adopt and implement standards and procedures for the handling of protected health information by April 14, 2003. Further, as the CSRA RC CSRA Regional Commission is for purposes of HIPAA, a business associate of the Technical College System of Georgia (collectively "DEPARTMENTS"); its contractors that provide aging related services and handle protected health information are business associates of both the CSRA RC and the DEPARTMENTS. The contractor (provider) further understands and acknowledges that upon entering a contract with the CSRA RC AAA, it is a business associate of the the Technical College System of Georgia and the CSRA RC CSRA Regional Commission as defined by HIPAA and is required to agree to comply with and abide by the Department's and the CSRA RC CSRA Regional Commission's privacy standards and procedures. The contractor (provider) therefore agrees that any use of protected health information pursuant to this contract will comply with all HIPAA and DEPARTMENTS and CSRA RC AAA requirements and privacy standards and procedures.

Further, the contractor agrees to provide training for its employees as required by HIPAA. It shall provide the privacy, security, and electronic data interchange safeguards as outlined by federal law and regulations. It shall provide clients' rights, notice of privacy policies, maintain minimum necessary and de-identified information as required by HIPAA and will comply with any policies of the DEPARTMENTS or the CSRA RC CSRA Regional Commission. The contractor further acknowledges and agrees that the Georgia Department of Human Services Division of Aging Services, including the Long-Term Care Ombudsman, the Technical College System of Georgia, and the CSRA RC CSRA Regional Commission provide functions that are considered health oversight agencies in their funding, quality improvement and regulatory functions. As health oversight agencies, protected health information **must be shared with them and authorization is not required**, according to HIPAA.

**I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL CONDITIONS AS STATED HEREIN.**

Name of Responder \_\_\_\_\_ Date: \_\_\_\_\_  
(typed)

\_\_\_\_\_  
Signature of Legally Authorized Person Title: \_\_\_\_\_

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

## CERTIFICATE OF NON-COLLUSION

### FAILURE TO EXECUTE THIS CERTIFICATE WILL AUTOMATICALLY RESULT IN REJECTION OF RESPONSE

I certify that this bid and/or response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, and/or services and is in all respects fair and without collusion or fraud. I understand that collusive bidding and/or applying is a violation of State and Federal Law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this response and certify that I am authorized to sign this response for the Responder.

I HAVE REVIEWED, UNDERSTAND AND AGREE THAT THIS RESPONSE HAS BEEN DEVELOPED AND SUBMITTED WITHOUT ANY COLLUSION BETWEEN THE RESPONDER AND ANY OTHER RESPONDER.

Signature of legally Authorized Person

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## CONFLICT OF INTEREST DISCLOSURES

The Central Savannah River Area Regional Commission is recognized as an Organization of Ethics under the Georgia Municipal Association's ethics designation program. Additionally, the RC has established ethics policies that dictate that potential conflicts of interest be clearly delineated by respondents seeking to do business with the RC or its component units. Such disclosures do not necessarily prevent the Responder/respondent/Responder from being awarded contracts by the RC so long as the disclosures take place in the Request for Proposal/Response/Bid process. This form must be submitted with all responses to Central Savannah River Area Regional Commission Requests for Responses/Responses/Bids.

**Name of Firm/Individual:** \_\_\_\_\_

**Form of Legal Entity (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name and Title of Respondent:** \_\_\_\_\_

### ***Disclosure Certification:***

If the owner(s) and/or any key personnel or immediate family members of all such personnel identified in this response have been employed by the RC or served on any of the following Boards/Authorities/Councils currently or within the past five (5) years, please check the appropriate box(es) below and attach supporting documentation<sup>2</sup> you feel is necessary to address potential conflict of interest questions which may be raised:

- ☐ A former employee of the Central Savannah River Area RC
- ☐ Central Savannah River Area Regional Commission's Council
- ☐ CSRA RC Historic Preservation Advisory Council
- ☐ CSRA RC CSRA Regional Commission Advisory Council
- ☐ CSRA Business Lending (to include the following companies):
  - ☐ CSRA Local Development Corporation
  - ☐ CSRA Rural Lending Authority
  - ☐ CSRA Resource Development Agency
- ☐ No owner, key personnel, or immediate family members serve in any capacity on the entities listed above.



**By signing below, I acknowledge that the above disclosure is true and accurate as of the date signed.**

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date Signed

***SEE NOTICE REGARDING ELECTRONIC SIGNATURE***

<sup>2</sup>All Responders applying for funds through the CSRA Regional Commission must a) identify the person or persons for whom a potential conflict of interest exists, b) the relationship to any current or former board member, current or former advisory council member, or current or former employee; and c) the nature of the potential conflict. The person or persons for whom the potential conflict of interest exists shall certify that he/she will abide by all rules established by Subsection 102.12 (Conflicts of Interest) of the Georgia Department of Human Services Division of Aging Services Administrative Guidelines.

# FILE ATTACHMENT LIST

(PDF and Word Documents Only)

DOCUMENT	CLICK IF A FILE IS ATTACHED
Request for Qualifications (Supporting Documents (if applicable))	<input type="checkbox"/>
Applicant Narrative Questions (Capacity) (if applicable)	<input type="checkbox"/>
Organizational Chart (if not uploaded previously)	<input type="checkbox"/>
Information and Referral Questions (if applicable)	<input type="checkbox"/>
Outreach Marketing Plan (if applicable)	<input type="checkbox"/>
Professional Staff Development (if applicable)	<input type="checkbox"/>
Client Confidentiality (if applicable)	<input type="checkbox"/>
Quality Assurance Program or Plan (if applicable)	<input type="checkbox"/>
Subcontracting Supporting Documents (if applicable)	<input type="checkbox"/>
Outcome Measures	<input type="checkbox"/>
Budget Narrative <b>(REQUIRED)</b>	<input type="checkbox"/>
	<input type="checkbox"/>
Other 1	<input type="checkbox"/>
Other 2	<input type="checkbox"/>
Other 3	<input type="checkbox"/>
Other 4	<input type="checkbox"/>
Other 5	<input type="checkbox"/>

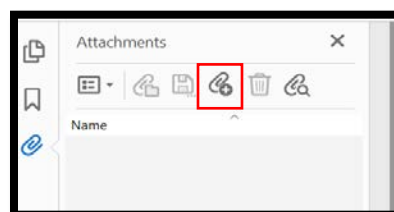
To attach a file, click the attach button.  
The attachment window will open to the left.

## DOCUMENT UPLOADS

(PDF and Word Documents Only)

ATTACH FILES

Click on the paper clip and then choose the file you wish to attach.



## E-Verify Certification

### Affidavit Under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for the Workforce Development Program on behalf of agencies of the State of Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract).

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number \_\_\_\_\_

Date of Authorization \_\_\_\_\_

Name of Subcontractor \_\_\_\_\_

Name of Project \_\_\_\_\_

Name of Employer \_\_\_\_\_

I hereby declare under penalty of perjury that the forgoing is true and correct.

***I understand that an electronic signature has the same legal effect and can be enforced in the same manner as a written signature.***

☐

***By checking this box and signing my name below, I am electronically signing this form.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## PRINT AND SUBMIT RESPONSE

1. Save your response.
2. Print your response prior to submitting.
3. Submit your response

You will receive an email notification acknowledging receipt of your response. Note that this is an automatic reply and does not necessarily mean your application is complete. You will be notified if any additional documentation is needed or if there are any problems with the attachments. Contact [acrosson@csrarc.ga.gov](mailto:acrosson@csrarc.ga.gov) if you have any questions related to the submission of your response.