



Request for Proposals

**Work Readiness Services
for
Miami-Dade County**

Released by
The South Florida Workforce Investment Board (SFWIB)

**Release Date:
July 16, 2009**

Deadline for Receipt of Responses
July 30, 2009, by 3:00 pm ET

Submit Responses to:
South Florida Workforce Investment Board
7300 Corporate Center Drive, Suite 500
Miami, Florida 33126

The South Florida Workforce Investment Board is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

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**Part I
RFP Calendar and Process**

A. Solicitation Timetable

RFP Issued	July 16, 2009, Noon
Offerors' Conference	July 22, 2009, 10:00 a.m.
Deadline for Receipt of Proposals	July 30, 2009, 3:00 p.m.
Proposal Review Public Forum	August 10, 2009, 10.00 a.m.
SFWIB Approves Funding Recommendation	August 20, 2009
Contract Executed	August 2009
Work Readiness Training Services Contract Start Date	August 2009
Work Readiness Training Services Contract End Date	June 30, 2010

SFWIB reserves the right to change this schedule, in its sole discretion, when it is in the best interest of SFWIB.

B. Method of Solicitation

A Request for Proposals (RFP) is being used as the method of solicitation to seek to assure the greatest degree of open competition and to obtain the best technical proposals and services at the best possible price. Public notices of this RFP have been published in local newspapers and notices of this solicitation have been sent to agencies on the SFWIB Bidders List. This RFP has been published on the SFWIB website (www.southfloridaworkforce.com).

The method of solicitation being used is intended to require a minimal expenditure of resources by responding organizations while at the same time enabling SFWIB to identify those organizations that can provide the highest quality and levels of service in the workforce environment. SFWIB is seeking concise proposals that provide a detailed plan for the proposed services. Responses should document qualifications, a demonstrated performance track record in providing the proposed services, illustrate experience with populations targeted and an in-depth knowledge of the fiscal, administrative and programmatic requirements of the multiple funding streams utilized by the SFWIB.

C. Cone of Silence

All parties to this solicitation are limited by the "Cone of Silence" surrounding solicitations and prohibitions against ex parte communication. The "Cone of Silence" prohibits communications regarding this solicitation between a current or potential contractor and any SFWIB member, SFWIB staff, or any other person serving as a selection committee member during this procurement process. Respondents directly contacting Board members, staff, or selection committee members risk immediate elimination of their proposal.

D. Offerors' Conference

Potential Respondents are encouraged to attend the Offerors' Conference that is scheduled for 10:00 a.m. on July 22, 2009. This conference will be held at the SFWIB Headquarters, 7300 Corporate Center Drive, 5th Floor, Conference Room 3, Miami, FL 33126. Attendance is not mandatory.

This conference is the only communication opportunity provided to Respondents regarding this solicitation. This will provide the only forum available to Respondents for submitting questions. Except for information provided at the Offerors' Conference, SFWIB staff is prohibited from communicating with Respondents.

E. Request for Clarification

All questions regarding the clarification of any requirement, standard or question in this RFP because of any alleged ambiguity, conflict, discrepancy or omission or other alleged error must be received by SFWIB not later than 3:00 pm EDT on July 21, 2009. Written requests should be faxed to Ken Kistner at (305) 593-5632 or emailed to kkistner@southfloridaworkforce.com

1. SFWIB reserves the right to accept or reject any or all request(s) for clarification, in whole or in part, and may require requests to be supplemented through additional written submissions.
2. Oral requests for clarification shall not be accepted.

All written requests for clarification accepted by the SFWIB along with corresponding responses will be posted on the SFWIB website at www.southfloridaworkforce.com.

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Part II General Specifications

A. Introduction

The South Florida Workforce Investment Board (SFWIB) is soliciting competitive proposals from qualified organizations specializing in the provision of the highest quality of work readiness services to universal populations in Miami-Dade County. Successful Respondents should illustrate experience in employment related services.

SFWIB is one of twenty-four (24) regional workforce boards in Florida and comprises the geographical area of Miami-Dade and Monroe Counties, known as Region 23. SFWIB is composed of representatives of local private business, educational institutions, economic development agencies, labor organizations, community-based organizations, state agencies, and other individuals deemed appropriate who are responsible for shaping the regional workforce development system in accordance with federal and state law.

The Region 23 workforce network is the publicly-funded resource for jobseekers and businesses in Miami-Dade and Monroe Counties. Employment and training services are provided through a network of Career Centers strategically located and designed to address all segments of the workforce. Currently, the Career Center network consists of twelve (12) locations.

Responses to this solicitation should be developed to effectively communicate the funding needs of the submitting organization. All organizations submitting responses should be aware that all funding offered under this solicitation is subject to availability of funds and all awards made as a result of this solicitation are contingent upon availability of such funds.

B. Services Solicited Under this RFP

South Florida Workforce Investment Board's Work Readiness Services is being funded as a result of the American Recovery and Reinvestment Act of 2009 (ARRA). Work readiness job-preparedness programs include how to use resources to search for jobs and other labor market information, i.e. using the internet; how to properly prepare a resume; how to dress, prepare for and conduct themselves during a job interview; and the basic skills needed to get and keep a job, such as being on time, dressing properly and being respectful.

This solicitation is intended to provide quality and cost effective Work Readiness Services to SFWIB customers within Miami-Dade County to make them more marketable in a competitive job market.

Work Readiness Services may include pre/post assessment utilizing WorkKeys and using the Work Certified Training Curriculum which may include all the following:

- Orientation: Program Overview and Certification
- Reading Comprehension
- Business Tools (Computers Plus)
- Business Math
- Pre-Employment
- Customer Service
- Business Writing
- Job Skills I (Work Maturity and Employability Skills)

- Job Skills II (Work Maturity and Employability Skills)
- General Business Knowledge

C. Available Funding

Estimated funds for this solicitation is \$1,300,000 dollars. The estimated number of awards is 9 to 13 projects, geographically distributed throughout Miami-Dade County. The estimated maximum funding per project is \$100,000 dollars. This estimate is solely for the purpose of offering planning guidance to Respondents.

All Respondents submitting responses should be aware that all funding offered under this solicitation is subject to availability of funds and all awards made as a result of this solicitation are contingent upon availability of such funds.

D. Period of Performance

Services funded under this solicitation are anticipated to commence **August 2009**, and shall terminate at the close of business on **June 30, 2010**.

SFWIB reserves the right to negotiate for continued services with the same Respondent(s) for up to one (1) additional one (1) year performance period subject to satisfactory performance and availability of funding to SFWIB. Such renegotiation may occur annually at the sole discretion and option of SFWIB.

E. Payment Structure

It is expected that the contract awarded will be cost reimbursement and performance based. Five-percent (5%) of contracted costs shall be set aside for performance payments.

Note: **Respondents shall not be awarded profit until the Respondent has met all performance requirements.**

F. Contract Terms

Specific contract terms, conditions and method of payment are a component of the contract negotiation process and the successful Respondent(s) shall negotiate the final contract in good faith. **Cash advances shall not be provided by the SFWIB. Therefore, successful Respondents must have sufficient financial resources to await payment or reimbursement.**

G. Confidentiality

The successful Respondent(s), in the course of the Respondent's duties under the contract, may handle or have access to confidential customer information, and, to the extent required by any applicable federal or state law, or as requested by a regulatory authority, or as requested by the SFWIB, the Respondent shall keep confidential any and all such information.

H. Cancellation Clause

It should be understood that the submission of a proposal does not commit SFWIB to award a contract, to pay any costs incurred in the preparation of the proposal, or to procure or contract for services or supplies. SFWIB reserves the right to accept or reject any or all proposals received as a result of this RFP, or to cancel and revoke this RFP in whole or in part, without prior notice. SFWIB also reserves the right to

terminate negotiations if acceptable progress, as determined in the sole discretion of SFWIB, is not occurring within a reasonable timeframe. All contract awards are subject to the availability of funds to the SFWIB.

I. Omission from the RFP

The apparent silence of this RFP and any addendum regarding any details or the omission from the RFP of a detailed description concerning any point shall be regarded as meaning that only the highest professional standards are to be maintained and that only professionalism of the highest quality is expected and shall be utilized by Respondents at all times.

J. Indemnification

For Florida Governmental Entities. The Respondent shall indemnify and hold harmless SFWIB and its officers, employees, agents, servants, agencies and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which SFWIB and its officers, employees, agents, servants, agencies or instrumentalities may incur as a result of any and all claims, demands, suits, causes of action or proceedings of any kind or nature arising out of, relating to or resulting from the performance of the contract by the Respondent or the Respondent's officers, employees, agents, servants, partners, principals or sub contractors. The Respondent shall pay all claims and losses of any kind in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of SFWIB, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Provided, however, this indemnification shall only be to the extent and within the limitations of Section 768.28 Florida Statutes, subject to the provisions of that statute whereby the Respondent shall not be held liable to pay a personal injury or property damage claim or judgment by any one person which exceeds the sum of \$100,000, or any claim or judgment or portions thereof, which, when totaled with all other claims or judgments paid by the Respondent arising out of the same incident or occurrence, exceed the sum of \$200,000 from any and all personal injury or property damage claims, liabilities, losses or causes of action which may arise as a result of the negligence of the Respondent or the Respondent's officers, employees, servants, agents, partners, principals or subcontractors.

All Entities Which are Not Florida Governmental Entities. The Respondent shall indemnify and hold harmless SFWIB and its officers, employees, agents, servants, agencies and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which SFWIB and its officers, employees, servants, agents, agencies or instrumentalities may incur as a result of any and all claims, demands, suits, causes of action or proceedings of any kind or nature arising out of, relating to or resulting from the performance of the contract by the Respondent or the Respondent's officers, employees, agents, servants, partners, principals or subcontractors. The Respondent shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the SFWIB, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorneys' fees which may issue thereon. The Respondent expressly understands and agrees that any insurance policies required by this Contract or otherwise provided by the Respondent shall in no way limit the responsibility to indemnify, keep and save harmless and defend SFWIB, and its officers, employees, agents, servants, agencies and instrumentalities as herein provided.

Term of Indemnification. The provisions of this indemnification shall survive the expiration of the solicitation and shall terminate upon the expiration of the applicable statute of limitation.

K. Non-Discrimination and Equal Opportunity

As a condition to the award of financial assistance from the Department of Labor under Title I of the Workforce Investment Act of 1998, American Recovery and Reinvestment Act of 2009 (ARRA), the Respondent assures that it will comply fully with the non-discrimination and equal opportunity provisions of the following laws:

1. Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawful admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity;
2. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C 2000 et seq., which prohibits discrimination against qualified individuals from participating or receiving benefits in any Federal Assisted Programs on the basis of race, color, or national origin;
3. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination against qualified individuals with disabilities;
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age;
5. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in educational programs;
6. Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs;
7. The American with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities; and
8. Executive Order (EO) No. 11246, Equal Employment Opportunity, as amended by EO No. 11375, and as supplemented in Department of Labor regulation 29 CFR parts 33 and 37 as well as 41 CFR, part 60 and 45 CFR part 80; if applicable.

The Respondent also assures that Respondent will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to Respondent's operation of the WIA Title I and/or ARRA – financially assisted program or activity and to all agreements the Respondent makes to carry out the WIA Title I and/or ARRA – financially assisted program or activity. The Respondent understands the United States has the right to seek judicial enforcement of this assurance.

L. Operating Requirements

Organizations may have, in the sole discretion of the SFWIB, a site visit conducted by SFWIB staff to determine whether the required fiscal and administrative systems are in place and are adequate to meet SFWIB requirements. On-site reviews of programmatic, administrative, and fiscal capabilities will include, but may not be limited to, the following:

Operational Status: The Respondent must be an incorporated organization or a governmental entity that has been operating for at least two years.

Funding Reserve: The Respondent must be able to document, to the satisfaction of the SFWIB, that the Respondent is currently receiving, and expects to continue receiving for the next fiscal year, **at least 5% of Respondent's requested budget from non-federal and non-state (Florida) sources**, to ensure adequate capability to assume liability in instances where an audit identifies disallowed costs. The only exception to this requirement may be made in the case of governmental entities.

Fiscal Review: The Respondent must be able to meet the SFWIB fiscal capability requirements through a review, which may be on-site, of fiscal systems, including documentation of fiscal accountability with previously operated programs, through the submission of copies of the Respondent's most recent independent audit and management letters, if applicable, and evidence that the Respondent:

- has an established system of internal controls,
- maintains a set of books,
- closes the books at the end of each month,
- has a monthly trial balance prepared,
- has a bank account with pre-numbered checks that require two signatures,
- has a written Employee Procedures Manual,
- has a written Accounting Procedures Manual,
- has procurement procedures,
- maintains personnel files,
- maintains time and attendance records,
- has general liability, bonding, and workmen's compensation insurance in a form and in amounts deemed sufficient by the SFWIB.

When a Respondent approved for funding does not have an independent audit for review, the Respondent will be given up to ninety (90) days (from the date the funding is approved by SFWIB) to provide the required audit, and contract execution will be deferred until such time as the required audit is submitted and accepted by SFWIB.

Programmatic and Administrative Review: The Respondent must be able to meet the SFWIB programmatic and administrative capability requirements through a review, which may be on-site, inspection of staff resumes, facilities and equipment (if applicable), insurance, other documentation, and review of documentation of the organization's past performance with respect to accomplishing training and employment goals.

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Part III
Specifications: Work Readiness Services

A. Overview of Services

South Florida Workforce Investment Board's Work Readiness Services is being funded as a result of the American Recovery and Reinvestment Act. This solicitation is intended to provide quality and cost effective Work Readiness Services to SFWIB customers within Miami-Dade County to make them more marketable in a competitive job market. The services to be provided shall be in accordance with P.L. 105-220, the Workforce Investment Act of 1998, Chapter 445 F.S., Workforce Innovation Act of 2000, P.L. 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and Chapter 414, F.S., Family Self Sufficiency and all other applicable federal, state and local laws and regulations.

B. Scope of Services

Successful Respondents will effectively and efficiently provide quality work readiness services for eligible customers that are referred by the Career Centers in Miami-Dade County or SFWIB designated agency. Services include, but are not limited to:

- **Work Readiness Training:**
 - **Program Length:** May be up to 105 hours (90 Hours plus 15 hours of additional assignments)
 - **Pre-Assessment:** Enrolled participants will be assessed to determine their Work Readiness levels and deficiencies including, but not limited to, using WorkKeys Assessments.
 - Delivery of the Work Certified Training Curriculum which includes:
 - Orientation: Program Overview and Certification
 - Reading Comprehension
 - Business Tools (Computers Plus)
 - Business Math
 - Pre-Employment
 - Customer Service
 - Business Writing
 - Job Skills I (Work Maturity and Employability Skills)
 - Job Skills II (Work Maturity and Employability Skills)
 - General Business Knowledge
 - **Post-Assessment:** All participants will be evaluated to determine their successful completion of the Work Readiness Program including, but not limited to using WorkKeys Assessments.
 - **Completion of Work Readiness (Work Certified) Training**
 - Awarded Work Certified certificate (Gold, Silver, Bronze)
 - Respondent places work certified participant or
 - Referred back to the Career Center for additional services

C. Staff Requirements

The individual(s) identified by the Respondent must be qualified to provide the specified training. The individual(s) will be required to pass the Work Certified Program in order to become an instructor.

D. Service Locations

SFWIB is looking at the work readiness services to be provided from locations strategically located across Miami-Dade County.

Each service location must have access to a minimum of 5 computers for pre and post testing and must be able to accommodate a minimum of 15 customers per training session.

E. Performance Expectations/Deliverables

This solicitation does mandate particular performance expectations or deliverables.

- Must provide the Work Readiness Certification **training** program at least 12 times during the contract period per **location**.
- Must have at least 15 customers per training for a minimum of **180** customers during the contract period.
- The overall completion rate must be 75 percent of all the customers referred to the Work Readiness training program.
- The overall goal is to place 30 percent of all customers completing the Work Readiness training program into employment.

Respondents may provide additional deliverables for SFWIB for consideration.

SFWIB may consider the proposed performance or deliverables in the negotiations of contracts.

Selected Respondents that fail to meet negotiated performance standards shall be subject to corrective action and, if performance problems persist, contract cancellation. Further, all contracts will have performance payment terms with full contract payment contingent upon achievement of required performance.

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Part IV
Proposal Package Submission Requirements

A. Submission Guidelines

Respondents are required to submit to the SFWIB two (2) unbound originals and six (6) unbound copies of proposal packages not later than **3:00 p.m., EDT on July 30, 2009**. Proposal packages shall be delivered to the address set forth on the cover of this Request for Proposals (RFP). SFWIB shall not accept any changes, modifications or additions to any submitted proposal package after the aforesaid submission deadline has passed.

Any proposal package which does not arrive at the aforesaid address by the aforesaid time and date will not be accepted by the SFWIB. Any proposal package received after the aforesaid time and date shall neither be considered nor evaluated by the SFWIB and will be returned unread to the Respondent. No proposal packages will be accepted via electronic mail or facsimile.

For your convenience in preparing your proposal package, this RFP and attachments are available on our website, www.southfloridaworkforce.com.

Respondents shall provide a total of three components of their proposal package

- Sealed envelope which has Respondent identifying information:
 - Identifying Data Cover Sheet (Attachment A).
- Unsealed envelope which has Respondent identifying information:
 - Organizational experience and a capabilities proposal.
 - Operational Documents
 - Due Diligence Requirements
 - Cost Allocation Plan
- Sealed envelopes that do not identify the Respondent by name and is assigned a ten-digit alpha-numeric code by the Respondent:
 - Technical Proposal Narrative, and
 - Budget

All proposals must be in 12 Point Font, Times New Roman, single spaced and page numbered.

B. Proposal Format, Content and Organization

All proposal packages shall be assembled in the following format under separate covers:

1. Identifying Data Cover Sheet (Attachment A)

Attachment A is a form for your organization to specify both the name of the organization and the **ten-digit alpha-numeric code** chosen by the organization. The code must not contain the initials of the organization. Attachment A will be completed and sealed in an envelope with no identifying information on it. **Only one original of Attachment A is required to be submitted.**

Attachment A will be opened at the proposal review session scheduled for August 10, 2009.

2. **Organizational Experiences/Capabilities:** 10 Page Limit (Excludes Resumes and Attachments)

Attachment B is the cover sheet for your organization to utilize for the submission of the organization's experience and capabilities. **Two (2) unbound originals and six (6) unbound copies** are required to be submitted.

- 1) Describe your organization's years of experience with employment and training services, including years of experience providing work readiness training.
- 2) Provide a Table of Organization and indicate clearly supervisory lines for all staff. Complete the attached Chart, Attachment C, with all required information. Resumes for all identified personnel are to be attached to the completed chart. If additional staff will be hired, include a job description for the proposed staff.
- 3) Describe the organization's internal and financial control processes that will be utilized to manage and monitor the delivery of the services with outcomes as specified in Part III of the RFP.
- 4) Describe how your agency will financially support the costs of doing business until an invoice can be submitted and paid by SFWIB.
- 5) Respondents must complete the attached reference chart, Attachment D, and provide no more than **three current references** for the same or similar services provided during the past two (2) years and which demonstrates the Respondent's track record for the proposed services. This information should include funding source, name of organization, contact person, title of contact person, contact number(s), a description of the service and program provided, and its performance requirements, and a report on the Respondent's performance under the contract(s), including absolute numbers and percentages performance standard. Proposals that do not include at least one relevant reference may be eliminated from this competitive procurement process. Proposals that include references that SFWIB is unable to contact or the provided information cannot be verified by SFWIB may be eliminated from this competitive procurement process.
- 6) All Respondents must submit most current performance, programmatic and fiscal reports.
NOTE:
 - For existing providers the above will be verified internally, and
 - For new providers the above will be verified by contacting the references.
- 8) Complete the attached Chart, Attachment E, that provides information for all funding sources. SFWIB reserves the right to contact any person(s) or organization(s) who is familiar with the work of the Respondent(s) to document the qualifications and successful experiences of the Respondent(s), as well as to solicit character references.

3. **Technical Proposal Narrative** – Fifteen (15) page limit. (Excludes Attachments)

Attachment F is the cover sheet for your organization to utilize for the submission of the Technical Proposal Narrative. **Two (2) unbound originals and six (6) unbound copies are required to be submitted in sealed envelopes.** Affix a copy of the appropriate cover sheet on the outside of the sealed envelopes containing the Technical Proposal Narrative.

The Technical Proposal Narrative is to be prepared in a manner that ensures that there is no identifying information on any pages of the proposal that indicates the organization submitting the proposal. **Technical Narrative Proposals that include identifying information will be deducted one (1) point per occurrence from the total score**

Note: Do not respond to any questions by referencing information presented elsewhere in the Respondent's proposal. A response of "will comply" or "see above" or similar statements shall be considered unresponsive. (Failure to respond to any section of this RFP may result in the Respondent's proposal being deemed non-conforming).

A Plan as requested in this RFP must have sufficient detail so that it can be followed, step by step, "as a how to guide" for the proposed service. The plan should include where applicable, a description of the duties of the staff that implements the plan, the number of staff required for implementation, the step by step sequence of events necessary for implementation, and the measurable goals or expected results of the implementation.

All Respondents must respond to all items under Section A and B below:

A. Service Strategies:

- 1) Provide your organization's specific plan to deliver work readiness services to individuals that may be unemployed, low income or receiving cash assistance. Submit a schedule of workshops.
- 2) Provide your staffing plan that adequately addresses the needs of your organization's plan to deliver work readiness services.
- 3) Explain how effective methods of job matching will be utilized and managed.
- 4) Describe in detail the organization's methods of handling and resolving customer complaints. Provide examples and explain current procedures including utilized documents.
- 5) Describe in detail the organizational process and procedures for internal reviews for evaluating program effectiveness. Explain the methods to implement corrective actions and disseminate findings to appropriate staff.

B. Proposed Performance and Cost Effectiveness

Complete Attachment J with your proposed Number to be Served, Proposed Number of Completers, Proposed Number to be Employed and Cost per Served.

Describe the reasonableness of the proposed budget in achieving the proposed outcomes.

4. **Budget**

Attachment G is the cover sheet for your organization to utilize for the submission of the Budget. **Two (2) unbound originals and six (6) unbound copies are required to be submitted in sealed envelopes.** Include the Budget in the sealed envelope containing the Technical Proposal Narrative.

The Budget is to be prepared in a manner that ensures there is no identifying information on any pages of the budget that indicates the organization submitting the Budget. **Budgets that include identifying information will be deducted one (1) point per occurrence from the total score.**

The Respondent is expected to clearly outline proposed costs in detail in the Budget Forms, Attachment H, provided and utilize pertinent background information provided in this RFP to complete the budget forms.

The Respondent must provide separate program, and administrative budgets and budget narratives. If the Respondent is proposing more than one location, one administrative and program budget is required for each proposed location.

The Respondent is expected to ensure administrative and indirect costs are properly classified and not exceeding ten percent (10%) of the proposed budget. Administrative/indirect costs (e.g. accounting, auditing, payroll administration costs, insurance, internet etc.). This is the general overhead expense necessary to operate the programs that are not program activities. These costs typically relate to the organization's general executive and administrative functions.

The Respondent must provide a budget narrative that justifies each proposed expense included on the Budget Forms in terms of it being necessary, allowable and reasonable. Show the method of computation. Refer to budget narrative instructions (Attachment I).

The Respondent is expected to identify any in-kind resources/support for the service delivery system beyond what is being requested in the budget. Include each committed or proposed source of funding and the amount of that funding.

For line items listed under "other" in the budget, the Respondent must clearly correlate proposed costs and outcomes by explaining and justifying the need for proposed costs in the Budget Narrative Form.

Proposed costs must be allowable as determined by SFWIB and governing statutes and regulations. **Allowable costs** are those that are reasonable, necessary, and/or required for the program. A cost is reasonable if, in its nature or amount, does not exceed that which would be incurred by a prudent person under circumstances prevailing at the time the decision was made to incur the costs. Additionally, the cost is of a type that is generally recognized as ordinary and necessary for the operation of the program.

5. **Cost Allocation Plan**

Due to the integrated approach for service delivery in this solicitation, Respondent's staff will be cost allocated across all applicable funding streams.

A detailed Cost Allocation Plan (CAP) must be submitted with your proposal **in accordance with the guidance that can be accessed through the link provided below**. The CAP is a document that specifies the allocation methods used for distributing all costs of an organization. A plan for allocating shared costs is required to support the distribution of those costs to grant and non-grant programs. All Respondent's costs should be included in the plan. Official accounting records must support all costs.

In order for costs to be allowable in Federal grants programs, the costs must be allocable on the basis of benefits received. The requirements and guidance for cost allocation are found in the

Office Management and Budget (OMB) Circulars outlining the cost principles (**OMB Circular A-122 for nonprofit organizations; OMB Circular A-87 for governmental entities, Code of Federal Regulations (CFR) 45, Subpart B-74 and CFR 48, Subpart 31.2 for profit organizations**). For additional information, please visit:

<http://www.floridajobs.org/pg/guidancepapers/050FinalRwbCapProcedures072805.pdf>

One original and **one copy** labeled Cost Allocation Plan must be packaged separately and included with the **Organizational Capability** package.

If your organization has an approved Federal Indirect Rate, please submit a copy of the approval letter from the federal agency that reviewed and approved the indirect rate proposal. Organizations that have an approved Federal Indirect Rate must also submit a cost allocation plan that specifies the allocation method for distributing all other costs of the organization.

6. Operational Documents

Attachment K identifies required operational documents. **One original** and **one copy**, labeled operational documents must be packaged separately and included with the **Organizational Capability** package.

7. Due Diligence Requirements

Attachment L sets forth Due Diligence requirements. **One original** and **one copy** labeled Due Diligence documents must be packaged separately and included with the **Organizational Capability** package.

The submission of Due Diligence documents **is required** for **all** Respondents. Included in the Due Diligence package will be the organization's most recent independent audit and management letter.

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Part VI
Selection Process

A. Evaluation Process

SFWIB will conduct a review of all timely proposals **received** to this RFP. Proposals will be evaluated first to determine if all information required by the RFP is complete. Incomplete proposals or those not satisfactorily addressing each requirement may be disqualified. A Respondent may include additional information and such information may or may not be considered by SFWIB during the evaluation process. Respondents are requested to be concise and complete in their proposals.

The evaluation process is designed to assess the Respondent’s ability to meet the SFWIB requirements and to identify those Respondents most likely to satisfy those requirements. The evaluation process will be conducted in a thorough and impartial manner at a publicly noticed selection committee meeting held in accordance with the Florida Public Meeting Law. This session is scheduled for **August 10, 2009, 10:00 a.m. EDT**. Respondents are advised to periodically check the SFWIB website calendar (www.southfloridaworkforce.com) for the scheduled date, time, and location of this session should changes occur. Respondents are encouraged to attend this meeting.

Price is an important factor in selecting a Respondent. However, other factors in the competitive selection process will be considered and may take precedence over price. These factors may include, but are not limited to: quality of service offered; operating characteristics; technical innovations; administrative capability; previous experience in providing the same or similar services; and the ability to achieve the deliverables. SFWIB may elect not to award a contract to any Respondent under this solicitation. References may be checked and background checks may be performed to verify information submitted in the proposals.

Alternate means of accomplishing the requirements specified herein, with reasonable assurance of satisfactory results, will be considered and may be accepted, at the sole discretion of SFWIB without further addendum to the solicitation.

SFWIB may enter into negotiations with the Respondent(s) in order to achieve the best services for SFWIB. The SFWIB reserves the right to accept one or more portions of competing Respondents’ responses and use such portions to form an overall program in the best interests of the SFWIB. Further, the SFWIB shall have the right to use any or all ideas or adaptations of the ideas presented in any response received pursuant to this solicitation. Selection or rejection of a response will not affect this right. SFWIB reserves the right to reject any and all responses or portions thereof. The SFWIB reserves the right to withdraw this solicitation or any portion of this solicitation at any time without prior notice.

The following criteria will used to evaluate the proposals.

Criteria	Points
Organizational Experience and Capabilities	5 Points
Proposed Service Strategies/Scope of Services	65 points
Proposed Performance Outcomes	10 points
Proposed Budget	10 points
Cost Allocation Plan	10 points

B. Contract Award

A contract or contracts may be negotiated with one or more Respondents based upon the proposals received by the SFWIB. SFWIB reserves the right to request additional data, oral discussions or presentations to support proposals.

Final award of a contract or contracts will be contingent upon:

- Successful negotiation of a contract between the SFWIB and the Respondent,
- Acceptance by the Respondent of the contract terms and conditions,
- Satisfactory verification of past performance and systems (e.g. financial),
- Availability of funds.

C. Appeal Process

Respondents will be advised of SFWIB appeal process at the time of the **August 10, 2009**, public meeting.

INTENTIONALLY BLANK



Attachment A

Cover Sheet
Work Readiness Services

Release date: July 16, 2009

A. IDENTIFYING DATA:

Complete the information below.

Name of Organization	Ten-Digit Alpha-Numeric Code

B. Certification:

Typed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

Cover Sheet

**Work Readiness Services
Organizational Capability**

Release date: July 16, 2009

A. Identifying Data:

Name of Organization:		Contact Person:	
Address:		Telephone Number:	
City & ZIP Code:		Fax Number:	
Director:		E-Mail Address:	

B. Summary:

Proposed Work Readiness Services Location(s)	Funds Requested	Cost per Participant
Totals		

C. Certification of Data:

I do hereby certify that this application is submitted in accordance with the provisions and conditions outlined in the solicitation and that all data are accurate and represents the Respondent's intention to provide all services specified.

 Typed Name of Authorized Representative

 Title of Authorized Representative

 Signature of Authorized Representative

 Date

Qualification of Administrative and Program Staff

Please complete the chart below with all required information.

Position/Job Title	Position/Job Description	Name of Staff	Qualifications
Key Staff			
Program Staff			

Attach resumes of identified staff behind this Chart.

REFERENCES

Provide the information requested below for a maximum of three of your funding sources for the last two years that the Respondent contracted with to provide similar services within the last two years.

Reference #1			
Name of Organization:			
Full Mailing Address:			
Size of the Organization:		Number of Years Respondent Provided Service:	
Contact Person Who can Verify the Performance:	Name:	Telephone #:	Fax Number #
Services Provided:			
Performance Requirements:			
Funding Level:			
Reference #2			
Name of Organization:			
Full Mailing Address:			
Size of the Organization:		Number of Years Respondent Provided Service:	
Contact Person Who can Verify the Performance:	Name:	Telephone #:	Fax Number #
Services Provided:			
Performance Requirements:			
Funding Level:			
Reference #3			
Name of Organization:			
Full Mailing Address:			
Size of the Organization:		Number of Years Respondent Provided Service:	
Contact Person Who can Verify the Performance:	Name:	Telephone #:	Fax Number #
Services Provided:			
Performance Requirements:			
Funding Level:			

Cover Sheet

Work Readiness Services
TECHNICAL PROPOSAL

Release date: July 16, 2009

A. Identifying Data:

Place a ten-digit alpha-numeric code in the space provided.

B. Summary:

Proposed Work Readiness Services Location(s)	Funds Requested	Cost per Participant
Totals		

Cover Sheet

Work Readiness Services

BUDGET

Release date: July 16, 2009

A. Identifying Data:

Place a ten-digit alpha-numeric code in the space provided.

B. Summary:

Proposed Work Readiness Services Location(s)	Funds Requested	Cost per Participant
Totals		

BUDGET: PROJECTED ADMINISTRATIVE COST

Agency Assigned Number: _____
 Project Name: _____
 Period: 08/24/2009 to 09/30/2010, 10.1 months

			FUNDING SOURCE: Example, ARRA, Other SFW Funds, Other Non-SFW Funds.						In-Kind Facilities, Services & Cash			
GL #'s	NAME OF FUNDING SOURCE:		Work Readiness (ARRA)		Other: SFW Funds		Other: Non-SFW Funds		TOTAL			
			%	Amount	%	Amount	%	Amount	%	Amount	%	Amount
	Position	No. of FTEs'		Annual Salary								
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
			0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5001	TOTAL FTE/Salaries		-	-	-	-	-	-	-	-	#DIV/0!	-
			#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-
	Fringe Benefits:											
5033	Executive Fringes		0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Fica/Mica	Rate: 7.65%	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-
	Workman's Comp	Rate:	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-
	Unemployment	Rate:	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Health Ins. (staff only)	Monthly Cost per staff:	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Life Ins.	Monthly Cost per staff:	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Retirement	Provide rationale & calculations	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Other (Specify)	Provide rationale & calculations									#DIV/0!	-
											#DIV/0!	-
											#DIV/0!	-
5054	TOTAL Fringe Benefits		-	-	-	-	-	-	-	-	#DIV/0!	-

BUDGET: PROJECTED ADMINISTRATIVE COST

Agency Assigned Number: _____
 Project Name: _____
 Period: 08/24/2009 to 09/30/2010 / 10.1 months

GL #'s	NAME OF FUNDING SOURCE:	FUNDING SOURCE: Example, ARRA, Other SFW Funds, Other Non-SFW Funds.						In-Kind Facilities, Services & Cash	
		Work Readiness (ARRA)		Other: SFW Funds		Other: Non-SFW Funds		TOTAL	
		%	Amount	%	Amount	%	Amount	%	Amount
	Operating Expenses:		<u>Annual Cost</u>						
	Space								
5210	Storage	0%	-	0%	-	0%	-	0%	-
5211	Building Lease / Rent	0%	-	0%	-	0%	-	0%	-
5216	Building Repair & Maintenance	0%	-	0%	-	0%	-	0%	-
5217	Security	0%	-	0%	-	0%	-	0%	-
5225	Electricity	0%	-	0%	-	0%	-	0%	-
5227	Telephone	0%	-	0%	-	0%	-	0%	-
5229	Internet Service	0%	-	0%	-	0%	-	0%	-
5613	Common Area Maintenance	0%	-	0%	-	0%	-	0%	-
5618	Alarm Service	0%	-	0%	-	0%	-	0%	-
5619	Garbage Disposal	0%	-	0%	-	0%	-	0%	-
5620	Water & Sewer	0%	-	0%	-	0%	-	0%	-
5621	Pest Control	0%	-	0%	-	0%	-	0%	-
	Other:	0%	-	0%	-	0%	-	0%	-
	Supplies								
5221	Office & Computer Supplies including reproduction	0%	-	0%	-	0%	-	0%	-
5219	Printing (outside)	0%	-	0%	-	0%	-	0%	-
5249	Cleaning Supplies	0%	-	0%	-	0%	-	0%	-
	Postage								
5223	Postage	0%	-	0%	-	0%	-	0%	-
	Equipment								
5213	Equipment Lease / Rent	0%	-	0%	-	0%	-	0%	-
5215	Equipment Repair & Maintenance	0%	-	0%	-	0%	-	0%	-
	Insurance								
5251	Auto Insurance	0%	-	0%	-	0%	-	0%	-
5256	Bonding Insurance	0%	-	0%	-	0%	-	0%	-
5254	Crime Insurance	0%	-	0%	-	0%	-	0%	-
5255	Flood Insurance	0%	-	0%	-	0%	-	0%	-
5250	General Liability Insurance	0%	-	0%	-	0%	-	0%	-
5252	Property Insurance	0%	-	0%	-	0%	-	0%	-
	Travel								
5241	Local Travel, including tolls & parking	0%	-	0%	-	0%	-	0%	-
5243	Out-of-Town Travel	0%	-	0%	-	0%	-	0%	-

BUDGET: PROJECTED ADMINISTRATIVE COST

Agency Assigned Number: _____
Project Name: _____
Period: 08/24/2009 to 09/30/2010, 10.1 months

		FUNDING SOURCE: Example, ARRA, Other SFW Funds, Other Non-SFW Funds.						In-Kind Facilities, Services & Cash			
GL #'s	NAME OF FUNDING SOURCE:	Work Readiness (ARRA)		Other: SFW Funds		Other: Non-SFW Funds		TOTAL			
		%	Amount	%	Amount	%	Amount	%	Amount		%
	Professional Services (list each)										
5075	Payroll Fees	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5200	Bank Service Charges	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5201	Audit	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5205	Consulting Fees	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5207	Other Professional Services (Specify):	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5209	Temporary Agency - Staff	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Major/Capital Equipment (over \$1000, list each)										
5402	Capital Equipment (not including software and hardware)	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Minor Equipment (up to \$1000, list each)										
5404	Non Capital Equipment (not including software and hardware)	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Software and Hardware										
5405	Capital Software and hardware	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5406	Non-Capital Software and hardware	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	Other: Specify & provide rationale & calculations										
5224	Special Services (Specify):	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5230	Background Check - Staff	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5231	Advertising	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5232	License and Permit	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5233	Membership Dues and Subscriptions	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5244	Registration Fees	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5245	Staff Training and Credentials	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
5247	Meetings and Conferences	0%	-	0%	-	0%	-	0%	-	#DIV/0!	-
	TOTAL Administrative Expenses		-		-		-		-	#DIV/0!	-
	TOTAL PROJECTED ADMINISTRATIVE COST	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	-
			\$0.00								

Administrative costs cannot exceed 10% of Contract award.
 A **comprehensive narrative** that includes explanation and calculation for all budgeted costs must be attached.

BUDGET: PROJECTED PROGRAM COST

Agency Assigned Number: _____
Project Name: Work Readiness Services (Identify location): _____
Period: 08/24/2009 to 06/30/2010 10.1 months

			FUNDING SOURCE: ARRA		TOTAL		In-Kind Facilities, Services and Cash	
GL #'s	NAME OF FUNDING SOURCE:		Work Readiness		TOTAL			
			%	Amount	%	Amount	%	Amount
	Position	No. of FTEs		Annual Salary				
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
5001	TOTAL FTE/Salaries		-	-	-	-	#DIV/0!	-
			#DIV/0!		#DIV/0!		#DIV/0!	
	Fringe Benefits:							
5033	Total Executive Fringes		0.0%	-	0%	-	#DIV/0!	-
					0%	-		
	Fica/Mica	Rate: 7.65%	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-
	Worker's Comp	Rate:	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-
	Unemployment	Rate:	0.0%	-	0%	-	#DIV/0!	-
	Health Insurance (Staff Only)	Monthly cost per staff:	0.0%	-	0%	-	#DIV/0!	-
	Life Insurance	Monthly cost per staff:	0.0%	-	0%	-	#DIV/0!	-
	Retirement	Provide rationale & calculations	0.0%	-	0%	-	#DIV/0!	-
	Other (Specify):	Provide rationale & calculations						
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#DIV/0!	-
			0.0%	-	0%	-	#VALUE!	-
5054	TOTAL Fringe Benefits		-	-	-	-	#DIV/0!	-

BUDGET: PROJECTED PROGRAM COST

Agency Assigned Number: _____
Project Name: Work Readiness Services (Identify location): _____
Period: 08/24/2009 to 06/30/2010 10.1 months

GL #'s	NAME OF FUNDING SOURCE:	FUNDING SOURCE: ARRA		TOTAL		In-Kind Facilities, Services and Cash	
		Work Readiness					
		%	Amount	%	Amount	%	Amount
	Operating Expenses:		<u>Annual Cost</u>				
	Space						
5216	Building Repair & Maintenance	0.0%	-	0%	-	#DIV/0!	-
5217	Security	0.0%	-	0%	-	#DIV/0!	-
5225	Electricity	0.0%	-	0%	-	#DIV/0!	-
5227	Telephone (Cell)	0.0%	-	0%	-	#DIV/0!	-
5613	Common Area Maintenance	0.0%	-	0%	-	#DIV/0!	-
5618	Alarm Service	0.0%	-	0%	-	#DIV/0!	-
5619	Garbage Disposal	0.0%	-	0%	-	#DIV/0!	-
5620	Water & Sewer	0.0%	-	0%	-	#DIV/0!	-
5621	Pest Control	0.0%	-	0%	-	#DIV/0!	-
	Other (Specify):	0.0%	-	0%	-	#DIV/0!	-
	Supplies						
5221	Office & Computer Supplies including reproduction	0.0%	-	0%	-	#DIV/0!	-
5219	Printing (outside)	0.0%	-	0%	-	#DIV/0!	-
5249	Cleaning Supplies	0.0%	-	0%	-	#DIV/0!	-
	Postage						
5223	Postage	0.0%	-	0%	-	#DIV/0!	-
	Equipment						
5213	Equipment Lease / Rent (Specify):	0.0%	-	0%	-	#DIV/0!	-
5215	Equipment Repair & Maintenance	0.0%	-	0%	-	#DIV/0!	-
	Insurance						
5251	Auto Insurance	0.0%	-	0%	-	#DIV/0!	-
5256	Bonding Insurance	0.0%	-	0%	-	#DIV/0!	-
5254	Crime Insurance	0.0%	-	0%	-	#DIV/0!	-
5255	Flood Insurance	0.0%	-	0%	-	#DIV/0!	-
5250	General Liability Insurance	0.0%	-	0%	-	#DIV/0!	-
5252	Property Insurance	0.0%	-	0%	-	#DIV/0!	-
	Travel						
5241	Local, including tolls & parking	0.0%	-	0%	-	#DIV/0!	-
5243	Out-of-town	0.0%	-	0%	-	#DIV/0!	-
	Professional Services (list each)						
5205	Consulting Fees (Program Related)	0.0%	-	0%	-	#DIV/0!	-
5207	Other Professional Services (Specify):	0.0%	-	0%	-	#DIV/0!	-
5209	Temporary Agency - Staff	0.0%	-	0%	-	#DIV/0!	-
5603	Janitorial Services	0.0%	-	0%	-	#DIV/0!	-

BUDGET: PROJECTED PROGRAM COST

Agency Assigned Number: _____
Project Name: Work Readiness Services (identify location): _____
Period: 08/24/2009 to 06/30/2010 10.1 months

GL #'s	NAME OF FUNDING SOURCE:	FUNDING SOURCE: ARRA				In-Kind Facilities, Services and Cash	
		Work Readiness		TOTAL		% Amount	% Amount
		%	Amount	%	Amount		
	Major/Capital Equipment (over \$501, list each)						
5402	Capital Equipment (not including software and hardware)	0.0%	-	0%	-	#DIV/0!	-
	Minor Equipment (up to \$500, list each)						
5404	Non Capital Equipment (not including software and hardware)	0.0%	-	0%	-	#DIV/0!	-
	Software and Hardware						
5405	Capital Software and hardware	0.0%	-	0%	-	#DIV/0!	-
5406	Non-Capital Software and hardware	0.0%	-	0%	-	#DIV/0!	-
	Other:						
5224	Special Services (Specify)	0.0%	-	0%	-	#DIV/0!	-
5230	Background Check - Staff	0.0%	-	0%	-	#DIV/0!	-
5231	Advertising & Outreach	0.0%	-	0%	-	#DIV/0!	-
5233	Membership Dues and Subscriptions	0.0%	-	0%	-	#DIV/0!	-
5244	Registration Fees	0.0%	-	0%	-	#DIV/0!	-
5245	Staff Training and Credentials	0.0%	-	0%	-	#DIV/0!	-
5247	Meetings and Conferences	0.0%	-	0%	-	#DIV/0!	-
		0.0%	-	0%	-	#DIV/0!	-
	TOTAL Operating Expenses		-		-	#DIV/0!	-
	TOTAL PROJECTED PROGRAM COST	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -

A comprehensive narrative that includes explanation and calculation for all budgeted costs must be attached.

**Work Readiness
Budget Narrative Instructions**

Salaries	List each staff position by title. Indicate the gross salary (from all sources) and the percentage of time to be charged to this program.
Fringe Benefits	This section represents total fringe benefit costs for staff that is budgeted and work directly with the SFW program. Indicate the fringe benefit costs as a percentage of salaries or a monthly cost per staff, as appropriate. Fringes include: <u>FICA/MICA</u> : Set by the Internal Revenue Services (IRS) at the current rate of 7.65% <u>Worker's Comp</u> : Enter the agency's rate for Workers Compensation <u>Unemployment</u> : Enter the agency's rate for Unemployment Compensation Insurance. <u>Retirement</u> : enter the agency's rate for retirement benefits. <u>Health Insurance</u> : Enter the monthly cost of health insurance per staff. For single coverage only (no family coverage) and only for staff that have coverage. Include the number of FTE's in the calculation. <u>Life insurance</u> : Enter the monthly cost of life insurance per staff. Include the number of FTE's in the calculation. <u>Other Fringe</u> : Enter any additional fringe benefits offered for staff. List the description of the benefit.
Equipment Purchases	For each type of equipment to be purchased, list the number of items and the unit cost for each item. <u>If awarded, Capital equipment budgeted must be purchased by SFW.</u>
Supplies	For item to be purchased, list the number of items and the unit costs for each item. An alternate method of calculation, such as cost per participant or staff, would also be acceptable.
Travel Costs	The <u>Local travel</u> method of calculation must be shown as number of miles traveled times the cost per mile times the number of staff that will be performing the travel. <u>Out of Town travel</u> costs need to clearly indicate the type of travel, title of staff and purpose. Provide calculation for any per diem costs.
Other Costs	List each cost (space, utility, insurance, janitorial, etc.) in accordance with the budget format. Provide detailed explanation and calculation (unit cost times the number of months, etc.) for each item budgeted. Explain which service or activity is supported by this cost.
Indirect Cost	Calculate the total indirect cost by multiplying the approved rate time the base. <u>Note</u> : this category may only be used by organizations with an Indirect Cost Rate approved by an authorized federal or state agency. Documentation of the rate must also be provided.
Profit Rate	<u>Note</u> : profit rate is for profit organizations only and is subject to performance achievement and negotiation.

Work Readiness Services

Performance / Outcomes

Release Date: July 16, 2009

A. Identifying Data:

Place a ten-digit alpha-numeric code in the space provided.

B. PROPOSED PERFORMANCE/OUTCOMES

PERFORMANCE MEASURES	PROPOSED PERFORMANCE
Proposed Number to be Served	
Proposed Numbers of Completers	
Proposed Number to be Employed	
Cost per Served	

Attachment K
Operational Documents

CHECKLIST FOR SUBMITTING OPERATIONAL DOCUMENTS

Name: _____

Date: _____

Complete this checklist to assist in submitting the operational documents required by South Florida Workforce Investment Board (SFWIB).

DOCUMENT	SUBMITTED (Yes/No)	COMMENTS
* 1. State of Florida Current Year Corporate Registration Certificate or Current Year Permit/License Issued by Division of Licensing, Department of State, State of Florida.		
2. Names and Positions of Members of the Board of Directors.		
3. Organizational Responsibilities of Designated Staff, including Signatures.		
4. Corporate Resolution / LLC Affidavit		
* 5. Certification of Sound Fiscal Management.		
6. W-9 – Request for Taxpayer Identification Number and Certification.		
7. Personnel Policies and Procedures.		
8. Proof of Required Insurances: Commercial General Liability, Professional Liability, Automobile Liability, Worker’s Compensation Insurance; and Fidelity Bond Insurance. Worker’s Unemployment Insurance (copy of two most recent UCT-6 report)		
9. Certification Regarding Lobbying		
10. Certification Regarding Debarment, Suspension, and Other Matters.		
11. Public Entity Crime Affidavit.		
12. Certification Regarding Drug Free Workplace		
13. Florida Clean Indoor Air Act		
14. Non-Discrimination and Equal Opportunity		
15. Sarbanes-Oxley Act of 2002		
16. ARRA Terms & Conditions		
<p>* <u>NOT APPLICABLE TO GOVERNMENTAL JURISDICTIONS</u> DO NOT WRITE BELOW THIS LINE</p>		
<p>I HAVE REVIEWED ALL REQUIRED OPERATIONAL DOCUMENTS AND FIND THEM TO BE ACCEPTABLE.</p>		
<p>_____ Contracts Compliance Supervisor, OCI</p>	<p>_____ Date</p>	
<p>_____ Director, Administration</p>	<p>_____ Date</p>	
<p>_____ Contracts Administrator</p>	<p>_____ Date</p>	
<p>FORM F-1 -- CHECK LIST FOR SUBMITTING OPERATIONAL DOCUMENTS</p>		

REQUIRED DOCUMENTATION DESCRIPTION

1. **Current Year Corporate Registration ***

A copy of the current year corporate registration certificate or current year permit/license issued by the Division of Licensing Department of State, State of Florida is required by SFWIB to insure that the Respondent is currently active and approved to do business in the State of Florida.

2. **Names and Positions of Members of the Board of Directors (if applicable)**

This document shall be a listing of the names of the Board of Directors and their position(s) on the Board including Chairman, Vice-Chairman, Secretary, Treasurer, and various committee positions; address, telephone numbers, e-mails; analysis of race, sex and ethnicity.

3. **Organization Responsibilities** **(Form F-3)**

This document (Form F-3) insures that each managerial responsibility has been assigned to a staff person. It is possible that one person may be responsible for more than one of these assignments.

4. **Corporate Resolutions / LLC Affidavit** **(Sample Form F-4, Form A134 and Form A135)**

The Corporate Resolution (Form Sample F-4) shall identify, by name and title (President or Vice President), the individual(s) authorized by the Respondent's Board of Directors to enter into a contract in the name and on the behalf of the Respondent's corporation with SFWIB.

Limited Liability Companies shall complete and submit a notarized LLC Affidavit (A134 – Affidavit of Member of Florida LLC or A135 – Affidavit of Member of Non-Florida LLC) as applicable.

5. **Certificate of Sound Fiscal Management *** **(Form F-5)**

This document (Form F-5) will certify that the Respondent and the Respondent's CPA have agreed to establish and maintain sound financial and fiscal controls and management systems.

6. **W-9 -- Request for Taxpayer Identification Number and Certification**

The **IRS Form W-9** is a request for taxpayer identification number and certification. If the organization has an IRS Certification of Tax Status, SFWIB will require a copy. If not, SFWIB will require the organization's IRS identification number by completion of this form.

7. **Personnel Policies and Procedures**

Attach the Respondent's Personnel Policies and Procedures Manual.

8. **Insurance Requirements**

The following insurances are required by SFWIB prior to the acceptance and execution of a contract.

- a. *Commercial General Liability*
- b. *Professional Liability Insurance*

*** Not Applicable to Government Jurisdictions**

- c. ***Automobile Liability Insurance***
- d. ***Worker's Compensation Insurance*** (including, but not limited to, insurance for participants enrolled in occupational skills training or employability skills training programs and projects)
- e. ***Worker's Unemployment Compensation Insurance***
- f. ***Fidelity Bonding Insurance***

Contractors operating in the capacity of a community-based organization, a private non-profit organization, or a private for-profit organization, shall maintain the required insurance under the provisions specified as follows:

a. **Commercial General Liability Insurance**

- i. Commercial General Liability Insurance shall be secured on a comprehensive basis to include contingent liability in an amount that insures that the Contractor is protected against any suits.
- ii. Commercial General Liability Insurance shall be secured in the following minimum amounts: \$1,000,000 aggregate; \$1,000,000 per occurrence. For individuals who provide professional services, including consultants, commercial general liability coverage in the amount of the Contract or \$50,000 whichever is greater. SFWIB shall be named as an additional party insured with respect to this coverage.

b. **Professional Liability Insurance**, when applicable, shall be secured in the name of the Contractor in an amount not less than \$300,000. This insurance covers liability arising from rendering of or failure to render professional services. SFWIB shall be named an additional party insured with respect to this coverage.

c. **Automobile Liability Insurance**

- i. For all vehicles owned, leased, or hired by the Contractor, which are utilized in connection with the services provided under the terms of this Contract, Auto Liability Insurance is required in the single limit amount of not less than \$500,000. The endorsement of PIP shall be added. SFWIB shall be named as an additional party insured with respect to this coverage.
- ii. Non-owners Auto Liability Insurance shall be required if any personal vehicles are utilized by employees for official use in connection with the services provided under the terms of this Contract. Non-owners auto liability insurance shall be required regardless of whether or not the employee request mileage reimbursement.
- iii. Personal vehicles owned by employees of the Contractor which are not owned by the Contractor; but are utilized in connection with the services provided under the terms of this Contract, auto liability insurance shall be required in the single limit amount of not less than \$300,000. PIP shall be added as an endorsement.

d. **Worker's Compensation Insurance**

Worker's Compensation Insurance shall be secured for each person employed or enrolled by the Contractor. This insurance shall be secured in an amount that is consistent with Chapter 440 of the State of Florida Statutes. If Worker's Compensation Insurance cannot be secured for participants, an alternative insurance approved by the SFWIB must be secured.

e. **Worker's Unemployment Compensation Insurance**

Worker's Unemployment Compensation Insurance shall be secured for each person employed by the Contractor in a manner which is consistent with Federal and State laws. (Submit a copy of the two most recent UCT-6 reports submitted to the State)

f. **Fidelity Bond Insurance** (for all employees of the Contractor)

The Contractor shall provide fidelity bonding for all staff persons as follows:

- i. Directors, Officers and staff persons who are authorized by the Contractor to account for property, authorize expenditures, request cash advances and reimbursements, sign justification packages, receive or deposit funds into program accounts, issue financial statements, checks or other instruments of payment for program costs, sign checks, on behalf of the agency, personally receive checks from SFWIB, or otherwise handle funds.
- ii. This requirement shall be fulfilled through the purchase of a blanket fidelity bond. If a blanket bond cannot be purchased, then a position bond should be purchased. If neither a blanket bond nor a position bond can be secured, each person shall be individually bonded for the full amount of bonding required for this Section.
- iii. The amount of the bond, whether issued through a blanket bond, position bond or individual bond, shall be equal to the following amount:
 - For Contractors that shall be submitting reimbursement/justification packages during the fiscal year, the amount of the Fidelity Bond shall be secured in the amount of \$50,000, or one-fourth (1/4) of the total amount of the funds allocated to the contracted service provider for all SFWIB programs that are operated by the Contractor, whichever is lower.
 - The Certificate should also include a statement which names SFWIB as the Loss Payee for any claim involving SFWIB funds or as trustee of the bond or as an Additional Insured.

Submission of the Insurance to the SFWIB:

- a. The Contractor shall insure that all insurance and bonding required under its Contract is secured prior to the effective period of performance of the Contract.
- b. All Policies and Certificates of Bonding and Insurance shall be in the possession of the SFWIB prior to the execution of the contract. If the Contractor secures any of the insurance policies, which have effective dates that are subsequent to the beginning effective period of the Contract, then **the beginning effective period shall be equal to the effective date of the latest Bond and/or insurance policy secured by the Contractor.**

No costs, which are allowable through the performance of the contract, shall be incurred prior to the determination of the effective period of performance of the contract. If such costs are incurred, they shall become the responsibility of the Contractor and shall not be reimbursed through WIA, WT, RET or other funds awarded by SFWIB.

- c. All insurance policies secured by the Contractor shall be issued by companies authorized to do business in the State of Florida, with the following qualifications:

- i. The company must be rated not less than "B" as to management; and not less than Class "V" as to financial strength by the latest edition of Best's Insurance Guide, published by A. M. Best Company, Inc., Oldwick, New Jersey, or its equivalent, subject to the approval of SFWIB;
- or**
- ii. The company shall hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized to do Business in Florida," issued by the State of Florida Department of Insurance and shall be members of the Florida Guaranty Fund.
- d. All Certificate of Bonding or Insurance submitted to SFWIB shall provide the following information:
- i. The agency / individual / position that is insured / bonded;
 - ii. The amount of the bond or insurance policy;
 - iii. The beginning effective date of the policy and the expiration date of the policy;
 - iv. A statement, which insures that the SFWIB will be notified of any cancellation of the policy or bond at least thirty (30) days prior to said cancellation; and
 - v. A statement naming SFWIB as the Loss-Payee or SFWIB shall be named as an additional party insured with respect to this coverage.

In the event that an insurance policy is cancelled during the effective period of the contract, the SFWIB shall withhold all payments from the Contractor until a new Certificate of Bonding or Insurance is submitted and accepted by the SFWIB. The new insurance policy shall cover the period commencing from the date of cancellation of the prior insurance policy.

If the Contractor fails to secure the required insurance as a result of such cancellation within ten (10) calendar days after the effective date of cancellation, SFWIB may forthwith terminate the contract.

- 9. **Certification Regarding Lobbying** Complete and sign form.
- 10. **Certification Regarding Debarment, Suspension, and Other Matters** Complete and sign form.
- 11. **Public Entity Crime Affidavit** Complete and sign form.
- 12. **Certification Regarding Drug-Free Workplace** Complete and sign form.
- 13. **Florida Clean Indoor Air Act** Complete and sign form.
- 14. **Non-Discrimination and Equal Opportunity** Complete and sign the *Workforce* or *RET* form; as applicable.
- 15. **Sarbanes-Oxley Act of 2002** Complete and sign form.
- 16. **ARRA Terms and Conditions** Complete and sign form.

All of the above required documentation must be attached under the completed cover sheet entitled **Checklist for Submitting Operational Documents (Form F-1)**.

AGENCY: _____ DATE: _____

ORGANIZATIONAL RESPONSIBILITIES

Provide the names(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

POSITION	NAME	TELEPHONE NUMBER
<u>Chairman of the Board</u>	_____	_____
<u>President/Executive Director of the Agency</u>	_____	_____
<u>Project Director</u>	_____	_____
<u>Affirmative Action Officer</u>	_____	_____
<u>Personnel Officer</u>	_____	_____
<u>Fiscal Management Officer</u>	_____	_____

Name

Signature

• Person Authorized to Sign Contracts according to Corporate Resolution or LLC Affidavit

• Persons Authorized to Sign Reimbursement/Justification Packages (Two signatures required)

• Persons Authorized to Pick Up Payments/Checks

• Person(s) Authorized to Sign & Pick Up Bus Passes, Gas Cards & Other Documents

• **FASCIMILE SIGNATURES REQUIRED AND MUST BE BONDED**

**AFFIDAVIT OF MEMBERS, MANAGING MEMBERS,
AND MANAGERS OF FLORIDA LIMITED LIABILITY COMPANY**

WE, (Print full name(s) and all title(s) of person(s) or entity(s) in the following spaces; if more space needed print additional names and title(s) on separate paper marked as Exhibit A and attach Exhibit A to this Affidavit; the list of names and titles shall include all names on the list required by Section 608.4101(1)(a), Fla. Stat. (2004), as same may be amended from time to time)

<u>Full name</u>	<u>Title(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

hereby swear or affirm that:

1. The foregoing persons or entities set forth above and on Exhibit A, if applicable, which Exhibit A is attached hereto and incorporated herein by reference hereto, constitute and are all of the Members, Managing Members, and Managers, as those terms are defined in Section 608.402, Fla. Stat.(2004), as same may be amended from time to time, of the Florida Limited Liability Company known as _____ (Print name of the Florida Limited Liability Company as the name appears in the Articles of Organization currently filed with the Secretary of State of the State of Florida);
2. There are no Members, Managing Members or Managers of the aforesaid Florida Limited Liability Company other than the persons or entities set forth above and on Exhibit A, if applicable.
3. There are no provisions in any Articles of Organization of the aforesaid Florida Limited Liability Company or in any operating agreement, written or oral, of the aforesaid Florida Limited Liability Company, as those terms are defined in Section 608.402, Fla. Stat.(2004), as same may be amended from time to time, which prohibit, restrict or limit in any way or in any manner the execution of the instrument or document attached hereto and incorporated herein by reference hereto, to wit, _____ (Print the title of the instrument or document) by any of the foregoing persons or entities set forth above and on Exhibit A, if applicable, for and on behalf of the aforesaid Florida Limited Liability Company and to bind and obligate the aforesaid Florida Limited Liability as set forth in the foregoing instrument or document.
4. All of the foregoing persons or entities set forth above and on Exhibit A, if applicable, are authorized by the foregoing Florida Limited Liability Company, to execute the instrument or document attached hereto and incorporated herein by reference hereto, to

wit, _____ (Print the title of the instrument or document) for and on behalf of the aforesaid Florida Limited Liability Company and to bind and obligate the aforesaid Florida Limited Liability Company as set forth in the foregoing instrument or document.

5. All of the provisions of this Affidavit shall be construed in accordance with the laws of the State of Florida.

Signature

Title(s)

Sworn to and subscribed before me this ____ day of _____, ____ (year) by _____ (print name legibly), who is personally known to me or who has produced _____ (type of identification).

(Signature of Notary Public)

(Print, type or stamp name of notary public)

(Add additional Signature, Title(s), and Notary Public areas for all other LLC Members, Managing Members, and Managers, as needed)

**AFFIDAVIT OF MEMBERS, MANAGING MEMBERS, AND MANAGERS
OF NON- FLORIDA (FOREIGN) LIMITED LIABILITY COMPANY**

WE, (print full name(s) and all title(s) of person(s) or entity(s) in the following spaces; if more space needed print additional names and title(s) on separate paper marked as Exhibit A and attach Exhibit A to this Affidavit)

<u>Full name</u>	<u>Title(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

hereby swear or affirm that:

1. The foregoing persons or entities set forth above and on Exhibit A, if applicable, which Exhibit A is attached hereto and incorporated herein by reference hereto, constitute and are all of the Members, Managing Members, and Managers, as those terms are defined in Section 608.402, Fla. Stat.(2004), as same may be amended from time to time, or the equivalent* thereof, of the Non-Florida (Foreign) Limited Liability Company known as _____ (Print name of the Non-Florida (Foreign) Limited Liability Company as the name appears in the Articles of Organization, as that term is defined by Section 608.402, Fla. Stat.(2004), as same may be amended from time to time, or the equivalent* thereof, currently filed with the Secretary of State of the State of _____) (Print name of State where Articles of Organization, or the equivalent* thereof, creating the Non-Florida (Foreign) Limited Liability Company are filed) **or** other jurisdiction, to wit, _____(Print the name of the country or other jurisdiction where the Articles of Organization, or the equivalent* thereof, creating the Non-Florida (Foreign) Limited Liability Company are filed;

* The term “equivalent” shall mean for the purposes of this Affidavit, with respect to “persons” or “entities”, any person or entity which has or may have any one or more of the duties or powers or obligations or responsibilities or authorities, real or apparent, of a Member, Managing Member, or Manager, as those terms are defined in Section 608.402, Fla. Stat. (2004), as same may be amended from time to time. The term “equivalent” shall mean for the purposes of this Affidavit, with respect to instruments or documents or articles of organization or operating agreements or written agreements or oral agreements, any written agreement or oral agreement or instrument or document which has or may have any one or more of the functions or purposes of any instrument, document, operating agreement, written agreement or oral agreement described or mentioned in this Affidavit.

2. There are no Members, Managing Members or Managers, or the equivalent* thereof, of the aforesaid Non-Florida (Foreign) Limited Liability Company other than the persons or entities set forth above and on Exhibit A, if applicable.

3. There are no provisions in any Articles of Organization, or the equivalent* thereof, of the aforesaid Non-Florida (Foreign) Limited Liability Company or in any operating agreement, written or oral, or the equivalent* thereof, of the aforesaid Non-Florida (Foreign) Limited Liability Company, as those terms are defined in Section 608.402, Fla. Stat.(2004), as same may be amended from time to time, which prohibit, restrict or limit in any way or in any manner the execution of the instrument or document attached hereto and incorporated herein by reference hereto, to wit, _____(Print the title of the instrument or document) by any of the foregoing persons or entities set forth above and on Exhibit A, if applicable, for and on behalf of the aforesaid Non-Florida (Foreign) Limited Liability Company and to bind and obligate the aforesaid Non-Florida (Foreign) Limited Liability Company as set forth in the foregoing instrument or document.

4. All of the foregoing persons or entities set forth above and on Exhibit A, if applicable, are authorized by the aforesaid Non-Florida(Foreign) Limited Liability Company, to execute the instrument or document attached hereto and incorporated herein by reference hereto, to wit, _____ (Print the title of the instrument or document) for and on behalf of the aforesaid Non-Florida (Foreign) Limited Liability Company and to bind and obligate the aforesaid Non-Florida (Foreign) Limited Liability Company as set forth in the foregoing instrument or document.

5. All of the provisions of this Affidavit shall be construed in accordance with the laws of the State of Florida.

Signature

Title(s)

Sworn to and subscribed before me this ____ day of _____, ____ (year) by _____ (print name legibly), who is personally known to me or who has produced _____ (type of identification).

(Signature of Notary Public)

(Print, type or stamp name of notary public)

(Add additional Signature, Title(s), and Notary Public areas for all other Members, Managing Members, and Managers of LLC, as needed)

SAMPLE

CORPORATE RESOLUTION

**RESOLUTION AUTHORIZING EXECUTION OF CONTRACT
WITH SOUTH FLORIDA WORKFORCE INVESTMENT BOARD (SFWIB) TO
CARRY OUT SOUTH FLORIDA WORKFORCE SERVICES**

WHEREAS, _____ desires to accomplish the objective as set forth in its Scope of Services.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS of the _____, hereby authorizes and instructs _____ (Name & Title) to enter into a contract in the name and on the behalf of this corporation with the South Florida Workforce Investment Board (SFWIB) for the operation of the _____ (Program) **SERVICES** for the period of <Date> through <Date>.

Thereupon declared this resolution duly passed and adopted this _____ day of _____, 2009.

ATTEST

A Florida Not-for-Profit Corporation

Secretary of the Board

Corporate Seal
(Seal with Corporate Seal here)

**CERTIFICATION OF SOUND FISCAL MANAGEMENT
STATEMENT TO BE COMPLETED BY ALL PRIVATE FOR PROFIT AND
PRIVATE - NON-PROFIT ORGANIZATION**

We, _____ as the Executive Director, and _____
 (Full Name) (Full Name)
 as the Chief Fiscal Officer of _____, acknowledge that as a condition of
 (Organization)
 receiving funds from the SFWIB, have the need to establish and maintain sound financial and fiscal controls and
 management systems. We hereby certify that _____
 (Organization)
 has established internal controls which are adequate to safeguard the assets of the organization, monitor the
 accuracy and reliability of accounting data, promote operating efficiency and insure compliance with prescribed
 SFWIB policies and procedures.

 Signature (Executive Director)

 Date

 Signature (Chief Fiscal Officer)

 Date

I am a **duly licensed certified public accountant** and have been engaged to review the accounting systems of
 _____ which is private (___profit / ___non-profit) organization that will
 (Organization)
 operate a program for the SFWIB under _____ Program. I have reviewed the financial
 systems that this Respondent has established. This review was completed on _____.
 (Date)

At the time of review, the organization had established internal controls which were adequate to safeguard the
 assets of the organization, monitor the accuracy and reliability of accounting data, promote operating efficiency,
 and insure compliance with prescribed management policies.

 (Name of CPA Firm)

 (Typed Name of Accountant)

 (Date)

 (Signature of Accountant)

If any modifications are required to this certificate due to the nature of the engagement between the Contractor and
 the CPA, attach a substitute report as explanation.

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+

or

Employer identification number
+

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The Respondent certifies, to the best of the Respondent's knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Contractor, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The Respondent shall require that the language of this certification be included in the award documents for "all" sub-awards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all* subrecipients shall certify and disclose the same accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by the Byrd Anti-Lobbying Amendment Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

*Note: In these instances, "all", in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per OMB).

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
AND OTHER RESPONSIBILITY MATTERS**

1. As required by the regulation implementing EO No. 12549 and 12689, Debarment and Suspension, 29 CFR 98, the Respondent certifies to the best of Respondent's knowledge and belief, to the following:
 - a. The Respondent is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department, Agency or Subcontractor;
 - b. The Respondent has not, within a three-year period preceding this application/proposal/contract, 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 Agreement 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. The Respondent is not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and
 - d. The Respondent has not, within three-year period preceding this application/proposal/contract, had one or more public transactions (Federal, State, or local) terminated for cause or default.
 - e. The Respondent shall comply with the language of the certification with regards to Respondent's Subcontractors. Respondent shall ensure and require the same certification from its Subcontractor(s), which shall be forwarded to SFWIB along with the request to subcontract as required by this solicitation/Contract.

2. Where the Respondent is unable to certify to any of the statements in this certification, such Respondent shall submit an explanation to SFWIB attached to this form.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
[print name of public entity]
by _____
[print individual's name and title]
for _____
[print name of entity submitting sworn statement]
whose business address is _____
and (if applicable) its Federal Employer Identification Number (FEIN) is _____(if the entity
has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e) **Florida Statutes** means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies]**

___ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____ [signature]

Sworn to and subscribed before me this _____ day of _____, 20_____

Personally known _____

OR Produced identification _____ Notary Public – State of _____

_____ My commission expires _____

(Type of Identification)

(Printed, typed, or stamped Commissioned name of Notary Public)

CERTIFICATION REGARDING A DRUG-FREE WORKPLACE

The Respondent assures and guarantees that Respondent shall comply with the Federal Drug Free Workplace Act of 1988, its implementing regulations codified at 29 CFR 94, subpart F, and the Drug-Free Workplace Rules established by the Florida Worker's Compensation Commission, as follows:

- a. The Respondent shall publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of controlled substance is prohibited in the workplace and specifying consequences of any such employee violation.
- b. The Respondent shall establish a drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Respondent's policy of maintaining a drug-free workplace/training site, availability of counseling, rehabilitation, and employee assistance programs; and penalties which may be imposed for drug abuse violations.
- c. The Respondent shall give a copy of the policy statement to each of the Respondent's employees and customers engaged under this Contract.
- d. The Respondent shall notify the employees and customers in such statement that as a condition for employment or participation in training under this Agreement, the employee and/or customer will abide by the terms of the statement and notify the Respondent of any conviction or violation of a criminal drug statute in the workplace/training site no later than five (5) calendar days after the conviction.
- e. The Respondent agrees to take disciplinary action against any employee or customer convicted for violation of any criminal drug statute in the workplace/training site or require the participation in a drug abuse assistance or rehabilitation program in the case of an employee only.
- f. The Respondent further assures that Respondent will notify the SFWIB within five (5) calendar days, of any criminal drug statute violation by a Respondent's employee or customer engaged under this Contract.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

FLORIDA CLEAN INDOOR AIR ACT

The purpose of the **Florida Clean Indoor Air Act (FCIAA)** is to protect people from the health hazards of second hand tobacco smoke and to implement the Florida Health initiative in section 20, Article X of the State Constitution. However, the intent of this legislation is not to inhibit, or otherwise obstruct, medical or scientific research or smoking-cessation programs approved by the Department of Health.

FCIAA Provisions

❖ **Prohibition** – A person may not smoke in an enclosed indoor workplace, except as specified below (s.386.204, F.S.).

Enclosed, indoor workplace means – Any place where one or more persons engages in work, and which place is predominantly or totally bounded on all sides and above by physical barriers, regardless of whether such barriers consist of or includes, without limitation, uncovered openings; screened or otherwise partially covered openings; or open or closed windows, jalousies, doors, or the like.

The Department of Health considers enclosed indoor workplace to include, but not limited to the following:

- ◆ Public and private workplaces
 - ◆ Restaurants
 - ◆ Bowling centers
 - ◆ Private country clubs
 - ◆ Hotels/motels (excluding guest rooms)
 - ◆ Beauty/barber salons
 - ◆ Libraries
 - ◆ Auditoriums/theaters
 - ◆ Nursing homes/health care facilities
 - ◆ Educational facilities (private or public)
- ❖ **Penalties** – Any person who violates s. 386.204, F.S., commits a non-criminal violation as defined in s. 775.08(3), F.S., punishable by a fine of not more than \$100 for the first violation and not more than \$500 for each subsequent violation. Jurisdiction shall be with the appropriate county court (s. 386.208, F.S.).
- ❖ **Specific exceptions** – Smoking is permitted in the following indoor locations (s.386.2045, F.S.):
- ◆ Customs Smoking Room – s. 386.205, F.S.
 - ◆ Private Residence – as defined in s. 386.203(1), F.S.
 - ◆ Stand-Alone Bar – as defined in s. 386.203(11), F.S.
 - ◆ Retail Tobacco Store – as defined in s. 386.203(8), F.S.
 - ◆ Designated Smoking Guest Rooms at Public Lodging Establishments – as defined in s. 386.203(4), F.S.
 - ◆ Smoking Cessation Program, Medical or Scientific Research – s. 386.204(5), F.S.
 - ◆ Membership Association – as defined in s. 386.203(13), F.S., and provided that noncommercial activities are performed by members of the membership association.

Key Points of the Law

- ❖ **Posting of signs; requiring policies** – The person in charge of an enclosed indoor workplace that prior to adoption of s.20, Art. X, Florida Constitution was required to post signs stating that smoking was permitted. Until July 1, 2005, must continue to post signs stating that smoking is NOT permitted in the enclosed indoor workplace (s. 386.206, F.S.).
 - ◆ The proprietor or other person in charge of an enclosed indoor workplace must develop and implement a policy regarding smoking prohibitions.

The following places are required to post signs if smoking is permitted:

- ◆ A licensed stand-alone bar (at entrance),
 - ◆ A customs smoking room (airport in-transit lounge),
 - ◆ A smoking cessation program where tobacco smoking is an integral part of the cessation program approved by the Department of Health, and
 - ◆ Where scientific or medical research is being conducted and tobacco smoking is an integral part of the research.
- ❖ **Public announcement in mass transportation terminals** – Terminals of public transportation carries located in standard metropolitan statistical areas with populations over 230,000 are required to announce over public address systems every 30 minutes, in appropriate languages, that Florida is a clean indoor air state and that smoking is not allowed except in a customs smoking room in an in-transit lounge (s. 386.211, F.S.).
 - ❖ **Smoking prohibiting near school property; penalty** – Smoking is prohibited for any person under 18 years of age in, on, or within 1,000 feet of the real property comprising a public or private elementary, middle, or secondary school. The law provides for penalties (s. 386.212, F.S.).

Administration & Enforcement

The Department of Health shall enforce the FCIAA in workplaces not regulated by the Department of Business and Professional Regulation.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

NON-DISCRIMINATION, EQUAL OPPORTUNITY, AND AMERICANS WITH DISABILITIES ACT

As a condition to the award of financial assistance from the Department of Labor under Title I of the Workforce Investment Act of 1998, the Respondent assures that Respondent will comply fully with the non-discrimination and equal opportunity provisions of the following laws:

1. Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity;
2. Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
3. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
4. The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
5. Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;
6. Section 654 of the Omnibus Budget Reconciliation Act of 1981 as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs;
7. The American with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities; and
8. Executive Order (EO) No. 11246, Equal Employment Opportunity, as amended by EO No. 11375, and as supplemented in Department of Labor regulation 29 CFR parts 33 and 37 as well as 41 CFR, part 60 and 45 CFR part 80; if applicable.

The Respondent also assures that Respondent will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to Respondent's operation of the WIA Title I – financially assisted program or activity and to all agreements the Respondent makes to carry out the WIA Title I – financially assisted program or activity. The Respondent understands the United States has the right to seek judicial enforcement of this assurance.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

SARBANES-OXLEY ACT OF 2002

It is the policy of the SFWIB to comply with the requirements of the Sarbanes-Oxley Act of 2002, Sections 1102 and 1107, set forth by the Act, the United States Code Title 18, Sections 1512 and 1513, as amended, and the requirements of the Workforce Board. By signing below, the Respondent assures that the Respondent will comply with the Sarbanes-Oxley Act provisions as set forth below:

Provisions of the Act – Title X1 – Corporate Fraud Accountability

Section 1102 – Tampering with a record or otherwise impeding an official proceeding – “Whoever corruptly: 1) alters, destroys, mutilates, or conceals a record, document or other object, or attempts to do so, with the intent to impair the object’s integrity or availability for use in an official proceeding 2) otherwise obstructs, influences, or impedes any official proceeding, or attempts to do so, shall be fined under this title or imprisoned not more than 20 years, or both”.

Section 1107 – Retaliation against Informants – “Whoever knowingly, with the intent to retaliate, takes any action harmful to any person, including interference with the lawful employment or livelihood of any person, for providing to a law enforcement officer any truthful information relating to the commission or possible commission of any Federal offense, shall be fined under this title or imprisoned not more than 10 years, or both”.

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

American Recovery and Reinvestment Act (ARRA)
Special Conditions Addendum
As of March 20, 2009

The following special conditions apply to funding provided through the ARRA:

1. None of the funds appropriated or otherwise made available in the ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.
2. As a first-tier sub-recipient you must have a Dun and Bradstreet Numbering System (DUNS) number (www.dnb.com) and must maintain active and current profile in the Central Contractor Registration (CCR) (www.ccr.gov).
3. Grantees agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c).
4. Grantees agree to separately identify to each sub-recipient and document at the time of sub-award and at the time of disbursement of funds, the CFDA number and amount of ARRA funds.
5. Accountability guidelines for the Recovery Act emphasize data quality, streamlining data collection, and collection of information that shows measurable program outputs. The Act also emphasizes transparency and frequent communication with the American public about the nature of the Recovery Act investments. Accordingly, the Grantor is developing reporting guidelines that will minimize any new collection burdens yet provide timely accurate accounting of system performance and outcomes. Grantees shall collect and report information as conveyed in upcoming ARRA reporting instructions to be issued by the Grantor. **Additional reporting requirements are to be issued by USDOL and may require special reporting procedures for these funds. Additional requirements and guidance will be issued at a later date.**
6. This program, funded by the U.S. Department of Labor is subject to the provisions of the "Jobs for Veterans Act" (JVA), Public Law 107-288 (38 USC 4215), as implemented by the Final Rule published on December 19, 2008 at 73 Fed. Reg. 78132. The JVA provides priority of service to veterans and spouses of certain veterans for the receipt of employment, training, and placement services. The Planning Guidance (either the Stand-Alone Planning Guidance at 73 FR 72853 (December 1, 2008)) or the Unified Planning Guidance at 73 FR 73730 (December 3, 2008) requires states to describe the policies and strategies in place to ensure, pursuant to the Jobs for Veterans Act and the regulations, that priority of service is provided to veterans (and certain spouses) who otherwise meet the eligibility requirements for all employment and training programs funded by the U.S. Department of Labor. In addition, the states are required to provide assurances that

they will comply with the Veterans' Priority Provisions established by the Jobs for Veterans Act (38 USC 4215).

7. Subject to further clarification issued by the Office of Management and Budget and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Grantor pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code (ARRA Sec. 1606).
8. Each Grantee or sub-recipient awarded funds made available under the ARRA shall promptly refer to the Grantor Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds (ARRA Sec. 1553).
9. None of the funds appropriated or otherwise made available by the ARRA may be used for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States. See ARRA Section 1605.

Signatory Information:

When Agreements/Contracts are executed and funded by the Recovery Act, the signatories agree to the terms and conditions listed above; as applicable, on behalf of their respective entity. Additionally, the expenditures of any funds by grantees and sub grantees of funds properly granted through the Recovery Act constitutes acceptance of these terms, including any new or additional terms and conditions as may be imposed for Recovery Act funds

Respondent

Name and Title of Certifying Representative

Signature of Certifying Representative

Date

Attachment L
Due Diligence

PROPOSER DUE DILIGENCE REVIEW

One original and one copy of the following financial documents must be submitted with your proposal. The information submitted will be used to perform a due diligence review of your organization. **Failure to provide all the requested documents will disqualify your agency / company from further consideration.**

The documents listed below must be separately packaged and labeled "OCI Financial Review Materials." Each section's material must be appropriately labeled and kept in the order specified. A copy of this page must be used as a check-off sheet, and clipped on top of the package.

If your agency is not able to provide any of the documents requested, a written explanation on a separate page must be provided in place of the requested document listing the reason(s) for not providing the document(s). An alternate document can be provided if it contains or provides the information being requested. **Final determination as to the suitability of the documents provided rests solely with South Florida Workforce Investment Board's, Office of Continuous Improvement.**

A. Legal Status

1. A State of Florida Corporate Registration Certificate.
2. Articles of Incorporation and By-Laws.
3. A current State of Florida annual Uniform Business Report (UBR).
4. List of names, positions, addresses, telephone numbers, e-mails, gender, race and ethnicity of the members of the Board of Directors.

B. Source(s) of Revenue

1. A summary that shows for the most current fiscal period, the individual amount of revenue **by source**:
 - a. Government sources of revenue such as grants, program funding, etc. (If none, so state):
 1. Federal sources of revenue (Include funds that originate from federal sources even though the grant or program is with a county or city, such as WIA, Welfare Transition, etc.).
 2. State sources of revenue (Include direct contracts or grants with the State of Florida, or any other State, if applicable).
 3. Local sources of revenue (County and City contracts and grants with locally-generated government funds).
 - b. Private sources of revenue (If none, so state):
 1. Sales
 2. Private contracts
 3. Vendor contracts with government entities
 4. Other sources of private revenue (donations, contributions, etc.)

- c. Established and available lines of credit (If none, so state):
 1. A letter from the financial institution(s) indicating the total established amount of the line(s) of credit
 2. Name of the institution(s)
 3. **Current** available balance and date of availability
 4. Expiration date
 5. Interest rate
2. Documentation for all sources of revenue. In the case of contracts and award letters, the documentation must show the total dollar amounts. The documentation must be current, i.e., the effective period of the contract/award has not expired.
3. A budget or other relevant document that shows the projected revenue for the next operational year.

C. Accounting System

1. Written accounting policies and procedures and description of the agency's accounting system to include:
 - Whether the accounting is performed in-house or contracted
 - Name of the accounting system and how long the system has been in use
 - Table of organization for the accounting / finance department to include job titles and functions
 - Resume of the individual in charge of the accounting / finance department / function
2. Chart of accounts.
3. The most recent month Trial Balance.
4. The most current Payroll Register.
5. The most current bank account statements and their corresponding reconciliations for all accounts.
6. The most current set of interim Financial Statements:
 - a. Statement of Financial Position (Balance Sheet)
 - b. Statement of Revenue and Expense
 - c. Budget and Expenditure Report (budget vs. actual) (current period and prior year)
7. The most current month Cash Receipt Journal.
8. The most current and previous month Check Register (2 months).
9. The most current Aged Accounts Receivables and Payables Schedules.
10. General ledger detail report for the last 2 months.
11. Cost allocation plan or a copy of the approval letter for federal indirect cost rate.
12. Agency-wide budget.

Note: The above information may be submitted in electronic or paper format.

D. Payroll Taxes

1. A copy of the two most recent Quarterly Tax Reports submitted to the IRS (form 941).
2. A copy of the two most recent Quarterly Tax Reports submitted to the State of Florida (form UCT-6).

E. Independent Audit

1. A copy of the latest independent audit report, including the management letter, if applicable.

F. Banking

1. The bank name(s) and address(es) for **all** accounts.
2. A copy of the banks' signature cards showing authorized signatures for signing checks.
3. The name(s), position and authorized check signing level for all accounts for each authorized check signer.
4. The Board of Director's resolution authorizing individuals to sign checks and the signing level for each individual.
5. If applicant is an out-of-town entity, provide a sample corporate check (write "COPY: NOT NEGOTIABLE" across the check).

G. Insurance

1. The Certificates of Insurance for general liability coverage, automobile, workers' compensation and bonding.

H. Personnel

1. The established written Personnel Policies and Procedures, including Grievance Procedures.

I. Procurement

1. The established written Procurement Policies and Procedures.

J. Previous Contractual Relationships

1. A listing of current and previous year contracts indicating the names of the funding organizations, contract numbers, contract amounts, contract dates/terms, services/ programs contracted for, contact name, telephone number and e-mail.
2. Copy of the latest monitoring report produced by each funding organization, **excluding SFWIB**.
3. Copy of the response to the monitoring report(s).

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

Applicant _____ Reviewer _____
 Address _____ Date of Review _____
 City, State, Zip _____ Type of Program (s) Proposed _____
 Contact Person _____ E-mail _____
 Phone _____ Fax _____
 Procurement Title / Funding Source _____

REVIEW SUMMARY

Points Awarded	Recommendation (Check One)	
	To Fund _____	Not to Fund _____
Condition(s) to Funding Recommendation		
Reason(s) Not to Fund		
General Finding(s)		
Distribution: Operations _____ Contracts _____ Finance _____		

___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

All applicants start with twenty (20) points. Critical items requiring reductions are identified in the tool and are listed below:

1. IF THE ORGANIZATION HAS BEEN IN BUSINESS FOR LESS THAN TWO YEARS – **Immediate disqualification.**
2. IF APPLICANT IS UNABLE TO SET ASIDE 5% FUNDING RESERVE – (Non-educational scholarships). **Immediate disqualification.**
3. IF THE APPLICANT HAS BEEN IN BUSINESS MORE THAN TWO YEARS BUT LESS THAN 3 YEARS – **1 Point subtracted.**
4. IF THERE IS NO REVENUE, OR IF NO PROPER DOCUMENTATION IS PROVIDED - **1 Point subtracted.**
5. IF ANY ACCOUNTING ELEMENT IS NOT AVAILABLE OR IF ANY IS NOT CURRENT - **½ to 2 Points subtracted.**
6. IF DOCUMENTATION TO SUPPORT THAT PAYROLL TAXES ARE CURRENT IS NOT PROVIDED - **2 Points subtracted.**
7. IF AN INDEPENDENT AUDIT WAS DUE BUT NOT PERFORMED OR NOT PROVIDED – **2 Points deducted.**
8. IF THE APPLICANT IS IN POOR FINANCIAL CONDITION BASED ON LIQUIDITY, MEASURES/RATIOS – **2 Points subtracted.**
9. IF A BANK ACCOUNT IS NOT ESTABLISHED OR RECONCILIATIONS ARE NOT CURRENT – **1 to 2 Points subtracted.**
10. IF INSURANCE POLICIES ARE NOT IN FORCE OR NOT PROVIDED– **1 to 4 Points subtracted.**
11. IF NO WRITTEN PERSONNEL POLICIES AND PROCEDURES - **1 Point subtracted.**
12. IF INDIVIDUAL PERSONNEL RECORD FILES ARE NOT KEPT ON ALL EMPLOYEES- **1 Point subtracted.**
13. IF NO WRITTEN PROCUREMENT POLICIES AND PROCEDURES OR IF PROCUREMENT IS NOT COMPETITIVE – **1 to 2 Points subtracted.**

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient

___ Vendor

___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

Refer to the list of acceptable documentation for the review.

___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

COMPLETE EACH SECTION BELOW

A. Critical Criteria

1. Has the Applicant been in business at least two (2) years? ___ Yes ___ No
2. Is the Applicant able to set aside a 5% funding reserve? ___ Yes ___ No

Note: This applies only to service providers that are not applying to be an Individual Training Account (ITA) training agent.

A 5% funding reserve is required to ensure there is sufficient capital to cover potential disallowed costs. The reserve can be met either by cash on hand, available balance on established line(s) of credit with a lending institution(s), a performance bond or non-government revenue (private sources).

Amount of non-government revenue: \$

(The applicant must be able to document that they are currently receiving, and expect to continue receiving sufficient resources to ensure adequate capability to set aside a funding reserve.)

Calculate the 5% funding reserve: (Multiply the amount of award being sought by 0.2)

Amount of funding reserve: \$

A “No” to any of the above questions immediately disqualifies the applicant. No further review is necessary.

B. Legal Status (1 point)

___ Sole Proprietor ___ Corporation for Profit: State ___ Limited Liability Corp ___
___ Partnership ___ Corporation Not for Profit: State ___

Does the legal status of the applicant involve a fictitious name? ___ Yes ___ No

If yes, explain relevancy to the applicant: _____

Date of Incorporation: _____ List of Principals Provided? ___ Yes No ___
(Name, position, address, telephone and e-mail)

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

Purpose of the Organization, as stated in the official records (articles of incorporation, by-laws, etc.):

How long has the organization been involved in activities? _____
(If more than two years but less than three years, subtract 1 point).

Are the activities related to the applicant’s proposal to provide services? ___Yes ___No

Years of experience operating projects similar to the program proposed: _____

C. Revenue and Income (1 point)

Total projected revenue for next year: \$ _____

(If there is no income or revenue, or if no proper documentation is provided, subtract 1 point)

D. Accounting System (2 points)

Does the applicant have written accounting procedures? ___Yes ___No (- ½ point)

If not, is the established system appropriate? ___Yes ___No

Does the accounting system include the following elements? (- ½ point if any elements missing)

- | | |
|--------------------------------------|--|
| ___ Chart of Accounts | ___ Budget versus Actual Report |
| ___ General Ledger | ___ Check Register |
| ___ Trial Balance | ___ Aged Accounts Receivables Schedule |
| ___ Payroll Register (Source: _____) | ___ Aged Accounts Payables Schedule |
| ___ Financial Statements | ___ Monthly Bank Account Statements |
| ___ Cash Receipt Journal | ___ Monthly Bank Account Reconciliations |

Is the posting to all of the accounting elements up to date? ___Yes ___No (- 1 point)

Name of the accounting software _____

Is accounting done: In-house _____ Off-premises (Name of the accounting firm) _____

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

Will the financial day-to-day transactions of the proposed program be handled by an accounting or finance department headed by an accountant or finance officer? ___Yes ___No

If one individual rather than an established department will handle the financial day-to-day transactions, what is his/her name?

Is this individual an accountant? ___Yes ___No If not, what is his/her position?

What type of accounting education does this individual have?

How many years of accounting/bookkeeping experience do this individual have? _____

E. Payroll Taxes (2 points)

When are payroll taxes paid (every payroll, monthly, etc.)? _____

When was the last time that payroll taxes were paid? _____

	IRS form 941	State of Florida form UCT-6
Date of the last report filed:		

If documentation of up-to-date tax payment is not available, subtract 2 points.

F. Independent Audit (2 points)

Audit Provided? ___Yes ___No ___N/A If yes, period covered: _____

Type of Audit (A-133, Financial Statements, etc.): _____

Concerns raised by the auditors:

Did the Board of Directors provide a written response to the findings? ___Yes ___No (- 1/2 point)

(If an audit was due but not performed or copy not provided, deduct 2 points)

___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

G. Financial Condition (2 points)

1. Based on the latest set of interim financial statements:

- a. There is positive working capital. ___ Yes ___ No Amount: \$ _____
- b. The provider has positive liquidity. ___ Yes ___ No Current Ratio: _____
- c. There is at least 30 days cash on hand. ___ Yes ___ No #Days: _____

(Subtract 2 points if any of the above liquidity measures are negative)

H. Banking (2 points)

Is there an established bank account? ___ Yes ___ No (- 1 point)

Is there a separate account maintained for payroll? ___ Yes ___ No

How often is the bank statement reconciled? _____ Date of last reconciliation: _____
(If the last reconciliation is two or more months old, subtract 1 point)

Are checks pre-numbered? ___ Yes ___ No

Who is authorized to sign checks? _____

Is the authorization and levels to sign checks given by the applicant's Board of Directors?
___ Yes ___ No

Does the authorization agree with the signatures filed with the bank? ___ Yes ___ No

Is there a limit to the amount that the check signers can write? ___ Yes ___ No

If yes, what is the amount of the limit? _____

What authorization is required for larger amounts? _____

When outstanding checks are considered void? _____

When are outstanding checks written off the books? _____

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

I. Insurance (4 points)

Does the agency have the following insurance?

___ General Liability; Limits _____

___ Automobile Liability; Limits _____

___ Workers Unemployment Compensation Insurance; Limits _____

___ Bonding; Limits (for non-ITA) _____

___ Workers Compensation Insurance, if applicable; Limits _____

If any insurance is not available, explain: _____

(Subtract 1 point for each insurance coverage missing)

J. Personnel (2 points)

Does the applicant have its own employees or are they leased from a staffing company?

Are there written personnel policies? ___ Yes ___ No (- 1 point)

Do the policies include grievance procedures? ___ Yes ___ No

Are individual personnel record files kept on all employees? ___ Yes ___ No (- 1 point)

Wages are paid: ___ Monthly ___ Semi-Monthly ___ Bi-Weekly ___ Weekly

Who authorizes payroll? _____

What is the position of this individual? _____

K. Procurement System (2 points)

Does the applicant have established written procurement procedures? ___ Yes ___ No (- 1 point)

(If no written procedures exist, describe the established procedures on a separate page)

**Office of Continuous Improvement (OCI)
Procurement Review**



___ Sub-Recipient ___ Vendor ___ ITA

APPLICANT FISCAL REVIEW – Work Readiness Services

Are goods and services procured competitively? ___ Yes ___ No (- 1 point)

If yes, is there threshold amount for bids taken before purchases are made? ___ Yes ___ No

Are the bids verbal or written? _____

If bids are verbal, how are they documented? _____

Who authorizes Purchase Orders? _____

Who authorizes payments? _____

Who receives the goods or services? _____

Who is the authorized Purchasing Agent? _____

What purchasing limits, if any, are placed on this individual? _____

Do procurement procedures include emergency purchasing? ___ Yes ___ No

L. Previous Contractual Relationships

1. Has the applicant had any previous contractual relationship to provide services? ___ Yes ___ No

If yes, please list name of the organization(s), contract year(s), dollar amount(s), and scope of services:

2. Has there been any previous monitoring reports issued for the contracts above? ___ Yes ___ No

If yes, review the last issued monitoring report from each funding organization and on a separate page, summarize any major areas of non-compliance and review the response.

LIST OF ACCEPTABLE DOCUMENTATION

In accordance with the Request for Proposal (RFP), new applicants must make available for review acceptable documentation of fiscal accountability in order for South Florida Workforce Investment Board (SFWIB) to conduct a fiscal review prior to making funding decisions.

The following list shows the documents that must be available to SFWIB for review.

A. Critical Criteria

1. See Section B below.
2. See Section C below.

B. Legal Status

1. A State of Florida Corporate Registration Certificate.
2. A current State of Florida annual Uniform Business Report (UBR).
3. Articles of Incorporation and By-Laws.
4. List of names, positions, addresses, telephone numbers, e-mail, gender, race and ethnicity of members of the Board of Directors.

NOTE: If the applicant is an out-of-state entity that has not registered to do business in Florida, a copy of the filed Application by Foreign Corporation for Authorization to Transact Business in Florida must be available for review--See Attachment "C".

Also, please note that the documents subject to review must be relevant and directly applicable to the entity that submitted the Request For Proposal, and would therefore be the entity of record, if selected for funding. If the applicant of record submits a proposal that includes the use of another entity, then one of the entities must be a registered fictitious name of the other entity. See Title XLVI, Chapter 865, Sec. 865.09 of the 1999 Florida Statutes (Fictitious Name Act).

C. Sources of Revenue

1. A list that shows for the most current fiscal period, the individual amount of revenue **by source:**
 - a. Government sources of revenue such as grants, program funding, etc. (If none, so state):
 1. Federal sources of revenue (Include funds that originate from federal sources even though the grant or program is with a county or city, such as WIA, Welfare Transition, etc.).
 2. State sources of revenue (Include direct contracts or grants with the State of Florida, or any other State, if applicable).
 3. Local sources of revenue (County and City contracts and grants with locally-

generated government funds).

- b. Private sources of revenue (If none, so state):
 1. Sales
 2. Private contracts
 3. Vendor contracts with government entities
 4. Other sources of private revenue (donations, contributions, etc.)

- c. Established and available line(s) of credit (if none, so state):
 1. A letter from the financial institution(s) indicating the total established amount of the line(s) of credit
 2. Name of the institution(s)
 3. **Current** available balance
 4. Interest rate
 5. Expiration date

Note for Non-ITA's: Private and non-government sources of revenue must total at least 20% of the RFP funding amount requested.

2. Documentation for all sources of revenue. In the case of contracts and award letters, the documentation must show the total dollar amounts. The documentation must be current, i.e., the effective period of time the contract/award letter has not expired.

3. A budget or other relevant document that shows the projected revenue for the next operational year.

D. Accounting System

1. Written accounting policies and procedures and description of the agency's accounting system to include:
 - Whether the accounting function is performed in-house or contracted
 - Name of the accounting system and how long the system has been in use.
 - Table of organization for the accounting/finance department to include job titles and functions.
 - Résumé of the person in charge of the accounting/finance department/function.
2. Chart of accounts.
3. The most recent month Trial Balance.
4. The most current Payroll Register.
5. The most current month bank account statements and their corresponding bank reconciliations for all accounts.
6. The most current set of interim Financial Statements:
 - i. Statement of Financial Position (Balance Sheet)
 - ii. Statement of Revenue and Expense
 - iii. Budget and Expenditure Report (budget versus actual) (current period and prior year)

7. The most current month Cash Receipt Journal.
8. The most current and previous month Check Register (2 months).
9. The most current Aged Accounts Receivables and Payable Schedules.
10. General ledger report for the last month.
11. Cost Allocation Plan or a copy of the approval letter for federal indirect cost rate.
12. Agency-wide budget.

E. Payroll Taxes/Payroll

1. A copy of the two most recent Quarterly Tax Reports submitted to the IRS (form 941).
2. A copy of the two most recent Quarterly Tax Reports submitted to the State of Florida (form UCT-6).
3. Describe the established process for payroll processing (how is daily time kept; who transcribes the hours to tally sheets; who reviews and approves the time sheets for accuracy; who signs off before the payroll is approved, etc.).

F. Independent Audit

1. A copy of the latest independent audit **including** the management letter, if applicable.

G. Banking

1. The bank names, addresses and account numbers for **all** accounts.
2. The banks' signature card showing the authorized signatures for signing checks.
3. The names, position, and authorized check signing level for all account authorized check signers.
4. The Board of Director's resolution authorizing the individuals who can sign checks.
5. If the applicant is an out-of town entity without a current local office, provide a copy of a sample corporate check (write "COPY: NOT NEGOTIABLE" across the copy.)

H. Insurance

1. The Certificates of Insurance for general liability coverage, automobile, workers' compensation insurance and Bonding (for non-ITA).

I. Personnel

1. The established written Personnel Policies and Procedures, including Grievance Procedures.

J. Procurement

1. The established written Procurement Policies and Procedures.

K. Previous Contractual Relationships

1. A listing of current and previous contracts indicating the names of the funding organizations, contract numbers, contract amounts, contract dates / terms, services/programs contracted for, contact name, contact telephone number or e-mail.
2. Copy of the latest monitoring report produced by each funding organization.
3. Copy of the response to the monitoring report(s).