

DUE DATE: May 17, 2024, by 3:00 p.m.

CENTRAL SAVANNAH RIVER AREA REGIONAL COMMISSION

Workforce Development

REQUEST FOR PROPOSALS Youth, Adult & Dislocated Worker Programs

DUE DATE:

DUE TIME: 3:00 P.M.

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

A file containing all of the RFP required documents must be submitted as follows:

SUBMIT BIDS BY EMAIL TO:

To: acrosson@csrarc.ga.gov

CC: squattlebaum@csrarc.ga.gov

Subject: Workforce RFP



DUE DATE: May 17, 2024, by 3:00 p.m.



MEMORANDUM

TO: Prospective Responders
FROM: Andy Crosson, Executive Director
DATE: February 5, 2023
SUBJECT: REQUEST FOR PROPOSALS – Workforce Development

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

Timeline Schedule

Release Date April 29, 2023
Responder’s Conference May 1, 2023

CSRA Regional Commission
3626 Walton Way Ext., Suite 300
Augusta, Georgia 30909
10:00 a.m.

Due Date May 24, 2024 (by 3:00 p.m.)
Award Announcement June 10, 2024
Executed Contracts on or before June 15, 2024

NO RESPONSES WILL BE ACCEPTED AFTER 3:00 PM on May 24, 2024.

Should you have any questions, please do not hesitate to contact me.

DUE DATE: May 17, 2024, by 3:00 p.m.

REQUEST FOR PROPOSALS FOR WORKFORCE DEVELOPMENT SERVICES

The CSRA Regional Commission (hereinafter referred to by name or "CSRA RC"), as the WIOA Fiscal Agent/Grant Recipient, 3626 Walton Way Ext. Suite 300, Augusta, GA 30909, will receive responses (hereinafter referred to as "Response" or "Responses" or "Bid" or "Bids") to this Request for Proposals (RFP) until 3:00 PM March 10, 2023 for Workforce Development Services as outlined below:

- One-Stop Operations (renewal)
- Affiliate One-Stop
- Youth Services

No responses will be received after 3:00 PM on May 24, 2024. A Responder's conference will be held on May 1, 2023 at 10:00 a.m. Persons with special needs relating to disability access may use the Georgia Relay Service for the hearing impaired at 1-800-255-0056 or contact Stephanie Quattlebaum at (706) 651-7305 prior to March 20, 2023.

The CSRA RC is not obligated to enter into any contract on the basis of any submittal in response to this RFP. The CSRA RC reserves the right to request additional information from any Responder(s) submitting a response to this RFP if the CSRA RC, in its sole discretion, deems such information necessary to further evaluate the responses to this RFP. The CSRA RC reserves the right, in its sole discretion, to interview any Responder(s) responding to this RFP. The CSRA RC reserves the right to waive informalities and minor irregularities in submittals and reserves the sole right to determine what constitutes informalities or minor irregularities. Responder(s) shall be responsible for all costs associated with responding to this RFP.

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

Andy Crosson, Executive Director
acrosson@csrarc.ga.gov or
CSRA Regional Commission
3023 Riverwatch Parkway, Suite A
Augusta, GA 30907

by 12:00 p.m. on May 3, 2024. Answers/responses from the CSRA RC to questions or requests for additional information will be in writing and will be provided to all persons who have received a copy of this RFP and/or requested to be included on the mailing list for potential addendums as noted above.

The CSRA RC will evaluate each Response, choosing the one that, in the CSRA RC's sole discretion, is the most responsive Response for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

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

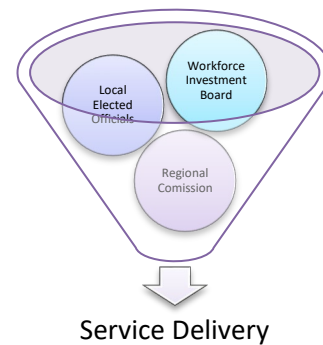
The CSRA Regional Commission reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any or all Responses submitted, and/or to waive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

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

SECTION A – BACKGROUND AND INTRODUCTION

Through this Request for Proposal (RFP), the CSRA Regional Commission, in its capacity as the WIOA fiscal agent/grant recipient, is soliciting responses from potential Responders interested in operating certain workforce programs in the State-Designated CSRA Workforce Area 12 for the period outlined within the “Period of Performance and Contract Terms” section of this RFP. Responders may limit their request to serve a particular geographical area.

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



Comprehensive

The workforce system provides a comprehensive approach to programs and services through the depth of partnerships associated with the program. The partnerships start at the WDB level and permeate throughout the levels of service delivery. Vendors and WIB members alike work to connect participants with the resources that are most needed.

Workforce Development Board (WDB): The WDB functions as a policy board and oversight mechanism for the WIOA funded programs in Georgia’s WIA Region 12. The WDB bylaws, which outline Board and Chief Elected Official responsibilities including oversight and liabilities, were approved in 2012 and most recently updated in 2017.

Local Elected Officials Board: The Local Elected Officials Board is comprised of the chief elected officials and/or his/her designee from the local governments within WIOA Region 12. The Local Elected Officials Board appoints members to the Workforce Development Board and provide critical linkage to local communities.

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

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A.1. SCOPE OF WORK

This RFP package covers a variety of workforce-related services. This package should only be used to respond to the following programs:

- Comprehensive One-Stop Operations
- Affiliate One-Stop Centers
- Youth Services

For ease of use, a full scope of work for each service is included in the appendix.

A.2 PROCUREMENT TIMETABLE AND PROPOSAL SUBMISSION

Responses to this RFP are due to the CSRA Regional Commission no later than three p.m. (3:00 p.m.) on the date noted on the memorandum attached to this RFP. If you do not know the date when your response to this RFP is due, you should contact Andy Crosson, the CSRA RC's Executive Director, at (706) 210-2000. **Responses will not be accepted after this deadline.**

A file containing all of the RFP required documents must be submitted by email to:

To: acrosson@csrarc.ga.gov
CC: squattlebaum@csrarc.ga.gov
Subject: Workforce RFP

by 3:00 p.m. on the due date. Successful responders will be announced on or before June 15, 2023.

A.3 PERIOD OF PERFORMANCE

All subgrant agreements resulting from this Request for Proposal process are contingent on the availability of funds from the Georgia Department of Economic Development, Workforce Development Division. The terms and conditions of the CSRA RC's contract with GDEcD and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.

This RFP covers the upcoming fiscal year which begins on July 1, 2024, and ends on June 30, 2025. Any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th). Any subsequent year contract(s)/subgrant/cooperative agreement(s) in the planning period will be determined at the CSRA RC's sole discretion which may or may not involve a new Request for Proposals being issued. Nothing herein shall be deemed any commitment by the CSRA RC to contract with any successful Responder(s) for any period of time past June 30, 2025.

The CSRA Regional Commission may, at its sole discretion, terminate any contract or subgrant agreement issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days notice.

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A.8 CSRA RC PROCUREMENT RIGHTS

In addition to any rights, terms, or conditions listed within this Request for Proposals, the CSRA RC also specifically and expressly retains the following rights in regard to this procurement:

1. The CSRA Regional Commission reserves the right, in its sole discretion, to contact any and/or all Responders after receiving the Responder(s)'s submittal to seek clarification of any portion thereof. The CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.
2. The CSRA Regional Commission reserves the right, in its sole discretion, to cancel the RFP/RFQ at any time, to amend the RFP/RFQ before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and/or all Responses submitted, and/or to waive any technicalities or formalities.
3. Awards shall be made only to responsible Responders who possess, at the Commission's sole discretion, the potential ability to perform successfully under the terms and conditions of a proposed procurement.
4. Awarding of any contracts and any subsequent periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.

A.9 PLANNING ALLOCATIONS

Funds for this agreement are contingent upon receipt of funds from Federal and/or State sources. Because the actual amount of funds may change throughout the year, the CSRA RC utilizes planning allocations in its procurement and subgranting processes. Subgrant agreements, contracts, and cooperative agreements may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.

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A.10 REQUIREMENTS OF SUCCESSFUL RESPONDER(S)

The successful Responder(s) will be responsible for providing the services outlined in the “Scope of Work” section of this Request for Proposals in accordance with Technical College System of Georgia’s guidelines and CSRA Regional Commission’s requirements as specified in this RFP and in the subsequent contracting documents.

A.11 POTENTIAL CONFLICTS OF INTEREST

Any potential conflicts of interest must be identified and addressed in all responses. In making such disclosures, the respondent must a) identify the person or persons for whom a potential conflict of interest exists, b) the relationship to any current or former board member, current or former advisory council member, or current or former employee; and c) the nature of the potential conflict. The person or persons for whom the potential conflict of interest exists shall certify that he/she will abide by all rules established by the WIOA Administrative Standards ([http://workforce.georgia.gov/sites/workforce.georgia.gov/files/related_files/site_page/GOWD-WIAPPv3\(M\)_final.pdf](http://workforce.georgia.gov/sites/workforce.georgia.gov/files/related_files/site_page/GOWD-WIAPPv3(M)_final.pdf)) . All Responders must complete the “Conflicts of Interest Disclosures” form in Section D and attach additional sheets if any potential conflicts exists and answer the questions outlined above in such responses.

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SECTION B – PROPOSAL NARRATIVE

The following Request for Proposal (RFP) package consists of five (5) parts:

- 1.0 Forms
- 2.0 Organizational Capacity
- 3.0 Program Overview
- 4.0 Scope of Work
- 5.0 Budget

All of the requested items in each of these sections must be addressed and identified by the appropriate number and heading as listed below. Following the forms (1.0), Section 2.0 Organizational Capacity is an overview of the Responder organization detailing its capacity to deliver services; 3.0 Program Overview includes a description of the service delivery, addresses confidentiality, contributions, marketing strategies and provides a complete listing of services to be provided; 4.0 Scope of Work section identifies and describes the supportive services to be provided and must be repeated and completed for each service; and, 5.0 Budget section is a budget for the contract period (July 1, 2014 to June 30, 2015) that includes all services to be provided.

All Responders must provide general information by completing the **Responder Information Sheet and the Request for Qualifications Form (Section 1.0)**. These sheets should be used as the cover sheets for the completed response package. **In addition to this information, Responders must attach Articles of Incorporation (if private organization) and copies of appropriate licenses required to provide stated services (if applicable).**

Complete the following response cover page and attach to the front of your response package.

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B.1 RESPONDER INFORMATION SHEET

Check here if this is a Joint Responder Response and submit Attachments A, B, and C and all assurance forms in Section D for each entity.

Name of Organization: _____

Physical Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Mailing Address:

Street and/or P.O. Box: _____

City: _____ State: _____ Zip: _____

Type of Organization: _____ Public _____ Private Non-Profit
(check all that apply) _____ Private Proprietary _____ Minority owned
(for informational/statistical purposes only) _____ Female owned _____ Less than 500 employees

Primary Contact Person: Name: _____

Title: _____

Type of Service Proposed	Number to be Served	Number of Units (if applicable):

County(ies) to be Served: _____

Total Funds Requested: _____

_____ does hereby accept all the terms of the Request for Proposals,
Agency Name
and I certify that to the best of my knowledge and belief, the cost data in this response are accurate, complete, and current.

Name of Person Legally Authorized to Act for Agency (typed or printed)

Date: _____

Signature of Person Legally Authorized to Act for Agency

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B.2 REQUEST FOR QUALIFICATIONS

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

Name of Firm/Individual: _____

Form of Legal Entity (if applicable): _____

Address: _____

Phone: _____

Name and Title of Respondent: _____

Have you or your firm defaulted on a contract or failed to complete any work awarded, or been involved in work related to litigation (if yes, please describe)?

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

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

List professional references for the firm/individual:

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

Name (Type or Print)

Signature

Title

Date

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B.3 Statements for Transmittal

All Responders are required to acknowledge the following statements. Each statement must be initialed by an authorized representative of the responder.

1. The Responder certifies that they are registered and in good standing with the Georgia Secretary of State to do business in the State of Georgia.
2. The person signing the response is the person in the Responder(s)'s organization responsible for, or authorized to make, decisions as to the prices quoted.
3. A certification that the price(s) proposed has been arrived at independently without collusion, communication, or agreement relating to such prices with any other Responder(s) or competitor(s).
4. I, as an official representative of the responder, acknowledge that the response does not deviate from the detailed requirements of this RFP and an acknowledgement that the CSRA RC, at its sole discretion, reserves the right to reject any response containing deviations and/or to require modifications before accepting any such deviations, and/or to immediately terminate any subgrant agreement and/or contract entered into when deviations that have not been duly noted are subsequently discovered.
5. The Responder(s) and any applicable subcontractor(s) will comply with the Georgia Security and Immigration Compliance Act, which requires the verification of the work eligibility for all newly hired employees through an electronic federal work authorization program (Employment Eligibility Verification (EEV)/Basic Pilot Program).

(Note: For more information about the Georgia Security and Immigration Compliance Act, visit the Georgia Department of Labor's website at: <http://www.dol.state.ga.us>) The EEV/Basic Pilot Program can be accessed at <https://e-verify.uscis.gov/enroll/>).

6. The Responder is sufficiently solvent to meet performance requirements of this project and have submitted detailed financial data that gives a clear indication of the Respondent(s)' fiscal ability to perform the scope of services.

(Note: Preferred documentation includes, in order of preference, 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by and IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)

7. Below is the name, address, and telephone number of the individual(s) who can be contacted from 8:00 am to 5:00 pm during business days for questions regarding this proposal must be included in the transmittal letter.
8. The responder acknowledges that all responses become the property of the CSRA RC and will not be returned to the Responder(s) and acknowledging that the CSRA RC will have the right to use all ideas or adaptations of ideas contained in any response received and that selection or rejection of the Responder(s) response will not affect this right.
9. The responder certifies that no contact specifically related to this solicitation, direct or otherwise, has occurred with any employee of the CSRA RC or any Technical College System of Georgia staff with direct involvement with this RFP process, except as permitted by the RFP and that you acknowledge that any

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subcontractor(s)/subgrantee(s) listed in this response also complied with this restriction on communications as well.

10. The responder certifies that no undisclosed conflict of interest relationship exists nor will exist during the contract/subgrant period should the Responder(s) enter into a subgrant agreement and/or contract with the CSRA RC that interferes with fair competition or is a conflict of interest.

(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder(s) from successfully contracting with the CSRA RC.)

11. The responder certifies that no relationship exists between the Responder(s) and another person or organization that constitutes an undisclosed conflict of interest with respect to an existing subgrant agreement and/or contract with the CSRA Regional Commission.

(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder(s) from successfully contracting with the CSRA RC.)

12. The responder acknowledges that the Responder(s) assume(s) all costs associated with the preparation and submission of all documents related to this RFP and that no claim will be made for payment to cover costs incurred in the preparation or submission of this response or any other costs associated with responding to any portion of this RFP.
13. The responder acknowledges that prior to award, the apparent winning Responder(s) will enter into discussions with the CSRA RC to resolve any subgrant agreement and/or contractual differences before an award is made and that these discussions are to be finalized and all exceptions resolved within two (2) weeks of notification, unless mutually agreed otherwise in writing, and if they are not resolved in that time, this could lead to rejection of the Responder(s)'s response and discussions initiated with the Responder(s) deemed by the CSRA RC, in its sole discretion, to be the next most responsive Responder(s).
14. The responder acknowledges that the CSRA RC, in its sole discretion, may make any award(s) to the Responder(s) whose Response is the most responsive for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.
15. The responder acknowledges understanding that the CSRA RC reserves the right, in its sole discretion, to contact any and/or all Responder(s) after receiving the Responder(s)'s response to this RFP to seek clarification of any portion thereof and that the CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.
16. The responder acknowledges understanding that this RFP will result in a twelve (12) month contract/subgrant award for service(s) and that the contract/subgrant award document will outline methods of termination of the award.

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17. The responder acknowledges that this RFP covers the planning period, which begins on July 1, 2024, and ends on June 30, 2025 and that any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th). The contract may be extended on an annual basis contingent upon performance satisfaction.
18. The responder acknowledges that inclusion in the CSRA RC's Workforce Development Local Area Plan does not guarantee or imply any grant award/contract for the immediate or any subsequent year.
19. The responder acknowledges that any/all contract(s)/subgrant agreement(s) resulting from this Request for Proposal process are contingent on the availability of funds from the Georgia Department of Economic Development and that the terms and conditions of the CSRA RC's contract with GDEcD and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.
20. The responder acknowledges that subgrant agreements, contracts, and cooperative agreements issued as a result of this RFP may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and that any such agreement(s)/contract(s) may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.
21. The responder acknowledges that you understand that, notwithstanding any other certifications to the contrary, the CSRA RC may terminate any contract(s)/subgrant agreement(s) issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days' notice.
22. The responder acknowledges that the CSRA RC reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and all responses submitted, and/or to waive any and/or all technicalities or formalities and that awarding of any and/or all contracts and periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.
23. If the Responder has had prior subgrant agreements, contracts, or cooperative agreements with the CSRA Regional Commission, I acknowledge that the obligations set forth under the previous agreement(s)/contract(s) were successfully met.
24. I certify that the Responder(s) has read, understands, and accepts all other terms, conditions, criteria, and requirements set forth in this RFP.

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B.4 RESPONSE NARRATIVE

When preparing the response narrative, all Responders must respond by providing information related to the items identified below. The response narrative should include the same numbering system used herein and should address the issues/questions raised. If a question does not apply, please indicate with "NA". The response narrative will be used during the evaluation of responses and should demonstrate your agency's understanding of the work to be performed and capacity to carry out such work if awarded.

1.0 ORGANIZATIONAL CAPACITY

Please provide brief descriptions of each of the following:

1.1 Purpose of Organization/Background

Briefly state the vision and mission of your organization and provide information about your organization's history in providing the types of services outlined in the Scope of Work section of this RFP.

1.2 Capacity to Deliver Services

Describe the organization's community leadership and service delivery system and capacity to deliver services. In doing so, also address each of the following:

1.2.1 Discuss and outline your organization's relevant experience in delivering these specific services for which the organization is applying.

1.2.2 Provide a description of the agency's accomplishments for the past year (i.e. Annual Report and/or brochure)

1.2.3 Describe how you will interface with the CSRA Regional Commission and other One-Stop Partners to effectively resolve issues related to service delivery and clients.

1.2.4 Discuss any business relationships your organization has had with the workforce development-related network.

1.3 Staffing Structure

1.3.1 Provide an organization chart detailing staff structure and lines of authority.

1.3.2 Describe alternate plans to be utilized in the event of expected or unexpected staff absences.

1.3.3 Discuss the qualifications and capability of staff to provide effective services that will meet all program standards and provide resumes for key staff associated with the administration and management of this project.

1.3.4 Identify the number of full time equivalents (FTEs) by job titles (i.e., RNs, LPNs, social workers, clerks, etc.) that will be devoted to this project.

1.3.5 Discuss your organization(s)'s policy regarding criminal background checks and drug screening of new and current employees.

1.3.6 Include job descriptions for the staff responsible for supervising or directing the proposed programs/services must be in place and available for review.

1.3.7 Describe how Responder/Joint Responders will provide new staff orientation and training and provide an outline of the orientation schedule and topics.

1.3.8 Describe Responder/Joint Responders' plan for conducting on-going staff training including topics and number of training sessions to be held.

1.3.9 Describe method Responder/Joint Responders will use to determine the training needs of staff.

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1.3.10 Describe the agency's staff recruiting practices and retention strategies. Indicate the annual staff turnover rate from the most recent fiscal year.

1.4 Performance Relative to Providing Quality Services

Briefly describe any performance audits, monitoring of programs or program certifications of awards that the organization has received which verify the organization's ability to provide quality services. All organizations must demonstrate a commitment and capacity to provide quality services.

1.5 Other Resources

Detail all other resources available to support workforce development programs that will assure the capacity of the organization to enhance services. Provide a listing identifying the percentage of funding from all sources. Also identify the use of volunteers and other in-kind support such as free rent, etc.

1.6 Financial Capacity

All organizations must demonstrate financial stability, fiscal control and compliance with Generally Accepted Accounting Principles. It is each Responder's responsibility to provide sufficient documentation in its response to enable the CSRA RC to adequately assess the Responder(s)'s ability to perform the scope of work outlined in this RFP.

1.6.1 Provide a brief financial history that proves the organization has financial capability and capacity to deliver the services for which the organization is applying.

1.6.2 List any other Federal/State grants the agency has administered during the past five years and provide contact information for each.

1.6.3 Provide sufficient documentation to enable the CSRA RC to evaluate the Responder/Joint Responders' fiscal ability to perform the scope of work outlined within this RFP. Such documentation includes, but is not necessarily limited to, in order of preference: 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by and IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)

1.7 Computer Capacity

Explain how the agency will be able to access appropriate computer hardware and software for utilizing the on-line case management system. Also discuss the organizations capability and capacity to complete data entry and meet all reporting requirements of the programs.

1.8 Hours of Operation

List the hours and days of operation for administrative offices and service delivery sites, including whether supervisory or office support staff is available weekends, evenings, or holidays. Describe procedures for service provision in case of disaster or inclement weather.

1.9 Performance Relative to providing Outreach

Describe the agency(ies)'s Outreach Program (how you plan to make others aware of your programs and how you plan to bring new clients into your program). In doing so, also address each of the following:

1.9.1 Discuss specific plans for outreach and recruitment.

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1.9.2 Describe any special materials or techniques you have developed to reach special populations, including residents who are non-English speaking, hearing impaired, and vision impaired.

1.10 Performance Relative to Previous Contracts/Agreements with CSRA RC or any other State/Federal Agencies

If the Responder has previously contracted and/or entered into an agreement with the CSRA or with any other state or federal agency, provide a brief discussion of the type of work performed and the dates involved. Additionally, explain if you successfully met the obligations of the contract/agreement and if you did not, fully explain why. Failure to respond and/or failure to have met previous contractual/subgrant requirements may result in the dismissal of your response.

1.11 Technology and Ability to Meet Reporting Requirements:

1.11.1 Describe the agency's capacity for and use of technology, both in administration and delivering services.

1.11.2 Describe agency's plan for maintaining adequate hardware, software, etc.

1.11.3 Explain plans for data validation, data entry, and reporting. Who (by job title) will be responsible? Who (by job title) will prepare the monthly programmatic report?

2.0 PROGRAM OVERVIEW

2.1 Intake Procedures

Describe how the agency will participate One-Stop system. Describe the program's procedures for making referrals for services not offered by the respondent. Discuss staff positions assigned to each of the steps/tasks, including supervision (use full-time equivalents – FTE – where possible).

2.2 Client Confidentiality/Fees

2.2.1 Describe how client confidentiality will be handled.

2.2.2 Discuss how client contribution/fees (if applicable) will be managed.

2.2.3 How will you account for cash contributions and/or billing procedures for fees, etc...?

2.2.4 Include a copy of the agency's policy(ies) and procedures related to client confidentiality.

2.3 Planning/Marketing of Services

Briefly describe how the agency will market services and how it will incorporate participant input concerning the greatest need(s) of participants and potential participants in the service area. Explain how this input will be utilized in the planning and implementation of service delivery. Include a copy of the agency's marketing plan with this RFP response.

2.4 Identify Services, Fund Sources, Service Sites and County

Provide a detailed list identifying which services the agency proposes to provide and which funding sources will pay for that service. Additionally, identify each site where each of the services will be delivered.

DUE DATE: May 17, 2024, by 3:00 p.m.

3.0 SCOPE OF SERVICES

The following information must be provided.

3.1 Description of Service

Identify and define the service(s) you are proposing to provide as well as the county(ies) that you plan to serve. Describe how it will be provided, including the tasks to be performed. Refer to the Scope of Work section for the appropriate service names as well as the definition.

3.2 Subcontracting

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

Note: If this is a joint response and both Responders' roles are clearly defined, the Joint Responder's are not considered subcontractors for the purpose of this section.

3.3 Service Staffing Pattern, Training & Supervision

Describe the staffing pattern for each service, including use of volunteers and proposed staff to client ratio. Describe ongoing training and schedule for both staff and volunteers for this service. Describe how the staff and volunteers providing this service will be supervised and monitored internally to insure quality and appropriateness.

3.4 Program Effectiveness

3.4.1 Describe how this program will be operated to provide quality services for participants and businesses (as appropriate).

3.4.2 Describe any special features of your program or service.

3.4.3 What are the administrative office hours of your organization? What days and hours will services be provided? Will weekend and/or extended services be available? If not, are you willing to expand your service hours if the demand indicates the need?

3.4.4 Describe the process of assessment and reassessment of clients.

3.4.5 Describe your documentation and reporting processes. How will assignments and activities be documented: who will verify such documents; and who is responsible for maintaining reports, etc.?

3.4.6 Describe how you will determine client satisfaction for service.

3.4.7 Describe the quality control mechanisms that are in place to assure that quality services are being provided.

3.4.8 Describe any partnerships or collaborations with other community organizations or private businesses that will strengthen the services of your program.

3.4.9 Discuss how you define your customer of this service?

3.5 ADDITIONAL QUESTIONS

Please provide answers to the following additional questions associated with the applicable Scope(s) of Work.

DUE DATE: May 17, 2024, by 3:00 p.m.

ONE-STOP Operations

- 3.5.1** How will you ensure that a broad spectrum of partners is active at the One-Stop?
- 3.5.2** Which sites are you proposing to coordinate?

Additional Questions for All Services

- 3.5.6** Describe your agency’s emergency plan. How do you respond to power outages, weather emergencies, and other disruptions in service?

3.6 OUTCOME MEASUREMENTS

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

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

A sample chart is included below.

Objective	Responsible Party	Unit or Method of Measurement	Action Step(s)

Click Attachment Button to open the attachments menu. From that menu click the paperclip with the plus sign and select the file(s) that you would like to add.

DUE DATE: May 17, 2024, by 3:00 p.m.

B.5 BUDGET

A program budget must be prepared and submitted using the provided Excel template. A printed copy should be submitted with the proposal. An electronic copy must also be submitted either by email or on a cd (to accompany proposal).

A budget narrative must also be submitted based on the following instructions.

Budget Instructions

- **Line #1** – Provide Agency Name how you would like for it to appear in the contract.
- **Line #2** – Provide the Federal Taxpayer Identification Number
- **Line #3** – Identify the type of business
- **Line #4** – Provide the address and DUNS# of the corporation. This address is where all correspondence will be sent. The DUNS Number can be obtained at www.dnb.com.
- **Line #5** – Provide the name and contact information for the executive director, or the person responsible for signing the contract.
- **Line #6** – Provide the name and contact information for the program director. This will be our first contact for this program.
- **Line #7** – The contract budget period should match the period in the RFP or RFQ.
- **Line #8** – Provide the name of the program being operated.
- **Line #9** – The amount requested is the total amount of the requested funding and the total number proposed to be served should input here.
- **Line #10** – Cost per Individual Served is Amount Requested / Total Number Served from Line #9.
- **Line #11-22** – These spaces request general information about the operations of the program.
- **Line #23** – Total program budget should include RC funds as well as any other federal or local matching funds.
- **Line #24** –Award Amount should agree to the amount requested on Line #9.
- **Line #25-28** – Provide the amount of all matching funds. Enter each specific source used to provide these matching funds.
- **Line #29** – Total Budgeted Revenues should equal the total program budget.

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DUE DATE: May 17, 2024, by 3:00 p.m.

Budget Narrative

The budget narrative must address the following elements.

1. EMPLOYEE COSTS:

a. Wages

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

Example:

John Smith, Program Director (\$50,000)	
Youth Program	.50
TANF Program	.25
General Agency Programs	.25

Amount budgeted for this contract = \$25,000

b. Payroll Related Expenses

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

Example:

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

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

c. Employee Travel

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

2. OPERATIONAL COSTS:

a. Consumable Supplies Expenses

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

b. Insurance Costs

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

3. OTHER COSTS:

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

DUE DATE: May 17, 2024, by 3:00 p.m.

4. SUPPORTIVE SERVICES PAID TO PARTICIPANTS

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

5. SMALL EQUIPMENT

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

6. EQUIPMENT

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

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SECTION C ASSURANCES



Contractual and Administrative Assurances

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

- General Financial Requirements and Assurances
- Contractual and Standard Program Assurances
- Assurance of Compliance with Title VI of the Civil Rights Act of 1964, As Amended
- Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, As Amended and the Americans' with Disabilities Act of 1990, As Amended
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- Disclosure of Lobbying Activities
- Certification of Non-Collusion
- Conflict of Interest Disclosures
- E-Verify Certification
- Clean Air Act Certification
- Copeland "Anti-Kick Back" Act Certification
- Davis Bacon act Certification
- Contract Work Hours and Safety Standard Act Certification
- Procurement of Recovered Materials Certification

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GENERAL FINANCIAL REQUIREMENTS AND ASSURANCES

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

Initial Each:

- _____ 1. I understand that the CSRA Regional Commission shall have the right to suspend/withhold payment if conditions of the contract are not met.
- _____ 2. I understand that CSRA RC shall not be liable for non-payment or late payment for services rendered if funds are not available or have not been received from the Georgia Department of Economic Development.
- _____ 3. I understand that federal, state, and program income are restricted funds and must be spent during this fiscal year. The minimum required match is the minimum non-federal funds necessary to earn the federal and state funds for the program.
- _____ 4. I understand that program income is funds voluntarily donated by the participants of the program to increase or maintain services. Included in the budget is an estimate of the funds to be collected during this next fiscal year and is based on past history of such collections of program income from participants of the program.
- _____ 5. I understand this budget is for a period that runs from July 1, 2024 to June 30, 2025.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY THE FINANCIAL CONDITIONS AS STATED ABOVE.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

CONTRACTUAL AND STANDARD PROGRAM ASSURANCES

The Responder/provider assures the following general conditions will be met as a requirement for entering a contract with the Regional Commission:

1. Assures compliance with Workforce Investment Act and other funding sources as well as all federal, state laws, standards, policies and procedures. Also assures the compliance with the CSRA Regional Commission's requirements regarding administration and delivery of services.
2. Assures the provision of training to staff and volunteers as needed and/or required.
3. Assures that the priorities established by the CSRA Regional Commission that persons with greatest economic or social need are met.
4. Assures that criminal record checks are performed for all employees who have direct contact with program participants.
5. Assures that it will supply an annual audit in accordance with the provisions of the OMB Circular A-133. Copies of all reports resulting from said audits shall be furnished to the CSRA Regional Commission no later than 180 days after the fiscal year ends as detailed in the current contract.
6. Assures records relating to the workforce programs are kept on file for at least five (5) years after the end of the contract period.
7. Assures all services provided under this program will meet current state and local licensure safety and insurance requirements for the provision of those services.
8. Assures contracts for subcontracted services are submitted to Regional Commission for review and approval **prior** to the service beginning.
9. Assures written personnel policies affecting agency staff have been developed to include, but not limited to, written job descriptions for each position; evaluations of job performance, annual leave, sick leave, holiday schedules, normal working hours, and compensatory time. Personnel policies and hiring policies are in compliance with federal and state laws regarding employment and payroll practices.
10. Assures Responder has written client grievance and personnel grievance procedures have been developed, posted, and distributed to clients and personnel.
11. Assures Responder has policies prohibiting the release of any client's name, medical records or conditions, or other identifying information to any persons outside the agency without first obtaining the expressed consent of the client. The agency shall also require all subcontracting agencies performing services to adhere to similar policies concerning client confidentiality.
12. Assures coordination with other workforce-related programs and services in the community.
13. Assure compliance with existing regulations and all relevant and current circulars from the Office of Planning and Budget for determination and allowableness of costs in connection with federal/state contracts and grants.
14. Assures the accurate and timely reporting of programmatic and financial information to the Regional Commission, state and federal government as required.

- 15. Assures a method is implemented to obtain client feedback on services provided to maintain quality of programs.
- 16. Assures access to all program and agency records by the Georgia Department of Economic Development and other federal or state officials or auditors as needed.
- 17. Assures cooperation in the transition of any service subsequently contracted to another vendor/contractor.

I HAVE REVIEWED, UNDERSTAND, AND AGREE TO ABIDE BY ALL CONDITIONS (1 – 17) AS STATED.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

**ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE
CIVIL RIGHTS ACT OF 1964, AS AMENDED**

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

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

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

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

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

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

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

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

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

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

The RESPONDER: (check (a) or {b})

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

Name of Compliance Person

Employer Identification # (IRS #)

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

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

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

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

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

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, the Georgia Department of Human Services,, or the CSRA Regional Commission may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words “covered contract,” “debarred,” “suspended,” “ineligible,” “participant,” “person,” “principal”, “response,” and “voluntarily excluded,” as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, the Georgia Department of Human Services and/or the CSRA Regional Commission as applicable.

Do you have or do you anticipate having subcontractors/subgrantees under this proposed contract?

_____ YES _____ NO

5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants” without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract’s/subgrant’s initiation and upon each renewal.

- 7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, or other federal department or agency, as applicable, Georgia Department of Economic Development, or other state department or agency, as applicable, and/or the CSRA Regional Commission may pursue available remedies, including suspension and or debarment.

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

Indicate which statement applies to the covered potential contractor/grantee:

_____ The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Georgia.

_____ The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach the explanation for each of the above terms to which he is unable to make certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE _____
 VENDOR ID NO./FEDERAL EMPLOYER'S ID NO. _____

 Signature of Authorized Representative

 Printed/Typed Name of Authorized Representative

 Date

 Title of Authorized Representative

DISCLOSURE OF LOBBYING ACTIVITY

<p>1. Type of Federal Action:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p>	<p>2. Status of Federal Action:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>a. bid/offer/response b. Initial award c. post-award</p>	<p>3. Report Type:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p>___ Prime ___ Subawardee Tier _____, if known:</p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known: \$</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheet(s))</p>	<p>b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI) SF-LLL-A, if necessary)</p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ actual _____ planned</p>	<p>13. Type of Payment (check all that apply):</p> <p>___ a. retainer ___ b. one-time fee ___ c. commission ___ d. contingent fee ___ e. deferred ___ f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p>___ a. cash ___ b. in-kind; specify: nature _____ value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for payment indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <p style="text-align: center; margin-top: 5px;">Yes No</p>		
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.</p>	<p>Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form--LLL</p>	

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

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

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

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

CERTIFICATE OF NON-COLLUSION

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

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

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

Name of Responder: _____ Date: _____
(typed or printed)

Signature of Legally Authorized Person

Name: _____
(typed or printed)

Title: _____
(typed or printed)

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CONFLICT OF INTEREST DISCLOSURES

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

Name of Firm/Individual: _____

Form of Legal Entity (if applicable): _____

Address: _____

Phone: _____

Name and Title of Respondent: _____

Disclosure Certification:

If the owner(s) and/or any key personnel or immediate family members of all such personnel identified in this response have been employed by the RC or served on any of the following Boards/Authorities/Councils currently or within the past five (5) years, please check the appropriate box(es) below and attach supporting documentation¹ you feel is necessary to address potential conflict of interest questions which may be raised:

_____ A former employee of the Central Savannah River Area RC

_____ Central Savannah River Area Regional Commission’s Council

_____ Region 12 Workforce Investment Board

_____ CSRA RC Historic Preservation Advisory Council

_____ CSRA RC Area Agency on Aging Advisory Council

_____ CSRA Business Lending (to include the following companies):

_____ CSRA Local Development Corporation

_____ CSRA Rural Lending Authority

_____ CSRA Resource Development Agency

_____ No owner, key personnel, or immediate family members serve in any capacity on the entities listed above.



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

Signature of Certifying Official

Date Signed

Witness

Date Signed

¹ All Responders applying for funds through the Regional Commission must a) identify the person or persons for whom a potential conflict of interest exists, b) the relationship to any current or former board member, current of former advisory council member, or current of former employee; and c) the nature of the potential conflict. The person or persons for whom the potential conflict of interest exists shall certify that he/she will abide by all rules established by the Georgia Department of Economic Development Workforce Division.

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

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for the Workforce Development Services on behalf of agencies of the State of Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Sub-subcontractor

Name of Project

CSRA Regional Commission

Name of Public Employer

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

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name & Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20__

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CSRA Regional Commission Workforce Development

SAMPLE LETTER OF TRANSMITTAL

NOTE: All Responders are required to submit a mandatory transmittal letter, which shall be in the form of a standard business letter on the Responder's letterhead and shall be signed by an individual authorized to legally bind the Responder.

SAMPLE TRANSMITTAL LETTER:

Mr. Andy Crosson, Executive Director
CSRA Regional Commission
3023 Riverwatch Pkwy, Suite A
Augusta, GA 30907

Dear Mr. Crosson:

In response to the CSRA Regional Commission's Request for Proposals, **[ENTITY NAME]** respectfully submits this response package. As the agency's **[PERSON TITLE]**, I am legally authorized to bind **[ENTITY NAME]** to the following statements, acknowledgements, and certifications:

1. The Responder is registered and in good standing with the Georgia Secretary of State to do business in the State of Georgia.
2. I am the person responsible for, or authorized to make, decisions as to the prices quoted.
3. The price(s) proposed have(s) been arrived at independently without collusion, communication, or agreement relating to such prices with any other Responder(s) or competitor(s).
4. This response does not deviate from the detailed requirements of this RFP and I acknowledge that the CSRA RC, at its sole discretion, reserves the right to reject any response containing deviations and/or to require modifications before accepting any such deviations, and/or to immediately terminate any subgrant agreement and/or contract entered into when deviations that have not been duly noted are subsequently discovered.
5. No subcontractor(s) will be used by **[ENTITY NAME]** for the proposed scope of work. **(NOTE: IF USING SUBCONTRACTORS, YOU MUST OBTAIN FROM EACH THE INFORMATION REQUESTED IN THE RFP)**
6. Our organization, and any applicable subcontractor(s), will comply with the Georgia Security and Immigration Compliance Act, which requires the verification of the work eligibility for all newly hired employees through an electronic federal work authorization program (Employment Eligibility Verification (EEV)/Basic Pilot Program).
7. **[ENTITY NAME]** is financially solvent and capable of meeting performance requirements of this project and has submitted detailed financial data that gives a clear indication of the agency's fiscal ability to perform the scope of services as requested in the RFP.
8. You may contact from 8:00 am to 5:00 pm during business days the following person for questions regarding this proposal:

Name:
Title:
Phone:
Email:

9. I acknowledge that all responses become the property of the CSRA RC and will not be returned and that the CSRA RC will have the right to use all ideas or adaptations of ideas contained in any response received and that selection or rejection of this proposal will not affect this right.
10. I certify that no contact specifically related to this solicitation, direct or otherwise, has occurred with any employee of the CSRA RC or any Georgia Department of Economic Development staff with direct involvement with this RFP process, except as permitted by the RFP, and I further acknowledge that any subcontractor(s)/subgrantee(s) listed in this response also complied with this restriction on communications as well.
11. I certify that no undisclosed conflict of interest relationship exists nor will exist during the contract/subgrant period should my organization enter into a subgrant agreement and/or contract with the CSRA RC that interferes with fair competition or is a conflict of interest.
12. I certify that no relationship exists between my organization (or its principles) and another person or organization that constitutes an undisclosed conflict of interest with respect to an existing subgrant agreement and/or contract with the CSRA Regional Commission.
13. I acknowledge that my organization assumes all costs associated with the preparation and submission of all documents related to this RFP and that no claim will be made for payment to cover costs incurred in the preparation or submission of this response or any other costs associated with responding to any portion of this RFP.
14. I acknowledge that prior to award, the apparent winning Responder(s) will enter into discussions with the CSRA RC to resolve any subgrant agreement and/or contractual differences before an award is made and that these discussions are to be finalized and all exceptions resolved within two (2) weeks of notification, unless mutually agreed otherwise in writing, and if they are not resolved in that time, this could lead to rejection of the Responder(s)'s response and discussions initiated with the Responder(s) deemed by the CSRA RC, in its sole discretion, to be the next most responsive Responder(s).
15. I acknowledge that the CSRA RC, in its sole discretion, may make any award(s) to the Responder(s) whose Response is the most responsive for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.
16. I acknowledge that the CSRA RC reserves the right, in its sole discretion, to contact any and/or all Responder(s) after receiving the Responder(s)'s response to this RFP to seek clarification of any portion thereof and that the CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.

17. I acknowledge that this RFP will result in a twelve (12) month contract/subgrant award for service(s) and that the contract/subgrant award document will outline methods of termination of the award.
18. I acknowledge that this RFP covers the Workforce Development planning period, which begins on July 1, 2020, and ends on June 30, 2025 and that any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th).
19. I acknowledge that inclusion in the CSRA RC's Local Workforce Plan does not guarantee or imply any grant award/contract for the immediate or any subsequent year.
20. I acknowledge that any/all contract(s)/subgrant agreement(s) resulting from this Request for Proposal process are contingent on the availability of funds from the Technical College System of Georgia and that the terms and conditions of the CSRA RC's contract with TCSG and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.
21. I acknowledge that subgrant agreements, contracts, and cooperative agreements issued as a result of this RFP may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and that any such agreement(s)/contract(s) may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.
22. I acknowledge that, notwithstanding any other certifications to the contrary, the CSRA RC may terminate any contract(s)/subgrant agreement(s) issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days notice.
23. I acknowledge that the CSRA RC reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and all responses submitted, and/or to waive any and/or all technicalities or formalities and that awarding of any and/or all contracts and periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.
24. I acknowledge that in any prior subgrant agreements, contracts, or cooperative agreements between my organization and the CSRA Regional Commission, obligations set forth under the previous agreement(s)/contract(s) were successfully met.
25. I certify that I have read, understand, and accept all other terms, conditions, criteria, and requirements set forth in this RFP.

Should you have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely

NAME
TITLE

Use the buttons above, to save, print and submit