Request for Proposal for Temporary Staffing Services

On Public Display: June 26, 2020

Deadline for Submission of Written Questions: July 2, 2020

Proposals Due: July 12, 2020

Contract Period: July 15, 2020 through June 30, 2021
possible extension(s) up to two more years

All proposals must be submitted by email to
Sarah.Cleveland@AmericanJob.Center
with a copy to
Innovation@AmericanJob.Center

Proposals must be received no later than
July 12, 2020.

released by
ROCK ISLAND TRI-COUNTY CONSORTIUM (RITCC)
Procurement is open and subject to the availability of funds.

Equal Opportunity Employer / Program
Auxiliary aids and services are available upon request to individuals with disabilities.
REQUEST FOR PROPOSALS (RFP) FOR TEMPORARY STAFFING SERVICES

Introduction

Using the Request for Proposals (RFP) method of procurement, ROCK ISLAND TRI-COUNTY CONSORTIUM (RITCC) is soliciting proposals from qualified firms to provide temporary payroll services. RITCC will provide funding through a federal grant from the U.S. Department of Labor, as a subrecipient of Department of Commerce and Economic Opportunity, to contract with a staffing agency to temporarily employ eligible workers to assist with clean-up and recovery efforts in areas impacted by the disaster resulting from COVID-19.

Activities and Services Solicited

RITCC will accept proposals that meet the requirements included in this solicitation to provide temporary staffing services as described herein.

RITCC will be responsible for certifying the eligibility of workers referred to this program. The temporary staffing agency will be designated as the employer of record responsible for payroll duties. A full-time staffed office located in Rock Island, Henry, or Mercer Counties is preferred.

If interested, please complete and return the Proposal Information Forms (Attachment A & B), with appropriate signatures committing your company to these fees /costs and services. In addition, you must also submit the required certification forms, list of business references, and proof of insurance. If you have a brochure that provides information about your company, you may also include it as part of your submission.

Eligible Proposers

RITCC will review and evaluate all proposals for completeness and responsiveness with the terms and conditions of the RFP. Proposals clearly inconsistent with the RFP requirements and receiving a score below a 70 will be declared non-responsive and eliminated from further consideration.

Proposals will be evaluated based on the following criteria: completeness and responsiveness; experience and ability to provide requested services; references/past experience; and fees/costs.
Disaster Relief Areas

The disaster relief assistance will be available to the following three counties in Illinois:

- Rock Island
- Henry
- Mercer

Contract Term and Renewals

It is the intent of RITCC to select a firm to provide temporary staffing services beginning on or before July 15, 2020. In accordance with written policies and procedures of RITCC, the contract may be extended for up to one (2) additional two-year contact period beyond the original acceptance award, for a total of three (3) years. The additional two-year renewal is contingent upon availability of funds, successful contract negotiations, and satisfactory performance. Cost information must be valid for the first year of the contract period. Any changes thereafter must be submitted in writing with proper justification.

The services provided by the selected temporary staffing agency will be subject to periodic review of satisfactory performance. Contract may be terminated by RITCC at any time with 30-day notice, for unsatisfactory performance.

Payment Terms

If selected, a contract with your firm for temporary staffing services will be executed. Contractor will submit invoices by the 10th of each month for activity in the previous month. Invoices must include backup documentation. Payment terms are net 30.

Experience and Reference(s) Requirements

Respondent must have a minimum of three (3) years of experience in providing professional temporary payroll services and are licensed to conduct business in the State of Illinois. The respondent must submit a minimum of three (3) references of active clients. The active clients must be current customers at the time of response submission and must be three distinct customers.

Debarment and Suspension for Federal and State Contracts

To be eligible to submit a proposal under this RFP, respondents must not be presently debarred, suspended, or proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal or state department or agency.

Description of Services Requested:

The Temporary Staffing Services requested are as follows:
Essential Requirements:

All work program participants-employees must be certified eligible for participation by workforce center staff prior to employment. Workforce Center staff will refer eligible participants to the temporary staffing agency for placement in payroll services. The temporary staffing agency may reverse refer potential applicants to RITCC for eligibility certification with proper lead time before employment.

Pre-screen applicants for work requirements prior to referral to work sites to assure that they possess all of the required skills and abilities to perform the assigned tasks. The temporary personnel provided must meet the minimum qualifications, minimum education and experience required by the classification specification for the job to be performed. The agency will be informed of the specific duties or class title, length of assignment, and any specific skills or abilities required.

Ensure all personnel hired possess all the required documents for employment, e.g., Form W-4, Form I-9 and, job application form, etc. Copies of all these documents must be provided to RITCC, upon request.

All potential hires will undergo verifiable background checks and employment reference checks, if needed, within a reasonable time frame prior to start date of assignment. All agencies shall adhere to federal, state, and privacy protection laws when conducting background checks and provide the required waivers, authorizations, notices, disclosures and releases. If the agency uses an outside company to conduct background checks, the agency shall only use registered, licensed investigators.

Responsible for maintaining payroll records on all employees including employee timesheets/cards (with appropriate authorizing signatures) to accurately reflect actual hours worked per day/week by each temporary personnel and copies of payroll checks.

Responsible for all payroll withholding requirements and shall provide all benefits required by law to each temporary personnel. Temporary personnel shall remain the employee of the temporary staffing agency and shall not receive RITCC benefits.

Specific Duties and Responsibilities include, but are not limited to the following:

In coordination with RITCC staff, develop, implement, and administer all needed requirements to ensure all employment opportunities are accessible to all eligible applicants. All agencies shall strictly adhere to all state and federal laws with respect to discrimination in employment and shall not discriminate in employment against any individual on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, age or disability.

Upon request, provide assistance and information to the RITCC staff and work site supervisors regarding the hiring process and payroll requirements and safety practices.

Collaboration of the employee orientations provided by the agency and RITCC will be required.

Additionally, it is important that the selected temporary staffing agency have regular (weekly or monthly) contact with the RITCC management and program staff. RITCC strongly agrees that these contacts are essential in building a strong relationship.
Insurance Requirements

The proposer awarded the work must have the required insurance/s: General Liability, Bonding, and Workman Compensation. The general liability insurance for personal injury and bodily injury and property damage to a third party is required. The required minimum coverage shall be $500,000 per occurrence or $1,000,000 aggregate. The Contractor must submit copies of the insurances with the submission of the proposal response.

Deadline for Submission of Written Questions

Written questions may be submitted during the period of June 26 – July 2, 2020. The deadline for submission of questions is July 2, 2020. Questions may be submitted via email to Sarah Cleveland at: Sarah.Cleveland@AmericanJob.Center.

Submission Date and Forms

Proposal information and required forms must be submitted to email address below by July 12, 2020.

Sarah.Cleveland@AmericanJob.Center

- Transmittal Letter (on company’s letterhead)
- Information and Fees/Cost Forms – Attachments A & B
- Certification Forms – Attachments C - H
- List of Business References (minimum of three active clients) – Attachment H
- Copies of Required Certificates of Insurance

Equal Opportunity Employer / Program

Auxiliary aids and services are available upon request to individuals with disabilities.
Procurement Conditions and General Terms:

Procurement of these items shall be accordance with the RITCC procurement policies and general terms as follows:

- RITCC reserves the right to accept or reject any or all responses or bids/quotes received or to cancel or extend in part or it’s entirely, this solicitation, or to make partial awards.
- RITCC is exempt by law from payment of Illinois Sales Tax and Federal Excise Tax.
- The intent of this solicitation is to identify the various contract alternatives and estimates of costs for the items solicited. RITCC is under no legal requirement to execute a contract from any bid/application submitted.
- Award of purchase agreement or contract shall be made only to a responsible respondent/bidder(s), i.e., a bidder/vendor who has demonstrated competence to deliver the specified goods/services, a proven record of business integrity and ethics, and the ability to meet the requirements of the solicitation.
- When submitting a response, it is required that the respondent have the necessary professional experience, prior training, and applicable professional judgment to perform the services and activities or deliver the goods stated in this procurement solicitation.
- Respondents/bidders shall not make offers of gratuities or favors, to any officer, employee, Board member of RITCC, or any subcontractor employees of RITCC. Contact for technical assistance is allowed with the solicitation contact person or designated RITCC Board staff. Violation of this instruction will result in immediate rejection of there response/bid/application.
- The contents of a successful bid may become contractual obligations, if a contract is awarded. Failure of the respondent/bidder to accept those obligations may result in the cancellation of the response/bid/application for selection. The contents and requirements of this solicitation may be incorporated into any legally binding and duly negotiated contract between RITCC and the selected respondent(s)/bidder(s). RITCC reserves the right to withdraw or reduce the amount of an award or to cancel any contract resulting from this procurement if there is misrepresentation or errors in the specifications, pricing, terms, or Respondent’s/Bidder’s ability to meet the terms and conditions of this solicitation or if adequate funding is not received.
- All responses/bids and their accompanying attachments will become property of the RITCC after submission and materials will not be return. In addition, all materials that are produced as a result of this solicitation become property of RITCC.
- RITCC specifically reserves the right to vary the provisions set herein any time prior to the execution of the contract where such variance is deemed to be in the best interest of RITCC.
- A response does not commit RITCC to award a purchase agreement or contract or to pay any costs incurred in the preparation of a response nor pay for any costs incurred prior to the execution of a formal purchase agreement or contract unless such costs are specifically authorized in writing by RITCC.
- RITCC reserves the right to contact any individual, agency, or employers listed in the solicitation’s response, to contact others who may have experience and/or knowledge of the respondent’s/bidder’s goods/supplies/services, relevant performance, qualifications, etc. and to request additional information from any and all respondents/bidders.
- No employee, officer, or member of the Board shall participate in the selection, development of a response to this solicitation, award or administration of a contract supported by the solicitation if a conflict of interest, real or apparent, would be involved.
- In the interest of maximum free and open competition, all RITCC members and staff will be prohibited from providing technical assistance or answering questions concerning this solicitation which may be construed as offering a competitive advantage to any respondent/bidder. Potential respondents/bidders are requested to respect these conditions by not making personal requests for assistance.

RITCC is an equal opportunity employer and complies fully with the nondiscrimination and equal opportunity provisions of the applicable laws.
RFP RESPONSE
ATTACHMENT A
RFB FOR TEMPORARY STAFFING SERVICES
To submit your response to the RFP, please answer the following questions:

1. Will your firm be able to provide temporary payroll services as stated in the RFP on or before July 15, 2020?  Yes  No

2. Does your firm/agency currently have a full-time staffed office located in Rock Island, Henry, or Mercer Counties?  Yes  No

3. Is your company/agency legally eligible to provide services in the disaster impacted counties of: Rock Island, Mercer, and Henry Counties?  Yes  No

4. In responding to the RFP, do you agree to abide by and provide the services listed in this solicitation?  Yes  No

5. If there is a need to alter or modify your policies and/or procedures to ensure the services requested are provided in an effective and efficient manner and in compliance with federal/state/local rules and regulations, will your company/agency agree to comply?  Yes  No

6. Please provide information as to the experience of your current staff, number of office personnel, management, training and qualifications of staff. If needed, you may submit summaries of your staff bios. Please provide the name/title of lead staff person for this project.
7. Does your firm have an established plan in place for rapid response events such as this whereby a higher demand for such services/resources are required immediately?  

- ☐ Yes  - ☐ No

Please explain your plan for immediate action and deployment of services/resources to meet such a need. If you have provided similar rapid response services describe those emergency events. Additionally, if your company/agency has current or prior experience with “industrial” worksites, safety (OSHA) and worker oversight, please explain below.

8. Will your firm comply with all Equal Employment Opportunity rules and regulations as to making employment opportunities accessible to all eligible applicants?  

- ☐ Yes  - ☐ No

9. Does your firm agree to the payment process for reimbursement of fees/costs incurred?  

- ☐ Yes  - ☐ No

10. Will your company/agency abide to our requirement to have weekly and/or monthly meetings with RITCC management and program staff?  

- ☐ Yes  - ☐ No

11. How many years has your company/agency provided professional temporary payroll services?  

- _______ years.

12. Briefly, provide any examples/explanation of your firm’s added value approaches and services that you feel distinguish you from other temporary staffing agencies.
Print Name of Individual and Title Committing to RFP

----------------------------------------
Signature of Individual

----------------------------------------
Date
ATTACHMENT B FFES/COST FORM

Name of Company: ________________________________

Physical and Mailing Address, and Telephone Number:

__________________________________________

Classification Specifications:

The positions that will be considered for this type of work are disaster clean up and recovery positions and may vary in degree.

Fees/Cost Information:

Range of Mark-Up for Labor Related Work:

<table>
<thead>
<tr>
<th>Burden Breakdown:</th>
<th>Wage Base</th>
<th>Rate</th>
<th>WC Rate</th>
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<tbody>
<tr>
<td>State Unemployment Tax</td>
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<tr>
<td>Federal Unemployment Tax</td>
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<td>Social Security (FICA)</td>
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<td>Medicare (FICA)</td>
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<td>State Disability Tax</td>
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<td>Local Tax</td>
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<td>General Liability</td>
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<td>Fringe Benefits</td>
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<td>WC</td>
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<td>Service Fee</td>
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<tr>
<td>Setup Fee/Cost</td>
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</table>

Total Markup percentage ______

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<th>Payrolled Bill Rate</th>
<th>Avg # of Hours</th>
<th>Potential Spend/Person</th>
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Provide a complete list of all fees associated with this proposal. Please use the blank spaces in the Burden Breakdown chart to specify any additional costs. Please use the space below to explain additional charges.

**Other Charges (please specify):**

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Print Name of Individual and Title Committing to RFP

______________________________
Signature of Individual and Date
STATE OF ILLINOIS REQUIRED CERTIFICATIONS
ATTACHMENT C

Grantee makes following certifications as a condition of this Agreement. These certifications are required by State statute and are in addition to any certifications required by any federal funding source as set forth in this Agreement. Grantee’s execution of this Agreement shall serve as its attestation that certification made herein are true and correct.

6.1 Compliance with Applicable Law. Grantee certifies that it shall comply with all applicable provisions of Federal, State and local law in performance of its obligations pursuant to this Agreement.

6.2 Unemployment Insurance. Grantee certifies that:

☐ It has an Illinois Unemployment Insurance Account Number and that said number is ________________ or

☐ It does not have an Illinois Unemployment Insurance Account Number for following reason(s):

________________________________________________________________________________
________________________________________________________________________________

If Grantee has an Illinois Unemployment Insurance Account Number, it certifies that it is not delinquent in payment of Unemployment Insurance contributions, payments in lieu of contributions, penalties and/or interest, nor does it owe any sums to Department of Employment Security because of overpaid unemployment insurance benefits. Grantee further certifies that Grantee’s Federal Employer Identification Number (FEIN) set forth in Notice of Grant Award is same number that Grantee has supplied to IDES for unemployment insurance purposes. If, for any reason, FEIN Grantee has supplied for unemployment insurance purposes changes, Grantee will immediately notify Department of Employment Security of new FEIN, in writing, by telefacsimile sent in care of Office of Legal Counsel at (312) 793-2164, with such notice to include reference to Grant number assigned to this Grant Agreement; upon receipt of such notice, all further payments under this grant shall be processed under new FEIN. Grantee hereby acknowledges that to extent allowable by applicable federal laws and regulation, State shall have right and Grantee authorizes State to withhold from any sum or sums due otherwise payable pursuant to this Grant Agreement overpaid benefits under Unemployment Insurance Act, and may apply amount so withheld toward satisfaction of any such past due contributions, payments in lieu of contributions, penalties and/or interest or overpaid benefits.
6.3 **Bid-Rigging / Bid-Rotating.** Grantee certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of Criminal Code of 1961 (720ILCS 5/33 E-3 and 5/33 E-4).

6.4 **Default on Educational Loan.** Grantee certifies that this Agreement is not in violation of Educational Loan Default Act (5 ILCS 385/3) prohibiting certain contracts to individuals who are in default on an educational loan.

6.5 **Americans with Disabilities Act.** Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et. seq.) and regulations thereunder (28 CFR 35.130) prohibit discrimination against persons with disabilities by State, whether directly or through contractual arrangements, in provision of any aid, benefit or service. As a condition of receiving this grant, Grantee certifies that services, programs and activities provided under this Agreement are, and will continue to be, in compliance with ADA.

6.6 **Drugfree Workplace Act.** Grantee certifies that:

1. □ It is a Corporation, Partnership, or other entity (other than an individual) with 24 or fewer employees at time of execution of this Agreement.

2. □ That purpose of this grant is to fund solid waste reduction.

3. □ It is a Corporation, Partnership, or other entity (other than an individual with 25 or more employees at time of execution of this Agreement, or

4. □ That it is an individual.

If Option “A” or “B” is checked, this Agreement is not subject to requirements of the Act.

If Option “C” or “D” is checked and amount of this grant is five thousand dollars ($5,000.00) or more, Grantee is notified that Drugfree Workplace Act (30 ILCS 580/1 et. seq.) is applicable to this Agreement, and Grantee must comply with terms of said Act, as set forth below:

Grantee will provide a drugfree workplace by:

(a) Publishing a statement:

(i) Notifying employees that unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in Grantee’s workplace.
(ii) Specifying actions that will be taken against employees for violations of such prohibition.

(iii) Notifying employee that, as a condition of employment on such grant, employee will:

(A) abide by terms of statement; and

(B) notify employer of any criminal drug statute conviction for a violation occurring in workplace no later than five (5) days after such conviction.

(b) Establishing a drugfree awareness program to inform employees about:

(i) dangers of drug abuse in workplace.

(ii) Grantee’s policy of maintaining a drugfree workplace.

(iii) any available drug counseling, rehabilitation and employee assistance programs; and

(iv) penalties that may be imposed upon an employee for drug violations.

(c) Providing a copy of statement required by subparagraph (a) to each employee engaged in performance of grant and to post statement in a prominent place in workplace.

(d) Notifying granting agency within ten (10) days after receiving notice, under Part (B) of paragraph (iii) of subsection (a) above, from an employee or otherwise receiving actual notice of such conviction.

(e) Imposing a sanction on, or requiring satisfactory participation in, a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by Section 5 of Drugfree Workplace Act, 30 ILCS 580/5.

(f) Assisting employees in selecting a course of action in event drug counseling, treatment and rehabilitation are required and indicating that a trained referral team is in place.

(g) Making a good faith effort to continue to maintain a drugfree workplace through implementation of Drugfree Workplace Act, 30 ILCS 580/5.

If Grantee is an individual, it certifies that it will not engage in unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in performance of this Agreement.
6.7 **Anti-Bribery.** Grantee certifies that neither it nor its employees have been convicted of bribing or attempting to bribe an officer or employee of State of Illinois, nor has Grantee or any of its employees made an admission of guilt of such conduct which is a matter of record as defined in Illinois Procurement Code (30 ILCS 500 et. seq.).

6.8 **Discrimination / Illinois Human Rights Act.** Grantee certifies (i) that it will not commit unlawful discrimination in employment in Illinois as that term is defined in Article 2 of said Act; (ii) that it will comply with provisions of Article 5 of Act regarding equal employment opportunities and affirmative action; and, (iii) that it will comply with policies and procedures established by Department of Human Rights under Article 7 of the Act regarding equal employment opportunities and affirmative action.

Grantee further certifies that, if applicable, it will comply with “An act to prohibit discrimination and intimidation on account of race, creed, color, sex, religion, physical or mental handicap unrelated to ability or national origin in employment under contracts for public buildings or public works.” (775 ILCS 10/0.01 et. seq.).

6.9 **Sexual Harassment.** Grantee certifies that it has written sexual harassment policies that shall include, at a minimum, following information: (i) illegality of sexual harassment; (ii) definition of sexual harassment under State law; (iii) a description of sexual harassment, utilizing examples; (iv) Grantee’s internal complaint process including penalties; (v) legal recourse, investigative and complaint process available through Department of Human Rights and Human Rights Commission; (vi) directions on how to contact Department and Commission and, (vii) protection against retaliation as provided by Section 6-101 of Illinois Human Rights Act (775 ILCS 5/2-105 (B)(5). A copy of policies shall be provided to Department upon request.

6.10 **International Anti-Boycott Certification.** Grantee hereby certifies that neither Grantee nor any substantially owned affiliate company of Grantee is participating or will participate in an international boycott, as defined by provisions of U.S. Export Administration Act of 1979, or as defined by regulations of U.S. Department of Commerce, promulgated pursuant to that Act (30 ILCS 582/1 et. seq.).
Instructions for Certification

1. By signing and submitting this proposal, prospective primary participant is providing certification set out below.

2. Inability of a person to provide certification required below will not necessarily result in denial of participation in this covered transaction. Prospective participant shall submit an explanation of why it cannot provide certification set out below. Certification or explanation will be considered in connection with Department of Labor’s (DOL) determination whether to enter this transaction. However, failure of prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. Certification in this clause is a material representation of fact upon which reliance was placed when USDOL determined to enter this transaction. If it is later determined that prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to Federal Government, DOL may terminate this transaction for cause or default.

4. Prospective primary participant shall provide immediate written notice to DOL if at any time prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. Terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded”, as used in this clause, have meanings set out in Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact DOL for assistance in obtaining a copy of those regulations.

6. Prospective primary participant agrees by submitting this proposal that, should proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOL.

7. Prospective primary participant further agrees by submitting this proposal that it will include clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by DOL, without modification, in all lower tier-covered transactions and in all solicitations for lower tier-covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that certification is erroneous. A participant may decide method and frequency by which it determines eligibility of its principals. Each participant may, but is not required to, check List of Parties from Procurement or Nonprocurement Programs.

9. Nothing contained in foregoing shall be construed to require establishment of a system of records in order to render in good faith certification required by this clause. Knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier-covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to Federal Government, DOL may terminate this transaction for cause of default.
Vendor’s Federal Taxpayer Identification Number
ATTACHMENT D

Under penalties of perjury, I certify that is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

☐ Individual
☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Government Entity
☐ Tax Exempt Organization
☐ Trust or Estate

Signed ___________________________ Date __________________

Enter your taxpayer identification number in appropriate space. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. Federal Employer Identification Numbers (FEINs) must not be used for sole proprietorships.

If you do not have a TIN, apply for one immediately. To apply, get form SS-5, Application for a Social Security Number Card (for individuals) from your local Social Security Administration, or form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue office.

To complete certification if you do not have a TIN, fill out certification indicating that a TIN has been applied for, sign and date form, and return it to this agency. As soon as you receive your TIN, sign and date form, and give it to this agency.

If you fail to furnish your correct TIN to this agency, you are subject to an IRS penalty of $50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

WILLFULLY FALSIFYING CERTIFICATIONS OR AFFIRMATIONS MAY SUBJECT YOU TO CRIMINAL PENALTIES INCLUDING FINES AND / OR IMPRISONMENT.
CERTIFICATION REGARDING LOBBYING
ATTACHMENT E
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

Undersigned certifies, to best of knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with awarding of any Federal contract, making of any Federal grant, making of any Federal loan, entering into of any cooperative agreement, and 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 loan, or cooperative agreement, undersigned shall complete and submit Standard Form LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

3. Undersigned shall require that language of this certification be included in award documents for all* sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all* sub-recipients shall certify and disclose 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 this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000.00 for each such failure.

_______________________________________  ____________________________
Grantee / Contractor Organization    WIOA TITLE / AGREEMENT NO.

_______________________________________
Name of Certifying Official

________________________________________            _____________
Signature        Date

*Note: In these instances, “All”, in Final Rule is expected to be clarified to show that it applies to covered contract / grant transactions over $100,000.00 (per OMB).
Certification Regarding
Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

ATTACHMENT F
This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants’ responsibilities. Regulations were published as Part VII of May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE SIGNING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF CERTIFICATION)

1) Prospective primary participant certifies to best of its knowledge and belief, that it and its principals:

   a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b) have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c) are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of offenses enumerated in paragraph (1) (b) of this certification; and

   d) have not within a three-year period preceding this application / proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2) Where prospective primary participant is unable to certify to any of statements in this certification, such prospective participant shall attach an explanation to this proposal.

________________________________________  ______________________________________
Name of Authorized Representative       Title of Authorized Representative

________________________________________  ______________________________________
Signature       Date
## DISCLOSURE QUESTIONS

**ATTACHMENT G**

If additional space is necessary, please use the reverse side of this page or attach separate sheet.

1. **State the name of each “non-managerial employee” of the Board having an “ownership interest” constituting 5% or more or the ownership in the above named “firm” or who is an officer, director, employee, or consultant employed or associated with your organization:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title and Section (if known)</th>
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<tbody>
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2. **State the names of each “managerial employee” of the Board having an “ownership interest” constituting 5% or more of the ownership in the above named “firm” or who is an officer, director, employee, or consultant employed or associated with your organization:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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3. **State the names of each “board member” of the Board having an “ownership interest” constituting 5% or more of the ownership in the above named “firm” or who is an officer, director, employee, or consultant employed or associated with your organization:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Board, Commission, or Committee</th>
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4. **State the names of each employee or officer of a “consultant” of the Board who worked on any matter related to the subject of this contract and has an “ownership interest” constituting 5% or more of the ownership in the above named “firm” or is an officer, director, employee, or consultant employed or associated with your organization:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Consultant</th>
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**CERTIFICATE**

I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information request; and that supplemental statement will be promptly submitted to Workforce Development Board of Rock Island, Henry, and Mercer Counties, Not-for-Profit Corporation, as changes occur.

Certifying Person: __________________________  Signature: __________________________

Title: __________________________  Date: __________________________
**REFERENCES FORM**

**ATTACHMENT H**

Failure to provide and include the following information with your response by the submission date of the bid may result in disqualification from further consideration for an award resulting from this solicitation. Each reference will be contacted for evaluation purposes. Any reference that does not respond in the allotted time provided by the Board will result in a score of zero.

**REFERENCE #1:**

<table>
<thead>
<tr>
<th>Company Name</th>
<th></th>
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<tbody>
<tr>
<td>Contact Name</td>
<td></td>
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<tr>
<td>Address, City, State, Zip</td>
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<tr>
<td>Phone Number</td>
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<tr>
<td>Fax Number</td>
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<tr>
<td>E-Mail Address</td>
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<tr>
<td>Types of Services Provided</td>
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<tr>
<td>Contract Term (how many years provided services)</td>
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<td>(To/From) Dates</td>
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</table>

**REFERENCE #2:**

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<th>Company Name</th>
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<td>Contact Name</td>
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REFERENCE #3:

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<td>Contact Name</td>
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<td>Address, City, State, Zip</td>
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<td>Phone Number</td>
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