

## Appendix A

The successful bidder will be required to execute a Master Agreement with WCJP. Information included in the Master Agreement includes, but is not limited to:

- ≈ Record retention
- ≈ Discrimination
- ≈ Equipment and Supplies
- ≈ Use of Property
- ≈ Federal, State, and Local Taxes
- ≈ Sexual Harassment Policy
- ≈ Audit Requirements
- ≈ Modifications
- ≈ Time of Performance
- ≈ Personal Identifiable Information (PII)
- ≈ Conflict of Interest
- ≈ Term of Agreement
- ≈ Termination of Agreement
- ≈ Performance Stipulations
- ≈ Standards of Work
- ≈ Grievance Procedure
- ≈ Subcontracts
- ≈ Compensation
- ≈ Scope of Service
- ≈ ADA/EO Requirements

Other specific laws and regulations included within the master agreement (non-inclusive list):

- ≈ [Workforce Innovation and Opportunity Act](#)
- ≈ [Title VI of the Civil Rights Act of 1964](#)
- ≈ [Section 504 of the Rehabilitation Act](#)
- ≈ [Implementation of the Nondiscrimination and Equal Opportunity Provisions of WIOA](#)
- ≈ [Fair Labor Standards Act](#)
- ≈ [Drug-Free Workplace](#)
- ≈ [Right to Know Law](#)
- ≈ [Lobbying or Fundraising with Federal Funds](#)
- ≈ [Age Discrimination Act of 1975](#)
- ≈ [Americans with Disabilities Act](#)
- ≈ [Title I of the Education Amendment of 1972](#)
- ≈ [PA Minimum Wage Act of 1968](#)
- ≈ [Child Labor Law](#)
- ≈ [Regulations Governing the Employment of Minors in Industry](#)
- ≈ [Davis Bacon Act](#)
- ≈ [Copeland Anti-Kickback Act](#)

**\*\* Any questions about items or hyperlinks for items included in the Master Agreement can be submitted during the QA period and will be answered as defined in the Procurement Timetable\*\***

**SAMPLE RFP TRANSMITTAL LETTER**

*(Date)*

West Central Job Partnership, Inc.  
217 West State Street – Third Floor  
Sharon, PA 16146

ATTENTION: Proposal Review Team

Enclosed is *(Name of Organization)*'s response to West Central Job Partnership's Request For Proposal Number *(RFP Number)*, issued *(Date RFP Issued)*, for *(Training or Services Requested)*.

The following information has been requested by West Central Job Partnership for all proposals:

1. Bidder's Name: *Legal name of the bidder to whom contract payments would be made*
2. Bidder's Federal Tax ID or Social Security Number: *(enter information here)*
3. Bidder's Corporate Address: *(enter information here)*
4. Bidder's Remittance Address: *(if different from corporate address)*
5. Contact Representative's contact information: *(enter information here)*

By signing below, I attest that I am authorized to bind *(Name of Organization)* to the Proposal's Provisions and enter into contracts with West Central Job Partnership.

Sincerely,

*(Type the Name and Title of Each Person Signing the Letter)*

**PROSPECTIVE CONTRACTOR SURVEY**

Company Name: \_\_\_\_\_

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

Federal ID: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

As a prospective recipient of Workforce Innovation & Opportunity Act (WIOA) funds (or other State or Federal funds) through West Central Job Partnership, the above named company (hereinafter referred to as Employer) certifies, by submission of this statement, the following:

1. Neither the Employer nor its principals are presently debarred, suspended, proposed for debarment or suspension, declared ineligible or voluntarily excluded from transactions with West Central Job Partnership by any State or Federal department or agency.
2. Is current in the payment of all applicable Federal, State and local taxes, as well as the filing of all returns or reports for these taxes, including taxes for a period for which the company has filed a timely appeal.
3. Does not have any other individual on layoff from the same or any substantially equivalent job for which it will request WIOA funding, and may not have terminated any regular employee or otherwise reduced its workforce with the intent of filling the position with a WIOA funded participant.
4. The Employer has relocated from another geographic location or transferred business and/or operations from another geographic location?  Yes  No  
(If yes, attach WIOA Form#4306).
5. Has an adequate financial management system in place for control and accountability of WIOA funds.
6. Is now in receivership or bankruptcy or has such proceedings pending?  Yes  No
7. Has not been cited, fined, or reprimanded for any law or code violations in past five years.
8. Has no significant outstanding audit deficiencies or unallowable costs.
9. Has not been found seriously deficient in its conduct of, or participation in, any publicly funded program in the past, or is not the successor organization to one that was seriously deficient in the past.
10. The Employer agrees to notify West Central Job Partnership in a timely manner if the status of any of the certifications made herein changes.

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 Name and Title of Authorized Representative

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 Signature

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 Date

**For WCJP Use Only**

State Dept. Issuing License \_\_\_\_\_

Date License Issued \_\_\_\_\_

Employer Executives Listed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer is in good standing with issuing Department:  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer is:  Approved  Denied for contracting purposes.

By:

\_\_\_\_\_  
West Central Administrative Division Chief / CFO

\_\_\_\_\_  
Date

**COMPANY RELOCATION REVIEW**

1. Name of company (including successors-in interest):

Company Name:	
Street Address:	
City, State Zip:	
Phone Number:	

Successor Name:	
Street Address:	
City, State Zip:	
Phone Number:	

2. Name, title, and address of company official certifying company relocation information:

Name/Title:	
Street Address:	
City, State Zip:	
Phone Number:	

3. Name and address of facility in other geographical location which is being closed, transferred or expanded:

Name:	
Street Address:	
City, State Zip:	

4. Statement about job losses at location identified in #3:

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5. Nature of products or business being transferred or expanded:

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6. Date facility will commence or expand operations at new location: \_\_\_\_\_

7. Is State, Federal or local assistance being sought in connection with past or impending job losses at other facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

**COMPANY RELOCATION REVIEW**

8. Is the business currently covered for unemployment compensation insurance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

9. Is the business currently covered for worker's compensation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Is the business currently covered for liability insurance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information is accurate:

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For WCJP Use Only**

1. If job losses are indicated – Date at which, at a minimum, is 120 days from date noted in #6.

\_\_\_\_\_  
2. Will the rate of reimbursement be more than 50% \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain what rate will be paid and the justification for the higher rate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer is:  Approved  Denied for contracting purposes.

By:

\_\_\_\_\_  
West Central Administrative Division Chief / CFO

\_\_\_\_\_  
Date

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY**

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Bidder's Name

Employer ID# or SS#

For your proposal to be finalized, this form must be completed in full. Please complete and sign both verifications.

**COMMONWEALTH CONTRACT CERTIFICATION**

This certification is required by Management Directive 215.9, which implements Executive Order 1990-3.

The prospective recipient of State funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, or declared ineligible, from participation in this transaction by any Federal department or agency. Contractor also acknowledges that if he is currently under suspension or debarment, his bid, in most instances, will not be accepted or considered, in accordance with Management Directive 215.9, Contractor Responsibility Program, and any amendments or supplements thereto.

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Name and Title of Authorized Representative

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Signature

Date

**FEDERAL CONTRACT CERTIFICATION**

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

1. The prospective recipient of State funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, or declared ineligible, from participation in this transaction by any Federal department or agency. Contractor also acknowledges that if he is currently under suspension or debarment, his bid, in most instances, will not be accepted or considered, in accordance with Management Directive 215.9, Contractor Responsibility Program, and any amendments or supplements thereto.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

Date

**CERTIFICATION REGARDING LOBBYING**

Applicants must review the requirements for certification regarding lobbying included in the regulations cited below before completing this form. Applicants must sign this form to comply with the certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying." This certification is a material representation of fact upon which the Department of Education relies when it makes a grant or enters into a cooperative agreement.

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a Federal contract, grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants and contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certification.

NAME OF APPLICANT	PR/AWARD NUMBER AND / OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE



**Disclosure Of Lobbying Activities  
(Approved by OMB 0344-0046)**

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date Of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> 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:</p> <p>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):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____</p> <p style="padding-left: 100px;">Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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 such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

**DRUG FREE WORKPLACE REQUIREMENTS CERTIFICATION**

Pursuant to the Drug-Free Workplace Act of 1988, and its implementing regulations codified at 29 CFR 98 Subpart F, the undersigned attests and certifies that a drug-free workplace will be provided by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in our workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an on-going drug-free awareness program to inform employees about:
  - a. the dangers of drug abuse in the workplace;
  - b. our policy of maintaining a drug-free workplace
  - c. any available drug counseling, rehabilitation, and employee assistance programs; and,
  - d. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee engaged in the performance of the proposed activities and /or services receives a copy of the statement described under item 1 above;
4. Notifying the employee in the statement required under item 1 that, as condition of employment in the performance of the proposed activities and/or services, the employee will:
  - a. abide by the terms of the statement and
  - b. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the issuing agency in writing within ten calendar days after receiving notice under item 4 above from an employee or otherwise receiving actual notice of such conviction;
6. Taking one of the following actions, within 30 calendar days of receiving notice under item 4 above, with respect to any employee who is so convicted:
  - a. taking appropriate personnel action against such employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or
  - b. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of items 1, 2, 3, 4, 5, and 6 above.

I declare, under penalty of perjury under the laws of the United States and under penalties set forth by the Drug-Free Workplace Act of 1988, that this certification is correct. I further certify that I am authorized to sign on behalf of the contracting organization and such signing is within the scope of my powers.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)

**EQUAL OPPORTUNITY ASSURANCE**

As a condition to the award of financial assistance, the contractor assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual’s citizenship status or participation in and WIOA Title I-financially assisted program or activity;
- [Title VI of the Civil Rights Act of 1964](#), as amended, which prohibits discrimination on the basis of race, color, and national origin;
- [Section 504 of the Rehabilitation Act of 1973](#), as amended, which prohibits discrimination against qualified individuals with disabilities;
- [The Age Discrimination Act of 1975](#), as amended, which prohibits discrimination on the basis of age; and,
- [Title IX of the Education Amendments of 1972](#), as amended, which prohibits discrimination on the basis of sex in educational programs.

The applicant also assures that it will comply with [29 CFR Part 38](#) and all other regulations implementing the laws listed above.

This assurance applies to the contractors’ operation of the WIOA Title I-financially assisted program or activity and to all agreements the contractor makes to carry out the WIOA Title I-financially assisted program or activity.

The contractor understands that West Central Job Partnership, Inc., the grant recipient and fiscal agent for funds received under Title I of the Workforce Innovation and Opportunity Act within the West Central Job Partnership Workforce Development Area, has the right to seek judicial enforcement of this assurance.

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Typed name and title)

**FINANCIAL PLAN**

**RFP IDENTIFYING INFORMATION**

RFP NUMBER \_\_\_\_\_

DATE RFP ISSUED \_\_\_\_\_

SERVICES REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROGRAM YEAR \_\_\_\_\_

**FISCAL CONTACT INFORMATION**

NAME AND TITLE OF CONTRACTOR'S FISCAL CONTACT PERSON

\_\_\_\_\_

\_\_\_\_\_

CONTRACTOR'S NAME

\_\_\_\_\_

IRS NUMBER: \_\_\_\_\_

CONTRACTOR'S MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**BUDGET SUMMARY**

**A. COST OF THE PROJECT**

- 1. Program Costs \$ \_\_\_\_\_
- 2. Administrative Costs \$ \_\_\_\_\_
- 3. Project Income/Profit \$ \_\_\_\_\_
- 4. Indirect Costs: \_\_\_\_\_% ICR (include copy of rate agreement) \$ \_\_\_\_\_
  
- TOTAL COST OF THE PROJECT** \$ \_\_\_\_\_

**B. COST ANALYSIS**

- 1. Administrative Costs as % of Total Cost of the Project \_\_\_\_\_ %
- 2. Project Income/Profit as % of Total Cost of the Project \_\_\_\_\_ %
- 3. Cost Per Participant\* \$ \_\_\_\_\_  
\* Total Cost of the Project divided by estimated number of participants to be served.
- 4. Cost Per Participant Entering Employment\*\* \$ \_\_\_\_\_  
\*\* Total Cost of the Project divided by estimated number of participants to be placed in employment  
If placement in employment is not a planned outcome of participation in the project, enter **NA**.

**C. FUNDING SOURCE ANALYSIS**

- 1. Funds Requested from the Issuing Agency \$ \_\_\_\_\_
- 2. Funds Contributed by the Contractor and/or Other Sources \$ \_\_\_\_\_

<u>Identify source and indicate if contribution is cash or in-kind services</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 3. % of Total Cost of the Project Contributed by the Contractor and/or Other Sources \_\_\_\_\_ %

BUDGET DETAIL  
RFP Budget Worksheet

Expense Item	Administrative Costs	Program Costs	Combined Total Expenditures
<b>PERSONNEL</b>			
<b>Salaries and Wages</b>	\$	\$	\$
<b>Payroll Taxes</b>			
FICA/Medicare	\$	\$	\$
Worker's Compensation	\$	\$	\$
Unemployment Compensation	\$	\$	\$
<b>Fringe Benefits</b>	\$	\$	\$
<b>Staff Development</b>	\$	\$	\$
<b>Staff Travel @ _____ ¢ per mile</b>	\$	\$	\$
<b>OCCUPANCY</b>			
<b>Insurance</b>	\$	\$	\$
<b>Maintenance</b>	\$	\$	\$
<b>Rent</b>	\$	\$	\$
<b>Security</b>	\$	\$	\$
<b>Utilities</b>	\$	\$	\$
<b>COMMUNICATIONS</b>			
<b>Internet Service</b>	\$	\$	\$
<b>Postage</b>	\$	\$	\$
<b>Telephone</b>	\$	\$	\$
<b>OPERATIONS</b>			
<b>Advertisement/Marketing</b>	\$	\$	\$
<b>Audit/Accounting</b>	\$	\$	\$
<b>Consumable Program Supplies</b>	\$	\$	\$
<b>Equipment Maintenance</b>	\$	\$	\$
<b>Furniture &amp; Equipment</b>	\$	\$	\$
<b>Legal Services</b>	\$	\$	\$
<b>Office Supplies</b>	\$	\$	\$
<b>Outside Services</b>	\$	\$	\$
<b>Software</b>	\$	\$	\$
<b>Technical Support</b>	\$	\$	\$
<b>Other:</b>	\$	\$	\$
<b>Other:</b>	\$	\$	\$
<b>Other:</b>	\$	\$	\$
<b>DIRECT PARTICIPANT COSTS</b>			
<b>Individual Training Account</b>	\$	\$	\$
<b>On-the-Job Training</b>	\$	\$	\$
<b>Paid Work Experience</b>	\$	\$	\$
<b>Supportive Services</b>	\$	\$	\$