**SOUTHCENTRAL MISSISSIPPI WORKS**

**WORKFORCE AREA**

Program Year 2019

**REQUEST FOR BIDS**

**For**

**Personnel Management Services**

**Funded Under the**

**Workforce Innovation and Opportunity Act (WIOA)**

**Release Date:**

 **April 5, 2019**

**Submission Deadline:**

**May 1, 2019 @ 12:00 Noon CST**

***Late submissions will not be accepted***

**Central Mississippi Planning and Development District (CMPDD) is an Equal Opportunity Organization**

**Auxiliary aids and services are available upon request for individuals with disabilities.**

**SECTION 1 – INTRODUCTION AND BACKGROUND**

Central Mississippi Planning and Development District (CMPDD) serves as the administrative/fiscal agent for the Southcentral Mississippi Works (SMW) Workforce Development Area, a consortium of seventeen (17) counties in the southwest/central area of the State of Mississippi under the Workforce Innovation and Opportunity Act of 2014. The SMW Workforce Development Area is comprised of the following counties: Adams, Amite, Claiborne, Copiah, Franklin, Hinds, Jefferson, Lawrence, Lincoln, Madison, Pike, Rankin, Simpson, Walthall, Warren, Wilkinson, and Yazoo. As administrative/fiscal agent, CMPDD is soliciting a service provider to provide Personnel Management services to individuals. All activities funded under WIOA are authorized, approved and overseen by the SMW Local Workforce Development Board (LWDB) and the Local Chief Elected Officials (CEO) Board.

Any contract which may result from this Request for Bid will be between the successful proposing entity and CMPDD.

WIOA funds are allocated by Congress on a program year basis, running from July 1 through June 30 of the following year. For more information on WIOA, its implementing regulations and any other information of interest, please visit <http://www.doleta.gov/wioa/>

* 1. **Solicitation**

The purpose of this solicitation is to select a service provider to deliver Personnel Management services throughout the SMW workforce area. Respondents must submit bids for services to be provided in all seventeen (17) counties.

Eligible respondents may be:

* For profit organizations;
* Non-profit organizations;
* Faith-based organizations;
* Community-based organizations; or
* Public agencies

This RFB contains the requirements that respondents must meet in order to submit a responsive bid.

Successful respondents will serve as contractors of federal WIOA funds authorized and administered by the United States Department of Labor (DOL) and under the oversight of the SMW.

|  |
| --- |
|  Request for Bid Timeline |
| **Request for Bid (RFB) Release** | **April 5, 2019** |
| **Bids Due** | **May 1, 2019** |
| **Contracts/Services Commence**  | **July 1, 2019**  |

|  |  |
| --- | --- |
| **Target Population for Personnel Management Services:** | WIOA eligible participants  |
| **Geographic Area: (Proposers must provide services to the entire geographic area)** | The counties of Adams, Amite, Claiborne, Copiah, Franklin, Hinds, Jefferson, Lawrence, Lincoln, Madison, Pike, Rankin, Simpson, Walthall, Warren, Wilkinson, and Yazoo. |
| **Start Date:** | July 1, 2019 |
| **Initial Contract End Date:** | June 30, 2020 |
| **Type of Contract:** | Cost-Reimbursement |
| **Option to Extend:**  | SMW may extend the contract(s) for an additional 3 years, in increments of one year, depending on program performance, availability of funds, and if it is determined to be in the best interest of SMW. |
| **Estimated Available Funding\*:**  | $500,000 |

\*Exact funding available for this activity is dependent upon U.S. Department of Labor allocations, which will not be known until approximately mid-May. The above estimate is the amount that was allocated to this program for the period July 1, 2018 – June 30, 2019.

* 1. **RFB Bidders’ Conference and Questions**

For any organizations that intend to submit bids and who wish to attend, a bidders’ conference to present the RFB requirements and address questions will be held at:

|  |  |
| --- | --- |
| **Date:** | **April 19, 2019** |
| **Time:** | **10:00 am** |
| **Location:** | **Central MS PDD Office****1170 Lakeland Drive****Jackson, MS 39216** |

To ensure a fair and objective evaluation, questions related to the RFB that arise after the Bidders’ Conference must be submitted via e-mail. Questions will be accepted via the email provided below through the following date and time:

|  |  |
| --- | --- |
| **Date:** | **April 24, 2019** |
| **Time:** | **12:00 Noon CST** |
| **Email:** | **tmeek@cmpdd.org** |

Written responses to questions received will be posted on the CMPDD website ([www.cmpdd.org](http://www.cmpdd.org)). Questions that are received after the above deadline will not be answered.

Only the responses on the website are considered clarifications to the instructions contained in this RFB.

**No other sources of responses or clarification are considered valid.**

* 1. **Ex-Parte Communication**

Ex-parte communication or lobbying of any kind with any board member, SMW staff or other persons involved in this procurement process is strictly prohibited. Respondents that directly contact board members, staff or evaluators risk elimination of their bids from further consideration.

* 1. **Right to Cancel or Negotiate**

This RFB does not commit SMW to accept any bid, nor is SMW responsible for any costs incurred by the respondent in the preparation of responses to this RFB. SMW reserves the right to accept or reject any or all bids, to accept or reject any or all items in the bid, and to award the contracts in whole or in part as is deemed to be in the best interest of SMW. SMW reserves the right to accept any bid as submitted for award, without substantive negotiation of offered terms, services, or costs, or to negotiate with any respondent after bids are reviewed, if such action is deemed to be in the best interest of SMW. Therefore, proposers are advised to propose their most favorable terms initially.

**1.5 General Information Regarding Submittal of Bids**

Each bid should clearly demonstrate the respondent’s ability to effectively provide the services requested as well as detail any additional services the respondent can offer to enhance this program; i.e. assistance with recruiting potential interns and potential worksite employers. **All bids must be delivered on or before:**

|  |  |
| --- | --- |
| **Date:** | **May 1, 2019** |
| **Time:** | **12:00 Noon CST** |
| **Location:** | **CMPDD****P. O. Box 4935****Jackson, MS 39296-4935** **1170 Lakeland Drive****Jackson, MS 39216** |

All bids must be submitted in a **sealed** envelope and plainly marked, “**WIOA Bid.**”

Proposers must provide **one (1) original signed bid, and five copies.** **Bids will not be accepted via facsimile, email or by any other means.**

The respondent is responsible for requesting proof of delivery date and time from their chosen carrier and for ensuring that the bids are received by CMPDD by the stated deadline.

**Bids received after the denoted deadline date and time WILL NOT BE considered for funding regardless of method of delivery.**

Bids will be received and maintained consistent with the Mississippi Public Records Act of 1983, being Chapter 424 of the General Laws of the State of Mississippi. In general, bids will be exempt from disclosure until the evaluation and selection process has been completed. If a bid contains any information that the proposer considers proprietary and does not want disclosed to the public or used for any purpose other than evaluation of the offer, all such information must be so indicated.

Each page of the bid that is considered proprietary should be marked "proprietary" at the top margin.

**Required Bid Content and Order:**

1. Transmittal Document
2. Bid Summary, including Organization Description.
3. Program Description including process to be used, method of wage payments to participants, delivery method of wage payments to participants, frequency of payments to participants, and other pertinent information, including the ability to produce the required reports to CMPDD.
4. Demonstrated Ability and Past Performance for the type of service proposed
5. Budget, which must clearly itemize participant wages, fringe benefits and administrative fees of the proposer
6. Qualifications and References
7. Minimum Threshold Certification

**Bid Format Requirements:**

|  |  |
| --- | --- |
| **Font** | 12 Point – Times New Roman |
| **Pages** | Single-Sided |
| **Margins** | One (1) Inch – This applies to **ALL** margins. |
| **Spacing** | Double-Spaced |
| **Footer** | The name of the organization submitting the bid and the page number on each page, indicated as Page \_\_\_ of \_\_\_. |

Proposers should use the forms included in this RFB. If a proposer opts to create their own forms, they must be identical to those included in this RFB.

**SECTION 2 – PERIOD OF PERFORMANCE AND CONTRACT REQUIREMENTS**

**2.1 Period of Performance**

The period of performance for service provider contracts resulting from this RFB is expected to begin on July 1, 2019 and end on June 30, 2020 (Program Year 2019). The SMW WDB and Local CEO Boards have the option to renew the contract for an additional three (3) program years, on a one-year at a time basis, provided that the organization has exhibited successful performance and that no monitoring or auditing questions or disallowances have occurred and that it is determined to be in the best interest of the SMW to do so.

* 1. **Contract Provisions**

Any contract awarded by the SMW will have the following characteristics:

1. The SMW will reimburse the contractor the lesser of:
2. The actual cost of operating the approved program, in accordance with the contract provisions, requirements and the budget; or
3. The obligated amount of the contract.
4. Contractors will be paid on a cost reimbursement basis. Reimbursements will be made by CMPDD monthly or semi-monthly, as preferred by the contractor, on the basis of expenditure reports, supporting documentation and other reports as required provided by the contractor.
5. All reported WIOA expenditures must be segregated and tracked by the appropriate cost categories for WIOA funds. (These cost categories are “Adult”, “Dislocated Worker”, “Out-of-School Youth” and “In-School Youth; participants will be identified according to cost category based on the respective eligibility criteria.)
6. Contract funds are subject to detailed financial, program and compliance audits conducted by the SMW or any of its authorized agents including the US Department of Labor.
7. Contracts will consist of the contract boilerplate, signature page, statement of work, and the program budget.

**2.3 Ethics**

In accordance with the Mississippi Ethics in Government Laws and their applicability to members of the Local WDB, Board members must adhere to Ethics Commission Opinion 06-099-E, 04-076-E, and 13-014-E. In accordance with Mississippi Ethics Commission Opinions, no WDB member shall have an interest in funds subject to WDB oversight. Therefore, 1) no non-profit or for-profit organization whose principals or staff are a WDB member may receive a contract from SMW funded in whole or in part by WIOA, 2) no for-profit or non-profit organization that offers or intends to offer training on the state’s “eligible training provider’s list,” may receive a contract from SMW funded in whole or in part by WIOA. The prohibition lasts for one year after the interested WDB member’s terms ends. This prohibition does not extend to WDB members representing the public sector, such as community college or State agency representatives.

**2.4 Minimum Threshold Requirements**

To be considered, the proposing organization must meet all of the Minimum Threshold Requirements itemized on the Minimum Threshold Requirement Form included in the RFB. Bids or bidders failing to meet any Minimum Threshold Requirement will be rejected and will not be considered for funding. The document must bear the original signature of the bidding organization’s signatory official.

A. The proposing organization must be qualified to do business in the State of Mississippi. SMW prefers that service providers be incorporated; however, a service provider may be a sole proprietorship, a commission, a state agency, or another type of organization when in the best interest of the SMW.

**SECTION 3 - BID REVIEW AND EVALUATION PROCESS**

**3.1 Selection Process**

All bids will be evaluated by an Evaluation Committee. Bids determined to be most advantageous to the SMW Workforce Development Area, including overall costs and other factors, may be considered in this determination.

SMW may select a bid based on the initial information received without modification; however, SMW reserves the right to request additional data.

**3.2 Award Process**

Each respondent submitting a bid will be notified in writing of any funding decision. Resulting execution of a contract is subject to the following conditions:

* Recommendation by the Evaluation Committee and approval by the SMW WDB and the Local CEO Board.
* Receipt of WIOA funds from Federal and State agencies.
* Successful negotiation of any changes to the bid required by the WDB or the Local CEO Board.

**SECTION 4 - FISCAL ELEMENTS**

**4.1 Budget**

Each bid must include a budget which clearly indicates the proposer’s administrative fee.

All costs must be allowable, reasonable, necessary and allocable using the OMB Uniform Administrative Requirements, for Federal Grants Final Rule dated December 26, 2013.

**4.2 Expenditures**

Liability remains with the service provider for any payments determined to be disallowed due to the fault of the contractor.

**4.3 Subcontracts**

 The proposing organization may not subcontract out any part of the proposed services without the express written consent of SMW.

**SECTION 5 – BID RATING**

|  |  |
| --- | --- |
| **Section** | **Maximum Points Allowable** |
| Format  | 10% |
| Demonstrated Ability and Past Performance, including references | 45% |
| Fiscal Elements, Budget | 45% |

**SECTION 6 – PERSONNEL MANAGEMENT SERVICES**

**6.1 Program Services**

The purpose of this RFB is to select a Personnel Management service provider to perform payroll and other services to individuals who have been determined to be eligible and have been enrolled in the WIOA Internship/Work Experience employment program. The Internship/Work Experience program is designed to help eligible individuals gain practical work history and obtain job-specific skills during a prescribed period of paid employment, with the goal of continuing in unsubsidized employment with the employer following the Internship/Work Experience period. CMPDD contracts with other service providers for the purpose of determining if individuals meet the WIOA eligibility criteria and for the purpose of enrolling program participants into WIOA. If the proposing Personnel Management service provider maintains a pool of individuals seeking work and has established relationships with employers and is able to coordinate those individuals and employers to participate in the Internship/Work Experience program, they should so indicate in the proposal, as this capability would enhance the program.

Other CMPDD contractors will be funded for certain activities associated with the Internship/Work Experience Program and will be responsible for:

1. Recruitment and determination of WIOA eligibility of individuals for whom an Internship/Work Experience is appropriate.
2. Collection and documentation of eligibility information from participants and determining which funding stream the individual is to be enrolled in.
3. Enrollment of individuals into the WIOA Internship/Work Experience program.
4. Referral of Internship/Work Experience program enrollees to the Personnel Management Services contractor for further processing.
5. Job development and worksite employer recruitment.
6. Referral of employer worksites to the Personnel Management Services contractor for development of worksite agreements.

The Proposer must clearly detail information relative to each item below. Neither the ability nor inability to provide any of these items prohibits an entity from being awarded a contract as a result of this RFB.

* + 1. Employing the participants as temporary employees through its company.
		2. Proposer should describe the process for working with worksite employers who have been identified either by other CMPDD contractors or through the staffing company’s existing relationships with employers. Proposer should also describe the expected turn-around time between identification of the worker and the worksite and the date the individual could begin work.
		3. Maintaining payroll records and performing payroll activities to include computing wages; withholding applicable federal, state, and local taxes; withholding social security and Medicare payments; and remitting all employee withholdings to the proper governmental authorities within the prescribed times.
		4. Maintaining Worker’s Compensation coverage and all necessary related information for participants. The contractor is responsible for any injuries to participants hired under the contract, including all applicable state and federal reporting and insurance requirements relating to the injured employee.
		5. Processing payroll checks or electronic payments for all participants based upon an agreed upon schedule that shall be no less often than twice/month. Proposer should describe the process for payment; payroll checks or electronic payments or both; how often payroll will be made; the timeline for issuing payment from the time that timesheets are received from the worksite, etc.
		6. Ensuring that each participant is paid for the appropriate hours worked at the appropriate rate of pay and that any corrections to participant’s payroll checks are made in an appropriate and timely manner. Participants will be paid only for hours worked; no payment will be made for holidays or other time in which the participant is not actually working. Proposer should indicate if they have a method for rejecting, prior to payment, any timesheets that include holidays, leave, overtime or other time in which the participant is not actually working.
		7. Ensuring that participants do not work more than the program maximum 280 allowable hours.

Proposer should indicate if they have a method for ensuring that no participant works or is paid for more than the maximum 280 hours.

* + 1. Ensuring that participants do not work more than 40 hours per week. Overtime pay is prohibited. Proposer should indicate if they have a method for ensuring that no participant works or is paid for more than 40 hours per week.
		2. Proposer should indicate if they are able to assist with placement into permanent un-subsidized employment for program participants at the conclusion of their Internship/Work Experience period.
		3. Ensuring that all required reports associated with said employment are filed timely.
		4. Preparing and mailing appropriate tax forms (W-2) to participants as required by the IRS.
		5. Complying with all federal, state, and local laws, regulations, rules.
		6. Making all records readily available to CMPDD and any of its authorized agents.
		7. Ensuring that detailed reports are submitted to CMPDD weekly that include at a minimum: Participant’s name; worksite name; job title; hourly pay rate; number of hours worked that week; cumulative number of hours worked; funding source (Adult, Dislocated Worker, In-School Youth, Out-of-School Youth). Please include the time frame for the weekly reports; i.e. will the weekly report include information through the previous week? Through two weeks prior? Real time?

Proposers should clearly describe any limitations/restrictions/requirements they require or impose for this type service.

The SMW Local Workforce Development Area is interested in automating the payroll process as much as possible and offering the participants direct deposit and/or pre-paid debit cards.

**Employer/Worksite Prohibition**

1. Participants cannot climb on roofs, operate lawn mowers, power tools, or any heavy equipment or perform any other job that is unhealthy, unsafe, illegal, or dangerous (unless they have been properly trained and certified) during the period of Internship/Work Experience.
2. No employer is allowed to utilize an Intern without reasonable confidence they can be hired at the end of successful completion of the Internship/Work Experience.

**Parameters of Internship/Work Experience Program**

1. Anticipated duration for an Internship/Work Experience is no less than 160 hours and no more than 280 hours of employment. Participants may work part-time, but cannot exceed 40 hours per week. The length of the Internship/Work Experience employment is based on the following:

|  |  |
| --- | --- |
| Standard Vocational Preparation Code | Number of Hours Allowed |
| 2  | 160 |
| 3 | 240 |
|  4 + | 280 |

1. The hourly wage to be paid to the participant shall be equal to the entry level wage the worksite employer would pay to a non-participant. Participants may not be placed into any job that pays less than $10.00 per hour. The maximum gross hourly wage to be paid by the program to the participant during the Internship/Work Experience employment period is $15.00 per hour. Employers who wish to hire an Intern at a wage rate over $15.00 per hour are required to make arrangements to pay any amount over $15.00 per hour with the Personnel Management contractor. Appropriate taxes and withholdings shall apply to the gross amount paid to the intern.

**6.2 Demonstrated Ability**

Respondents must describe demonstrated ability in providing similar services for the past two years.

* If the proposer has not contracted with SMW and/or CMPDD during the most recent two (2) years, summarize the relevant qualifications, experience, and expertise of the proposing organization. The proposer must then distribute the WIOA Reference Form to each of three (3) named references. Note that the forms must be sent to CMPDD directly by the reference – NOT by the proposer, and must be received by CMPDD on or before the bid due date. Reference packages and/or bids received after the bid due date will be considered non-responsive and removed from consideration.
* If the proposer has provided WIOA services in another workforce development area, the proposer must provide the following information and distribute the WIOA Reference Form to the workforce area. Note that the form must be sent to CMPDD directly by the reference – NOT by the proposer, and must be received by CMPDD on or before the bid due date. Reference packages and/or bids received after the bid due date will be considered non-responsive and removed from consideration.
1. Name of workforce area
2. Contact person for the workforce area, including mailing address, email and phone number
3. Counties served under that contract
4. Type of program/services provided
5. Dollar amount of contract
6. Number of individuals actually served
* If the proposer has completed applicable contracts or subawards with SMW and/or CMPDD within the last two years, attach the BLANK Reference Form and include the form as part of the bid. CMPDD staff will complete the reference process.

**FORMS**

**TRANSMITTAL DOCUMENT - PROGRAM YEAR 2019**

|  |
| --- |
| **PROPOSING ENTITY** |
| ENTITY NAME:  | SIGNATORY OFFICIAL:  |
| ADDRESS:  | CONTACT PERSON:  |
| CITY/STATE/ZIP:  | PHONE NUMBER:  |
| FEDERAL EMPLOYER ID#: | EMAIL ADDRESS: |
| DUNS NUMBER: |  |
| **PROPOSED PROGRAM TYPE AND TARGET GROUP** |
| ❑ Personnel Management Services  |
| **AREA OF SERVICE** |
| LOCATION OF RECORD MAINTENANCE SITE(S):  |
| AREA TO BE SERVED: Adams, Amite, Claiborne, Copiah, Franklin, Hinds, Jefferson, Lawrence, Lincoln, Madison, Pike, Rankin, Simpson, Walthall, Warren, Wilkinson, and Yazoo counties |
| **TYPE OF AGENCY****\*\*CHECK ONE\*\*** |
|  PRIVATE NON-PROFIT |  COMMUNITY BASED ORGANIZATION |
|  PRIVATE FOR PROFIT |  STATE OR LOCAL GOVERNMENT AGENCY |
|  PUBLIC (INCLUDING EDUCATIONAL ENTITIES) |  OTHER |
| DATE AGENCY/ORGANIZATION BEGAN OPERATION: |
| **BID SUMMARY** |
| PROPOSED PERIOD OF OPERATION FROM: **July 1, 2019** TO: **June 30, 2020** |
| **CERTIFICATION** |
| This bid is a bonafide offer to provide the services outlined herein and to adhere to **an accrual-based accounting system in conjunction with** the budget if a contract is awarded. The proposer is legally authorized to submit this bid and to conduct the program if awarded. The proposer certifies that this bid complies with the requirements of the WIOA and this solicitation. The SMW assumes no responsibility for the costs of preparing this bid or negotiating a contract if one is awarded. |
| NAME OF AUTHORIZED OFFICIAL: | TITLE OF AUTHORIZED OFFICIAL: |
| SIGNATURE OF AUTHORIZED OFFICIAL: | DATE: |

**SMW REFERENCE FORM**

Name of entity providing this reference: ­­­

Address:

Name of entity for which this reference is being provided:

Performance Period (Must be within the past 2 program years)

Type(s) of program(s) operated

 Contract amount:

Did the program operated by the entity for which this reference is being completed attain at least 75% of the above contract’s goals? Yes (+2) No (0)

Were there any significant or material adverse findings and/or any disallowed and/or questioned costs related to the contract described above? Yes (0) No (+2) If Yes, please attach information and documentation relevant to the history and current status of the significant or material findings and/or disallowed and/or questioned costs.

Please rate the above provider according to the following criteria by circling the appropriate score:

1. Innovation – the degree to which the provider made or suggested participant-centered enhancements to the basic program structure and/or developed materials that enhanced the program’s appeal

0 – Not innovative 1- Somewhat innovative 2- Exemplary

1. Organization – the degree to which files, paperwork, documents and records were complete, accurate and orderly

0 – Sloppy and/or incomplete 1 – Acceptable but could be improved 2 – Exemplary

1. Cooperation – the degree to which the provider followed instructions, met deadlines and responded to requests

0 – Uncooperative 1 – Slow and uninspired 2 – Acceptable

1. Fiscal – the degree to which financial reporting was accurate, complete and submitted in a timely manner

0 – Sloppy and/or incomplete 1 – Acceptable but could be improved 2 – Exemplary

1. Would you re-hire this provider for a future project?

0 – No 1- Not willingly 2 – Yes, but with reservations 3 – Without hesitation

 Name and phone number of person completing this form:

**This form and any necessary attachments must be returned ONLY BY THE REFERENCE AGENCY, NOT THE PROPOSING AGENCY to the following address no later than 12:00 Noon CST on May 1, 2019.**

 **CMPDD CMPDD**

 **P. O. Box 4935 1170 Lakeland Drive**

 **Jackson, Ms. 39296-4935 Jackson, MS 39216**

References received after the published due date and time will reduce the evaluation score of the proposal of the agency for which this reference is being provided.

**SOUTHCENTRAL MISSISSIPPI WORKS**

**BID BUDGET**

|  |  |  |
| --- | --- | --- |
| **Proposer’s Name:** | **Federal Identification Number:** | **DUNS/EIN Number:** |
| **Budget Line Item** | **Cost** |
|  |  |
| **Participant Wages** |  |
| **Participant Fringe Benefits** |  |
| **Workers’ Compensation** |  |
| **Personnel Management Fee (\_\_\_\_\_%)** |  |
|  |  |
| **TOTAL** |  |

**SOUTHCENTRAL MISSISSIPPI WORKS**

**Minimum Threshold Certification**

The purpose of Minimum Threshold Certification is to collect information necessary to (1) determine whether a proposing agency qualifies as an eligible service provider and (2) rate the demonstrated effectiveness of the agency in providing the proposed services. Minimum Threshold Certification must be completed by the proposing agency for ***each*** proposal submitted, and ***must bear the original signature of the signatory official for that agency.***

Program Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MINIMUM THRESHOLD REQUIREMENTS**

To be considered, a proposal must meet all Minimum Threshold Requirements. **Proposals failing to meet any Minimum Threshold Requirement will not be considered.**

**Requirements for Qualification as an Eligible Service Provider**:

|  |
| --- |
| 1. To be eligible, the proposer must be qualified to do business in the State of Mississippi. SMW prefers that service providers be incorporated; however, a service provider may be a sole proprietorship, a commission, or another type of organization when in the best interest of the project proposed.

**Required Information:** Indicate below the nature of the proposing entity (e.g., public, private for-profit, private nonprofit). Private entities should indicate the date and location of incorporation. |
|  |
| 1. To be eligible, the proposing agency or its principals:

A. May not be debarred, suspended, declared ineligible, or voluntarily excluded from participation in procurement or non-procurement by any federal department or agency;B. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public 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 governmental entity (federal, state, or local) with commission of any of the offenses enumerated above;D. Have not within a three-year period preceding this proposal had one or more public transactions terminated for cause or default.**Required Information:** Provide a statement that certifies that the proposing organization adheres to all statements in this section. |
|  |
| 1. To be eligible, the proposer must have an established financial management system in place to ensure effective control of and accountability for WIOA funds and other assets. Documentation~~/receipts~~ is required for ALL expenditures of WIOA funds.

**Required Information:** Provide a description of the proposer’s established financial management system. |
|  |
| 1. To be eligible, the agency shall not have any unresolved audit findings.

**Required Information:** To determine whether the proposing agency has any unresolved audit findings, the proposer **must** include as part of the proposal package the agency’s most recently completed audit. If the proposing agency is a newly-created entity, the proposal package **must** include all current (dated within two months of the proposal submission date) financial statements and a business plan. |
|  |
| 1. To be eligible, the agency or its principals shall not be convicted of any crime which indicates mismanagement or fraudulent use of funds by the agency, or insolvency or the agency.

**Required Information:** Provide a statement regarding any involvement of the proposing agency and/or its principals in criminal convictions and/or insolvency. |
|  |
| 1. To be eligible, the agency must have in place or must agree to establish certain policies and procedures (listed below).

**Required Information:** Indicate whether the proposing agency currently has or will establish the following policies and procedures. |
| For each item below, indicate whether you currently have or will establish:1. Regular audit of all accounts by an independent auditor; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Maintenance of separate accounting records and documentation of expenditures for WIOA funds;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Maintenance of a fidelity bond with minimum coverage of $100,000 or the highest amount of funds to be received during the contract period; bond must be executed prior to the granting of a subaward with the proposing organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Workers’ Compensation coverage for any program participants to whom a wage will be paid by the proposing organization in connection with their program participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. CERTIFICATION STATEMENT

By signing below, I hereby certify that: 1. Costs have been determined independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such costs with any other proposer or with any competition;
2. All costs are accurate, complete and current.

3. Unless otherwise required by law, the costs that have been quoted in the proposal have not been knowingly disclosed by the proposer, and will not knowingly be disclosed by the proposer, prior to award directly or indirectly to any other proposer or to any competition; and,4. No attempt has been made by the proposer to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.5. I am legally responsible in the proposing organization for the decision as to the price and services being offered in the proposal and I have not participated, and will not participate, in any action contrary to the above items.This certification statement is a material representation of fact. The signatory official, by signing and submitting this Minimum Threshold Certification, hereby attests that all statements contained herein are true and correct. The proposer agrees that submission of intentionally false or misleading information will result in the removal of this proposal from any consideration for funding. All information contained in this document is subject to verification.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Proposing Entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Certifying Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Certifying Official Date |