



workforce **CONNECTIONS**
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

STATEMENT OF QUALIFICATIONS

Workforce Connections is an Equal Opportunity Employer/Program.

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

Nevada Relay 711 or (800) 326-6868

Statement of Qualifications Instructions

The purpose of this Statement of Qualifications (SOQ) is to determine the qualifications and capacity of organizations that wish to contract with, perform services for, or implement projects funded by Workforce Connections (WC). The SOQ determines an organization's legal, administrative and fiscal capacity to meet WC, state and federal government requirements.

A Statement of Qualifications must be received, reviewed and accepted before any proposal will be considered. Guidance in red font indicates certain minimum requirements that an organization must possess in order to be considered for an award. The minimum requirements listed on this form are not all inclusive and WC reserves the right to not consider an organization for an award based on information on the SOQ for any reason if it is in the best interest of the workforce development area. Respondents will be notified in writing if their SOQ is not accepted with the reason(s) for non-acceptance.

Respondents must complete all information requested in the SOQ. Incomplete information will be considered unresponsive and may cause the organization to not be considered for a procurement process. If an item is not applicable, please note N/A. No item should be left blank. WC reserves the right to request additional or clarifying information on any item in the SOQ.

All SOQs must be signed by an individual authorized to bind the organization under contract. Evidence of such authorization, documented by a current and valid resolution of the board of directors or other governing entity of the organization, must be provided when requested.

Workforce Connections Statement of Qualifications (SOQ)

Organizational Information

1. Legal Name of Organization: _____

DBA: _____

2. Contact Person: _____ Title: _____

E-mail Address: _____ Phone: _____

3. Business Address (no PO boxes will be accepted): _____

Organizations must have a physical place of business that is not a personal residence.

4. Business Phone: _____ Website: _____

5. Federal Tax Identification Number (EIN or TIN): _____

Please submit a W-9 form. A copy of this form is available at <http://www.irs.gov/uac/Form-W-9,-Request-for-Taxpayer-Identification-Number-and-Certification>.

Organizations must have an EIN or TIN.

6. Organizational Category: (Please \checkmark ALL of the appropriate categories.)

A. *Choose only ONE of the following:*

☐ *Non-Profit* OR ☐ *Private-for-Profit* OR ☐ *Public/Unit of Government*

B. *Choose ALL of the following that apply:*

☐ *Faith-Based* ☐ *Community-Based/Grassroots* ☐ *Other:* _____

☐ *Small Business Organization*, which is defined as a small business that is not dominant in the field of operation for which it is bidding on a government contract, in addition to qualifying as a small business under the criteria and size standards in Title 13, Code of Federal Regulations, part 121 (13 CFR 121). Size standards have been established for types of economic activity, or industry, generally under the North American Industry Classification System (NAICS). SBA's size regulations pertaining to federal procurement are also found in the Federal Acquisition Regulation, 48 CFR part 19.

☐ *Minority Business Enterprise*, which is defined as at least 51% owned, operated and controlled on a daily basis by one or more (in combination) American citizens of the following ethnic minority classifications:

- a. African American
- b. Asian American [includes West Asian Americans (India, etc.) and East Asian Americans (Japan, Korea, etc.)]
- c. Hispanic American - Persons with origins from Latin America, South America, Portugal and Spain
- d. Native American including Aleuts

☐ *Women Business Enterprise*, which is defined as at least fifty-one percent (51%) is owned, operated and controlled by citizens or permanent resident aliens who are women.

☐ *Labor Surplus Area Firm*, which is defined as an organization in a civil jurisdiction that has a civilian average annual unemployment rate during the previous two calendar years of 20 percent or more above the average annual civilian unemployment rate for all states (including Puerto Rico) during the same 24-month reference period. If the National annual average unemployment rate during the referenced period is less than 6.0 percent then the qualifying rate is 6.0 percent. If the National annual average unemployment rate during the referenced period is above 10 percent then the qualifying rate is 10 percent.

7. Organization Year of Incorporation: _____ State of Incorporation: _____

Organizations must be incorporated for at least 1 year. This will be verified on Secretary of State websites.

Organizational Registrations

8. Does your organization have a DUNS Number? Yes ☐ No ☐ DUNS Number: _____

If yes, please submit proof of the DUNS Number.

If no, please submit proof that a DUNS Number has been applied for. This may be done for no cost at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Organizations must either have a DUNS Number or submit proof that one has been applied for.

9. Is the organization currently registered as a federal contractor on SAM.gov? Yes ☐ No ☐

Expiration date of SAM registration: _____

If yes, please attach a copy of SAM registration.

If no, please submit proof that SAM registration is pending. This may be done at www.sam.gov under Register/Update Entity.

Organizations must either be registered in SAM or submit proof that registration is pending.

10. Business License/Registration Number: _____ Jurisdiction: _____

Please attach a copy of the business license, if applicable.

Organizations must have at least one state or local business license or charitable registration and submit evidence of such. Units of government must submit any document that authorizes the creation of or verifies the status of the organization as a unit of government. Charitable organizations that are exempt from a business license requirement must submit proof of the exemption.

Organizational Management

11. Owner/Top Executive Name: _____ Title: _____

12. Governing Body, Board of Directors, or Principals

You may attach an additional sheet if necessary.

<i>Name</i>	<i>Title</i>

The Annual List must be active with the appropriate Secretary of State. Active status and the members listed will be verified.

Programmatic Capacity

13. Does your organization currently provide programmatic or case management services to participants?

Yes ☐ No ☐

If yes, what is your organization's current programmatic caseload total for all programs? _____

What types of programmatic services does your organization provide? _____

14. Has your organization ever been awarded a federal contract to provide programmatic services?

Yes ☐ No ☐

If yes, from which federal agencies? _____

15. Please give a local address where programmatic services will be conducted if the organization is awarded a contract from WC.

Legal Status

16. Is the organization now, or has it ever been at any time in the past five (5) years, involved in a civil or criminal lawsuit? Yes ☐ No ☐

If yes, please attach a narrative describing the circumstances and outcome of each instance.

17. In the past five (5) years, has the organization or any of its owners or officers ever been investigated, cited, assessed any penalties, or have been found to have violated any civil or criminal laws, rules or regulations enforced or administered by any governmental entity? (For this question, “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.) Yes ☐ No ☐

If yes, please attach a narrative describing the circumstances and outcome of each instance.

18. Is the organization now, or has it ever been at any time in the past five (5) years, the debtor in a bankruptcy case? Yes ☐ No ☐

If yes, please attach a narrative describing the circumstances and outcome of each instance.

19. Is the organization in the process of, or in negotiations toward, being sold? Yes ☐ No ☐

If yes, please attach an explanation of the circumstances surrounding the sale.

For questions 16-19, organization legal names and DBA names will be searched in public records databases for civil and criminal cases. Any Yes answers above must have a corresponding narrative attached.

Financial Status

20. Top Financial Officer Name: _____ Title: _____

E-mail Address: _____ Phone: _____

21. Fiscal Year End Date: _____ Total Revenues for Last Completed Fiscal Year: _____

Organizations with revenues under \$250,000 may be required to provide additional information.

22. Please attach a copy of your organization’s current budget listing revenues by source for the current fiscal year. This budget must notate what funds have been awarded or received and what funds are projected.

Organizations must submit a revenue budget meeting the requirements above.

23. Has your organization ever had an independent financial audit? Yes ☐ No ☐

If yes, please attach a copy of the most recently completed audit.

If no, please attach a copy of the most recently completed 990 or tax return.

Organizations must submit either an audit report or tax return dated within the past 18 months.

24. Is the organization currently debarred from receiving federal funds? Yes ☐ No ☐

Organization legal names and DBA names will be searched under excluded parties using SAM.gov.

25. Does the organization have a delinquent federal debt? Yes ☐ No ☐

If yes, please attach a copy of a narrative describing the circumstances and status of the debt.

Organization legal names and DBA names will be searched for delinquent federal debts using SAM.gov.

Insurance Requirements

All service providers must procure and maintain insurance coverage that meets the following specifications:

a. *General Public Liability Insurance*

All Service Providers are required to carry General Public Liability Insurance in the minimum amount of \$1,000,000 single limit and \$2,000,000 aggregate coverage.

b. *Motor Vehicle Insurance*

Service Providers must provide automobile insurance for “non-owned” and “hired” autos with a minimum coverage of \$1,000,000 per occurrence. This coverage must clearly specify that WC and/or staff are held harmless against claims arising from ownership, maintenance, or use of said vehicle if the use of the motor vehicle is related to conducting program activities. For corporate owned vehicles, WC requires a minimum coverage of \$1,000,000 per occurrence.

c. *Workers Compensation Insurance*

Service providers must carry workers compensation insurance for any work-based activities (i.e. training, work experiences, internships, etc.). Service Provider shall not be allowed to provide work-based activities if workers compensation insurance has not been procured. Workers compensation must be available with respect to injuries suffered by the WIA participant in such activities. If the State workers compensation law does not apply to a participant in a work-based activity, insurance coverage must be secured for any injuries suffered by a participant in the course of a work-based activity.

d. *Sexual Misconduct Insurance – Youth Providers Only*

Service Providers serving youth participants shall provide Sexual Misconduct Insurance that clearly specifies that WC and/or staff are held harmless against claims arising from sexual misconduct on the part of the Service Provider or Service Provider employees, subcontractors, or agents.

Note: Entities that are state agencies or political subdivisions of the State of Nevada are exempt from the liability insurance requirement as referenced above but must be able to provide documentation that they are Self-Insured in accordance with the limitations of NRS 41.0305-41.039.

26. Does the organization currently have insurance coverages that meet the minimum requirements listed above? Yes ☐ No ☐

If no, is the organization able to secure insurance that meets the minimum requirements listed above prior to entering into any contract with WC? Yes ☐ No ☐

Technology System Requirements

All service providers must have a technology system that meets the following specifications:

- a. *Computers* capable of using the WC's data management information system (Windows 7 or above, Internet Explorer 9 or above, and Microsoft Office Suite 2007 or above);
- b. *Adobe Acrobat Reader* 9 or above;
- c. *Internet access* (broadband capability recommended); and,
- d. *Individual e-mail accounts* for staff working on the project. Email addresses must be corporate and not personal accounts.

27. Does the organization currently have a technology system that meets the minimum requirements listed above? Yes ☐ No ☐

If no, is the organization able to secure a technology system that meets the minimum requirements listed above prior to entering into any contract with WC? Yes ☐ No ☐

28. Top Technology Officer Name: _____ Title: _____

E-mail Address: _____ Phone: _____

SOQ Certification

Organization Name_____

In submitting this statement, the signatory certifies that that all specifications contained in this Workforce Connections SOQ have been read, understood, and addressed in this document; that all of the information contained in this statement is true and correct; and that all of the applicable assurances outlined herein by Workforce Connections shall be adhered to.

Signatory certifies that this statement has been duly authorized by the governing body of the organization and that it is true and accurate to the best knowledge of the signatory.

I certify that I am authorized to submit this statement on behalf of the above named organization. If any information changes significantly, I will notify WC within thirty (30) days of date of change.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Attachments Checklist

1. W-9 form
2. DUNS number, or proof of pending application
3. SAM registration, or proof of pending registration
4. State business license, if applicable
5. Local business license, if applicable
6. Governing body list, if more space needed
7. Legal narratives, if applicable
8. Current revenue budget
9. Independent financial audit or tax return dated within the past 18 months