

***Request for Proposals***

**Office Space**

**For the**

**Workforce Solutions South Plains**

**Plainview Workforce Center**

**RFP 2018-51-0003-FAC**

**Publication Date: November 1, 2018**

**Submission Deadline: December 21, 2018 5:00pm**

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**I. Introduction**

The South Plains Regional Workforce Development Board dba Workforce Solutions South Plains (hereinafter, “WFS” or “the Board”) is a 501(c)(3) non-profit corporation that administers workforce development services funded by the Texas Workforce Commission (TWC) for the 15-county South Plains Regional Workforce Development Area (SPRWDA) which consists of Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry and Yoakum Counties. The Texas Workforce Commission Vocational Rehabilitation Services provides employment assistance services to individuals in the Board area.

WFS is governed by a thirty-five (35) member Board of Directors and the Chief Elected officials of the fifteen (15) county region. The Board is responsible for the oversight of employer, jobseeker, childcare, and youth services contractors and providers. The Board is the administrative entity for five full-service Workforce Solutions Career Centers that provide services to residents of the South Plains. These facilities, located in Brownfield, Lubbock, Levelland, Muleshoe, and Plainview are leased facilities and are open to the public from 8 a.m. to 5 p.m. five (5) days a week Monday through Friday. Some of the facilities have extended hours.

**II. Purpose of RFP**

The Board is soliciting proposals for office space in Plainview, TX. The office will serve as the location for Workforce Solutions South Plains Workforce Program Services, Youth Program Services, and Texas Workforce Commission Vocational Rehabilitation Services. Workforce Solutions will consider stand-alone and shared office space. Building owners may provide information for one or more locations. All facility cost are paid with federal funding.

|  |  |
| --- | --- |
| **Activity** | **Start Date/End Date** |
| RFP release date | November 1, 2018 |
| RFP due date | December 21, 2018 5:00 PM CST |
| Evaluate Proposals | December 24, 2018 through January 11, 2019 |
| Conduct lease negotiations | January 14, 2019 through January 25, 2019 |
| Award Lease | February 4, 2019 |
| Lease effective date | May 1, 2019 |

### III. Description of Occupancy Needs

This section provides an explanation of facility lease needs, requirements and specifications.

**Location:**

Office space is to be located within the City of Plainview.

**Specifications/Requirements:**

The Workforce Solutions South Plains facility will house 7 Workforce, 1 Youth Division employee, and 4 Texas Workforce Commission Vocational Rehabilitation employees. The Board estimates that a 3,000 to 5,000 sq. ft. office space will be needed to house all employees.

* The building must be in an accessible part of town.
* The building must be in compliance with the Americans With Disabilities Act (ADA) –and the ADAA, owner/landlord to make all necessary/required accommodations for persons with disabilities; i.e. ramps, doors, signage, restrooms, etc.
* The building must be asbestos-free, or an asbestos-managed environment in compliance with the Texas Department of Health.
* The building must provide accessible parking spaces for staff and the public and meet ADA accessibility requirements.
* All public restrooms must meet ADA accessibility requirements.
* Elevators must meet ADA requirements.
* The building must provide or be capable of being renovated to include at least five 8x10 or greater offices and workstation space for at least 11 employees.
* The building must provide space for two conference rooms.
* The building will provide space for a computer lab.
* The building must have space available to serve as a network room.
* The building must provide adequate storage and supply space.
* The building will provide secure file storage.
* The building will include a break area.
* The building will provide central heating and air conditioning.
* The building should be ready for occupancy on or about April 1, 2019 with an effective Lease Date of May 1, 2019.

**Lease Terms** Workforce Solutions prefers office space that will require limited build-out. The lease will be for a three (3) or five (5) year period with a renewable three (3) or five (5) year option. Lease provisions must include an early termination clause (without penalty) should Workforce Solutions suffer a loss of its public funding equivalent to 15% or more in one year. Owner/landlord will be responsible for the repair and maintenance of plumbing, HVAC, roof, foundation, flooring, and other structures or equipment serving the building, and any items considered long-lived assets. Such costs shall not be the responsibility of Workforce Solutions.

**IV. Evaluation of RFP’s**

All proposals will be reviewed and evaluated. The evaluation process will include the following steps:

**Step 1** – review will determine responsiveness of each proposal received in terms of the requirements and specifications contained in this RFP.

**Step 2** –proposals will be evaluated and scored using a standardized instrument listing the criteria contained in this RFP.

**Step 3** – scores will be totaled, and a rank of proposals determined

**Step 4** – Board staff will notify all proposers of their selection or non-selection.

Evaluation Criteria

**A. Proposed Facility 50 Points**

* Location –within desired area in Plainview, TX
* Appropriately zoned for office usage
* Floor plan – space requirements; ADA compliant
* Sufficiency of parking
* Access

**B. Reasonableness of Cost 40 Points**

* Base lease/rent amount
* Proposed escalation clauses
* CAM costs
* Insurance requirements

**C. Other 10 Points**

* Restrictions
* Acceptance of funding clause

**D. HUB Bonus Points 5 Points**

(For Historically Under-utilized Businesses with a valid certification)

**Total Possible Points 105 Points**

A minimum aggregate average score of 75 points is required to be considered for Selection

**V. General Conditions/Limitations**

1. The only purpose of this Request for Proposal (RFP) is to ensure uniform information in the solicitation of proposals and procurement of services. This RFP is not to be construed as a purchase agreement or contract or as a commitment of any kind; nor does it commit the Board to pay for costs incurred prior to the execution of a formal contract unless such costs are specifically authorized in writing by Board.
2. The Board reserves the right to accept or reject any information received, to cancel or reissue this RFP in part or its entirety.
3. The Board reserves the right to negotiate the final terms of any and all contracts or agreements that may be initiated from this RFP.
4. Misrepresentation of the submitter’s ability to perform as stated in the information provided may result in cancellation of any contract or agreement awarded.
5. Submitters shall not, under penalty of law, offer or provide any gratuities, favors, or anything of monetary value to any officer, member, employee, or agent of the Board for the purpose of having an influencing effect toward their own proposal or any other proposal submitted hereunder.
6. No employee, officer, member or agent of the Board shall participate in the selection, award or administration of a contract if a conflict of interest, or potential conflict, would be involved.
7. Submitters shall not engage in any activity that will restrict or eliminate competition. Violation of this provision may cause a submitter’s information to be rejected. This does not preclude joint ventures or subcontracts.
8. Any submitter may withdraw information either in person or by written request by a duly authorized representative at any time prior to the scheduled closing time for receipt of bids.
9. No contract may be awarded until the submitter has complied with Executive Order 12549, 29CFR, Part 98 by submitting to the Board a signed Certification of Debarment, which states that neither the submitter, nor any of its principals, are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in a procurement by any Federal department or agency.
10. The Board’s Chief Operations Officer is the responsible authority for handling complaints or protests regarding the procurement and proposal selection process. No protest shall be accepted by the State until all administrative remedies at the Board level have been exhausted.
11. Submitters not selected by this process may appeal the Board decision by submitting in writing a formal letter of appeal addressed Chief Operations Officer, Workforce Solutions South Plains, 1301 Broadway, Ste 201, Lubbock, Texas, 79401. This appeal must be sent by registered mail and identified on the envelope as an appeal with the grounds of the appeal clearly stated in the letter, within fourteen calendar days of decision notification (the date on the notification letter). The Chief Operations Officer shall review the appeal and review applicable laws, and request determination if appeal is valid and shall make decisions. If persons are not satisfied with the decision they may pursue all other avenues of appeal provided by law.
12. Proposals must be manually signed by a person having the authority to bind the organization in a contract.
13. Any material that is to be considered as confidential in nature must be clearly marked as such and will be treated as confidential by the Board to the extent allowable in the Public Information Act.

O. Funding for goods or services requested in this RFP is contingent upon the Board's actual receipt and availability of funds from the Texas Workforce Commission.

1. Workforce Solutions South Plains is an equal opportunity employer and complies 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, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship status as a lawfully admitted immigrant authorized to work in the United States or participation in any 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.

**VI. RFP Availability and Submission**

This RFP is released on Thursday November 1, 2018, 5:00 p.m. (CST), and may be obtained from the offices of Workforce Solutions South Plains Workforce Development Board located at 1301 Broadway, Suite 201, Lubbock, Texas 79401. It may also be requested by emailing

Erin.rea@spworkforce.org.

**Quotes must be received no later than 5:00 p.m. (CST) on Friday December 21, 2018. Proposals must be hand-delivered, or mailed,** emailed and faxed proposals are not acceptable. Proposer is solely responsible for ensuring their proposal is received by the Board by the submission date. The Board is not responsible for any errors or failures on the part of the U.S. Postal Service or other carrier regarding the timely delivery of a proposal. Late proposals will not be accepted.

Proposal shall be submitted to:

**Workforce Solutions South Plains WDB**

**Attn: Erin Rea**

**1301 Broadway, Suite 201**

**Lubbock, TX 79401**

Board staff, upon request, will issue verification of receipt. Any modifications or amendments to a proposal must also comply with the above requirements and the response deadline.

*The submission of a proposal does not commit Workforce Solutions to the award of a contract or agreement. Workforce Solutions will not pay for any costs incurred in responding to this RFP or for any costs incurred prior to the execution of a lease.*

**VII. Proposal Questions**

WFS will accept questions regarding this proposal through Friday December 7, 2018. Please call Erin Rea at 806-744-1987 or email questions to erin.rea@spworkforce.org.

**VIII. Instructions for Submitting a Proposal**

The deadline for submission in response to this RFP is **Friday December 21, 2018, 5:00 p.m. (CST).** All responses must be received by this date, regardless of date of postmark in order to be considered. Absolutely no exceptions will be made.

Please submit one original proposal and three copies. Quotes should be clipped or stapled in the upper left-hand corner. Binders or notebooks are not required. Responses should be prepared using the forms provided and presented in a clear and concise manner and submitted in the order as prescribed below. Proposals not submitted as required will be considered non-responsive.

SUBMISSION ORDER

* Cover Sheet (Attachment A)
* Application (Attachment B)
* Floor Plan
* HUB Certification (if applicable)
* Certification of Proposer (Attachment C)
* Certifications Regarding Lobbying, Debarment and Drug-Free Workplace (Attachment D)
* Texas Corporate Franchise Tax Certification (Attachment E) – if applicable
* State Assessment Certification (Attachment F) – if applicable
* Certification Regarding Conflict of Interest (Attachment G)
* Other relevant information**:**

**ATTACHMENT A- PROPOSAL COVER SHEET**

|  |  |
| --- | --- |
| Name of Organization |  |
| Mailing Address |  |
| City/State/Zip Code |  |
| Authorized Representative  -Contact |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |
| Federal Employer ID Number |  |
| State Comptroller ID Number |  |
| HUB | \_\_YES \_\_NO if YES:  Certification No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certifying Agency  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach a copy of current certification. |
| Type of Organization | \_\_Corporation \_\_Partnership \_\_Sole Ownership  \_\_Other (describe) |
| Name & Title of Authorized Signatory |  |
| Signature and Date |  |

**ATTACMENT B- APPLICATION**

|  |  |
| --- | --- |
| **Physical Address of Proposed Facility** |  |
| **Name of building owner** |  |
| **Name of property management company if applicable** |  |
| **Age of Facility** | Year Built:\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are there currently any tax or other types of liens against the property?** | \_\_YES \_\_NO If YES, identify: |
| **Is facility in an easily accessible part of town?** | \_\_YES \_\_NO |
| **Access to facility: Monday through Friday 7:00 a.m. to 6:30 p. m.** | \_\_YES \_\_ NO |
| **Are employees able to enter/open the building at any time?** | \_\_YES \_\_ NO If NO, detail the procedure for off hours entry: |
| **Space** | Total Square Footage\_\_\_\_\_\_\_\_\_\_  Co-located Space \_\_ YES \_\_ NO if YES, identify organization with which the office would be co-located:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Square Footage Cost** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per square foot |
| **Floor Plan** | Attach Copy |
| **Other Occupants** | List, if applicable, if building has any other existing occupants |
| **Insurance Requirements** | Specify: |
| **Parking** | Detail number of parking spaces available. |
| **Building Maintenance/Repair** | Owner/landlord willing to accept for repair and maintenance of roof, foundation, parking, plumbing, HVAC, structural soundness, other structures or equipment serving the building, ceiling tiles, flooring, and any other items considered long-lived assets  \_\_YES \_\_ NO (If no state which items will not be covered.) |
| **Will the building owner pay the cost of utilities; electricity, gas, water.** | \_\_ YES \_\_ NO |
| **Terms of Lease-i.e. length, renewal, notices, escalation clauses, restrictions, etc. May submit a draft copy of a lease agreement** |  |
| **Would facility be ready to occupy on April 1, 2019 with a lease begin date of May 1, 2019?** | \_\_YES \_\_NO If NO, estimate the date of availability for occupancy: |
| **If you have previously leased space to other entities provide at least three (3) references you have leased/rented space to in the last three (3) years. Provide contact name and phone number.** |  |
| **Provide any additional information you believe to be an asset of this location.** |  |

Attach any additional relevant information.

**ATTACHMENT C - CERTIFICATION OF PROPOSER**

I hereby certify that the information contained in this proposal and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management and financial systems of this organization. I certify that no employee of Workforce Solutions South Plains has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of the RFP and that the organization will comply with applicable local, state and federal regulations and directives in the implementation of the program. I also certify that I have read and understand the Governing Provisions and Limitations section presented in this RFP and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the

(Typed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the corporation, partnership, organization, or other

(Typed Title)

entity named as Respondent herein and that I am authorized to sign this proposal and

submit it to the Workforce Solutions South Plains Workforce Board on behalf of said

organization by authority of its governing body.

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

(Signature)

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

(Address)

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

(Phone)

**ATTACHMENT D - CERTIFICATONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, DRUGFREE WORKPLACE**

Lobbying: This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned contractor certifies that:

1. 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 Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the 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, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the 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.

Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned contractor certifies that neither it nor its principals:

1. Are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Have not within a three-year period preceding this contract 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 (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;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
4. Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

The undersigned contractor certifies that it shall provide a drug-free workplace by:

1. Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying **the consequences of any such action by an employee**;
2. Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor’s policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
3. Providing each employee with a copy of the Contractor’s policy statement;
4. Notifying the employees in the Contractor’s policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
5. Notifying Workforce Solutions South Plains within ten days of Contractor’s receipt of a notice of a conviction of an employee; and,
6. Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

These certifications are 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 into this transaction.

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

Signature and Date

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

Type Name and Title

**ATTACHMENT E - TEXAS CORPORATE FRANCHISE TAX CERTIFICATION**

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for profit corporations that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this contract is current in its franchise taxes must be signed by the individual on Form 203, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

Indicate the certification that applies to your corporation:

\_\_The Corporation is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

\_\_The Corporation is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

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

Signature Date

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

Type Name and Title

**ATTACHMENT F - STATE ASSESSMENT CERTIFICATION**

The undersigned authorized representative of the firm or individual contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The firm or individual certifies that:

\_\_Is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

\_\_Has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

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

Signature and Date

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

Type Name and Title

**ATTACHMENT G - CERTIFICATION REGARDING CONFLICT OF INTEREST**

By signature of this proposal, Proposer covenants and affirms that:

1. no manager, employee or paid consultant of the Proposer is a member of the Board, the Executive Director, or an employee of Workforce Solutions South Plains;
2. no manager or paid consultant of the Proposer is married to a member of the Board, the Executive Director, or an employee of Workforce Solutions South Plains;
3. no member of the Board, the Executive Director or employee of Workforce Solutions South Plains owns or controls more than a 10 percent interest in the Proposer;
4. no spouse or member of the Board, Executive Director or employee of Workforce Solutions South Plains is a manager or paid consultant of the Proposer;
5. no member of the Board, the Executive Director or employee of Workforce Solutions South Plains receives compensation from Proposer for lobbying activities as defined in Chapter 305 of the Texas Government Code;
6. proposer has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interest;
7. should Proposer fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Proposer shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with Workforce Solutions South Plains and shall immediately refund to Workforce Solutions South Plains any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by Workforce Solutions South Plains relating to that contract.

Disclosure of Potential Conflict of

Interest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of

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

Name/Title of Authorized

Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_