### **REQUEST FOR QUALIFICATIONS**

**Issued by**



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**For**

**Texas Rising Star Mentor/Assessor**

**Released: Monday, May 13, 2019**

**Respond by: 5:00 PM Friday, May 31, 2019**

**Respond to:**

Workforce Solutions South Plains Board Administration

Attn: Erin Rea, Procurement officer

(806) 744-1987

erin.rea@spworkforce.org

**Workforce Solutions South Plains is soliciting proposals from interested individuals to be a Texas Rising Star (TRS) Mentor/Assessor working with child care providers who are currently TRS providers and those who are interested in obtaining TRS status.**

**Additional information:**

Workforce Solutions South Plains (WSSP) is a 501(c)(3) non-profit corporation that functions as the Workforce Board for the South Plains administering workforce development services authorized by the Texas Workforce Commission for the 15-county South Plains Regional Workforce Development Area which consists of Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum Counties.

WSSP’s workforce development services include Child Care Services, a federally funded service that supports employers by subsidizing child care services for low‐income parents who work, attend school, or participate in job training. WSSP is also responsible for the child care quality services delivered to the South Plains’ child care providers. The primary goal of the child care quality program is to improve the quality of child care through training and supporting Texas Rising Star (TRS) providers.

The Texas Rising Star program is a Texas Workforce Commission certification program administered by each Workforce Board in Texas for their workforce development area. The TRS program is a voluntary certification in which a child care provider chooses to have their program evaluated against a standard set of criteria which exceeds the minimum standards required by Child Care Licensing. Child care providers who choose to become certified as TRS providers are evaluated annually to ensure they continue to meet the standards. Information about the TRS program and standards can be found here: <https://texasrisingstar.org/> and <https://texasrisingstar.org/about-trs/trs-guidelines/>.

WSSP has 22 TRS child care providers participating in its Child Care Services program; the majority are in Lubbock and Wolfforth. We also have TRS providers in Denver City, Whiteface and Slaton. WSSP’s goal is to increase the number of TRS providers in the South Plains’ 15-county workforce area.

**Response:**

WSSP is soliciting proposals from interested individuals to be a Texas Rising Star (TRS) Mentor/ Assessor on an as-needed basis. The Mentor/Assessor will work with child care providers in the South Plains’ 15-county workforce development area who are TRS providers and those who are interested in obtaining this certification. It is WSSP’s intent to contract with individuals/entities meeting the criteria established in this RFQ. The selected offerors will serve as both mentors and assessors. The selected offeror will implement a plan to mentor and assess current TRS and potential TRS providers. The selected offeror will provide both mentoring and assessment services as needed and is responsible for coordinating schedules and activities with the other TRS mentor/assessors.

Mentor responsibilities include:

* developing training resources and materials for providers;
* providing onsite mentoring and training for current TRS providers in need of such services and for those interested in becoming TRS providers;
* modeling and coaching in-classroom implementation of quality child development research-based practices; and
* submitting documentation/reports concerning mentoring and/or training functions.

Assessor responsibilities include:

* conducting an initial and annual assessment, reassessment, and recertification of the TRS providers;
* documenting all findings in Children Learning Institute (CLI) Engage database;
* conducting exit interviews with the provider to inform the owner/director of the observations and the star level; and
* sharing results of the assessment with the mentors.

Mentor and assessor responsibilities are subject to change in conjunction with Texas Workforce Commission (TWC) or TRS Workgroup requirements.

Offerors selected for the mentor/assessor role will follow the protocols established by the TWC TRS Workgroup. Selected offerors will receive training on the TRS guidelines and mentor/assessor protocols.

Offeror Qualifications

The Texas Workforce Commission sets the minimum qualifications for mentors/assessors. The minimum qualifications can be viewed here:

<https://twc.texas.gov/child-care-services-guide-i-600-texas-rising-star-assessors-mentors> and

<http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=171524&p_tloc=&p_ploc=1&pg=7&p_tac=&ti=40&pt=20&ch=809&rl=130>

Proposal Contents

1. Cover sheet (Attachment A).
2. Response Form (Attachment B).
3. Résumé identifying how the offeror meets the mentor/assessor minimum qualifications.
4. Copies of applicable transcripts.
5. Documentation of a background check within the prior 24-months.\*

\*If the offeror does not have documentation of a background check, the offeror must state their commitment to secure the background check. The offeror awarded a contract for this service must undergo the background check prior to finalization the contract. If the selected offeror does not pass the background check, a contract will not be awarded.

1. Contact information for 3 professional references and samples of completed work for each.
2. Proposed total cost, the cost per hour for this service and a breakdown costs for each category of services proposed.
3. A Historically Underutilized Business (HUB) Certificate if applicable.
4. Attachments C – G.\*

\*Attachment E is only applicable if the submitting entity is an organization, company, corporation, institution. Individuals or independent contractors are not required to submit the certification.

Award

Workforce Solutions South Plains will contract with offerors to this RFQ on an as needed basis. Funding for any resulting contracts is subject to the availability of federal and state funds received by WSSP.

Submission Instructions

* All proposals must be received no later than 5:00 PM on Friday, May 31, 2019. No exceptions will be allowed. Proposals received after this date and time will be considered non-responsive and will not be reviewed.
* Proposals not containing all the required information/documents will be considered non-responsive and will not be reviewed.
* All proposals must be typed on 8½” by 11” paper in no less than 12-point font.
* The offeror may sign, then scan and email the proposal to:

Erin Rea at erin.rea@spworkforce.org

* Offerors also have the option to hand deliver or mail through the US Postal Service, or have the packet delivered through a delivery service such as FedEx or UPS to:

Workforce Solutions South Plains Board Administration

Attn: Erin Rea, Procurement Officer

1301 Broadway

Suite 201

Lubbock, Texas 79401

Office hours are 8:00 am – 5:00 pm, Monday – Friday. Proposals must be delivered when the office is open to ensure the receipt of the proposal meets the deadline requirements.

* This Request for Qualifications does not commit WSSP to award a contract, to pay any cost incurred in the preparation of a response to this request, or to procure for services or supplies.
* WSSP reserves the right to accept or reject any or all proposals responding to this RFQ and to negotiate with all qualified sources if it is in the best interest of WSSP to do so.

Questions

Please contact Erin Rea at erin.rea@spworkforce.org with any questions. All questions shall be made in writing. No verbal questions will be accepted or answered.

**CONDITIONS AND LIMITATIONS**

1. The only purpose of this Request for Qualifications (RFQ) is to ensure uniform information in the solicitation of proposals and procurement of services. This RFQ 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 or all proposals received, to cancel or reissue this RFQ in part or its entirety.
3. The Board reserves the right to negotiate the final terms of all contracts or agreements with offeror(s) selected.
4. Misrepresentation of the offeror’s ability to perform as stated in the proposal may result in cancellation of any contract or agreement awarded.
5. Offerors 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 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. Offerors shall not engage in any activity that will restrict or eliminate competition. Violation of this provision may cause an offeror’s proposal to be rejected. This does not preclude joint ventures or subcontracts.
8. Any offeror may withdraw his proposal either in person or by written request by a duly authorized representative at any time prior to the scheduled closing time for receipt of proposals.
9. No contract may be awarded until the offeror has complied with Executive Order 12549, 29 CFR, Part 98 by submitting to the Board a signed Certification of Debarment, which states that neither the offerors, 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 Director of Operations 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. Offerors not selected by this process may appeal the Board decision by submitting in writing a formal letter of appeal addressed Director of Operations, 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 Director of Operations 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. 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.
13. Funding for goods or services requested in this RFQ is contingent upon the Board's actual receipt and availability of funds from the Texas Workforce Commission.
14. 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 (WOIA), 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 WIA 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; the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendment, 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.

**ATTACHMENT A- PROPOSAL COVER SHEET**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Mailing Address** |  |
| **City/State/Zip Code** |  |
| **Authorized Representative**  **Contact** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Federal Employer ID Number** |  |
| **State Comptroller ID Number** |  |
| **HUB** | YES NO  If YES:  Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certifying Agency  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Attach a copy of current certification.* |
| **Type of Organization** | Corporation Partnership Sole Proprietorship  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name & Title of Authorized Signatory** |  |
| **Signature and Date** |  |

**ATTACHMENT B – RESPONSE FORM**

|  |  |
| --- | --- |
| Offeror: |  |
|  |  |
| Contact Person: |  |

1. Attach a resume describing the offeror’s qualifications as stated in the TRS Mentor/Assessor RFQ Offeror Qualifications section. Resume should include prior experience in evaluating and mentoring child care providers, stating the dates of services, description and the organizations for which the services were provided, including contact name and contact information. *See page 2 of this RFQ for minimum qualifications.*
2. Include copies of the following:

* Contact information for 3 professional references
* Samples of completed work for each reference. Samples can be provided in an online format or as attachments.
* Copies of transcripts from any applicable educational institutions.
* Documentation of a background check within the prior 24-months.\*

\*If the offeror does not have documentation of a background check, the offeror must state their commitment to secure the background check. The offeror awarded a contract for this service must undergo the background check prior to finalization the contract. If the selected offeror does not pass the background check, a contract will not be awarded.

If a company or corporation is the offeror, attach the resume, transcripts and background check documentation for the person to be designated as the mentor/assessor.

1. Include the proposed total cost and the cost per hour for this service. The cost per hour should include the offeror’s time and all other expenses such as travel, copying, postage, phone charges, preparation, etc. Costs associated with travel shall be in accordance with the State of Texas Travel regulations. Provide a breakdown costs for each category of services proposed. The mentor/assessor will provide services for an estimated 25-30 hours per week for approximately 42 weeks per year.

CERTIFICATION

I certify that this offer will remain in effect for a period of sixty (60) days. I authorize the Board to contact the references, which I have provided.

Signature of Authorized Representative

Name of Authorized Representative

Title

Date

**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

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

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

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_