

**REQUEST FOR QUOTES RFQ 0715-2021**

**PAYROLL SERVICES**

Date Issued: July 15, 2021

Respond by: July 30, 2021

Contact: Erin Rea, Procurement Officer

Office: (806) 747-1987

Email: erin.rea@spworkforce.org

Workforce Solutions South Plains (WSSP) is a 501(c)(3) Non-profit Corporation that administers 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. Through this Request for Quotes (RFQ), WSSP will procure payroll services from a qualified vendor for WSSP’s Work Experience programs beginning in July 2021 with a one-year option for a max two-year contract.

All interested parties submit information to WSSP at the following address by July 30, 2021:

Workforce Solutions South Plains Board Administration

Attn: Erin Rea, Procurement Officer

erin.rea@spworkforce.org

**Purpose of the Request for Quotes**:

Workforce Solutions South Plains is requesting quotes from qualified vendors for payroll services for employment programs for clients served by WSSP. WSSP places clients throughout the year in subsidized wage work experience positions.

Payroll services vendors must provide workers compensation; pay all required taxes, including Federal income tax withholding and Federal Insurance Contributions Act (FICA); and serve as the employer of record. Vendors must be able to pay wages weekly and allow choices of check, direct deposit, or pay card.

Please contact Erin Rea at erin.rea@spworkforce.org or call 806-744-1987 to for questions or receive more information.

**CONDITIONS AND LIMITATIONS**

1. The only purpose of this Request for Quotes (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- QUOTE COVER SHEET**

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| --- | --- |
| **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 - 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 C - 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.

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Signature and Date

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

Name and Title

**ATTACHMENT D - 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 E - 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 F - 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_