

# REQUEST FOR QUALIFICATIONS (RFQ)

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS



SANTA CRUZ COUNTY

**WORKFORCE**  
DEVELOPMENT

### Available at:

<https://www.santacruzhumanservices.org/WorkforceSCC/SantaCruzWDB/Publications>

Santa Cruz County Workforce Development Board  
18 W. Beach Street  
Watsonville, California 95076  
(831) 763-8900

## **WHAT IS THE STATEMENT OF QUALIFICATIONS?**

Through the Statement of Qualifications, public and private organizations are invited to establish their qualifications to bid for County of Santa Cruz Workforce Innovation and Opportunity Act (WIOA) funds. Organizations that have established their capacity to administer WIOA funds are placed on the Qualified Agency List and are eligible to respond to Request for Proposals (RFP), and to contract with the County of Santa Cruz.

The Statement of Qualifications:

- Is available for completion year-round and organizations may submit a Statement at any time.
- May be submitted prior to, or in conjunction with the submittal of a proposal.
- Must be updated on an annual basis as determined by the County.

The County may remove an organization from the Qualified Agency List if :

- The information provided in the Statement of Qualifications, or Updates indicates an inability to manage WIOA funds.
- The organization's contracted program performance also indicates an inability to manage WIOA funds.

## **WHEN SHOULD ORGANIZATIONS SUBMIT THE STATEMENT?**

The Workforce Development Area will accept Statements of Qualifications throughout the year. However, an approved Statement indicating the capability to administer WIOA funds and programs must be on file prior to, or in conjunction with, the submittal of any proposal for WIOA funding.

Organizations interested in submitting a proposal in response to County RFPs are encouraged to submit their qualifications as soon as possible. Organizations will be notified in writing whether their qualifications meet the established minimum requirements for eligibility to receive WIOA funds, and whether or not their organization has been placed on the Qualified Agency List.

## **WHAT IF THE ORGANIZATION DOES NOT QUALIFY?**

Organizations whose Statement of Qualifications do not establish their capability to administer WIOA funds will receive a written notice indicating the specific deficiencies and outlining what, if any, actions the organization can take to correct such deficiencies.

## HOW DO ORGANIZATIONS RESPOND?

If this Statement is your initial submittal:

- Indicate NEW on page 3
- Complete all items that apply on the application.

If this Statement is an annual update:

- Indicate UPDATE on page 3
- complete page 3 in its entirety
- complete item 9.A.2 or 9.A.3 (on page 8)
- complete any other section in which there are changes to your initial submittal, or updates, on file
- Attach last submittal if available

Complete the Statement of Qualifications and Attachments and return them via email to:  
Lacie.gray@santacruzcounty.us

For any questions you might have regarding the Statement of Qualifications,  
contact Lacie Gray, WDB Procurement Officer, at  
Lacie.Gray@santacruzcounty.us  
(831) 454-4065



SANTA CRUZ COUNTY

**WORKFORCE**  
DEVELOPMENT

**WORKFORCE DEVELOPMENT BOARD  
COUNTY OF SANTA CRUZ  
STATEMENT OF QUALIFICATIONS**

**NEW**

**UPDATE**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

General Phone: \_\_\_\_\_ fax: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Please provide the following information for the Contact Person:

Telephone Number: \_\_\_\_\_ fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

The organization named above requests consideration for placement on the County of Santa Cruz Workforce Innovation and Opportunity Act (WIOA) Qualified Agency List.

The organization understands that the information provided in this statement is subject to verification by the County of Santa Cruz, and that findings of inaccuracies will constitute sufficient cause for disqualification of the organization from consideration for approval of proposals and/or continued funding.

The organization understands that the County reserves the right to reject any or all proposals, and that placement on the Qualified Agency List does not obligate the County to approve any proposal for funding submitted by the organization, or to enter into any contract with the organization.

The applicant certifies that:

- 1) The information provided in this Statement, including all Attachments, is true, accurate and current;
- 2) The person signing below is authorized to do so on behalf of the above named organization; and
- 3) The organization, if awarded a contract with Santa Cruz County, can agree to the contract exhibits which can be reviewed at:  
<https://www.santacruzhumanservices.org/WorkforceSCC/SantaCruzWDB/Publications>.

**Signature of Duly Authorized Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Typed/Printed Title

1. **LEGAL STATUS** (Attach a copy of your Articles of Incorporation, Partnership Agreement, or other proof of legal power to contract unless a public agency or status which does not require this.)

- |   |  |
|---|--|
| <input type="checkbox"/> Private for Profit Corporation<br>( _____ )<br>Date Incorporated/State     | <input type="checkbox"/> Sole Proprietorship           |
| <input type="checkbox"/> Private Not-for-Profit Corporation<br>( _____ )<br>Date Incorporated/State | <input type="checkbox"/> Partnership                   |
| <input type="checkbox"/> Public Agency<br>(Specify: ( _____ ))                                      | <input type="checkbox"/> Other<br>(Specify: ( _____ )) |

2. **ORGANIZATIONAL INFORMATION**

A. Federal Employer ID Number \_\_\_\_\_

State Employer ID Number \_\_\_\_\_

IRS Classification for Tax Exemption (attach Statement of Exemption for Non-Profit Corporation from Internal Revenue Service) \_\_\_\_\_

B. Is the organization a "Community-Based Organization" (CBO) (defined as a private non-profit organization which is representative of the community or significant segments of the community and which provides various services to the community)?

- Yes     No

C. How long has the organization been in business? \_\_\_\_\_

D. Have any officers of the organization been convicted of fraud or misappropriation of funds within the last two years?     Yes     No

If yes, explain circumstances:

\_\_\_\_\_

\_\_\_\_\_

E. Places of business: List the address of all locations of business the organization presently maintains.

<u>Street Address</u>	<u>City</u>	<u>County</u>	<u>State</u>
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\_\_\_\_\_

\_\_\_\_\_

F. If a partnership or sole proprietorship, have you or any partner filed for bankruptcy within the past seven years?

Yes  No

If yes, explain the circumstances and their resolution on a separate page.

G. Authorized Signatures

List the name, title, email and telephone number of person(s) authorized to sign proposals and contracts on behalf of the organization.

<u>Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. GOVERNING BODY OR BOARD OF DIRECTORS

List the name, business affiliation and/or employer, organizational title (President, Treasurer, Director, Trustee, etc.) and contact information for all members of your Governing Body or Board of Directors.

<u>Name</u>	<u>Business Affiliation</u>	<u>Title</u>	<u>Email</u>	<u>Telephone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**4. FINANCIAL DISCLOSURE**

Describe any financial relationship the organization has with any member of the Santa Cruz County Workforce Development Board (WDB), Workforce Development Area staff, and/or members of the Board of Supervisors and/or their staff.

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**5. PERSONNEL POLICIES**

A. Does the organization have an established written personnel policy?

Yes       No

B. If yes, does it stipulate the following?      **Yes**      **No**      Effective Date/Revision Date

Hiring Policy/Procedures                  \_\_\_\_\_/\_\_\_\_\_

Affirmative Action Policy                  \_\_\_\_\_/\_\_\_\_\_

Vacation Policy                  \_\_\_\_\_/\_\_\_\_\_

Sick Leave Policy                  \_\_\_\_\_/\_\_\_\_\_

Holidays                  \_\_\_\_\_/\_\_\_\_\_

Employee Benefits                  \_\_\_\_\_/\_\_\_\_\_

Overtime Policy                  \_\_\_\_\_/\_\_\_\_\_

Grievance Procedure                  \_\_\_\_\_/\_\_\_\_\_

C. Where may a copy of the policy be reviewed? \_\_\_\_\_

**6. FIDELITY BOND & INSURANCE**

Generally, the County requires the following types of insurance for WIOA contracts: Workers' Compensation/Employer Liability, Commercial General Liability (\$1 million combined single limit), Automobile Liability (\$500,000 combined single limit), fidelity bond for one-fourth the payment limit of the contract, Workers' Compensation or adequate on-site medical and accident insurance, as applicable, that provides coverage for injuries suffered *by participants*. The County typically requests that it be added as additional insured on automobile and general liability policies. **A certificate of insurance is required as proof of coverage prior to contract execution.**

Does the organization currently carry the type/limits of insurance shown?

Yes       No

If no, is the organization able to obtain the insurance shown?

- Yes                       No      If no, indicate any differences and/or problems your organization may have with the insurance provisions. Use additional sheets if necessary.

Are any of the organization's staff presently bonded?

- Yes                       No      If yes, specify position(s): \_\_\_\_\_

**7. ORGANIZATIONAL PURPOSE**

Briefly describe the principal activity of the organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. FUNDING INFORMATION**

List government contracts awarded to your organization within the last three (3) years. Include the source of funds, dollar amount, major activity or program, and contract period.

<u>Source</u>	<u>Amount</u>	<u>Activity</u>	<u>Contract Period</u>
_____			
_____			
_____			



## 9. FINANCIAL MANAGEMENT SYSTEM

A. In order to determine that the organization's financial management system meets the criteria described below in item B, you must either:

(Check One)

- 1. **NEW APPLICANT:** Attach a copy of the organization's most recent financial statement or annual report, **and** a statement from an auditor or an independent C.P.A. certifying that the financial management system meets generally acceptable accounting principles as stated in item B; or
- 2. **UPDATE:** (For organizations with current Santa Cruz County or WIOA funding)
  - a) Provide a statement that the organization currently has Santa Cruz County or WIOA funding and has no unresolved exceptions identified regarding its financial management system and/or has no unresolved exceptions in other pending audits.
  - b) Provide a statement that all audit reports have been submitted as required by County audit procedures.
  - c) If your organization has not complied with these audit requirements, it may be removed from the Qualified Agency List and may not be eligible to contract with the County until these issues are resolved.
- 3. **UPDATE** (For organizations without current Santa Cruz County or WIOA funding)  
Please complete any RFQ section in which there are changes to your initial submittal, or updates, on file.

B. The Financial Management System must be capable of:

- 1. Complying with federal and state requirements stipulated in Title 2 Code of Federal Regulations (CFR) Part 200: "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (Uniform Guidance), Employment Development Department Directives, including but not limited to: Number: WSD20-03 Audit Requirements; ; WSD18-15 Indirect Cost Rates; WSD18-06 Subrecipient and Contractor Distinctions; Number: WSD18-05 WIOA Grievance and Complaint Resolution Procedures; Number: WSD17-08 Procurement of Equipment and Related Services; WSD17-05 Oversight and Monitoring of Nondiscrimination and EO Procedures; WSD16-16 Allowable Costs and Prior Written Approval; WSD16-10 Property – Purchasing, Inventory, and Disposal; ; WSD16-05 WIOA Closeout Requirements; WSD16-Unilateral De-Obligation; WSD15-25 WIOA Program Income; WSD15-22 Consultant Services and Pay; Number: WIAD05-17 Audit Resolution. New Federal and State guidance, as they pertain to any WIOA contract, are also included. other applicable regulations and directives of the Federal and State government pertaining to audit requirements are included by reference.

2. Providing for the control of cash and other resources to ensure that obligation and expenditure of funds, and the use of property will be in accordance with the terms of the subgrant. The following procedures are essential:
  - a) A procedure for recording separately by subgrant and/or contract, all WIOA funds received and expended.
  - b) A procedure for identifying, segregating, summarizing and reporting actual expenditures by specific County subgrant and/or contract through the use of a coding or classification system.
  - c) A procedure for maintaining, locating, and identifying the expenditure details to back up costs reported for reimbursement, i.e., bills, invoices, statements and receipts for materials, supplies, and equipment, payroll time sheets, leave requests, etc. Such detail should include vendor name and address, date of purchases, description of items purchased, amount of order, and person placing the order.
  
3. Providing for sufficient detail to establish the reasonableness of performance fees under fixed price performance-based contracts (if applicable).
  
4. For public or private non-profit organizations, a procedure for identifying revenues that are earned in excess of costs (program income) under fixed price performance based contracts (if applicable).

C. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any WIOA or other federal, state or local government contract during the past three completed calendar years. Include disallowances still in the resolution process and describe their status. Use additional sheets if necessary.

<u>Grantor</u>	<u>Date/Type of Disallowance</u>	<u>Amount</u>	<u>Status</u>

D. Financial Information

Provide a current financial statement or information on the total amount of your annual operating budget for the most recently completed fiscal year. Please itemize your sources of revenue and the corresponding amounts.

<u>Revenue</u>	<u>Source</u>	<u>Costs</u>	<u>Program</u>	<u>Profit/(Loss)</u>