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# REQUEST FOR QUALIFICATIONS - RFQ

## Success Coach – Manufacturing Pre-Apprenticeship Program

### McHenry County Workforce Network

#### RFQ #: PY2018.001

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This RFQ is issued by the McHenry County Workforce Network Board (MCWN Board) for the purpose of establishing a contract with a qualified consultant to assist the McHenry County Workforce Network as described herein.

**DATE REISSUED:** 20 March 2019

**DUE DATE:**

**04 April 2019**

### **SUBMISSION OF RESPONSE:**

Responses will be due by 2:00 p.m. on 04 April 2019 to the McHenry County Workforce Network Board via email to [jjpoynter@mchenrycountyil.gov](mailto:jjpoynter@mchenrycountyil.gov) and a copy to [kjohnson@mchenrycountyil.gov](mailto:kjohnson@mchenrycountyil.gov). A receipt will be emailed when a proposal is received. If the proposers do not receive an email receipt it is their responsibility to contact the Workforce Network Board to verify receipt. Any responses received after the deadline will not be accepted.

### **CONTACT:**

All questions regarding this RFQ must be submitted in writing via e-mail to Jeffery Poynter at: [jjpoynter@mchenrycountyil.gov](mailto:jjpoynter@mchenrycountyil.gov) by 4:00 p.m., on 27 March 2019. No questions will be accepted after that time. Responses to all questions will be posted on the McHenry County Workforce Network Board website at [www.mchenrycountywib.org](http://www.mchenrycountywib.org) by 4:00 p.m., 28 March 2019.

### **CONTENTS:**

Project Description and Specifications  
Contract & Response Information  
Guideline for Preparation of the Response  
Budget Worksheets  
Certifications / References

### **LIMITATIONS:**

This RFQ does not commit MCWN Board to award a contract, to pay any costs incurred in the preparation of a response to this request, or to procure or contract for services or supplies.

### **EVALUATION AND REVIEW:**

Responses will be evaluated according to the criteria contained in this packet and only in accordance with the written material submitted in the response.

### **TABLE OF CONTENTS**

- I. General
- II. Specifications
- III. Contract & Response Information
- IV. Guideline for Preparation of the Response
- V. Attachments

## **I. GENERAL**

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### **A. BACKGROUND**

The Workforce Innovation and Opportunity Act (WIOA) was passed into law on July 22, 2014. The purpose of this legislation is designed to help job seekers access employment, education, training and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. WIOA outlines a broad vision that supports an integrated service delivery system and provides a framework through which local workforce areas can leverage other Federal, state, local and philanthropic resources to support businesses and job-seekers. WIOA commitment is to provide high-quality services, beginning with career exploration and guidance, continued support for educational attainment, opportunities for skills training in in-demand industries and occupations, such as apprenticeships, internships, work based learning, on-the-job training and culminating with a good job along a career pathway, enrollment in post-secondary education or a Registered Apprenticeship. WIOA programs will provide a needed continuum of services to help support a high quality, integrated, and inclusive workforce system.

### **B. INTENT AND PURPOSE OF THE REQUEST FOR RESPONSE**

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The Success Coach works with all participants in the Manufacturing Pre-Apprenticeship program by providing intensive case management designed to increase completion and retention in program activities. Assisting participants in obtaining and maintaining employment that is consistent with their vocational and recovery goals is at the core of position. The Coach will engage with Career Planners, training instructors and employers as appropriate. Target audience for the project are at risk young adults and ex-offenders.

### **C. FUNDING**

Funding for this is made available through an Illinois Department of Commerce and Economic Opportunity TALENT PIPELINE GRANT, NOT TO EXCEED \$35,000 will be used to accomplish the purpose of this RFQ. Every effort will be made to award contracts deemed as meeting the intent of this RFQ within reasonable Grant and program budgetary limits. In the event that the total amount of successful projects exceeds the amount of funding initially set aside for this purpose, one or more successful respondent(s) may be asked to negotiate the cost of the project.

## II. SPECIFICATIONS

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### A. RFQ BACKGROUND

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The McHenry County Workforce Network (MCWN) received a Talent Pipeline Grant, from the Illinois Department of Commerce, for creation of a Manufacturing Pre-Apprenticeship Program for At-Risk Young Adults and Ex-Offenders.

### B. PROJECT APPROACH

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This Pre-Apprenticeship program is designed to be a career pathway for underutilized populations to gain skills needed to enter Registered or Non-Registered Apprenticeship programs, or directly into employment with a local manufacturer. The program runs through June 30, 2020. This program will include workplace readiness courses, manufacturing essentials courses, hands-on learning activities, paid internships, and career development experiences. A key component of the project will be the Success Coach providing intensive case management to project participants. The goal is to ensure program completion and employment retention.

### C. SCOPE OF SERVICES

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The Success Coach will:

- Assist with implementing and delivery of programs designed to improve participant persistence and success;
- Meet with participants regularly on an individual and group basis for advisement, skill building and intervention as needed;
- Serve as liaison among workforce and other partners to ensure participants are receiving needed support services and co-enrolled in eligible programs and services;
- Identify academic and support service needs for participants and facilitates referrals;
- Coach participants to appropriate solutions;
- Maintain participant records including case notes, referrals and other information relating to participants;
- Prepare reports and communicates participant progress with McHenry County Workforce Network staff. Inputs and tracks student information and data;
- Collaborate with other community agencies as appropriate for participant needs;
- Collaborate with instructional staff to keep participants on track to completion;
- Develop relationships with community organizations and employers;
- Provide leadership and life-skills instruction to participants.

The Success Coach Minimum Requirements:

- H.S. diploma/equivalent with relevant certification and two (2) years related experience. Experience working with culturally diverse and socio-economically disadvantaged populations. Working knowledge of intervention strategies for participants with mental health and or recovery issues. Ability to work effectively with participants, staff and faculty in a team environment. Effective oral and written communication skills with diverse audiences, including group presentations. Ability to establish and maintain effective working relationships with individuals from diverse backgrounds and abilities,

community agencies, and the general public. Ability to use judgment, discretion, and decision making skills in dealing with confidential and sensitive issues.

- Direct experience in working with at risk young adults, ex-offender and individuals in recovery. Recovery Support training is helpful.

## **D. RESPONSIBILITIES**

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The McHenry County Workforce Network (Board) responsibilities include:

- a. Introductions and Coordinated services with partners: McHenry County Workforce Network, McHenry County College, the Illinois Department of Corrections, 22<sup>nd</sup> Judicial Circuit Court, Illinois Manufacturing Association, McHenry County States Attorney, and Stateline Society for Human Resources, and local employers to bring this opportunity to the community.
- b. Office and meeting space as needed
- c. Timely payment for services provided

The Consultant's responsibilities are as follows (in addition to the items detailed in the above scope of work).

- a. coordination of services and communication with MCWN Staff and partners

## **E. DURATION OF PROJECT**

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The program runs from January 1, 2019 through June 30, 2020.

### III. CONTRACT AND RESPONSE INFORMATION

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- A. Respondents are required to follow the guidelines contained in this document in preparing response responses. Guidelines address both the structure and the content of the response. Responses not adhering to the guidelines and/or instructions may not be reviewed or considered for selection.
- B. All responses submitted in response to this RFQ will be subject to review by a committee comprised of MCWN Board Executive Committee members and Workforce staff. Final approval for any and all projects is the responsibility of MCWN Board.
- C. This RFQ does not commit MCWN Board to award a contract, to pay any costs incurred in the preparation of a response, or to procure or contract for services or supplies prior to issuance of a written contract document.
- D. Respondents shall provide an electronic copy of the response via email to [jjpoynter@mchenrycountyil.gov](mailto:jjpoynter@mchenrycountyil.gov) and a copy to [kjohnson@mchenrycountyil.gov](mailto:kjohnson@mchenrycountyil.gov). A receipt will be emailed when a response is received. If the proposers do not receive an email receipt it is their responsibility to contact the Workforce Network Board to verify receipt. Any responses received after the deadline will not be accepted
- E. Responses submitted in response to the RFQ and not selected for funding will not be returned.
- F. The final response, including any revisions made as a result of negotiations or modifications, submitted by the selected respondent (contractor) will become part of the contract with MCWN Board.
- G. Proprietary rights to all data, materials, documentation, and products originated by and prepared for MCWN Board pursuant to the contract shall belong exclusively to MCWN Board.
- H. The contractor will be prohibited from disseminating products and information developed under the contract without the prior written consent of MCWN Board.
- I. MCWN Board will meet with the selected respondent prior to finalizing the contract. The purpose of the meeting will be to make sure both parties share the same understanding of the project goals, activities, outcomes, billing schedule and billing submittal procedures. If the contract is with a school, a copy of the ADA compliance letter will be required at this meeting for the contract.
- J. MCWN Board Director is authorized to accept, modify and approve or reject the services furnished by the contractor.
- K. Payment for services provided under the contract shall not be construed as evidence of the MCWN Board acceptance of the project deliverables, as identified in Section II and described in Section IV. E. of this RFQ. The contractor will provide copies of all written deliverables in draft and final form to MCWN Board. Should MCWN Board reject any or all of the project deliverables, the Director will notify the contractor in writing and cite the reasons for the rejection. The right to reject the report shall extend throughout the term of the contract and for ninety (90) days after the contractor submits the final billing for payment.
- L. The contract may be modified to include additional tasks reasonably related to the initial project with necessary funding to support completion of those additional tasks provided as appropriate. Requests for any modification to the original contract must be submitted in writing to the MCWN Board Director. In accordance with established policies concerning modifications, this request will need to be approved by the MCWN Board. Final approval of modifications requiring formal action will be the authority of MCWN Board.
- M. The MCWN Board retains the right to accept or reject any or all responses received. It also retains the right to negotiate with any qualified party, or to cancel in part or in its entirety this RFQ process if that action would be determined to be in its best interests.
- N. The contract will be on a cost reimbursement basis.
- O. The contract shall be subject to termination and cancellation without penalty in the event that any Federal funding source, upon which all funds for workforce services are dependent, fails to appropriate or otherwise make available the funds required to operate program services.

## IV. GUIDELINES FOR THE PREPARATION OF THE QUALIFICATIONS

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All responses **must** be assembled according to the following outline and submitted in a Word or RTF document:

- A. Response Cover Sheet
- B. Table of Contents
- C. Executive Summary (1- 2 pages)
- D. Information on Respondent
- E. Narrative Description
- F. Certifications
- G. Cost Information
  - Budget information & Worksheets

Please read and follow the guidelines. Responses that are not in compliance with the guidelines provided in this RFQ may not be considered for funding. Specifications along with comments and suggestions that will appear in *italicized* print are presented on the following pages.

Although MCWN Board Executive Committee reserves the right to negotiate the price and terms of any response, respondents should submit their responses on the basis of their best offer since an award may be made solely on the initial submission.

### A. Response Cover Sheet

- 1) Complete all items of information on the cover sheet. (*Attachment A*)
- 2) Include the cover sheet as the first item in the response

**Comments and Suggestions:** *The cover sheet is the identification tag for the response. Be sure that all the information has been completed accurately.*

### B. Table of Contents

- 1) Indicate all headings and subheadings with appropriate page numbers.
- 2) List all appendices by title and page number. For ease of the reviewer, appendices should be inserted at the end of the appropriate section rather than at the end of the entire response.

### C. Executive Summary

Prepare a brief (1-2 pages) abstract that summarizes the **key** points regarding the completion of this project.

**Comments and Suggestions:** *The summary is probably the first thing that will be read. It should be clear, concise and specific. It should identify the proposer, the activities and services, the number of youth by in-school and out-of-school designation, and the projected cost for the project. It should also briefly describe the approach for performing project activities and producing the project deliverables identified in Section II. This section is not intended to provide detailed information regarding delineation of tasks to support completion of the project - this type of detailed information should be provided in part E of the response.*

### D. Information on Respondent

- 1) Provide an explanation of the respondent's experience and background which demonstrates that it has the necessary expertise to successfully carry out the objectives and achieve the goals of the proposed project. Additionally, indicate any experience or the extent to which the organization is familiar with the WIOA program and related regulations.
- 2) Provide information as to the organization's size and structure as well as the length of time in business. If applicable, indicate if organization is a minority or female owned and operated business.
- 3) Provide brief resumes indicating qualifications of staff members to be assigned to perform services requested. Identify the individual to serve as project liaison.
- 4) Indicate the number of hours each staff assigned to the project will devote to the project.

5) Identify references who can be contacted regarding the organization's quality of work on similar projects and capabilities in general. (*Attachment B*)

6) Provide a time line demonstrating the planning, implementation and completion of the project.

7). Past Demonstrated Effectiveness: This should include descriptions of similar projects and or requirements that contribute to your past demonstrated effectiveness.

#### **E. Narrative Description**

This section should provide a detailed narrative description of the entire project. Specifically, it should describe how elements in the Description and Deliverables will be delivered and how the outcomes within those activities will be achieved.

#### **F. Certifications** per attachments:

Conditions & Assurances (*Attachment C*),

State of Illinois Required Certifications (*Attachment D*),

Certification Regarding Lobbying (*Attachment E*),

Certification regarding Debarment, Suspension, and Other Matters (*Attachment F*).

#### **G. Cost Information**

1) Using the forms in Section V. Budget Worksheets (*Attachment G*), develop a budget that supports the proposed cost for performing project activities and completing project deliverables.

2) Provide a statement that recognizes invoices for payment will be submitted on a monthly basis unless prior approval for an alternative schedule is obtained from the grantor. Include a payment schedule of estimated expenditures by quarter. The schedule should clearly reflect payments for the duration of the project as outlined in Section II, Specifications.

#### **EVALUATION CRITERIA**

The applicant's response for Success Coach – Manufacturing Pre-Apprenticeship Program will address the following content requirements.

- Providers will be selected based on
  - a. Past performance, (max 20 pts)
  - b. Qualifications and (max 60pts)
  - c. Budget. (max 20pts)
- All responses shall clearly separate each of the four sections of their response.
- Aside from the boilerplate material, the narrative of the response shall be limited to five (5) pages. All responses shall be in order by section.
- Adherence to RFQ guidelines is required for consideration.
- Each response will be independently evaluated by a committee of MCWN Board Executive Committee Members and Workforce Network staff.

McHenry County Workforce Network  
 Success Coach – Manufacturing Pre-Apprenticeship Program  
 RFQ # PY2018.001

ATTACHMENT A  
**RESPONSE COVER SHEET WITH VENDOR INFORMATION**

|                                                        |  |
|--------------------------------------------------------|--|
| Name of Organization:                                  |  |
| Address:                                               |  |
| City, State, Zip Code:                                 |  |
| Phone:                                                 |  |
| Fax:                                                   |  |
| Organization FEIN:                                     |  |
| Project Contact Person and Title:                      |  |
| Contact's Phone:                                       |  |
| Contact's email:                                       |  |
| Name/Title of Person Authorized to Negotiate Contract: |  |
| Phone and email:                                       |  |
| Name/Title of Person Authorized to Sign Contract:      |  |
| Phone and email:                                       |  |

**Business Organization Identification**

- |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual or Sole Proprietorship<br><input type="checkbox"/> Partnership (list Names, Titles, Addresses of Principles/Partners as attachment)<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Government Entity<br><input type="checkbox"/> Real Estate Agent | <input type="checkbox"/> Medical and Health Care Trust or Estate<br><input type="checkbox"/> Nonprofit Corporation<br><input type="checkbox"/> 501c3 – US Internal Revenue Code<br><input type="checkbox"/> Services Provider Corporation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I hereby certify that, to the best of my knowledge, this response is complete and complies with the requirements of the Request for Qualifications (RFQ). The submission of this response has been authorized by the governing body of this organization. Under penalties of perjury, I certify that is my correct Federal Taxpayer Identification Number. I am doing business as a (Please check one):

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

Enter your taxpayer identification number in the appropriate space. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. Federal Employer Identification Numbers (FEINs) must not be used for sole proprietorships.

If you do not have a TIN, apply for one immediately. To apply, get form SS-5, Application for a Social Security Number Card (for individuals) from your local Social Security Administration, or form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue office.

To complete the certification if you do not have a TIN, fill out the certification indicating that a TIN has been applied for, sign and date the form, and return it to this agency. As soon as you receive your TIN, sign and date the form, and give it to this agency.

If you fail to furnish your correct TIN to this agency, you are subject to an IRS penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

WILLFULLY FALSIFYING CERTIFICATIONS OR AFFIRMATIONS MAY SUBJECT YOU TO CRIMINAL PENALTIES INCLUDING FINES AND/OR IMPRISONMENT. 31



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*ATTACHMENT B*  
**REFERENCES**

|                        |  |                |  |
|------------------------|--|----------------|--|
| Organization Name      |  |                |  |
| Address                |  |                |  |
| City, State, Zip Code  |  |                |  |
| Telephone Number       |  |                |  |
| Contact person & email |  |                |  |
| Dates of Service       |  | # of Employees |  |
|                        |  |                |  |
| Organization Name      |  |                |  |
| Address                |  |                |  |
| City, State, Zip Code  |  |                |  |
| Telephone Number       |  |                |  |
| Contact person & email |  |                |  |
| Dates of Service       |  | # of Employees |  |
|                        |  |                |  |
| Organization Name      |  |                |  |
| Address                |  |                |  |
| City, State, Zip Code  |  |                |  |
| Telephone Number       |  |                |  |
| Contact person & email |  |                |  |
| Dates of Service       |  | # of Employees |  |
|                        |  |                |  |
| Organization Name      |  |                |  |
| Address                |  |                |  |
| City, State, Zip Code  |  |                |  |
| Telephone Number       |  |                |  |
| Contact person & email |  |                |  |
| Dates of Service       |  | # of Employees |  |
|                        |  |                |  |
| Organization Name      |  |                |  |
| Address                |  |                |  |
| City, State, Zip Code  |  |                |  |
| Telephone Number       |  |                |  |
| Contact person & email |  |                |  |
| Dates of Service       |  | # of Employees |  |

ATTACHMENT C  
**CONDITIONS/ASSURANCES**

In submitting this response, the respondent must agree to follow and abide by the conditions/assurances stated below. Please read each item carefully and sign where indicated.

***Include this section in your submission.***

- 1) MCWN Board reserves the right to reject any and all responses which are not complete or not prepared in accordance with RFQ guidelines.
- 2) MCWN Board retains the right to accept or reject any or all responses received in whole or in part, to negotiate with any qualified sources, or to conceal in whole or in part responses if it is in the best interest of MCWN Board to do so. MCWN Board will require selected respondents to participate in contract negotiations should they be necessary.
- 3) The submission of a response does not commit MCWN Board to award a contract or to pay any costs incurred in the preparation of a response, or to procure or contract for services or supplies prior to the issuance of a signed contract.
- 4) The contents of responses submitted will become part of any contract award.
- 5) Proprietary rights to all products, data, materials, and documentation originated and prepared pursuant to a contract shall belong exclusively to MCWN Board.
- 6) Contractors will be prohibited from disseminating products developed under contract with MCWN Board without prior written consent.
- 7) Contractors must participate in project reporting, evaluation, and monitoring required or conducted by MCWN Board.
- 8) Contractors will be required to adopt the MCWN Board Grievance Procedures.
- 9) The Contractor shall operate and comply with the project described in the response, which will be included as a part of the contract. Any deviation from the project as defined in this response must be approved in writing by MCWN Board. Failure to gain such written approval shall constitute breach of contract. In the event of breach of contract, MCWN Board reserves the right to impose sanctions as deemed appropriate.
- 10) **All** funds received pursuant to this contract must be used exclusively for the proposed project. Any expenditures or performances that exceed those agreed to in the contract are the sole responsibility of the contractor and shall not entitle him/her to additional payments or benefits.
- 11) The Contractor shall inform MCWN Board in writing regarding the receipt of additional funding that may have an effect upon the provision, quality, or costs of providing services under this contract. MCWN Board retains the right to disapprove or renegotiate project costs based upon receipt of this information.
- 12) The Contractor agrees to permit MCWN Board or any of its authorized agents full access to and the right to examine any pertinent books, documents, papers, and records involving transactions related to the funding of this project as often as deemed necessary.
- 13) The Contractor must agree to hold MCWN Board and the Federal and State Governments harmless from liabilities arising from bodily injury, illness or damage of losses to person or property, or claims arising out of any activity under a WIOA contract.
- 14) The Contractor agrees to maintain record confidentiality as required. The Contractor also agrees to retain all records pertinent to this project for a period of five (5) years from the date of final contract payment or



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## INSTRUCTIONS FOR CERTIFICATION

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1. By signing and submitting this response, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the Department of Labor=s (DOL) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the DOL determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the DOL may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DOL if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “response”, and “voluntarily excluded”, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the DOL for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
7. The prospective primary participant further agrees by submitting this response that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by the DOL, without modification, in all lower tier-covered transactions and in all solicitations for lower tier-covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties From Procurement or Non-procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier-covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may terminate this transaction for cause of default.

ATTACHMENT D  
**STATE OF ILLINOIS REQUIRED  
CERTIFICATIONS**

The Grantee makes the following certifications as a condition of this Agreement. These certifications are required by State statute and are in addition to any certifications required by any federal funding source as set forth in this Agreement. Grantee's execution of this Agreement shall serve as its attestation that the certification made herein are true and correct.

**6.1 Compliance with Applicable Law.** The Grantee certifies that it shall comply with all applicable provisions of Federal, State and local law in the performance of its obligations pursuant to this Agreement.

**6.2 Unemployment Insurance.** Grantee certifies that:

\_\_\_\_\_ It has an Illinois Unemployment Insurance Account Number and that said number is \_\_\_\_\_ or

\_\_\_\_\_ It does not have an Illinois Unemployment Insurance Account Number for the following reason(s):

If the Grantee has an Illinois Unemployment Insurance Account Number, it certifies that it is not delinquent in the payment of Unemployment Insurance contributions, payments in lieu of contributions, penalties and/or interest, nor does it owe any sums to the Department of Employment Security because of overpaid unemployment insurance benefits. Grantee further certifies that Grantee's Federal Employer Identification Number (FEIN) set forth in the Notice of Grant Award is the same number that Grantee has supplied to IDES for unemployment insurance purposes. If, for any reason, the FEIN the Grantee has supplied for unemployment insurance purposes changes, the Grantee will immediately notify the Department of Employment Security of the new FEIN, in writing, by tele-facsimile sent in care of the Office of Legal Counsel at (312) 793-2164, with such notice to include reference to the Grant number assigned to this Grant Agreement; upon receipt of such notice, all further payments under this grant shall be processed under the new FEIN. Grantee hereby acknowledges that to the extent allowable by applicable federal laws and regulation, the State shall have the right and the Grantee authorizes the State to withhold from any sum or sums due otherwise payable pursuant to this Grant Agreement the overpaid benefits under the Unemployment Insurance Act, and may apply the amount so withheld toward satisfaction of any such past due contributions, payments in lieu of contributions, penalties and/or interest or overpaid benefits.

**6.3 Bid-Rigging/Bid-Rotating.** The Grantee certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720ILCS 5/33 E-3 and 5/33 E-4).

**6.4 Default on Educational Loan.** The grantee certifies that this Agreement is not in violation of the Educational Loan Default Act (5 ILCS 385/3) prohibiting certain contracts to individuals who are in default on an educational loan. 25

**6.5 Americans with Disabilities Act.** The Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et. seq.) and the regulations thereunder (2 CFR Part 200 and 2900) prohibit discrimination against persons with disabilities by the State, whether directly or through contractual arrangements, in the provision of any aid, benefit or service. As a condition of receiving this grant, the Grantee certifies that services, programs and activities provided under this Agreement are, and will continue to be, in compliance with the ADA.

**6.6 Drugfree Workplace Act.** The Grantee certifies that:

- A) \_\_\_\_ It is a Corporation, Partnership, or other entity (other than an individual) with 24 or fewer employees at the time of execution of this Agreement.
- B) \_\_\_\_ That the purpose of this grant is to fund solid waste reduction.
- C) \_\_\_\_ It is a Corporation, Partnership, or other entity (other than an individual) with 25 or more employees at the time of execution of this Agreement, or
- D) \_\_\_\_ That it is an individual.

If Option “A” or “B” is checked, this Agreement is not subject to the requirements of the Act.

If Option “C” or “D” is checked and the amount of this grant is five thousand dollars (\$5,000.00) or more, the Grantee is notified that the Drugfree Workplace Act (30 ILCS 580/1 et. seq.) is applicable to this Agreement, and the Grantee must comply with the terms of said Act, as set forth below:

Grantee will provide a drugfree workplace by:

- (a) Publishing a statement:
  - (i) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the Grantee’s workplace.
  - (ii) Specifying the actions that will be taken against employees for violations of such prohibition.
  - (iii) Notifying the employee that, as a condition of employment on such grant, the employee will:
    - (A) abide by the terms of the statement; and
    - (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- (b) Establishing a drugfree awareness program to inform employees about:
  - (i) the dangers of drug abuse in the workplace; 26
  - (ii) the Grantee’s policy of maintaining a drugfree workplace;
  - (iii) any available drug counseling, rehabilitation and employee assistance programs; and
  - (iv) the penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the grant and to post the statement in a prominent place in the workplace.
- (d) Notifying the granting agency within ten (10) days after receiving notice, under Part (B) of paragraph (iii) of subsection (a) above, from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in, a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by Section 5 of the Drugfree Workplace Act, 30 ILCS 580/5.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation are required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-free Workplace Act, 30 ILCS 580/5.

If Grantee is an individual, it certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Agreement.

**6.7 Anti-Bribery.** The Grantee certifies that neither it nor its employees have been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois, nor has Grantee or any of its employees made an admission of guilt of such conduct which is a matter of record as defined in the Illinois Procurement Code (30 ILCS 500 et. seq.).

**6.8 Discrimination/Illinois Human Rights Act.** The Grantee certifies (i) that it will not commit unlawful discrimination in employment in Illinois as that term is defined in Article 2 of said Act; (ii) that it will comply with the provisions of Article 5 of the Act regarding equal employment opportunities and affirmative action; and, (iii) that it will comply with policies and procedures established by the Department of Human Rights under Article 7 of the Act regarding equal employment opportunities and affirmative action. The Grantee further certifies that, if applicable, it will comply with “An act to prohibit discrimination and intimidation on account of race, creed, color, sex, religion, physical or mental handicap unrelated to ability or national origin in employment under contracts for public buildings or public works.” (775 ILCS 10/0.01 et. seq.).

**6.9 Sexual Harassment.** The Grantee certifies that it has written sexual harassment policies that shall include, at a minimum, the following information: (i) the illegality of sexual harassment; (ii) the definition of sexual harassment under State law; (iii) a description of sexual harassment, utilizing examples; (iv) the Grantee’s internal complaint process including penalties; (v) the legal recourse, investigative and complaint process available through the Department of Human Rights and the Human 27 Rights Commission; (vi) directions on how to contact the Department and Commission and, (vii) protection against retaliation as provided by Section 6-101 of the Illinois Human Rights Act (775 ILCS 5/2-105 (B)(5)). A copy of the policies shall be provided to the Department upon request.

**6.10 International Anti-Boycott Certification.** The Grantee hereby certifies that neither the Grantee nor any substantially owned affiliate company of the Grantee is participating or will participate in an international boycott, as defined by the provisions of the U.S. Export Administration Act of 1979, or as defined by the regulations of the U.S. Department of Commerce, promulgated pursuant to that Act (30 ILCS 582/1 et. seq.). 28

ATTACHMENT E  
**CERTIFICATION REGARDING LOBBYING  
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND  
COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, 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 an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making 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, an officer or employee of Congress, or an employee of a loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, A 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. This certification is 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 imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000.00 for each such failure.

\_\_\_\_\_  
Grantee/Contractor Organization

\_\_\_\_\_  
Name of Certifying Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Note: In these instances, "All", in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000.00 (per OMB).



ATTACHMENT F  
**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS  
PRIMARY COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 200 and 2900, Participants responsibilities. The regulations were published as part of the Federal Register published on December 26, 2013.

**(BEFORE SIGNING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) have not within a three-year period preceding this response been convicted of or had a civil judgement 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) contract 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;

(c) are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) have not within a three-year period preceding this application/response had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in This certification, such prospective participant shall attach an explanation to this response.

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Name and Title of Authorized Representative

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Signature

---

Date

ATTACHMENT G  
**BUDGET INFORMATION & WORKSHEETS**

Please include the completed Fiscal Questionnaire and all Budget Worksheets with your response. Specific instructions are provided on appropriate forms.

**FISCAL QUESTIONNAIRE**

1. Name/Title of person(s) responsible for bookkeeping, billing, record-keeping and reporting relative to this project:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Are all persons responsible for fiscal matters bonded?  Yes  No

If "yes", name of bond carrier: \_\_\_\_\_

3. Has any officer of your agency ever been convicted of fraud or embezzlement? \_\_\_Yes \_\_\_No

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Does your agency have written guidelines for fiscal management? \_\_\_Yes \_\_\_No

5. List the control ledgers/journals and any subsidiary registers or books of accounts used by your agency:

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

6. Does your agency maintain a general liability or other type of insurance policy that will hold MCWN Board harmless from liabilities arising from bodily injury, illness, or other damages or losses of person or property, or any claims arising out of any activity under a WIA contract or agreement?

Yes No

7. Does your organization have a financial management system in place to track and record the grant expenditures? (Example: QuickBooks, Sage MIP etc....)

Yes No

How long has this system been used at your organization? \_\_\_\_\_

8. Does the accounting system segregate receipts and expenditures separately for each grant/award provide for the recording of expenditures by budget cost categories?

Yes No

9. Does your organization have a cost allocation plan that complies with the OMB Uniform Guidance 2 CFR 200.27?

Yes No

10. Were there findings/violations in your organizations most recent monitoring /single audit?

Yes No If yes, please attach your response to those findings and your corrective actions.

**BUDGET WORKSHEET**

**PRICE QUOTE**

**TITLE**

The quote will consider all costs (labor, material, overhead, administration, profit, travel, etc.) associated with providing the services listed in this RFQ. (Please attach additional sheets if necessary)

| Action Item   | Proposed Price | Number of Hours |
|---------------|----------------|-----------------|
|               |                |                 |
|               |                |                 |
|               |                |                 |
|               |                |                 |
|               |                |                 |
|               |                |                 |
| <b>TOTAL:</b> |                |                 |

Please indicate any hourly rates for services that may not be included in the original scope of the RFQ. (Please indicate below the positions and hourly rates.)

| Position | Rate for Service |
|----------|------------------|
|          |                  |
|          |                  |
|          |                  |
|          |                  |
|          |                  |
|          |                  |
|          |                  |

Please delineate any services out of scope for the **TITLE** that may not be included in the original scope of the RFQ.

| Service | Proposed Price |
|---------|----------------|
|         |                |
|         |                |
|         |                |
|         |                |
|         |                |
|         |                |
|         |                |