

**Attachment A**

**Quotation Cover Page**

**Verdugo Workforce Development Board**

**Workforce Innovation and Opportunity Act One-Stop Operator Services**

**Program Year 2019-2020**

|  |  |
| --- | --- |
| Respondent’s Entity Name |  |
| Name of Contact Person |  |
| Title of Contact Person |  |
| Email of Contact Person |  |
| Phone Number of Contact Person |  |
| Proposer’s Headquarter Address |  |
| Proposed Total Budget |  |

I certify that the information in this quotation is accurate, valid, and a full disclosure of requested information. I am fully authorized to represent the entity listed above, to act on behalf of it, and to legally bind it in all matters related to this proposal. I certify that the entity can provide the services and can perform the activities described in this application for the cost listed above and detailed in the attached budget.

Typed Name of Authorized Representative Title of Authorized Representative

Signature Date

### End of Cover Page ###

**Attachment B**

**Quotation Narrative**

**Verdugo Workforce Development Board**

**Workforce Innovation and Opportunity Act One-Stop Operator Services**

**Program Year 2019-2020**

Instructions:

* The completed Proposal Narrative must not exceed 10 pages.
* All boxes to be checked are enabled- click to check the box when applicable.

**Section 1: Administrative Capability**

1. Legal Status
2. Please check the appropriate box below. The Entity is a:

☐ Private for Profit Corporation

☐ Nonprofit Corporation

☐ Public Agency

☐ Sole Proprietorship

☐ Other- specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Internal Revenue Service (IRS) Employer Number/Tax ID Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Attach one copy of each of the following to your original proposal package:
	1. Proof of incorporation/corporate status
	2. Proof of nonprofit 501(c)3 tax-exempt status, if applicable
3. Describe your entity’s mission.

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1. What are your entity’s primary activities and programs?

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1. Administrative Capability and History
2. In the past five (5) years, has a grantor found your entity to have serious deficiencies in contract performance in either fiscal or program areas?

☐ Yes ☐ No

1. In the past five (5) years, has a governmental, nonprofit, or private for profit entity or individual terminated your contract prior to completion of the contract?

☐ Yes ☐ No

If you answered “yes” to any of the above, please explain below.

☐ N/A

1. What was the date of your most recent outside financial audit? Click here to enter a date.

Is this audit available for review by Verdugo WDB Staff?

 ☐ Yes ☐ No

1. Does your entity have a written Equal Opportunity/Nondiscrimination Policy?

☐ Yes ☐ No

If yes, describe how you notify participants, entities, or individuals with whom you do business of this policy?

1. Can your entity function entirely as a vendor to provide the proposed services?

 ☐ Yes ☐ No

1. Other than materials, supplies, or in-kind partnerships, will any of the paid activities, services, or components of the proposed services be provided by another vendor?

☐ Yes ☐ No

**Section 2: Demonstrated Performance**

1. **One-Stop Operator Services**
2. Does your entity have, at a minimum, 2 years’ experience coordinating partnerships in a workforce environment?

☐ Yes ☐ No

If yes, please fill out the chart(s) below:

**Program #1:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

**Program #2:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

**Program #3:**

|  |  |
| --- | --- |
| Name of Service Provider |  |
| Year(s) Operated |  |
| Funding Source |  |
| Total Budget |  |
| Description of service(s) provided |  |
| Geographic location of the program |  |
| Outcomes/Measures |  |

* 1. Did your entity expend all funds listed in the chart above?

☐ Yes ☐ No ☐ N/A

 If no, explain the reason, indicating the amount that was under spent and why.

* 1. Were there any disallowed costs for any of the services listed in the chart above?

☐ Yes ☐ No ☐ N/A

If yes, list Service Provider, amount disallowed, date of disallowance and reason amount was disallowed.

* 1. List the outcomes and measures for each service.
	2. Did your entity meet all required service outcomes and expectations?

☐ Yes ☐ No

If no, which outcomes were not met and why?

**Section 3: Location**

1. Is your entity able to provide the proposed services at the Verdugo Jobs Center located in Glendale, CA?

 ☐ Yes ☐ No

1. Is your entity able to provide the proposed services at the Burbank Workforce Connection located in Burbank, CA?

 ☐ Yes ☐ No

**Section 4: Proposed Services**

1. Describe how Proposer will ensure that all One-Stop partners follow all policies adopted by the VWDB by providing training and guidance on the policies.
2. Describe how Proposer will work with appropriate VWDB staff to coordinate the implementation of the VWDB negotiated cooperative agreements, MOUs, and Resource Sharing Agreements with mandated partners.
3. Describe how Proposer will advise and assist the VWDB on all items relevant to AJCC Certification, partner MOUs, and partner agreements.
4. Describe how Proposer will ensure that all One-Stop partners make agreed upon partner contributions pursuant to cooperative agreements, MOUs, resource sharing agreements, and/or infrastructure financing agreements.
5. Describe how Proposer will act as liaison between the VWDB and AJCC partners in the matters of:
	1. Facility coordination
	2. Resolving disputes
	3. Addressing grievances
	4. Identifying changes to partner agreements that may be necessary
	5. Other matters as necessary and appropriate, as determined by the VWDB.
6. Describe how Proposer will convene and facilitate partner meetings to ensure effective communication in the delivery of services, at a minimum on a quarterly basis, such as to discuss such matters as:
	1. Partner collaboration
	2. Process improvement
	3. Implementing recommended changes as identified by VWDB
	4. Other matters as necessary and appropriate, as determined by VWDB.
7. Describe how Proposer will support, develop, and enhance the general coordination of Integrated Service Delivery teams.
8. Describe how Proposer will identify needs for AJCC partner coordinated activities, such as equipment and/or resource-related needs.
9. Describe how Proposer will assist in the coordination and facilitation of the process to ensure the partners implement the VWDB’s strategic initiatives, including those initiatives related to the AJCC certification, are implemented in the delivery of integrated services. Specifically address how Proposer will:
	1. Compare and analyze the list of the VWDB’s AJCC’s strategic initiatives with services being provided.
	2. Make recommendations at the quarterly meetings for how to integrate and implement the AJCC’s strategic initiatives from the Local and Regional Plans.
	3. Review tools and resources available to assist English Language Learners and where they are kept for easy access with all AJCC staff in a central location.
10. Describe how Proposer will assist in the coordination and development of meeting the following AJCC strategic goals:
	1. Meet the workforce needs of high demand sectors of the state and regional economies, by providing quality training, employment services and business resources to California’s workforce system with integrity, accountability, and fiscal responsibility.
	2. Ensure the services and resources throughout the network meet the needs of an evolving economic climate.
	3. Strengthen awareness of network services and resources to California’s workforce by supporting system alignment and continuous improvement efforts.
11. Describe how Proposer will work with the VWDB to designate, implement, and maintain appropriate customer flow and referral process for all One-Stop delivery system shared services. Specifically how Proposer will coordinate and complete the following:
	1. Create and maintain a Customer Flow Chart inclusive of the referral process for all partners (co-located and non-co-located); and
	2. Create other necessary materials that will help implement and support the customer flow of the AJCC.
12. Describe how Proposer will assess, develop, and generate a VWDB One-Stop delivery system report, at a minimum on a quarterly basis, that accurately reflects/measures:
	1. Partner activity;
	2. Customer flow within the One-Stop delivery system;
	3. Co-enrollments;
	4. Success stories;
	5. Referrals and outcomes;
	6. AJCC Customer demographics; and
	7. Other metrics as necessary and appropriate, as determined by VWDB.
13. Describe how Proposer will coordinate and track One-Stop partner staff training, cross-training, and professional development plan for all AJCC Partners. This includes providing applicable training materials to ensure all One-Stop partner staff have the ability to adequately perform assigned roles pursuant to the policies, procedures, and specific characteristics of all co-located One-Stop partner programs. This also includes the review of the professional development plan annually with partners to ensure skills gaps are addressed.
14. Describe how Proposer will schedule face-to-face meetings between One-Stop partners, CONTRACTOR, VWDB, and/or other PARTIES as needed.
15. Describe Proposer’s commitment to attend quarterly Board Meetings and meetings as requested.
16. Describe how Proposer plans to be available to all partners and career service provider(s) as the One-Stop Operator during all hours of operation at the Verdugo Jobs Center.
17. Describe how Proposer will assist with Equal Opportunity (“EO”) compliance for the AJCC including:
	1. Attending State EO trainings;
	2. Implementing EO directives;
	3. Assisting and implementing vendor EO compliance;
	4. Support VWDB staff during an EO audit; and
	5. Providing EO compliance staff training to all AJCC partners.
18. Describe how Proposer will work with VWDB to create consistent, cohesive, up-to-date policies inclusive of visual layout, consistency of language, and in compliance with directives.
19. Describe how Proposer will assist VWDB with AJCC Customer Satisfaction data collection including the coordination of the information gathered from the One-Stop partners, analysis of data, and recommendations for data collection and process that will help the AJCC implement best practices.
20. Describe how Proposer will develop and finalize an AJCC Partner Catalog to be used in the promotion of the AJCC, its partners, and the service offered through the AJCC. The catalog should include, but is not limited to:
	1. Description of the AJCC and its purpose;
	2. Description of the area and population served;
	3. Partner organization descriptions, information, and contact information;
	4. Updated list of AJCC goals and objectives; and
	5. Other information as requested by the VWDB.
21. Describe how Proposer will assist with the review and evaluation of vendor proposals for active VWDB Request for Proposals/Quotations.

**Section 5: Budget**

1. Describe Respondent’s staffing plan, including leveraged staff. For all positions in the budget, include position descriptions, qualifications, and staff areas of responsibility as related to your services and activities.

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1. For staff currently employed by Proposer, including any leveraged staff members, describe their experience and qualifications by name, including years of experience operating and coordinating employment programs.

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1. Line Item Budget Description

Write an explanation and description for each budget item under the appropriate cost category, including leveraged resources. Include the method or formula for calculating each line item amount. Include hourly rate, projected travel expenses (if applicable), costs of materials (if any), and any other anticipated costs.

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| ***This description can be listed here or on the Excel Attachment D.*** |

**Section 6: References**

If your entity has never contracted with the City of Glendale, provide a minimum of three (3) references for services you have provided. Please fill out all fields. If you listed any programs funded by entities other than the City of Glendale in Section 1, you must fill out the information regarding those entities below. We will contact these entities to verify all information you have listed in Section 1, and we will also inquire about your performance outcomes and common measure outcomes for the services listed. Please notify the contact person(s) listed below that a City of Glendale employee will be contacting them. If VWDB is unable to secure a reference, your chances of being funded by the VWDB may be affected.

**Reference #1:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Reference #2:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Reference #3:**

|  |  |
| --- | --- |
| Name of Entity |  |
| Address |  |
| Total Budget |  |
| Contact Person Name |  |
| Contact Person Phone |  |
| Contact Person Email Address |  |
| Description of Work Performed |  |
| Duration of Project |  |

**Section 7: Miscellaneous**

1. Please address all requirements specified in the RFP that are not addressed in the above sections. Proposer must ensure that it addresses all RFP requirements in this Proposal Narrative.

### End of Attachment B ###

**Attachment C**

**Additional Qualification Questions**

**Verdugo Workforce Development Board**

**Workforce Innovation and Opportunity Act One-Stop Operator Services**

**Program Year 2019-2020**

Instructions:

* Please complete the following additional qualifying questions.

1. **FINANCIAL RESOURES AND RESPONSIBILITY**

1.1 In the past ten years, has your firm, or anyone else acting on behalf of your firm, filed for bankruptcy, insolvency, receivership, or reorganization?

[ ] **Yes** [ ] **No**

If **Yes**, list the filing date, identify the court and case number, describe the facts and circumstances giving rise to each instance, and set forth the disposition or current status.

2.2 In the past ten years, has your firm had any consolidations, mergers, acquisitions, closings, layoffs, or staff reductions?

[ ] **Yes** [ ] **No**

If **Yes**, list the date, and describe the facts and circumstances about each instance.

1. **BID REJECTION AND CONTRACT TERMINATION**

 For the following questions, the term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.

 2.1 Has a government entity or a client ever rejected your firm’s Bid or Proposal for services?

[ ] **Yes** [ ] **No**

If **Yes**, list the date, and describe the facts and circumstances about each instance.

9.2 2.2 Has a government entity or a client ever determined that your firm is a non-responsible bidder or contractor?

[ ] **Yes** [ ] **No**

If **Yes**, list the date, and describe the facts and circumstances about each instance.

.3 2.3 Has a government entity or a client ever debarred or suspended your firm from bidding or contracting?

[ ] **Yes** [ ] **No**

If **Yes**, list the date, and describe the facts and circumstances about each instance.

 2.4 In the past ten years, has your firm paid, or has your firm been assessed, liquidated damages on a contract or agreement?

[ ] **Yes** [ ] **No**

If **Yes**, list the date, and describe the facts and circumstances about each instance.

9.9 2.5 In the past ten years, has your firm or any of its owners, partners, officers or employees been convicted of a crime related to the bidding of a government contract, the awarding of a government contract, or the performance of a government contract?

(“Convicted” includes a verdict of guilty by a judge or jury, a plea of guilty, a plea of nolo contendere, or a forfeiture of bail.)

[ ] **Yes** [ ] **No**

If **Yes**, identify the government entity; list the date, court and case number; describe the facts and circumstances about each instance; and set forth the penalty or punishment imposed

1. **BUSINESS INTEGRITY**

For the following questions, the term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation. The term “convicted” includes a verdict of guilty by a judge or jury, a plea of guilty, a plea of nolo contendere, or a forfeiture of bail.

 3.1 In the past ten years, has your firm or any of its owners, partners, officers, or employees been convicted in a criminal action, or found liable in a civil suit, for making false claim(s) or material misrepresentation(s) to any government entity?

[ ] **Yes** [ ] **No**

If **Yes**, identify the government entity; list the date, court and case number; describe the facts and circumstances about each instance; and set forth the outcome or disposition.

10.2 3.2 In the past ten years, has your firm or any of its owners, partners, officers, or employees been convicted of a crime involving embezzlement, theft, fraud, forgery, bribery, deceptive or unlawful business practices, perjury, falsifying or destroying records or evidence, or receiving stolen property?

[ ] **Yes** [ ] **No**

If **Yes**, identify the crime or offense; list the date, court and case number; describe the facts and circumstances about each instance; and set forth the penalty or punishment imposed.

10.3 3.3 Is a government entity currently investigating your firm or any of its owners, partners, officers or employees for making false claim(s) or material misrepresentation(s)?

[ ] **Yes** [ ] **No**

If **Yes**, identify the government entity, and describe the facts and circumstances about each instance.

10.4 3.4 In the past ten years, has any government entity ever: (a) investigated, cited, disciplined, or assessed any penalties against your firm or any of its owners, partners, officers, or employees, or (b) determined that your firm or any of its owners, partners, officers, or employees violated any laws, rules, or regulations?

[ ] **Yes** [ ] **No**

If **Yes**, identify the government entity, list the date, and describe the facts and circumstances about each instance.

1. **CLAIMS AND SUITS**

For the following questions, the term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.

 4.1 In the past ten years, has your firm or any of its owners, partners, officers, or employees been a defendant in court on a matter related to:

 4.1.1 The performance, non-performance, default, or breach of a contract or agreement?

 [ ] **Yes** [ ] **No**

 4.1.2 Violating any laws, rules, or regulations?

 [ ] **Yes** [ ] **No**

 4.1.3 Bodily injury or personal injury (libel, slander, false imprisonment)?

 [ ] **Yes** [ ] **No**

 4.1.4 Employment-related litigation brought by an employee of your firm?

 [ ] **Yes** [ ] **No**

 4.1.5 Payment to a subcontractor?

 [ ] **Yes** [ ] **No**

If the answer to questions 4.1.1 to 4.1.5 is **Yes**, identify the name of the person or entity that sued (i.e., “the plaintiff”); list the date, court and case number; describe the facts and circumstances giving rise to the lawsuit; and set forth the outcome or disposition.

 4.2 Has your firm ever filed a claim for damages or a lawsuit, or requested arbitration or mediation, against a government entity?

[ ] **Yes** [ ] **No**

If **Yes**, identify the government entity; list the date, court and case number; describe the facts and circumstances about the claim for damages, or the lawsuit, or both; and set forth the outcome or disposition.

11.3 4.3 Are there any pending or outstanding judgments or liens against your firm or any of its owners, partners, officers, or employees?

[ ] **Yes** [ ] **No**

If **Yes**, identify the name of the person or entity entitled to payment; list the date, court and case number; describe the facts and circumstances giving rise to the judgment or lien; and set forth the amount of the judgment or lien.

The City of Glendale may: (1) request credit, criminal, and investigative reports about you and your firm, and (2) contact the references, government entities, and other persons listed in this Proposal. The City of Glendale will use this information to evaluate your firm’s financial resources, responsibility, and integrity with respect to this Proposal, an award of the Contract, or any contract renewal. The City of Glendale will treat any information that it obtains now or later as confidential.

Do you and your firm authorize the City of Glendale to obtain credit, criminal, and investigative reports about you and your firm:

[ ] **Yes** [ ] **No**

Do you and your firm authorize the references, government entities, and other persons listed in this Proposal to release information about you and your firm to the City of Glendale?

 [ ] **Yes** [ ] **No**

### End of Attachment C ###

**ATTACHMENT D: BUDGET**

**Please fill out the Excel File Document for Attachment D**

**ATTACHMENT E
Certification Regarding Debarment
Suspension, Ineligibility, and Voluntary Exclusion**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants’ Responsibilities. The regulations were originally published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). The regulations were most recently published as Part 98 in the Code of Federal Regulations, Title 29, Volume 1, revised as of July 1, 2003.

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact which reliance was placed when this was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntary excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage section of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal 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 DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and voluntary Exclusion – Lower Tier covered Transactions,” without modifications, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that 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 Excluded from Procurement or Non-procurement Programs.
8. 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.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant is 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 pursue available remedies, including suspension and/or debarment.

The undersigned has read the instructions above and certifies, to the best of his or her knowledge and belief, that

1. The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal debarment or agency.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Typed Name of Organization Program/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Typed Name of Certifying Official Typed Title of Certifying Official

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

### End of Attachment E ###

**ATTACHMENT F**

 **Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certified, 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 a 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 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 subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 for each such failure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Typed Name of Organization Program/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Typed Name of Certifying Official Typed Title of Certifying Official

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

### End of Attachment F ###

**ATTACHMENT G**

**Assurances**

I recognize that I must give assurances for each item below. I understand that if I cannot, this proposal will automatically be rejected. For the purposes of this document, "We", "Us", and "Our" means [name of organization]. The assurances are:

1. I am authorized by my Board of Directors, Trustees, other legally qualified officer, or as the owner of this agency or business to submit this proposal.
2. We are not currently on any Federal, State, or local Debarment List.
3. We will provide records reasonably acceptable to the Verdugo Consortium, to show that we are fiscally solvent, if requested.
4. We have, or will have, all of the fiscal control and accounting procedures needed to ensure that all funds will be used as required by law and contract.
5. We will have an outside accountant audit our books annually in compliance with the Single Audit Act of 1984 and OMB Circular A-133.
6. Our agency will have no need to request advances against the budget prior to invoicing for actual costs.
7. Our agency has at this time, or will secure if granted funds from the Verdugo Consortium, the following insurance, at the levels required, and shall provide documentation of such coverage upon request. In addition, the City of Glendale, and its officers, agents, employees, and representatives shall be included as additional insureds under the policy(s).
	1. Commercial General Liability or Business Owners Liability Insurance
	2. Business Automobile Liability Insurance
	3. Workers Compensations Insurance
	4. Theft Insurance or Fidelity Bond
8. We have the ability to satisfy all requirements in the Verdugo Workforce Development Administration Assurances, Certifications and Agreement (the “Agreement”) between us and the Verdugo Consortium, including, but not limited to, indemnification requirements. The Verdugo Consortium reserves the right to make modifications to the Agreement prior to its execution.
9. We have the ability to maintain adequate files and records and meet reporting requirements required under the Agreement.
10. We have the administrative and fiscal capability to provide and manage the proposed services and to ensure we have an adequate audit trail.
11. We have the ability and are proposing to provide all paid services ourselves. We will not subcontract any part of the services described in the Agreement.
12. We will promptly reimburse the Verdugo Consortium or any of its members for funds that have been determined by the Verdugo Consortium to be disallowed costs.
13. We will provide services out of a physical location within the Verdugo Area (Burbank, Glendale, or La Canada Flintridge).
14. We will provide all program and fiscal documentation upon request, in a timely manner.
15. We ensure that all of our staff members who work with minor youth participants have passed a criminal background check.
16. We ensure youth participants will be provided services in a safe and healthy environment.
17. We will meet all applicable Federal, State, and local compliance requirements. These include, but are not limited to:
	1. Comply with any and all funding legislation and requirements.
	2. Records shall accurately reflect actual performance.
	3. Maintain participant record confidentiality, as required.
	4. Report financial, participant, and performance data, as required.
	5. Comply with Federal, State, and local Equal Opportunity and nondiscrimination policies.
	6. Meet requirements of Section 504 of the Rehabilitation Act of 1973.
	7. Comply with all labor laws, including child labor laws.
	8. Comply with the local Grievance and Complaint Policy and the local Incident Reporting Policy (Fraud and Abuse).
	9. Comply with the Drug Free Workplace Act, the Americans with Disabilities Act, and applicable prevailing wage laws.
	10. We will not:
		1. Use granted funds to assist, promote, or deter union organizing.
		2. Use granted funds to employ or train persons in sectarian activities.
		3. Use granted funds for youth in the construction, operation, or maintenance of any part of a facility to be used for sectarian instruction or religious worship.

I hereby assure that all of the above are true.

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Typed Name of Authorized Representative Typed Title of Authorized Representative

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Signature Date

### End of Attachment G ###