Request for Proposals

Office Space
for the
Workforce Solutions North Texas
Wichita Falls Workforce Center

Publication Date: May 11, 2018
Q&A Submission Deadline: May 18, 2018
Q&A Document Release: May 23, 2018

Submission Deadline: May 29, 2018 - 4 p.m.
Decision Date: June 28, 2018

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I. Introduction

The North Texas Workforce Development Board, Workforce Resource, Inc., dba Workforce Solutions North Texas (hereinafter, “the Board”), is a 501(c) (3) Non-profit Corporation that administers workforce development services funded by the Texas Workforce Commission (TWC) for the 11-county North Texas workforce development area, which consists of Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young counties. The Texas Workforce Commission Vocational Rehabilitation Services provide employment assistance services to individuals in the Board area. State law requires that the programs be co-located in 3 2018.

Workforce Solutions North Texas is governed by a 29-member Board of Directors and the Chief Elected Officials of the 11-county region. The Board is responsible for the oversight of employer, job-seeker, child care, and workforce services contractors and providers. The Board is the administrative entity for 4 Workforce Solutions Centers, plus a mobile unit, that provide services to residents of North Texas. These facilities are located in Bowie, Graham, Vernon, and Wichita Falls, and are open to the public from 8 a.m. to 5 p.m. 5 days a week Monday through Friday.

The Request for Proposals for a lease of property in Wichita Falls is 100% federally funded by the Texas Workforce Commission, which includes, but is not limited to Workforce Innovation and Opportunity Act (WIOA), Child Care Services, Supplemental Nutrition and Assistance Program (SNAP), Temporary Assistance for Needy Families/Choices (TANF), and Wagner-Peyser Employment Services.

EQUAL OPPORTUNITY IS THE LAW Workforce Solutions North Texas is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).

II. Purpose of RFP

The Board is soliciting proposals for office space in Wichita Falls. The office/or offices will serve as the location/or locations for Workforce Solutions North Texas Board, workforce program services, child care services, and Texas Workforce Commission Vocational Rehabilitation Services. The Board also may include other system partners in the future.

III. Description of Occupancy Needs

This section provides an explanation of facility lease needs, requirements, and specifications.

Location:
Office space is to be located within the City of Wichita Falls.
Specifications/Requirements:
The Workforce Solutions North Texas facility will house 4 divisions of services and may involve more than 1 location. Facilities are needed to house:

- 7 Board staff members, currently in Suite 180 of the First Texas Building at 901 Indiana;
- 10 child care services employees, currently housed in the Galaxy Center located at 4309 Jacksboro Highway with
- 26 workforce employees, and;
- 20 TWC VR employees, currently housed in 2 buildings located at 925 Lamar and 3503 Gregory.

The number of employees is current as of the date of release of this RFP and could change before the move.

The Board estimates that 25,000 to 40,000 sq. ft. will be needed to house all employees in one office. Additional offices would reduce the need for square footage and would adjust some of the requirements listed below.

- The building must be centrally located on an accessible bus route and must be within 1 block of a public transportation stop.
- The building must meet all accessibility requirements of the Americans with Disabilities Act (ADA).
- The building must provide parking for an estimated 65 employees and additional parking for the public. Based on current access, 100 spaces are needed.
- The building must provide the required number of accessible parking spaces based on total spaces in the lot meeting ADA requirements.
- Each accessible parking space must be marked with the International Symbol of Accessibility with signage located 60” above ground surface and the required number of spaces with “Van Accessible” signage as required by ADA.
- Facility must be in compliance with the ADA –owner/landlord to make all necessary/required accommodations for persons with disabilities; i.e. ramps, doors, signage, restrooms, etc.
- Facility must be asbestos-free, or an asbestos-managed environment in compliance with the Texas Department of Health.
- The building’s main entrance must be set up to open automatically in compliance with ADA requirements.
- All public restrooms must meet ADA accessibility requirements.
- Elevators must meet ADA requirements.
- The building must be designed to provide separate wings for three of the divisions and a small reception area for each division.
- The building’s main entrance must include space for the primary point of office reception to accommodate 25 to 30 customers with 2 reception area/desks that are behind glass (preferably shatter/bulletproof) with no customer access/entry.
- The facility will provide secure access on all staff internal and external entry doors. Secure entry includes access by use of buzzer or badge scan.
- Vocational Rehabilitation staff will require 10 walled offices 8x10 or greater and open-air concept (cubical) workstation space for at least 10 employees.
- Workforce and child care staff will require offices 8x10 or greater for at least 42 employees.
• The facility will provide 1 large conference room to accommodate at least 100 people and as many as 6 shared conference rooms that will accommodate tabled seating for a range of 10 to 50 people.
• The facility will provide 2 open resource rooms.
• The facility will provide a room for a computer lab with medium height private cubical for 30 workstations and 1 workstation near room entry for the facilitator.
• The facility will provide a room for a computer class with 20 computer stations or pods with WiFi connectivity.
• The facility will provide space close to an outside wall to house the Local Area Networks, Phone System and storage for Vocational Rehab and the combined information technology system of the child care services and workforce divisions.
• The facility will provide adequate storage and supply rooms.
• The facility will provide secure file storage.
• The facility will include at least 1 break area to accommodate at least 10 staff members with sink and running hot water, refrigerator, microwave oven, and ice machine.
• The facility will provide zoned heating and air conditioning.
• The facility will be required to undergo an inspection by a local or state official prior to a lease being executed.
• **The facility will be required to provide general liability insurance with an aggregate amount of coverage of at least $1,000,000.**
• The facility should be ready for occupancy by December 31, 2018.

**Lease Terms:**
Workforce Solutions prefers space that will require limited build-out. Workforce Solutions is willing to enter into a 5-year lease, with the option to renew for an additional 5-year period. Lease provisions must include an early termination clause (without penalty) should Workforce Solutions suffer a loss of its public funding (equivalent to 15% or more in one year). Owner/landlord will be responsible for the repair and maintenance of plumbing, HVAC, roof, foundation, flooring, and other structures or equipment serving the facility, and any items considered long-lived assets. Such costs shall not be the responsibility of Workforce Solutions.

**IV. Evaluation of Proposals**

All proposals will be reviewed and evaluated by a review team designated by the Board Executive Director. The evaluation process will include the following steps:

**Step 1** – review team will determine responsiveness of each proposal received in terms of the requirements and specifications contained in this RFP. Proposals deemed as non-responsive will not be considered for selection/award.

**Step 2** – responsive proposals will be evaluated and scored using a standardized instrument listing the criteria contained in this RFP.

**Step 3** – scores will be totaled and a rank of proposals determined.

**Step 4** – Board staff will notify all proposers of their selection or non-selection. Negotiations will begin with the selected proposer/proposers.
Evaluation Criteria

A. Proposed Facility 50 Points
   • Location – within desired geographic area, near or convenient to a public transportation stop
   • Appropriately zoned for office usage according to City of Wichita Falls regulations
   • Floor plan – space requirements; ADA compliant
   • Sufficiency of parking, including the required accessible spaces with the required number of spaces marked “Van Accessible”

B. Reasonableness of Cost 40 Points
   • Base lease with cost per square foot/monthly rent amount
   • Proposed escalation clauses
   • Common area maintenance costs
   • Insurance requirements

C. Other 10 Points
   • Acceptance of funding clause

D. HUB Bonus Points 5 Points
   (For Historically Under-utilized Businesses with a valid certification)

Total Possible Points 105 Points
A minimum aggregate average score of 75 points is required to be considered for selection.

V. General Conditions/Limitations

A. The only purpose of this Request for Proposal (RFP) is to ensure uniform information in the solicitation of proposals and procurement of services. This RFP is not to be construed as a purchase agreement or contract or as a commitment of any kind; nor does it commit the Board to pay for costs incurred prior to the execution of a formal contract unless such costs are specifically authorized in writing by Board.

B. The Board reserves the right to accept or reject any information received, to cancel or reissue this RFP in part or its entirety.

C. The Board reserves the right to negotiate the final terms of any and all contracts or agreements that may be initiated from this RFP.

D. Misrepresentation of the submitter’s ability to perform as stated in the information provided may result in cancellation of any contract or agreement awarded.

E. Submitters shall not, under penalty of law, offer or provide any gratuities, favors, or anything of monetary value to any officer, member, employee, or agent of the Board for the purpose of having an influencing effect toward their own proposal or any other proposal submitted hereunder.

F. No employee, officer, member or agent of the Board shall participate in the selection, award or administration of a contract if a conflict of interest, or potential conflict, would be involved.

G. Submitters shall not engage in any activity that will restrict or eliminate competition. Violation of this provision may cause a submitter’s information to be rejected. This does
not preclude joint ventures or subcontracts.

H. Any submitter may withdraw information either in person or by written request by a duly authorized representative at any time prior to the scheduled closing time for receipt of bids.

I. No contract may be awarded until the submitter has complied with Executive Order 12549, 29CFR, Part 98 by submitting to the Board a signed Certification of Debarment, which states that neither the submitter, nor any of its principals, are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in a procurement by any Federal department or agency.

J. The Board’s Executive Director is the responsible authority for handling complaints or protests regarding the procurement and proposal selection process. No protest shall be accepted by the State until all administrative remedies at the Board level have been exhausted.

K. Submitters not selected by this process may appeal the Board decision by submitting in writing a formal letter of appeal addressed to Executive Director, Workforce Solutions North Texas, 901 Indiana, Suite 180, Wichita Falls, Texas, 76301. This appeal must be sent by registered mail and identified on the envelope as an appeal with the grounds of the appeal clearly stated in the letter, within 14 calendar days of decision notification (the date on the notification letter). The Executive Director shall review the appeal and review applicable laws, and request determination if appeal is valid and shall make decisions. If persons are not satisfied with the decision they may pursue all other avenues of appeal provided by law.

L. Proposals must be manually signed by a person having the authority to bind the organization in a contract.

M. Any material that is to be considered as confidential in nature must be clearly marked as such and will be treated as confidential by the Board to the extent allowable in the Public Information Act.

N. Funding for goods or services requested in this RFP is contingent upon the Board's actual receipt and availability of funds from the Texas Workforce Commission.

O. Workforce Solutions North Texas is an equal opportunity employer and complies fully with the nondiscrimination and equal opportunity provisions of the following laws: Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity; Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities; the Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.
VI. RFP Availability and Submission

This RFP is released on Friday, May 11, 2018, and may be obtained from the offices of Workforce Solutions North Texas located at 901 Indiana, Suite 180, Wichita Falls, Texas 76301. It may also be requested by emailing mona.statser@ntxworksolutions.org.

Proposals must be received no later than 4 p.m. (CST) on Tuesday, May 29, 2018. Proposals must be hand delivered or mailed. Faxed or electronic submissions will not be accepted. Proposer is solely responsible for ensuring that their proposal is actually physically received by the Board by the submission date. The Board is not responsible for any errors or failures on the part of the U.S. Postal Service or other carrier regarding the timely delivery of a proposal. Late proposals will not be accepted.

Proposals shall be submitted to:

Workforce Solutions North Texas
Attn: Mona Statser
901 Indiana, Suite 180
Wichita Falls TX 76301

Board staff, upon request, will issue verification of receipt. Any modifications or amendments to a proposal must also comply with the above requirements and the response deadline. The submission of a proposal does not commit Workforce Solutions to the award of a contract or agreement. Workforce Solutions will not pay for any costs incurred in responding to this RFP or for any costs incurred prior to the execution of a contract.

VII. Proposal Questions

The Board will accept questions regarding this proposal through Friday, May 18, 2018. Questions may be submitted to mona.statser@ntxworksolutions.org. A bidder’s conference will not be held.

VIII. Instructions for Submitting a Proposal

The deadline for submission in response to this RFP is Tuesday, May 29, 2018, 4 p.m. (CST). All responses must be received by this date, regardless of date of postmark in order to be considered. Absolutely no exceptions will be made.

NUMBER OF COPIES - One original and three (3) copies of the completed proposal must be submitted. Proposals should be clipped or stapled in the upper left-hand corner. Binders or notebooks are not required. Responses should be prepared using the forms provided and presented in a clear and concise manner and submitted in the order as prescribed below. Proposals not submitted as required will be considered non-responsive.
SUBMISSION ORDER

- Cover Sheet (Attachment A)
- Application (Attachment B)
- Floor Plan
- HUB Certification (if applicable)
- Certification of Proposer (Attachment C)
- Certifications Regarding Lobbying, Debarment and Drug-Free Workplace (Attachment D)
- Texas Corporate Franchise Tax Certification (Attachment E) – if applicable
- State Assessment Certification (Attachment F) – if applicable
- Certification Regarding Conflict of Interest (Attachment G)
- Other relevant information.
**ATTACHMENT A - PROPOSAL COVER SHEET**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td></td>
</tr>
<tr>
<td>Authorized Representative - Contact</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Federal Employer ID Number</td>
<td></td>
</tr>
<tr>
<td>State Comptroller ID Number</td>
<td></td>
</tr>
<tr>
<td>HUB</td>
<td>YES  NO</td>
</tr>
<tr>
<td>if YES: Certification No.</td>
<td></td>
</tr>
<tr>
<td>Certifying Agency</td>
<td></td>
</tr>
<tr>
<td>Attach a copy of current certification.</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Organization**

- Corporation
- Partnership
- Sole Ownership
- Other (describe)

<table>
<thead>
<tr>
<th>Name &amp; Title of Authorized Signatory</th>
</tr>
</thead>
</table>

<p>| Signature and Date |                                      |</p>
<table>
<thead>
<tr>
<th><strong>ATTACHMENT B- GENERAL INFORMATION ABOUT PROPERTY</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Address of Proposed Facility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Zoned for Office Usage</strong></td>
<td>YES  NO</td>
</tr>
<tr>
<td><strong>Name of building owner</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of property management company if applicable</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age of Facility</strong></td>
<td>Year Built: ____________</td>
</tr>
<tr>
<td><strong>Are there currently any tax or other types of liens against the property?</strong></td>
<td>YES  □ NO  □ If YES, identify:</td>
</tr>
<tr>
<td><strong>Is facility near or convenient to a public transportation stop?</strong></td>
<td>YES  □ NO</td>
</tr>
<tr>
<td><strong>Access to facility: Monday through Friday 7:00 a.m. to 6:30 p.m.</strong></td>
<td>YES  □ NO</td>
</tr>
<tr>
<td><strong>Are employees able to enter/open the building at any time?</strong></td>
<td>YES  □ NO  □ If NO, detail the procedure for off hours entry:</td>
</tr>
<tr>
<td><strong>Space</strong></td>
<td>Total Square Footage ____________</td>
</tr>
<tr>
<td></td>
<td>Co-located Space  YES  □ NO  □ If YES, identify organization with which the office would be co-located:</td>
</tr>
<tr>
<td></td>
<td>_______________________________</td>
</tr>
<tr>
<td><strong>Cost Per Square Foot</strong></td>
<td>$______________ per square foot;</td>
</tr>
<tr>
<td></td>
<td>$______________ Monthly lease amount</td>
</tr>
<tr>
<td><strong>Floor Plan</strong></td>
<td>Attach Copy</td>
</tr>
<tr>
<td><strong>Is the facility compliant with ADA requirements?</strong></td>
<td>YES  □ NO  □ Based on the requirements within the RFP.</td>
</tr>
<tr>
<td><strong>Other Occupants</strong></td>
<td>List, if applicable, if building has any other existing occupants</td>
</tr>
<tr>
<td><strong>Insurance Requirements</strong></td>
<td>Specify:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td>Detail number of parking spaces available. Parking must meet the requirements specified in the RFP.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Building Maintenance/Repair</td>
<td>Owner/landlord willing to accept for repair and maintenance of roof, foundation, parking, plumbing, HVAC, structural soundness, other structures or equipment serving the facility, ceiling tiles, flooring, and any other items considered long-lived assets. YES</td>
</tr>
<tr>
<td>Terms of Lease - i.e. length, renewal, notices, escalation clauses, restrictions, etc. May submit a draft copy of a lease agreement</td>
<td></td>
</tr>
<tr>
<td>When would facility be ready to occupy?</td>
<td></td>
</tr>
<tr>
<td>If you have previously leased space to other entities, provide at least three (3) references you have leased/rented space to in the last three (3) years. Provide contact name and phone number.</td>
<td></td>
</tr>
<tr>
<td>Provide any additional information you believe to be an asset of this location.</td>
<td></td>
</tr>
</tbody>
</table>

Attach any additional relevant information.
ATTACHMENT C - CERTIFICATION OF PROPOSER

I hereby certify that the information contained in this proposal and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management and financial systems of this organization. I certify that no employee of Workforce Solutions North Texas has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of the RFP and that the organization will comply with applicable local, state and federal regulations and directives in the implementation of the program. I also certify that I have read and understand the Governing Provisions and Limitations section presented in this RFP and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

I, ________________________________, certify that I am the
(Typed Name)

__________________________of the corporation, partnership, organization, or other
(Typed Title)

entity named as Respondent herein and that I am authorized to sign this proposal and submit it to the Workforce Solutions North Texas Board on behalf of said organization by authority of its governing body.

____________________________________________
(Signature)

____________________________________________
(Address)

____________________________________________
(Phone)
ATTACHMENT D - CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, AND DRUG-FREE WORKPLACE REQUIREMENTS

Lobbying: This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned contractor certifies that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 98).

The undersigned contractor certifies that neither it nor its principals:

(1) Are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
(3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,

(4) Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.


The undersigned contractor certifies that it shall provide a drug-free workplace by:

(1) Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;

(2) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor’s policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;

(3) Providing each employee with a copy of the Contractor’s policy statement;

(4) Notifying the employees in the Contractor’s policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;

(5) Notifying Workforce Solutions North Texas within 10 days of Contractor’s receipt of a notice of a conviction of an employee; and,

(6) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

These certifications are a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.
Signature and Date

Typed Name and Title
ATTACHMENT E - TEXAS CORPORATE FRANCHISE TAX CERTIFICATION

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for profit corporations that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this contract is current in its franchise taxes must be signed by the individual on Form 203, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

Indicate the certification that applies to your corporation:

_The Corporation is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

_The Corporation is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

________________________     ____________________________
Signature       Date

________________________
Typed Name and Title
ATTACHMENT F - STATE ASSESSMENT CERTIFICATION

The undersigned authorized representative of the firm or individual contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The firm or individual certifies that:

_ Is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

_ Has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

______________________________________________________
Signature and Date

_______________________________________________________
Typed Name and Title
ATTACHMENT G - CERTIFICATION REGARDING CONFLICT OF INTEREST

By signature of this proposal, Proposer covenants and affirms that:

(1) no manager, employee or paid consultant of the Proposer is a member of the Board, the Executive Director, or an employee of Workforce Solutions North Texas;

(2) no manager or paid consultant of the Proposer is married to a member of the Board, the Executive Director, or an employee of Workforce Solutions North Texas;

(3) no member of the Board, the Executive Director or employee of Workforce Solutions North Texas owns or controls more than a 10 percent interest in the Proposer;

(4) no spouse or member of the Board, Executive Director, or employee of Workforce Solutions North Texas is a manager or paid consultant of the Proposer;

(5) no member of the Board, the Executive Director or employee of Workforce Solutions North Texas receives compensation from Proposer for lobbying activities as defined in Chapter 305 of the Texas Government Code;

(6) proposer has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interest;

(7) should Proposer fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Proposer shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with Workforce Solutions North Texas and shall immediately refund to Workforce Solutions North Texas any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by Workforce Solutions North Texas relating to that contract.

Disclosure of Potential Conflict of Interest______________________________________________________________

Name of Organization: ________________________________________________________________

Name/Title of Authorized Signatory: ____________________________________________________________

Signature______________________________________ Date: __________________________
# Proposal Evaluation Sheet for Wichita Falls Center Lease

Proposer: ________________________________

Proposal Evaluator: ____________ Date ____________

## Evaluation Criteria

### A. Proposed Facility 50 Points

| Location – within city limits of Wichita Falls - convenient to a public transportation stop | 10 |
| Appropriately zoned for office usage | 10 |
| Floor plan – space requirements; ADA compliant | 20 |
| Sufficiency of parking | 10 |

### B. Reasonableness of Cost 40 Points

| Base lease/rent amount | 20 |
| Proposed escalation clauses | 10 |
| Common Area Maintenance costs | 5 |
| Insurance requirements | 5 |

### C. Other 10 Points

| Acceptance of funding clause | 10 |

### D. HUB Bonus 5 Points

(For Historically Under-utilized Businesses with a valid certification)

| 5 |

**Total:**

Total Possible Points 105 Points

A minimum aggregate average score of 75 points is required to be considered for Selection.

**Comments:**