**PONCE LOCAL WORKFORCE DEVELOPMENT AREA**

**PONCE LOCAL BOARD**

 **Ponce Ponce**

**PROPOSAL FORM FOR ONE-STOP OPERATOR PONCE COMPETITION**

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| **DO NOT WRITE IN THIS SPACE. FOR WIOA USE ONLY.** **Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Proposal Administrative Committee** **Registration Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **# \_\_\_\_\_\_\_ Proposal and Planning Committee (WDB)** **Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Executive Committee (WDB)** **EvaluatiDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Special Local Board Committee** | **TYPE OF PROPOSAL** **(Indicate Service)** |

**TITLE OF THE PROPOSAL:**

**ONE -STOP OPERATOR PONCE COMPETITION:**

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

**IDENTIFICATION OF APPLICANTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of the Organization**

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

**Name of Authorized Representative**

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

**Signature of Authorized Representative**

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

**Name of Contact Person**

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

**Mailing Address**

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

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: Fax:**

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

**Email Address**

**The content of the proposal for the selection of contractors of the One - Stop Operator is described as follows:**

**(The lined space provided is for format uniformity of the Proposal Forms. These can be erased to include text.)**

**I. General Information (Appendix 1)**

1. **Applicant's Summary (Minimum two pages)**
2. Describe the organizations' experience, history, services, and development from initial implementation activities as well as the duration period operating in Puerto Rico.

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1. **Proposal Justification (Minimum three pages)**
2. Describe the project in general. Include a detailed narrative, justification and objectives.
3. Describe the organization's experience and qualifications to service the One-Stop Operator of the CGU-AJC.

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1. **Administration (Minimum three pages)**
2. Describe the administrative capacity, the resources (resumes, certifications) and the day to day operation activities to obtain the objectives and goals of the organization efficiently and effectively.

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1. **Experience in operating job and skill training programs (Minimum two pages)**
2. Describe your experience in operating job and skill training programs in the educational sector.

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1. **Financial Management of Federal Funds (Minimum three pages)**
2. Describe your previous experience managing WIOA funds and other federal funds. (Provide details of federal funding.)
3. Describe how your organization will assume financial liability of CGU-AJC.

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1. **Accreditations, Licensing and Institutional Permits**
2. Mention and include copies of accreditations, licenses and permits of your Institution.

|  |  |  |
| --- | --- | --- |
| **NO.** | **ACCREDITATIONS, LICENCES AND PERMITS** | **INCLUDED**  |
|  **Yes** |  **No** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
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| **10** |  |  |  |

**II. Services, Activities and Programs (Appendix 2)**

1. **Description of the Design and Content of the Services (Minimum three pages.)**

1. Describe the design and content of the services, activities and programs for displaced youth and adults according to WIOA sec. 129 and 134.

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1. **Operational Structure for Management and Administration (Minimum four pages)**
2. Describe the operational structure for management and administration. Include an organizational chart of the management, administration and operational hierarchies. Also include a flowchart of the services.

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 **c. Resources, Technological Support, Methodology and Service System**

 1. Mention the resources, methodology and service system available to operate the One-Stop Center.

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**d. Infrastructure of the Services (Minimum five pages)**

1. Design an infrastructure of the services which include Intake, objective evaluation, strategies to develop individual services, case management and follow-up services.

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**III. Development Plan and Compliance (Appendix 3)**

* + 1. **Capability of the Respondents to Comply with the Goals and Objectives. (Minimum five pages)**
1. Describe the Work Plan to comply with the goals and objectives established for the One - Stop Operator Center in the **Governor's Joint State Plan for 2022-2024/ Plan Estatal Unificado 2022-2024 del Gobernador. (pp. 80-86)**

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* + 1. **Integration of Required and Optional Partnerships (Minimum three pages)**
1. Capability of the respondents to actively integrate in the CGU the required and optional partners as established in WIOA sec. 121.
2. Describe the personnel training to become familiarized with all the services that partnerships offer (Cross training.) Present a schedule.

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 **c. Certification, Evaluation, Accessibility, Programming and Improvement Criteria**

 **(Minimum four pages)**

1. Capability of the respondents to comply with the criteria for certification and evaluation regarding effectiveness, physical access, and continuous program improvement as established in WIAO sec. 678.800, including norms for reasonable accommodation and access for the disabled.

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**d. Required Documents for Contracting:**

1. Include a current up to date copy of the following documents:

1. Certificate of the Department of State Incorporation - Corporate Resolution

1. Certificate of Good Standing- Department of State

4. Current up-to-date Municipal Tax Patent

5. PR Insurance Fund Corporation (FSE)

6. Certificate of Unemployment and Disability Insurance- Department of

 State & Registration as Patron and Social Security Certificate for drivers

7. Debt Certification - Department of Treasury

8. Certificate of Tax Return for last 5 years –Department of Treasury

9. Debt Certification of Municipal Revenue Collection Center – CRIM

10. Certification of Municipal Revenue Collection Center – CRIM for last 5 years

11. Negative Certification of Moveable Property and without Properties

12. Public Responsibility Insurance endorsed to ALDL/ Ponce

13. Certification of Compliance with ASUME (Justice Dept.)

14. Sworn Affidavit according to Law # 428 -September 22, 2004

15. Letter of Retention Relief Relay 7% (if applicable)

16. Merchant Certification (IVU)

17. Debt Certification (IVU)

18. Certification of Filed Sales and Use Tax (IVU)

19. Financial Statement certified by a CPA

20. Employer Identification Number (EIN)

21. Evidence of System for Award Management, (SAM-E)

22. Evidence of Data Universal Numbering System, (DUN)

**e. Certifications for the Signature of an Authorized Representative**

 (These will be provided by the Local Board)

1. Certification for Exclusion and Suspension
2. Certification for Lobbying
3. Certification for Billing regarding Absence of Interest by Staff Member and Public Employees

**IV. Detailed Cost of the One- Stop Operator Center (Appendix 4)**

1. Prepare a budget along with a narrative describing the budget costs.  **(Minimum two pages.)**

 (Please make sure your budget costs for the One Stop Operator Center are reasonable.)

**V. Other Supporting Documents (Appendix 5)**

Please mention and include other supporting documentation that the respondents esteem necessary.

|  |  |  |
| --- | --- | --- |
| **NO.** | **NAME OF DOCUMENT** | **INCLUDED**  |
|  **YES** |  **NO** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |

APPENDIXES

**Certification Regarding**

**Department, Suspension and Other Responsibility Matters**

**Primary Covered Transactions**


## Applicant Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This Certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant’s Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (Pages 19160-19211)**

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

1. **The prospective primary participant, (i.e. grantee) certifies to the best of its knowledge and belief, that and its principals:**
2. **Are not presently debarred, suspended, proposed for department, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;**
3. **Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission or 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 statues or commission of embezzlement, theft. Forgery, bribery, falsification of destruction of records, making false statements, or receiving stolen property;**
4. **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**
5. **Have not within a three period preceding this application proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.**
6. **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 proposal.**

**Name and Title of Authorized Representative**

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

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, 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 a Member of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract of 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 in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form III, “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 or not less than $10,000 and not more than $100,000 for each such failure.

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 Authorized Signature Date

**FORMULARIO OA-0201**

**Orden Ejecutiva Num. 1 Serie 2001-2002**

**Emitida por el Honorable Alcalde de Ponce**

**El 22 de febrero de 2002**

**CERTICACIÓN EN FACTURACIÓN SOBRE AUSENCIA DE INTERÉS POR FUNCIONARIOS Y EMPLEADOS PÚBLICOS**

FECHA: \_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_

NOMBRE DEL SUPLIDOR O PROVEEDOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUM. DE FACTURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_

NUM. DE ORDEN DE COMPRAS: \_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_

***“Bajo pena de nulidad absoluta certifico que ningún servidor publico del Municipio Autónomo de Ponce es parte o tiene algún interés en las ganancias o beneficios producto del contrato o de la orden de compra objeto de esta factura y de ser parte o tener interés en las ganancias o beneficios producto del contrato o de la orden de compra, ha mediado una dispensa previa. La única consideración para suministrar los bienes o servicios objeto del contrato u orden de compra, ha sido el pago acordado con el representante autorizado de la agencia. El importe de esta factura es justo y correcto. Los trabajos de construcción han sido realizados, los bienes han sido entregados, los servicios prestados (según aplique) y no han sido pagados.”***

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Firma del Suplidor o Proveedor

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

Seguro Social Patronal y/o Individual

Según se establece en el Boletín Administrativo Num. OE-2001-73 del 29 de noviembre de 2001 de la Gobernadora de Estado Libre Asociado de Puerto Rico, circulado por la OCAM mediante el Memorando Circular 2002-01 del 4 de enero de 2002 y en la Orden Ejecutiva Num. 2 Serie 2001-2002 del Alcalde de Ponce, la cual adopta ambas circulares: **SE PROHIBE EL PAGO DE FACTURAS QUE NO CONTENGAN ESTA CERTIFICACION.**