**BID FORM 1: Bidder’s Blank**

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder’s responses must be in ink or typewritten and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in **WRITING** and in **FIGURES**, and any proposal not so stated may be rejected. **Contracts exceeding twelve months must specify annual costs for each year.**
4. Bids **SHOULD BE TOTALED** so that the final cost is clearly stated (unless submitting a unit price bid), however **each item should be priced individually**. Do not group items. Awards may be made on the basis of ***total*** bid or by ***individual items***.
5. All bids **MUST BE SIGNED IN INK.**

### Name of Bidder (Firm or Individual

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agrees to bid on (Write “2021 One Providence for Youth Year-Long Employment Program” here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the bidder’s company is based in a state *other than Rhode Island*, list name and contact information for a local agent for service of process that ***is located within Rhode Island \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Delivery Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Surety Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount in Writing\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount in Figures\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* If you are submitting a unit price bid, please insert “Unit Price Bid”***

***Use additional pages if necessary for additional bidding details.***

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

Signature of Representation

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

Title

**BID FORM 2: Certification of Bidder**

(Non-Discrimination/Hiring)

## Upon behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Firm or Individual Bidding),

I, (Name of Person Making Certification),

being its (Title or “Self”), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder’s employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder, on

this day of 20 .

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

Signature of Representation

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

Printed Name

# 

# BID FORM 3: Certificate Regarding Public Records

## Upon behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Firm or Individual Bidding),

I, (Name of Person Making Certification),

being its (Title or “Self”), hereby certify an understanding that:

1. All bids submitted in response to Requests for Proposals (RFP’s) and Requests for Qualification (RFQ’s), documents contained within, and the details outlined on those documents become public record upon receipt by the City Clerk’s office and opening at the corresponding Board of Contract and Supply (BOCS) meeting.
2. The Purchasing Department and the issuing department for this RFP/RFQ have made a conscious effort to request that sensitive/personal information be submitted directly to the issuing department and only at request if verification of specific details is critical to the evaluation of a vendor’s bid.
3. The requested supplemental information may be crucial to evaluating bids. Failure to provide such details may result in disqualification, or an inability to appropriately evaluate bids.
4. If sensitive information that has not been requested is enclosed or if a bidder opts to enclose the defined supplemental information prior to the issuing department’s request in the bidding packet submitted to the City Clerk, the City of Providence has no obligation to redact those details and bears no liability associated with the information becoming public record.
5. The City of Providence observes a public and transparent bidding process. Information required in the bidding packet may not be submitted directly to the issuing department at the discretion of the bidder in order to protect other information, such as pricing terms, from becoming public. Bidders who make such an attempt will be disqualified.

I affirm by signing below that I am duly authorized on behalf of Bidder, on

this day of 20 .

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

Signature of Representation

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

Printed Name

WBE/MBE Form Instructions

The City of Providence actively seeks Minority and Women business enterprises to participate in bids to meet the City’s procurement needs. Pursuant to the City of Providence Code of Ordinances, Chapter 21, Article II, Sec. 21-52 (Minority and Women’s Business Enterprise) and Rhode Island General Laws (as amended), Chapter 31-14, et seq. (Minority Business Enterprise), Minority Business Enterprise (MBE) and Women’s Business Enterprise (WBE) participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is **10%** of the total bid value.

The goal for Women’s Business Enterprise (WBE) participation is **10%** of the total bid value.

The goal for combined MBE/WBE participation is **20%** of the total bid value.

Only businesses certified with the State of Rhode Island as minority and/or women business enterprises are counted towards the City’s goals. Eligible minority or women-owned businesses are encouraged to seek certification from the State of Rhode Island Minority Business Enterprise Compliance Office at: http://odeo.ri.gov/offices/mbeco/

**Note**: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Bid Requirements:**

***All Bidders:***  All bidders must complete and submit the ***MBE/WBE Participation Affidavit***indicating whether or not they are a state-certified MBE/WBE and acknowledging the City’s participation goals. Submission of this form is required with **every bid**. Your bid will not be accepted without an affidavit.

***Bidders who will be subcontracting:*** Bidders who will be subcontracting must submit the ***Subcontractor Disclosure Form*** as part of their bid submission. All subcontractors, regardless of MBE/WBE status, must be listed on this form. Business NAICS codes can be found at <https://www.naics.com/search/>. Awarded bidders are required to submit ***Subcontractor Utilization and Payment Reports***with each invoice.

**Waiver Requests:**

If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F on the Subcontractor Disclosure Form) and the prime contractor is not a Rhode Island State-certified MBE or WBE, the Bidder must complete the *MBE/WBE Waiver Request Form* for review. Waivers will be considered on a case by case basis.

No waiver will be granted unless the waiver request includes documentation that demonstrates that the Bidder has made good faith efforts to achieve the City’s stated participation goals. Waivers must be reviewed and signed by the City of Providence’s MBE/WBE Outreach Director, Grace Diaz, or her designee. Department Directors cannot recommend a bidder for award if this form is applicable and absent. If the bid does not meet the participation goals of the City of Providence and a waiver is not filed with the signature of the MBE/WBE Outreach Director or her designee, the bid will not be accepted.

**Verifying MBE/WBE Certification**

It is the responsibility of the bidder to confirm that every MBE/WBE named in a proposal and included in a contract is certified by the Rhode Island Minority Business Enterprise Compliance office. The current MBE/WBE directory is available at the State of RI MBE Office, One Capitol Hill, 2nd Floor, Providence, RI, or online at[http://odeo.ri.gov/offices/mbeco/mbe-wbe.php](http://odeo.ri.gov/offices/mbeco/mbe-wbe.php%20). You can also call (401) 574-8670 to verify certification, expiration dates, and services that the MBE/WBE is certified to provide. Note: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Form Instructions:**

Access all bid forms from <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>. **Download** the forms as blank PDFs. Once saved on your computer, fill them out using the Adobe program. The fillable PDFs must be completed in Adobe in order to be saved property. Google Chrome and similar platforms do not allow for the forms to be saved as filled PDFs. Therefore, please download the blank forms to your computer, then fill them out and save.

**Assistance with Form Requirements**

Examples of completed forms can be found on the City of Providence website at <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>.

**Contract Requirements:**

Prime contractors engaging subcontractors must submit the ***Subcontractor Utilization and Payment Report*** to the City Department’s Fiscal Agent with every invoice and with request for final payment. This form is not submitted as a part of the initial bid package.

For contracts with duration of less than 3 months, this form must be submitted along with the contractor's request for final payment. The form must include all subcontractors utilized on the contract, both MBE/WBE and non- MBE/WBE, the total amount paid to each subcontractor for the given period and to date. During the term of the contract, any unjustified failure to comply with the MBE/WBE participation requirements is a material breach of contract.

**Questions?**

For more information or for assistance with MBE/WBE Forms, contact the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [mbe-wbe@providenceri.com](mailto:mbe-wbe@providenceri.com) or (401) 680-5766.

**MBE/WBE PARTICIPATION AFFIDAVIT**

Item Discussion (as seen on RFP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prime Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prime Bidder (Company) Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which one of the following describes your business’ status in terms of Minority and/or Woman-Owned Business Enterprise certification with the State of Rhode Island?    \_\_\_\_\_MBE \_\_\_\_\_WBE \_\_\_\_\_Neither MBE nor WBE

**By initialing the following sections and signing the bottom of this document in my capacity as the contractor or an authorized representative of contractor, I make this Affidavit:**

It is the policy of the City of Providence that minority business enterprises (MBEs) and women business enterprises (WBEs) should have the maximum opportunity to participate in procurements and projects as prime contractors and vendors. Pursuant to Sec. 21-52 of the Providence Code of Ordinances and Chapter 31-14 *et seq*. of the Rhode Island General Laws (as amended), MBE and WBE participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is 10% of the total bid value.

The goal for Women’s Business Enterprise (WBE) participation is 10% of the total bid value.

The goal for combined MBE/WBE participation is 20% of the total bid value.

**I acknowledge the City of Providence’s goals of supporting MBE/WBE certified businesses.** Initial \_\_\_\_\_\_\_\_\_\_\_

If awarded the contract, I understand that my company must submit to the Minority and Women’s Business Outreach Director at the City of Providence (MBE/WBE Office), copies of all executed agreements with the subcontractor(s) being utilized to achieve the participation goals and other requirements of the RI General Laws.  **I understand that these documents must be submitted prior to the issuance of a notice to proceed**. Initial \_\_\_\_\_\_\_\_\_\_\_

**I understand that, if awarded the contract, my firm must submit to the MBE/WBE Office canceled checks and reports required by the MBE/WBE Office on a quarterly basis verifying payments to the subcontractors(s) utilized on the contract.**  Initial \_\_\_\_\_\_\_\_\_\_\_

If I am awarded this contract and find that I am unable to utilize the subcontractor(s) identified in my Statement of Intent, I understand that I must substitute another certified MBE and WBE firm(s) to meet the participation goals.  **I understand that I may not make a substitution until I have obtained the written approval of the MBE/WBE Office**.

Initial \_\_\_\_\_\_\_\_\_\_\_

**If awarded this contract, I understand that authorized representatives of the City of Providence may examine the books, records and files of my firm from time to time, to the extent that such material is relevant to a determination of whether my firm is complying with the City’s MBE/WBE participation requirements.**

Initial \_\_\_\_\_\_\_\_\_\_\_

**I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.**

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

Signature of Bidder Printed Name

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

Company Name Date

**SUBCONTRACTOR DISCLOSURE FORM**

**Fill out this form only if you WILL SUBCONTRACT with other parties. If you will not subcontract any portion of the proposed bid, do not fill out this form.**

Prime Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary NAICS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item Description (as seen on RFP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all Subcontractors below.** Include the total dollar value that you propose to share with each subcontractor and the dollar amount to be subcontracted. Please check off MBE and WBE where applicable. The directory of all state-certified MBE/WBE firms is located at [www.mbe.ri.gov.](http://www.mbe.ri.gov/) Business NAICS codes can be found at <https://www.naics.com/search/>

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed Subcontractor** | **MBE** | **WBE** | **Primary NAICS Code** | **Date of Mobilization** | **$ Value of Subcontract** |  |
|  |  |  |  |  | **$** | |
|  |  |  |  |  | **$** | |
|  |  |  |  |  | **$** | |
|  |  |  |  |  | **$** | |
| **A. MBE SUBCONTRACTED AMOUNT:** | | | | | **$** | |
| **B. WBE SUBCONTRACTED AMOUNT:** | | | | | **$** | |
| **C. NON MBE WBE SUBCONTRACTED AMOUNT:** | | | | | **$** | |
| **D. DOLLAR AMOUNT OF WORK DONE BY THE PRIME CONTRACTOR:** | | | | | **$** | |
| **E. TOTAL AMOUNT OF BID (SUM OF A, B, C, & D):** | | | | | **$** | |
| **F. PERCENTAGE OF BID SUBCONTRACTED TO MBEs AND WBEs. (Divide the sum of A and B by E and multiply result by 100).** | | | | |  | **%** |

Please read and initial the following statement acknowledging you understand. If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F) and the prime contractor is NOT a Rhode Island State-certified MBE or WBE, **you must fill out the MBE/WBE WAIVER REQUEST FORM for consideration by City of Providence MBE/WBE Outreach Director**. Initial

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

Signature of Bidder Printed Name

**MBE/WBE Waiver Request Form**

**Fill out this form only if you are subcontracting and did not meet the 20% MBE/WBE participation goal.**

**State-certified MBE or WBE Prime Bidders are NOT REQUIRED to fill out this form.**

Submit this form to the City of Providence MBE/WBE Outreach Director, Grace Diaz, at mbe-wbe@providenceri.gov, for review **prior to bid submission.** This waiver applies only to the current bid which you are submitting to the City of Providence and does not apply to other bids your company may submit in the future.

Prime Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Trade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item Discussion (as seen on RFP):

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

To receive a waiver, you must list the certified MBE and/or WBE companies you contacted, the name of the primary individual with whom you interacted, and the reason the MBE/WBE company could not participate on this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **MBE/WBE Company Name** | **Individual’s Name** | **Company Trade** | **Why did you choose not to work with this company?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I acknowledge the City of Providence’s goal of a combined MBE/WBE participation is 20% of the total bid value. I am requesting a waiver of \_\_\_\_\_\_\_ % MBE/WBE (20% minus the value of **Box F** on the Subcontractor Disclosure Form). If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners.

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

Signature of Prime Contractor Printed Name Date Signed

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

Signature of City of Providence Printed Name of City of Providence Date Signed

MBE/WBE Outreach Director MBE/WBE Outreach Director

**SUPPLEMENTAL INFORMATION**

If the issuing department for this RFP determines that your firm’s bid is best suited to accommodate their need, you will be asked to provide proof of the following prior to formalizing an award.

An inability to provide the outlined items at the request of the department may lead to the disqualification of your bid.

***This information is NOT requested to be provided in your initial bid that you will submit to the City Clerk’s office by the “date to be opened” noted on page 1. This list only serves as a list of items that your firm should be ready to provide on request.***

**All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city’s Open Meetings Portal and made available as a public record.**

**You must be able to provide:**

* Business Tax ID will be requested after an award is approved by the Board of Contract and Supply.
* Certificates of Insurance will be required from all partners if funded.
* Information on Worker’s Compensation Policies will be requested after an award is approved by the Board of Contract and Supply.
* Information regarding an Insurance Declaration Page will be requested after an award is approved by the Board of Contract and Supply.
* A copy of the most recent audit will be requested during the contract negotiation process.

**BID PACKAGE SPECIFICATIONS**

**Section VI: Proposal Response Format**

Part A: Identifying Information

Part B: Agency Experiences/Qualifications

Part C: Program Design

Part D: Budget

**Part A: Identifying Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete all requested information and include all required signatures**  **1. Agency Organizational Structure: (Check any that apply)** | | | | | |
|  | Non-Profit |  | Public Sector |  | Educational Institution |
|  | For-Profit |  | Private Sector |  | Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **2. Agency Fiscal Year End Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Name and Title of Agency Administrator**: | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **4.** **Proposal Contact Person**: | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **5. Name and Title of Person authorized to sign financial invoices:** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
| **6. Agency Fiscal Management Contact Person: (If different from above)** | | | |
| Name: |  | Phone: |  |
| Title: |  | FAX: |  |
| Email: |  |  |  |
|  | | |  |
| **7. Insurance:** I understand that if chosen for funding, providers must supply the Office of Economic Opportunity with proof of insurance as part of the contracting process, prior to any programming. Provider’s insurance shall include, at minimum, an umbrella liability policy of $1,000,000 for property damage and personal injury where the City of Providence is named as additionally insured. | | | |
| **8. Payment:** Bidder organization agrees to have the financial resources to pay program costs (not including youth wages) up front and receive reimbursement after submission of invoices, reports and other required materials. The reimbursement timeline will be finalized during contract negotiation. | | | |

PROPOSAL SUBMITTAL CERTIFICATION

On behalf of the respondent organization, I approve this proposal submittal to the City of Providence Board of Contract and Supply.

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

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

**Part B: Agency Background and Capacity (30 points)**

Please email a copy of your application digitally to Kadeem Leslie via [Kleslie@providenceri.gov](mailto:Kleslie@providenceri.gov)

1. Please include a description of your proposed program(s), including target audience served. (Limit to one page)
2. Please list a previous project in which your agency has provided workforce or related services to the target population. Please do not provide an example of a program that has been funded by the Office of Economic Opportunity. Please include the following:
   1. Project Name
   2. Funding source
   3. Brief Synopsis
   4. Number Planned to Serve
   5. Number Actually Served
   6. What were the successes and failures of the program?
   7. What did the provider learn from this project?
      1. How will the lessons learned influence the project you are proposing now?
3. In what ways is your agency ready to expeditiously start, manage and follow through on this project?
4. How will you ensure that data and reporting submitted to OEO are on time and accurate? Please detail the data management platform(s), used by your agency, processes/staff in charge of pre and post evaluation, attendance tracking and past collaboration with the Office of Economic Opportunity.
5. Please complete the chart seen on page (###) that describes the staffing for this program and include information regarding skills and abilities described in the Youth Worker Core Competencies in Attachment B on page (##). All positions that are included in the budget sections must be included and described in this section. What, if any, staff training and supports to youth does your organization provide to successfully serve youth, in particular youth whom are:
   * Off-track to graduate (Summer school/learning participants)
   * Youth with disabilities
   * English Language Learners
   * Youth with interrupted formal schooling
   * Out of School Youth
6. How will your agency be able to pay program costs up front and receive reimbursement upon submission of invoices? If awarded, during the contracting period provider’s will be asked to provide evidence of financial capacity.

|  |  |  |
| --- | --- | --- |
|  | |  |
| **Part C: Program Design (40 points)**   1. Which program model have you selected? Describe the proposed program’ goals and what youth will learn or experience in this program. Please include the following information in your response:    1. Planned number of youth to serve and any credentials    2. Age groups to serve    3. Target population of youth    4. Criteria for accepting youth    5. Location of the Program    6. Program Start Date    7. Program End Date    8. Hours Per Day    9. Days Per Week 2. What is the need that your program addresses? How is your program addressing these needs different than other programs that may already exist? 3. Please attach a draft 6 week outline of the proposed program that includes:    1. Topics and activities covered in the program    2. 21st Century Skills to be addressed (See chart below)    3. Opportunities for participant reflection    4. Final products or presentations/performances that will be included 4. What careers and career pathways will you expose participants to in this program? What characteristics are you looking for in employers for placement sites? Please list any employers recruited and provide letters of support if applicable.     **Part D: Budget (30 points)**  Please provide a budget for your program (s) that includes the budget format.  <https://docs.google.com/spreadsheets/d/1ENT-wWFuUxHNFp4O2A9fXihO5S6kQA2Y/edit#gid=2071159095>  All costs associated with proposed programs should be reasonable, allocable and necessary to the effective operation of the program. Funding available through this procurement process is for services not currently being funded through other federal or non-federal funds. Supporting documentation may be requested for specific line item requests. | |  |
| **Attachments:**   1. Program Staff Chart 2. Youth Development Worker Core Competencies (add) 3. Core Competencies Chart 4. Budget Template: (add) <https://drive.google.com/file/d/1ENT-wWFuUxHNFp4O2A9fXihO5S6kQA2Y/view?usp=sharing> 5. Certifications   **Attachment 1 - Program Staff Chart**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Title** | **Staff Name** | **Reports To** | **Responsibilities** | **Qualifications** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Attachment ### - 21st Century Skills to be Addressed:**   |  |  |  | | --- | --- | --- | |  | **What activities will develop these skills?** | **How will you measure skills gain?** | | **Communication** |  |  | | **Engagement in Learning** |  |  | | **Critical Thinking** |  |  | | **Perseverance** |  |  | | **Teamwork** |  |  | | | |
| **Attachment #### Certifications**  **1. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CERTIFICATION**  **Lower Tier Covered Transaction -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).**  **1.a. The Agency attests that neither it, its principals, nor its partners are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any federal department or agency from applying for or receiving federal funds.**  **2. NONDISCRIMINATION AND EQUAL OPPORTUNITY COMPLIANCE CERTIFICATION - This certification is required by regulations implementing WIA Section 188, “Nondiscrimination”, and as promulgated in 29 CFR Parts 31 and 32.**  **2.a. The Agency attests that it:**  **(1) Shall not exclude any individual from participation in, deny the benefits of, subject to discrimination under, or deny employment in the administration of or in connection with any of its programs/services because of race, color, religion, sex, national origin, age, disability or political affiliation or belief.**  **(2) Shall not employ participants on the construction, operation, or maintenance of so much of any facility as is used or to be used for sectarian instruction or as a place for religious worship.**  **(3) Shall not discriminate, with respect to terms and conditions affecting or rights provided to participants in activities supported by funds provided under this Act, against such individuals solely because of their status as such participants.**  **(4) Shall ensure that participation in programs and activities financially assisted in whole or in part under this Act shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the U.S. Attorney General to work in the United States.**  **3. AMERICANS WITH DISABILITIES ACT COMPLIANCE CERTIFICATION – 3.a. The Agency attests that it is in compliance with all applicable provisions of the Americans With Disabilities Act (ADA) and shall make any and all reasonable accommodation to provide access and equity of services to disabled persons applying to or enrolled in any program controlled by this contract.**  **4. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**  **4.a. The Agency attests that it will provide a drug free workplace in accordance with 29 CFR Part 98 by:**  **(1)Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.**  **(2)Establishing an ongoing drug-free awareness program to inform employees about:**  **(a) The dangers of drug abuse in the workplace;**  **(b) The grantee’s policy of maintaining a drug-free workplace;**  **(c) Any available drug counseling, rehabilitation and employee assistance programs; and**  **(d) The penalties that may be imposed upon employees for drug abuse violations.**  **5. CONFLICT OF INTEREST CERTIFICATION - The Agency attests that it and its principals are in compliance with the provisions of the Rhode Island “Conduct of Employee and Code of Ethics Law” (R.I.G.L. 36-14) as well as all applicable federal, state, and municipal ethics guidelines.**  **6. LOBBYING - The Agency attests that it and its principals must comply with the restrictions on lobbying which are codified in the Department of Labor Regulations at 29CRF Part 93.**  **7.BCI - I/WE certify that all staff working directly with youth in programs funded under this grant will obtain a Background Check Information (BCI). I further understand that my failure to do BCI checks will adversely affect my ability to continue to do business with the State of Rhode Island.**  **The Agency hereby certifies, by signature of its authorized representative affixed below, to all attestations identified above.**   |  |  | | --- | --- | |  |  | | **SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE** | **DATE** | | **TYPED NAME** | **TITLE** |     **ADA Accessibility Information**  **Title III of the Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability in "places of public accommodation" (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses). Program facilities are expected to be accessible to persons with disabilities. Respondents are expected to demonstrate full compliance with all applicable aspects of the Americans with Disabilities Act of 1990 (ADA), as amended and must have a recent accessibility survey completed and on file. Delegate Agencies who are not fully compliant with ADA are required to submit an "accessibility plan" outlining the steps that will be taken to become both programmatically and physically accessible and the planned implementation dates. This accessibility plan must meet the criteria set forth in the ADA.**  **For a full copy of the Americans with Disabilities Act, please visit:**  [**http://www.usdoj.gov/crt/ada/adahom1.htm**](http://www.usdoj.gov/crt/ada/adahom1.htm)  **For the ADA Title III Technical Assistance Manual please visit:**  [**http://www.usdoj.gov/crt/ada/taman3.html**](http://www.usdoj.gov/crt/ada/taman3.html)  **Add more rows if needed.**   |  |  |  | | --- | --- | --- | | **Location Name & Address** | **Is it accessible?** | **Plan for Accommodations** | |  |  |  | |  | |