



## **ATTACHMENT 1**

### **RFP Response Package**

### **RFP No. SRCSP 2025 Sub-Regional Adult and Dislocated Worker Career Services Provider**

**Responses due:** January 6, 2025 by 5:00 P.M.  
**Submit via email:** [ACWDB@acgov.org](mailto:ACWDB@acgov.org)

**Include bidder's name and RFP name and  
number on the subject line**

## RFP Pre-screening Response Checklist

**RFP Pre-screening Requirements:** Bidders shall provide all the bid documentation and exhibits listed below. Any material deviation from these requirements may be cause for rejection of the proposal, as determined at the County’s sole discretion. Please verify that each item below is correctly submitted as per the RFP specifications and check (✓) its corresponding Check Box and sign below.

**Response Format:**

**Check Boxes**

Item		✓
1.	One (1) original emailed no later than 5:00 pm., January 6, 2025.	
2.	The “original” bid response must be signed in <b>blue ink</b> by an authorized signature.	
3.	The “original” bid response is to be loose-leaf, not bound.	
4.	Proposals must be printed on white 8 ½” by 11” paper. The font must be 12-point type in “Times New Roman” or equivalent font. Lines shall be single-spaced with 1-inch margins.	
5.	Table of Contents: Bid responses shall include a table of contents listing the individual sections of the quotation/proposal and their corresponding page numbers. Tabs should separate each of the individual sections.	
6.	Bidders must also mail three (3) original signed copies of their proposal by January 13, 2025.	

**Response Package:**

Item		✓
1.	Proposal Checklist – signed.	
2.	Signed Cover Letter: Includes Federal Tax ID#, Organization Structure & Location. – <b>signed.</b>	
3.	Bidders Acceptance - <b>signed</b>	
4.	Bidder Minimum Qualifications – documentation, as needed	
5.	SLEB Information Sheet - <b>signed</b>	
6.	Exceptions and Clarifications – documentation, as needed	
7.	Agency Summary Sheet – <b>one page is allowed.</b>	
8.	Agency Description – <b>one page is allowed.</b>	
9.	Statement of Need – <b>two pages are allowed.</b>	
10.	Project Management and Organizational Capacity – <b>five pages are allowed.</b>	
11.	Strategy and Work Plan– <b>twelve pages are allowed.</b>	
12.	Outcome and Deliverables – <b>five pages are allowed.</b>	
13.	Projected Staff – <b>two pages &amp; up to six employee classifications are allowed.</b>	
14.	Exhibit A: Bid Acknowledgement – <b>signed.</b>	
15.	Exhibit B Bid Form (Program Budget) – <b>six pages are allowed</b>	
16.	Exhibit D: Debarment and Suspension Certification- <b>signed</b>	
17.	Exhibit D-1: References – <b>one page is allowed.</b>	
18.	Exhibit G-1: Certification Regarding Lobbying- <b>signed</b>	
19.	Exhibit H: Alameda County Vendor First Source Agreement Vendor Info.– <b>signed.</b>	
20.	Exhibit J: The Iran Contracting Act (ICA) of 2010- <b>signed</b>	

**Our agency certifies that all above requested information have been completed for the RFP.**

**Agency Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For entities exempt from the County of Alameda SLEB requirements, please indicate "Exempt" on the [SLEB Information Sheet](#) and the [Exceptions and Clarifications](#) sheet, and ensure the SLEB Information Sheet is fully signed.***

**COVER LETTER**

**Subject: Sub-Regional Adult and Dislocated Worker Career Services Provider**

This proposal is submitted for consideration of the full award under the RFP for **the period July 1, 2025 through June 30, 2029. Initial Contracts will be executed for (12) months beginning with the Program Year 2025-2026.**

Our agency accepts the terms and conditions contained in the RFP package.  
Our agency certifies that all statements in this proposal are true.

Name of: Sub-Regional Adult and Dislocated Worker Career Services Provider for <i>(insert region(s) proposed to be served):</i>	Total Funds Requested (Over 4 years): \$
	Funds requested (For year 1): \$

<b>FISCAL AGENT/CONTRACTOR: Signature of official authorized to sign for submitting agency</b>			
Agency Name:		Federal Tax Id#:	
Organizational Structure (e.g. Nonprofit 501c-3, Corporation, etc.):			
Name of Official:		Title:	
<b>Signature of Official:</b>		Date:	
Agency Address			
Phone:		Fax:	
E Mail Address:			

**This Fiscal Agent will be named to receive payments. The Fiscal Agent will retain primary financial and legal responsibility for contract.**

<b>Signatures of alternate official authorized to sign for submitting agency</b>			
Agency Name:			
Name of Official:		Title:	
<b>Signature of Official:</b>		Date:	
Agency Address:			
Phone:		Fax:	
E Mail Address:			

## BIDDER ACCEPTANCE


1. The undersigned declares that the procurement bid documents, including, without limitation, the RFP, Q&A, Addenda, and Exhibits (the Bid Documents), have been read and accepted.
2. The undersigned has reviewed the Bid Documents and fully understands the requirements for this RFP, including, but not limited to, general County requirements, and that each Bidder who is awarded a contract must be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its bid proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
3. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
  - a. **[General Requirements](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/)**  
[\[https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/\]](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/)
  - b. **[Debarment & Suspension Policy](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/)**  
[\[https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/\]](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/)
  - c. **[Iran Contracting Act \(ICA\) of 2010](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/)**  
[\[https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/\]](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/)
  - d. **[General Environmental Requirements](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/)**  
[\[https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/\]](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/)
  - e. **[Alameda County SLEB Program Overview](http://acgov.org/auditor/sleb/overview.htm)**  
[\[http://acgov.org/auditor/sleb/overview.htm\]](http://acgov.org/auditor/sleb/overview.htm)
  - f. **[Alameda County SLEB Program Additional Information](https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/)**  
[\[https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/\]](https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/)
  - g. **[First Source](http://acgov.org/auditor/sleb/sourceprogram.htm)**  
[\[http://acgov.org/auditor/sleb/sourceprogram.htm\]](http://acgov.org/auditor/sleb/sourceprogram.htm)
  - h. **[Online Contract Compliance System](http://acgov.org/auditor/sleb/elation.htm)**  
[\[http://acgov.org/auditor/sleb/elation.htm\]](http://acgov.org/auditor/sleb/elation.htm)
4. The undersigned acknowledges that Bidder is and will remain in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and any contract that is awarded.
5. The undersigned acknowledges that it is the responsibility of each Bidder to be familiar with all of the specifications, terms, and conditions of the RFP and, if applicable, the site condition. By the submission of a bid proposal, the Bidder certifies that if awarded a contract, they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
6. The undersigned acknowledges that Bidder has accurately completed the SLEB Information Sheet.
7. Bidder agrees to hold the County of Alameda, its officers, agents, and employees harmless from liability of any nature or kind, including cost and expenses, for infringement or use of any patent,

copyright, or other proprietary rights, secret process, patented, or unpatented invention, article or appliance furnished or used in connection with bid proposal and/or any resulted contract or purchase order.

8. The undersigned acknowledges **ONE** of the following (please check only one box):

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the [SLEB PARTNERING INFORMATION SHEET](#)); **OR**
- Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
  - Copy of a verifiable business license issued by the County of Alameda or a City within the County; and
  - Proof of six months of business residency, identifying the name of the bidder and the local address. Example of proof includes but are not limited to utility bills, deeds of trusts or lease agreements, etc., which are acceptable verification documents to prove residency.

9. By signing below, the signatory warrants and represents that the signer has completed, acknowledged, and agreed to this Bidder Acceptance in their authorized capacity and that by their signature on this Bidder Acceptance, they and the entity upon behalf of which they acted, acknowledged and agreed to this Bidder Acceptance and that all are true and correct and are made under penalty of perjury pursuant to the laws of California.

<p><b>BIDDER (COMPANY):</b> _____</p> <p>NAME/TITLE OF AUTHORIZED SIGNER: _____</p> <p><b>SIGNATURE:</b>  _____ <b>DATE:</b> _____</p>
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## **BIDDER MINIMUM QUALIFICATIONS**

**Instructions:** Bidder must respond and/or provide support documentation that fulfills all the minimum qualifications as identified in the RFP documents.

The Bidder must provide proof of any other permits, licenses, and/or professional credentials necessary to supply products and perform services as specified in this RFP if requested by the County.

**Maximum Length: None**

## SMALL LOCAL EMERGING BUSINESS (SLEB) INFORMATION SHEET

**Instructions:** On the following page is the **SLEB Information Sheet**. Every Bidder must complete and submit a signed SLEB Information Sheet indicating their SLEB certification status. If the Bidder is not certified, the information sheet must be completed with the name, identification information, and goods/services to be provided by the CERTIFIED SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement. The Exhibit must be signed by EACH of the named CERTIFIED SLEB(s) that will be subcontractors.

If a bidder is unable to meet the SLEB requirements, they must take exception to this requirement in the [Exceptions and Clarifications](#) section of this solicitation. Please note that the County is under no obligation to accept any exceptions or clarifications, and any exceptions or clarifications may be the basis for bid disqualification.

SLEB certification must be **valid** at the time of bid proposal submittal for SLEB primes and SLEB subcontractor(s).

- For SLEB Subcontracting Questions: Please contact the General Services Agency - Office of Acquisition Policy, [GSA.OAP@acgov.org](mailto:GSA.OAP@acgov.org).
- For questions/information regarding SLEB certification, including requirements, please contact the Auditor-Controller Agency, Office of Contract Compliance & Reporting – SLEB Certification Unit, [OCCR@acgov.org](mailto:OCCR@acgov.org), (510) 891-5500.



# SLEB INFORMATION SHEET

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all Bidders must complete this form. If a bidder is unable to meet the SLEB requirements, they must take exception to this requirement in the [Exceptions and Clarifications](#) section of this solicitation. Please note that the County is under no obligation to accept any exceptions or clarifications, and any exceptions or clarifications may be the basis for bid disqualification.

Bidders that are not certified SLEBS (for the definition of a SLEB, see [Alameda County SLEB Program Overview; http://acgov.org/auditor/sleb/overview.htm](#)) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be eligible for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. A copy of this form must be submitted for each SLEB that the Bidder will subcontract with as evidence of a firm contractual commitment to meeting the SLEB participation requirement.

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economical, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, substitutions of the named subcontractor(s) are not allowed without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments, prime, and subcontractors are required to use the web-based Elation Systems to monitor SLEB subcontractor compliance with [Elation Systems; http://www.elationsys.com/elationsys/](#).

**BIDDER IS A CERTIFIED SLEB (sign at bottom of page)**

SLEB BIDDER Business Name: \_\_\_\_\_

SLEB Certification #: \_\_\_\_\_ SLEB Certification Expiration Date: \_\_\_\_\_

NAICS Codes Included in Certification: \_\_\_\_\_

OR

**BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT \_\_\_\_\_% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES:** \_\_\_\_\_


SLEB Subcontractor Business Name: \_\_\_\_\_

SLEB Certification #: \_\_\_\_\_ SLEB Certification Expiration Date: \_\_\_\_\_

SLEB Certification Status:  Small /  Emerging

NAICS Codes Included in Certification: \_\_\_\_\_

SLEB Subcontractor Principal Name: \_\_\_\_\_

SLEB Subcontractor Principal Signature:  \_\_\_\_\_

**Upon award, Bidder (the Prime Contractor) and all SLEB subcontractors agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation, including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.**

Prime Bidder Authorized Signatory Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**EXCEPTIONS AND CLARIFICATIONS**

**Instructions:** Bidders must use the **Exceptions and Clarifications** form to identify and list below any and all exceptions and/or clarifications to the RFP and associated Bid Documents and submit them with the bid proposal.

**THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS AND CLARIFICATIONS; ANY SUCH EXCEPTIONS AND CLARIFICATIONS MAY BE A BASIS FOR BID PROPOSAL DISQUALIFICATION.**

Reference to:			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Bidder takes exception to...</i>

\*Use additional pages as necessary

**AGENCY SUMMARY SHEET**

Agency Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Program Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>TYPE OF ORGANIZATION: (CHECK APPROPRIATE BOX)</b>			
<input type="checkbox"/>	Education Agency	<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Human Service Agency	<input type="checkbox"/>	Public Non-Profit
<input type="checkbox"/>	City Government Agency	<input type="checkbox"/>	Private Non-Profit
<input type="checkbox"/>	County Government Agency	<input type="checkbox"/>	Private for Profit
<input type="checkbox"/>	Community-Based Organization	<input type="checkbox"/>	Other:

**Please number and re-state each highlighted heading.  
Your response should be specific, complete and concise. Use quantifiable information where necessary.**

**AGENCY DESCRIPTION (No Points) One (1) page allowed**

1. Briefly describe how workforce development fits with your agency's vision, mission, and programs.

**Section I: STATEMENT OF NEED (10 points) – Two (2) pages are allowed**

1. Describe how your organization and its partners will serve the workforce needs of Alameda County. The response must also include the unemployment and poverty rate(s), the needs of the populations within the targeted sub-region of Alameda County (excluding Oakland) and any layoff or restructuring in specific industries. Indicate the number of individuals who are unemployed, dislocated and incumbent workers including low-wage workers.
2. Describe the program's target population, the current level of skills and educational attainment of those populations and specific industry sector workforce and/or training needs as it relates to your intended sub-region.
3. Describe barriers to employment faced by targeted populations within your targeted sub-region. Include in your response those workers who are marginally attached to the workforce.

**Section II: MANAGEMENT AND ORGANIZATIONAL CAPACITY (15 points) - Five (5) pages are allowed**

1. Describe the program management and administrative program staff responsible for implementing workforce services. Include the time allocated. Describe the project manager's qualification and level of experience. Attach an organizational chart (**not included in the page limit allowance**).
2. Describe your agency's systems, processes and administrative controls that will enable you to comply with Federal and State rules and regulations related to fiscal and administrative requirements. Include information on staff training plan that will ensure staff is regularly informed and updated on compliance requirements.
3. Describe your agency's systems, processes and administrative controls that will support performance management requirements. Explain how your agency collects and manages data that allows for accurate and timely reporting of performance outcomes. Describe the data management software and/or resources utilized for performance reporting.
4. Describe your agency's experience in leading and participating in comprehensive partnerships that include a wide range of stakeholders. Describe your agency's and your partners' experience implementing and operating training, education, and job placement initiatives. Provide specific examples of programmatic goals and results achieved by the program in leading a collaborative network of partners.

5. Provide an example of your agency's track record administering Federal, State and/or other grants. Include the programmatic goals and results.
6. Describe your agency's experience in Federal, State and/ or projects providing education, training, and placement services to adult unemployed workers, dislocated workers, incumbent workers including low-wage workers. Include the programmatic goals and results.

**Section III: STRATEGY AND SERVICES WORK PLAN- (50 points) 12 pages are allowed**

1. Summarize the proposed strategy and describe and describe how your proposed strategies, networks, staff-training plans, and partnerships will address the following:
  - a. Ensuring that participants have been accurately determined eligible for Workforce Innovation and Opportunity Act (WIOA) services;
  - b. Engaging in outreach, inclusive of "on the ground" outreach strategies, and serving eligible populations, including, but not limited to, Dislocated Workers, under-employed workers, job-seekers with disabilities, and those in need of basic education;
  - c. Ensuring a thorough and accurate assessment of the employability of each participant (may include development of an employment plan), as well as the supportive services a job seeker may need to successfully complete job training programs under WIOA;
  - d. Placing participants on career pathways leading to quality jobs through a variety of career technical education (CTE) training opportunities that will result in industry-recognized credentials in growth industry sectors [refer to Industry Sector and Occupational Framework (ISOF)] and within middle-skilled occupations;
  - e. Ensuring that participants are connected with employment opportunities in high-growth industry sectors and occupations (ISOF);
  - f. Connecting participants to living wage employment opportunities in high-growth sectors and occupations (ISOF);
  - g. Addressing the needs of job seekers affected by shifts in the economy, including those affected by task automation, Artificial Intelligence (AI), and/or other technologies;
  - h. Ensuring employment retention for participants placed in employment.
2. Identify CBOs, educational agencies, and/or other partners in your local area and the specific roles of each of the program partners, including training, supportive services, any expertise, and/or other activities partners will contribute to WIOA-funded activities. Specifically, identify at least one WIOA Title II Adult Education and Literacy partner. Discuss co-enrollment opportunities.
3. Describe how you propose to provide convening, coordination, and leadership for the network of partners and employers in the region you plan to serve.
4. Provide at least two letters of commitment signed by proposed employer partners in local area, including potential job positions that could be available to participants. (Not included in the page limit allowance.)

5. Describe the labor market needs of the specific sub-region within Alameda County. Include the total current and projected employment; and the current hiring needs of local industry and employers, as well as how job seekers served through the program will be placed in those jobs.
6. Describe how your agency will target middle-skilled occupations and quality jobs within ISOF.
7. Describe the technology to be used in the implementation of your service delivery.
8. Describe any funds and other resources that will be leveraged to support your service activities. Indicate how these funds and other resources will be used to contribute to the proposed outcomes. Include resources related to the provision of supportive services for program participants, including partnerships with providers of potential wrap-around supports.
9. Submit a Work Plan timeline that includes: Startup, Partnership Development, Recruitment, Training, Placement and Retention. Identify the major activities required to implement each phase.

For each activity, include the following information: (a) Start Date; (b) End Date; (c) staff positions that will be primarily responsible for performing each activity; (d) Key tasks associated with each activity; (e) Key milestones with target dates and associated outcomes projected for partnership development, recruitment, training, placement, and retention activities; and (f) Sub-total budget dollar amount associated with each activity, as accurately as possible.

**Section IV: OUTCOMES AND DELIVERABLES (15 points) - Five (5) pages are allowed**

1. Describe the products and deliverables that will be produced as a result of the activities. Demonstrate the appropriateness and feasibility of achieving these results and determine which goals are short-term, mid-term and long-term. Provide projections and outcomes for each of the following categories for all participants served with grant funds:
  - a. Total participants served;
  - b. Total number of participants beginning education/training activities;
  - c. Total number of participants completing education/training activities;
  - d. Total number of participants referred to pre-apprenticeship and apprenticeship programs;
  - e. Total number of participants that complete education/training activities that receive an industry-recognized degree/certificate;
  - f. Total number of participants that complete education/training activities that are placed into unsubsidized employment;
  - g. Total number of participants placed in quality jobs;
  - h. Total number of participants that complete education/training activities that are placed into training-related unsubsidized employment;
  - i. Total number of participants placed in unsubsidized employment who retain an employed status in the second and fourth quarters following initial placement.
  - j. The total number of employer partners and documented working relationships to achieve placement goals;
  - k. Earnings at the fourth quarter after program exit;
  - l. Measurable skills gained at the fourth quarter after exit.

2. Describe your agency's capacity to collect both participant-level data and aggregate outcomes for the following categories: demographic and socioeconomic characteristics, employment history, services provided, and outcomes achieved.
3. Describe the appropriateness and feasibility of your agency's projected outcomes by addressing (a) the extent to which the expected outcomes are realistic and consistent with the needs of the community; (b) your agency's ability to achieve the stated outcomes and report results within the timeframe of the grant; and (c) the appropriateness of the outcomes with respect to the requested level of funding.
4. Describe activities leading to an employer or industry-recognized certificate or degree. Identify the degree or certificate that participants will earn as a result of the proposed training, and the employer, industry, or State-defined standards associated with the degree or certificate. Identify your local education partners that will conduct the training or other private post-secondary institutions. If the degree or certificate expected by the training is performance-based, (a) demonstrate employer engagement in the curriculum development process, or (b) demonstrate that the degree or certificate will translate into concrete job opportunities with an employer.

**STAFFING:** Complete the boxes below for up to six (6) employee classifications to be staffed by the Sub-regional Career Service Providers.

Job Title:		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			

Job Title		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			

Job Title:		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			

Job Title:		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			



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Job Title:		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			

Job Title:		Number of employees:	
Minimum Qualifications & Licenses:			
Functions in this Program:			

## **ENCLOSURE DOCUMENTS**

**EXHIBIT A – BID ACKNOWLEDGEMENT**  
**RFP No. SRCSP 2025**

For  
Sub-regional Adult and Dislocated Worker Career Services Provider

The County of Alameda is soliciting bids from qualified vendors to furnish its requirements per the specifications, terms and conditions contained in the above referenced RFP. This Bid Acknowledgement must be completed, signed by a responsible officer or employee, dated and submitted with the bid response. Obligations assumed by such signature must be fulfilled.

1. **Preparation of bids:** (a) All prices and notations must be printed in ink or typewritten. No erasures permitted. Errors may be crossed out and corrections printed in ink or typewritten adjacent and must be initialed in ink by person signing bid. (b) Quote price as specified in RFP. No alterations or changes of any kind shall be permitted to Exhibit B, Bid Form. Responses that do not comply shall be subject to rejection in total.
2. **Failure to bid:** If you are not submitting a bid but want to remain on the mailing list and receive future bids, complete, sign and return this Bid Acknowledgement and state the reason you are not bidding.
3. **Taxes and freight charges:** (a) Unless otherwise required and specified in the RFP, the prices quoted herein do not include Sales, Use or other taxes. (b) No charge for delivery, drayage, express, parcel post packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose, except taxes legally payable by County, will be paid by the County unless expressly included and itemized in the bid. (c) Amount paid for transportation of property to the County of Alameda is exempt from Federal Transportation Tax. An exemption certificate is not required where the shipping papers show the consignee as Alameda County, as such papers may be accepted by the carrier as proof of the exempt character of the shipment. (d) Articles sold to the County of Alameda are exempt from certain Federal excise taxes. The County will furnish an exemption certificate.
4. **Award:** (a) Unless otherwise specified by the bidder or the RFP gives notice of an all-or-none award, the County may accept any item or group of items of any bid. (b) Bids are subject to acceptance at any time within thirty (30) days of opening, unless otherwise specified in the RFP. (c) A valid, written purchase order mailed, or otherwise furnished, to the successful bidder within the time for acceptance specified results in a binding contract without further action by either party. The contract shall be interpreted, construed and given effect in all respects according to the laws of the State of California.
5. **Patent indemnity:** Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of any nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
6. **Samples:** Samples of items, when required, shall be furnished free of expense to the County and if not destroyed by test may upon request (made when the sample is furnished), be returned at the bidder's expense.
7. **Rights and remedies of County for default:** (a) In the event any item furnished by vendor in the performance of the contract or purchase order should fail to conform to the specifications therefore or to the sample submitted by vendor with its bid, the County may reject the same, and it shall thereupon become the duty of vendor to reclaim and remove the same forthwith, without expense to the County, and immediately to replace all such rejected items with others conforming to such specifications or samples; provided that should vendor fail, neglect or refuse so to do the County shall thereupon have the right to purchase in the open market, in lieu thereof, a corresponding quantity of any such items and to deduct from any moneys due or that may thereafter come due to vendor the difference between the prices named in the contract or purchase order and the actual cost thereof to the County. In the event that vendor fails to make prompt delivery as specified for any item, the same conditions as to the rights of the County to purchase in the open market and to reimbursement set forth above shall apply, except when delivery is delayed by fire, strike, freight embargo, or Act of God or the government. (b) Cost of inspection or deliveries or offers for delivery, which do not meet specifications, will be borne by the vendor. (c) The rights and remedies of the County provided above shall not be exclusive and are in addition to any other rights and remedies provided by law or under the contract.
8. **Discounts:** (a) Terms of less than ten (10) days for cash discount will be considered as net. (b) In connection with any discount offered, time will be computed from date of complete, satisfactory delivery of the supplies, equipment or services specified in the RFP, or from date correct invoices are received by the County at the billing address specified, if the latter date is later than the date of delivery. Payment is deemed to be made, for the purpose of earning the discount, on the date of mailing the County warrant check.
9. **California Government Code Section 4552:** In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
10. **No guarantee or warranty:** The County of Alameda makes no guarantee or warranty as to the condition, completeness or safety of any material or equipment that may be traded in on this order.

THE undersigned acknowledges receipt of above referenced RFP and/or Addenda and offers and agrees to furnish the articles and/or services specified on behalf of the vendor indicated below, in accordance with the specifications, terms and conditions of this RFP and Bid Acknowledgement.

Firm:
Address:
State/Zip
What advertising source(s) made you aware of this RFP?

By : \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name Signed Above: \_\_\_\_\_

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

[Space intentionally left blank]

**EXHIBIT B - COUNTY OF ALAMEDA**

**RFP No. SRCSP 2025**

**For**

**Sub-regional Adult and Dislocated Worker Career Services Provider**

**BID FORM**

Cost shall be submitted on Exhibit B as is. No alterations or changes of any kind are permitted to this form. Bid responses that do not comply will be subject to rejection in total. Bidders should submit a **program budget** at the level needed to cover all wages, benefits and business costs for the provision of Sub-regional Adult and Dislocated Career Services Provider. Bidders are required to leverage cash resources. **Two (2) pages are allowed.** Attach a **Budget Narrative** providing justification for each line-item listed in the budget. Indicate the amount and source of the required 25% leveraged resources. **Four (4) pages are allowed.**

LINE ITEM	WIOA COST \$	LEVERAGED RESOURCES\$	SOURCE OF FUNDS <i>( e.g.- ADA, HUD, Perkins)</i>
<b>PERSONNEL COSTS</b>			
Staff Salaries/Wages			
Staff Fringe Benefits			
Other:			
<b>NON-PERSONNEL</b>			
Facilities/Space			
Equipment			
Maintenance Costs			
Communications			
Printing & Duplicating			
Consumable Supplies			
Staff Training			
Professional Services			
Insurance			
Travel			
Consultant Services			
Other:			

<b>PARTICIPANT COSTS</b>			
Assessment Tools			
Tuition & Fees			
Teaching Aids			
Training Equipment			
Support Services			
Other:			
<b>INDIRECT COST RATE*</b>			
<b>TOTALS</b>			

\* If Indirect Cost Rate is charged to WIOA – Submit a Cost Rate letter from a Cognizant Federal Agency

**EXHIBIT D**

**COUNTY OF ALAMEDA  
DEBARMENT AND SUSPENSION CERTIFICATION**

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000).

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named and unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space. For any exception noted, indicate to whom it applies, initiating agency, and dates of action. Exceptions will not necessarily result in denial of award, but will be considered in determining Contractor responsibility.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR (COMPANY): _____	
NAME/TITLE OF AUTHORIZED SIGNER: _____	
SIGNATURE: _____	DATE: _____

**EXHIBIT D-1**  
**COUNTY OF ALAMEDA**

**RFP No. SRCSP 2025**  
**For**  
**Sub-Regional Career Services Provider for Adult and Dislocated Workers**

**CURRENT REFERENCES**

Company Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	
E Mail:	
Service Provided:	
Dates/Type of Service:	

Company Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	
E Mail:	
Service Provided:	
Dates/Type of Service:	

Company Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	
E Mail:	
Service Provided:	
Dates/Type of Service:	

Company Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	
E Mail:	
Service Provided:	
Dates/Type of Service:	

Company Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	
E Mail:	
Service Provided:	
Dates/Type of Service:	



## EXHIBIT G-1

### ALAMEDA COUNTY WORKFORCE DEVELOPMENT BOARD CERTIFICATION REGARDING LOBBYING

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 29 CFR Part 93, "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Labor determines to award the covered transaction, grant, or cooperative agreement.

#### **LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 20 CFR §93.110, for persons entering into a grant, cooperative agreement, or contract over \$100,000 or a loan or loan guarantee over \$150,000 as defined at 29 CFR §93.110 (b)(2), the applicant certifies that 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 any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a 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.

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 occurring on or before October 23, 1996, and of not less than \$11,000 and not more than \$110,000 for each such failure occurring after October 23, 1996.

#### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement 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 statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure occurring on or before October 23, 1996, and of not less than \$11,000 and not more than \$110,000 for each such failure occurring after October 23, 1996

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification regarding lobbying.**

\_\_\_\_\_  
*Printed Name and Title of Authorized Representative*

\_\_\_\_\_  
*Award Number and/or Project Name*

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

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

**EXHIBIT H**  
**COUNTY OF ALAMEDA**

RFP No. SRCSP 2025

For

**Sub-Regional Career Services Provider Adult and Dislocated Workers**  
**ALAMEDA COUNTY VENDOR FIRST SOURCE AGREEMENT**  
**VENDOR INFORMATION**

ALCOLINK Vendor Number (if known): 00000 \_\_\_\_\_ SLEB Vendor Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Type of Entity:  Individual  Sole Proprietor  Partnership

Corporation  Tax-Exempted  Government or Trust

Check the boxes that apply:

Goods Only  Goods & Services  Rents/Leases  Legal Services  
 Rents/Leases paid to you as the agent  Medical Services  Non-Medical Services – Describe

Other \_\_\_\_\_

Federal Tax ID Number (required): \_\_\_\_\_

P.O. Box/Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Contact's Name: \_\_\_\_\_

Vendor Contact's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Contact's E-mail address: \_\_\_\_\_

***Please check all that apply:***

LOC  Local Vendor (Holds business license within Alameda County)  
SML  Small Business (as defined by Small Business Administration)  
I  American Indian or Alaskan Native (>50%)  
A  Asian (>50%)  
B  Black or African American (>50%)  
F  Filipino (>50%)  
H  Hispanic or Latino (>50%)  
N  Native Hawaiian or other Pacific Islander (>50%)  
W  White (>50%)

Number of entry level positions available through the life of the contract: \_\_\_\_\_

Number of other positions available through the life of the contact: \_\_\_\_\_

This information to be completed by County:

Contract # \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Contract Term: \_\_\_\_\_

**EXHIBIT H**

**COUNTY OF ALAMEDA**

**RFP No. SRCSP 2025**

**For**

**Sub-Regional Career Services Provider for Adult and Dislocated Workers**

**ALAMEDA COUNTY VENDOR FIRST SOURCE AGREEMENT  
VENDOR INFORMATION**

**Vendor** agrees to provide Alameda County (through EASTBAY Works and Social Services Agency), ten (10) working days to refer to Vendor, potential candidates to be considered by Vendor to fill any new or vacant positions that are necessary to fulfill their contractual obligations to the County, that Vendor has available during the life of the contract before advertising to the general public. Vendor will also provide the County with specific job requirements for new or vacant positions. Vendor agrees to use its best efforts to fill its employment vacancies with candidates referred by County, but final decision of whether or not to offer employment, and the terms and conditions thereof, to the candidate(s) rest solely within the discretion of the Vendor.

**Alameda County** (through EASTBAY Works and Social Services Agency) agrees to only refer pre-screened qualified applicants, based on vendor specifications, to vendor for interviews for prospective employment by Vendor (see Incentives for Vendor Participation under Vendor/First Source Program located on the Small Local Emerging Business (SLEB) Website, <http://www.acgov.org/auditor/sleb/>).

If compliance with the First Source Program will interfere with Vendor’s pre-existing labor agreements, recruiting practices, or will otherwise obstruct Vendor’s ability to carry out the terms of the contract, Vendor will provide to the County a written justification of non-compliance in the space provided below.

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(Company Name)

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(Vendor Signature)

---

(Date)

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Justification for Non-Compliance:

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**EXHIBIT J**  
**COUNTY OF ALAMEDA**  
**THE IRAN CONTRACTING ACT (ICA) OF 2010**  
For Procurements of \$1,000,000 or more

The California Legislature adopted the Iran Contracting Act (ICA) to respond to policies of Iran in a uniform fashion (PCC § 2201(q)). The ICA prohibits persons engaged in investment activities in Iran from bidding on, submitting proposals for, or entering into or renewing contracts with public entities for goods and services of one million dollars (\$1,000,000) or more (PCC § 2203(a)). A person who “engages in investment activities in Iran” is defined in either of two ways:

1. The person provides goods or services of twenty million dollars (\$20,000,000) or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
2. The person is a financial institution (as that term is defined in 50 U.S.C. § 1701) that extends twenty million dollars (\$20,000,000) or more in credit to another person, for 45 days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created by the California Department of General Services (DGS) pursuant to PCC § 2201(b) as a person engaging in the investment activities described in paragraph 1 above.

By signing below, I hereby certify that as of the time of bidding or proposing for a new contract or renewal of an existing contract, neither I nor the company I own or work for are identified on the DGS list of ineligible persons and neither I nor the company I own or work for are engaged in investment activities in Iran in violation of the Iran Contracting Act of 2010.

If either I or the company I own or work for are ineligible to bid or submit a proposal or to renew a contract, but I believe I or it qualifies for an exception listed in PCC § 2202(c), I have described in detail the nature of the exception:

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NAME: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_