

APPLICATION:		ISSUE DATE:	
TITLE:			
OPENING DATE & TIME:			
PURCHASING AGENT:			
<p>Duval County Job Opportunity Bank</p> <p>FAX Submissions Not Allowed</p>	<p align="center">REQUEST FOR GRANT APPLICATION</p> <p align="center">For: Duval County Job Opportunity Bank</p> <p align="center">_____</p> <p align="center">Purchasing Director</p>		

VENDOR INFORMATION			
COMPANY SUBMITTING APPLICATION:			
MAILING ADDRESS:			
FEDERAL ID #			
CITY:			
STATE:		ZIP:	TEL:
FAX:		EMAIL:	

IMPORTANT!! SIGNATURE BLOCK

<p><i>I certify that this application is made without prior understanding, agreement, or connection with any other company or person and is in all respects have independently determined prices that are fair and without collusion or fraud. I agree to abide by all conditions of this application and certify that I am authorized to sign this application for the company submitting it.</i></p>	
Officer's Authorized Signature	Officer's Typed Name & Title

TO BE RESPONSIVE, SIGNATURE OF OFFICER AUTHORIZED TO BIND THE COMPANY SUBMITTING THIS APPLICATION IS REQUIRED

POST DATE:	03/13/07	REMOVE DATE:	Undetermined
-------------------	-----------------	---------------------	---------------------

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific instructions on page 2

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number

OR

Employer identification number

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
 U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

PROPOSAL'S CHECKLIST

THIS CHECKLIST IS FOR THE CONVENIENCE OF THE COMPANY SUBMITTING A PROPOSAL AND MAY BE USED TO ENSURE THAT SECTIONS OF THE APPLICATION ARE PROPERLY COMPLETED AND RETURNED.

ON THE REQUEST FOR APPLICATION SHEET:

1. ___ Company name, mailing address, telephone, FAX number and Federal ID# blocks are all correctly entered on the Request for Proposal Sheet?
2. ___ Supplier's typed name and title correctly entered?
3. ___ **Is your application signed by an authorized officer of the company submitting this application?**
4. ___ **Have you completed the Request for Taxpayer Certification (W-9) form noting your tax employer identification number (or SSN) in the appropriate block?**

PROPOSALS RETURNED UNSIGNED ARE CONSIDERED UNRESPONSIVE AND ARE NOT ELIGIBLE FOR AWARD! PLEASE ENSURE THAT YOUR APPLICATION IS SIGNED BY AN AUTHORIZED OFFICER FROM YOUR COMPANY.

Please review and submit your formal application by the date and time shown on page 1 of this RFP document to:

GRANT APPLICATION PURCHASING DIRECTOR

Please **boldly** indicate **JOB BANK GRANT APPLICATION** on the outside of your sealed proposal envelope to assist in identifying your application.

The Board of Directors of the Duval County Job Opportunity Bank reserves the right to reject any portion or all proposals, to resolicit applications or not, and to waive informalities as deemed in the best interest of the program.

Having carefully examined the terms, general conditions, general specifications of this solicitation and special conditions and by signing and submitting your formal proposal thereto including the following commitment and agreement:

ANTI-COLLUSION STATEMENT: The Proposer by signing and submitting a proposal has "not" divulged to, discussed or compared his/her proposal with any other Proposers and has not colluded with any other Proposers or parties to a proposal whatsoever.

(NOTE: Including there have been no premiums, rebates or gratuities paid or permitted either with, prior to, or after any delivery or personal contact.)

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.00	Overview.....	5
2.00	Problem Statement/Grant Application Objectives	6
3.00	Application Guidelines/Scope of Service	6
4.00	Application Interrogatories	7
5.00	Evaluation Criteria Matrix /Basis of Award.....	9
6.00	Budget	10
7.00	Schedule.....	10

1.00 **Overview**

The beginning of the proposal should include a short (not over 2 pages) summary of how you will address the criteria expressed in section 5. In addition, and not to exceed one page budget summary should follow.

- 1.01 To be considered responsive, proposers shall deliver before 2:00 p.m. on April 13, 2007 one (1) original and 8 copies, which shall not exceed 25 pages (attachments may be included and are not included in the maximum 25 pages) in length to:

Mr. Devin Reed, Director
Department of Procurement
City of Jacksonville
117 West Duval Street, Suite 335
Jacksonville, Florida 32202

Note: The table of contents and tab sheets are **not** counted in your maximum 25 pages.

If your proposal in total exceeds this 25 page limit, only the first 25 pages of your proposal will be evaluated.

- 1.02 To be responsive, your proposal must include page 1, signed by an authorized employee/officer with the authority to bind a contract.
- 1.03 Any proposal submitted shall have prices firm for at least 90 days from public opening to allow adequate time for evaluation, Board approval, as well as contract negotiation and execution.
- 1.04 Please direct any inquiries to the following staff

Contact Person:

Name: Ivy Johnson
Title: Chief, Equal Business Opportunity & Contract Compliance
Phone: 904-630-0969
Email: ijohnson@coj.net

- 1.05 As deemed in the Board's best interest, it reserves the right to:
1. Reject any or all proposals submitted and make multiple awards
 2. To resolicit proposals or not
 3. To award any portion(s) of this application
 4. To award on an all or none basis
 5. To waive minor irregularities
 6. To issue to all responsive proposers request for information (RFI's)
 7. To issue requests to negotiate with finalist and solicit best and final offers

2.00 **Problem Statement:**

Identify a qualified proposer who can provide needed training and job placement to unemployed and/or underemployed individuals in high wage and high demand career areas as expressed in Ordinance 2005-1009-E/section 110.368.

3.00 **Proposal Guidelines/Scope of Services**

3.10 **PROPOSERS ARE HIGHLY ENCOURAGED TO FOLLOW THE RFP NUMERICAL SEQUENTIAL FORMAT OF THIS GRANT APPLICATION.**

3.20 Application Inquiries:

In order to maintain a fair and impartial competitive process, the Board shall avoid any oral communication with prospective proposers other than through the purchasing office during the proposal preparation and evaluation period.

ALL ORAL OR WRITTEN INQUIRIES MUST BE DIRECTED THROUGH THE PROCUREMENT DEPARTMENT.

3.30 The proposer /awarded contractor shall be prepared to begin full scale operations on July 1, 2007.

3.40 **REPORTS**

The awarded contractor shall provide quarterly reports to the attention of the Director of PROCUREMENT.

This report shall include at a minimum the following:

1. number of people currently enrolled
2. number who have completed training with the type of credential earned
3. number placed in job, where employed and hourly wage
4. budget spent to date

3.50 **FAMILIARITY WITH LAWS:** The proposer is assumed to be familiar with all Federal, State of Florida and local laws, ordinances, rules and regulations that in any manner affect the work. Ignorance on the part of the proposer will in no way relieve you from your contractual responsibility.

4.00 **Application Interrogatories**

To be responsive, proposers shall complete this “entire” Section #4.00. **The Board will evaluate responsive applications submitted.** Please assure your proposal follows the RFP # numerical order format.

4.01 **Company Qualifications:**

The Board’s evaluation will include reference to your company’s past experience and unique qualifications. The committee will assign points to proposers based on the degree of their unique qualifications and “related” past experience.

4.011 Name of proposer: _____

4.012 Name of primary contact person: _____

Phone Number: (____) _____

Fax Number: (____) _____

Email: _____

4.013 Address of most local branch:

4.014 Year proposer’s business started: _____

4.015 Year proposer began providing services: _____

4.016 To be responsive, proposers shall list below 3-5 related references of your providing similar services as defined in this application: (Preference will be given to references that are for clients you have managed at least three (3) years).

Client	Contact Name	Phone #	# Years of Contractual Relationship	# of Clients Served

4.017 Describe below a brief overview of your company's unique qualifications.

4.018 How many employees does your company have in:

- a. Northeast Florida _____
- b. Florida _____
- c. United States _____

4.02 Company Financial Strength:

The Board evaluation will include evidence provided of your company's financial strength.

4.021 Attach a one (1) – two (2) page financial summary statement for your last two (2) fiscal years. Attached? Yes ____ No ____

4.03 Proposed Project Staff Qualifications and Experience:

The Board evaluation will include your proposed staff qualifications including, but not limited to:

- a. Your proposed on-site management/organizational chart and regional and national support**
- b. Specific qualifications, educational background, and experience of staff proposed to operate and manage the account**

4.031 To be responsive, proposers shall attach a staffing plan that defines the number of full-time and part-time employees.

4.032 It is preferred that proposers define below the name of each employee that will be involved in providing services under this contract.

Employee's Name	Current Title	# of Years With Your Firm

4.04 Finalist (Optional) Interview Demonstration:

The Board may schedule interviews and demonstrations of proposed solutions with any finalist (as deemed in the program’s best interest). The Board will assign up to 25 points based on the finalist demonstration in the interview of their understanding of the requirements and commitment to meeting or exceeding minimum or preferred specifications. The Board reserves the right to issue all finalists a best and final offer invitation, as deemed in their best interest. (0 – 25 points)

4.05 Finalist (Optional Client Site Visit(s))

The Board reserves the right to schedule visits to your client sites to observe first hand how your company currently supports that client and the level of customer service provided. The committee will assign up to 25 points for exceptional, client visit customer service satisfaction and advanced use of technology as defined in this RFP. (0 – 25 points)

5.00 Evaluation Criteria: (Proper applications will include not more than one page addressing each of the criterion listed below)

The Board will review responsive proposals submitted. The Board will meet in a public evaluation meeting(s) and assign evaluation points for each criterion as defined below:

Application Evaluation Criteria

Individual Evaluation Points multiplied by weighting	Criterion
0 - 1- 2- 3- 4- 5 x 2=	Demand for the job as defined by Department of Labor
0 -1-2- 3- 4- 5 x 10=	Wage—the target should be \$15.00 or more an hour after training
0-1- 2- 3- 4- 5 x 10=	Training/certification—the complexity and certification value (requires state and or nationally recognized credential)
0-1- 2- 3- 4- 5 x 15=	Number of people to be trained by targeted population
0-1- 2- 3- 4- 5 x 15=	Matching dollars and/or in-kind being donated by all entities involved in project (include documentation of funds)
0- 1- 2- 3- 4- 5 x 5=	Cost per person
0- 1- 2- 3- 4- 5 x 1=	Timeline for project
0- 1- 2- 3- 4- 5 x 10=	Employer partners and their contributions (include specifics per partner with letters of support)
0- 1- 2- 3- 4- 5 x 25=	Experience of applicant as explained in number 4.03 above
50 or 0 =	Targeted Industry as identified by local economic development

Individual Evaluation Points multiplied by weighting	Criterion
	authority (See Section 180.107 of Ordinance 2005-1009-E)
Subtotal (515 max)=	
0-25 points	Finalist (optional) interview/demonstration/site visit
0-25 points	Finalist site visit(s) (optional)
Total (565 max)	

6.00 **Budget**

Provide a budget breakdown to include personnel, benefits, operating costs, travel, materials, marketing, equipment, hardware and software, etc.

7.00 **Schedule**

Application issue date **March 14, 2007**

Pre-Proposal Conference **March 22, 2007**

Deadline to submit a Grant Application **April 13, 2007**

Board review of responsive applications **May 4, 2007 (12pm to 5pm)**

Optional interview/demonstration of finalist, time and location **TBA**

Optional site visit to finalist clients(s) site

Posting of award **June 1, 2007**

Date contract will commence **July 1, 2007 thru June 30, 2008**