

**Sacramento Employment and Training Agency (SETA)**

925 Del Paso Blvd.  
Sacramento, CA 95815  
Telephone: (916) 263-3800

**Request for Proposals**  
**for**  
**Project Slingshot - Capital Region**

**Funded by the Workforce Investment Act of 1998  
(WIA) and the Workforce Innovation and  
Opportunity Act of 2014 (WIOA)**

**Release Date:** November 4, 2016

**Due Date:** December 13, 2016

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**Sacramento Employment and Training Agency (SETA)**

**Request for Proposals  
Project Slingshot – Capital Region**

**PLANNING CALENDAR**  
(Dates and Times are subject to change)

<b>DATE</b>	<b>EVENT</b>
Wednesday, October 19, 2016, 2:00 p.m.	Slingshot Leadership Council Meeting
Thursday, November 3, 2016, 10:00 a.m.	Governing Board reviews/approves the RFP
<b>Friday, November 4, 2016, 1:00 p.m.</b>	<b>Release of RFP</b>
Thursday, November 10, 2016, 9:00 a.m.	Offeror’s Conference
Tuesday, November 21, 2016, 4:00 p.m.	Pre-qualification requirements due at SETA
<b>Tuesday, December 13, 2016, 5:00 p.m.</b>	<b>Proposals due at SETA</b>
Friday, February 10, 2017, 5:00 p.m.	Publish funding recommendations
Thursday, February 16, 2017, 5:00 p.m.	Deadline to file protest funding recommendations
Thursday, March 2, 2017, 10:00 a.m.	Governing Board funding decisions
Monday, March 6, 2017	Programs begin

**Note:** Meetings will be held at SETA, 925 Del Paso Boulevard, Suite 100, Sacramento, CA 95815. Telephone: (916) 263-3800

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)  
REQUEST FOR PROPOSALS**

**For**

**PROJECT SLINGSHOT – CAPITAL REGION**

**Funded by the Workforce Investment Act (WIA) and the  
Workforce Innovation and Opportunity Act (WIOA)**

**SECTION I**

**GENERAL INFORMATION/GUIDELINES**

**ALLOWABLE ACTIVITIES**

**INSTRUCTIONS FOR PREPARING PROPOSALS**

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)  
REQUEST FOR PROPOSALS  
PROJECT SLINGSHOT**

**1. BACKGROUND**

This Request for Proposals (RFP) was developed on the basis of the Workforce Investment Act (WIA) of 1998 and its accompanying regulations, the Workforce Innovation and Opportunity Act (WIOA) of 2014 and its accompanying regulations, and the terms and conditions contained in the WIA and WIOA Subgrant Agreements between the State of California, Employment Development Department and the Sacramento Employment and Training Agency. Funded entities will be required to comply with all applicable rules, regulations and policies. Respondents should be aware that SETA's services, as well as those of any SETA-funded subgrantee or contractor, are subject to any modifications required by the WIA, WIOA, their regulations, Federal and State legislation and their regulations, the Governor and/or the California Workforce Development Board, and SETA policies and procedures.

SETA is the grant recipient and administrator of the WIA and WIOA, Title I funds in Sacramento, is responsible for the oversight of WIA and WIOA, Title I services for Sacramento County, and is the designated lead workforce development agency for the nine-county Capital Region comprised of Alpine, Colusa, El Dorado, Glenn, Placer, Sacramento, Sutter, Yolo and Yuba. SETA will determine, in its sole discretion, whether to fund a proposal. Applicants will be required to adhere to the statutes, regulations, or policies applicable to the funding that is provided.

In addition, Project Slingshot is guided by a Business Leadership Council (BLC), comprised of private business sector decision-makers from the Capital Region's Workforce Development Boards. The BLC is responsible for making specific policy and funding recommendations to the Capital Region's Workforce Development Boards and the SETA Governing Board.

**2. PURPOSE OF SOLICITATION**

The purpose of this Request for Proposals (RFP) is to solicit, from qualified applicants, proposals designed to strengthen the Capital Region's innovation ecosystem by increasing the region's capacity to innovate and improving access to opportunity in the innovation economy for the region's residents. The services solicited place a high priority on strengthening startup resources, accelerating entrepreneurial learning, and increasing the intersection of ideas. In addition, this RFP places a priority on targeting resources to ensure access to opportunity in the innovation economy throughout the entire region, particularly in underserved areas and communities.

### **3. QUALIFIED APPLICANT AGENCIES**

- Established community-based organizations
- Public agencies
- Private non-profit agencies/institutions
- Private for profit agencies/institutions

Agencies must have a physical presence in the Capital Region. This funding is not intended to support the infrastructure development and start-up costs of a new organization or program.

### **4. AVAILABLE FUNDS**

At this time, the estimated amount of funds available for allocation is \$700,000. The range of funding awards is estimated to be \$20,000 - \$100,000.

### **5. FORMAL SUBGRANT**

All successful proposers that will provide services within Sacramento County will be required to enter into a standard form subgrant agreement with SETA. For the provision of services within the Capital Region, but not within Sacramento County, SETA will enter into a subgrant agreement with the appropriate local Workforce Development Board (WDB) and successful proposers will be required to enter into a standard form subgrant agreement with the appropriate WDB. A copy of the most recent form of SETA's subgrant agreement is available for review at SETA. Subgrant agreements entered into under this RFP will be in similar form, subject to modification required by amendments in the WIA, WIOA, their regulations, the California Workforce Development Board's State Plan, and Federal or State legislation, policy directives and regulations.

Proposers are advised that in order to assist the efforts of the Capital Region's WDBs in targeting their programs, recipients of Project Slingshot funds will be required to publicize the fact that their programs are funded, in whole or in part, by Project Slingshot – Capital Region. All subgrants will contain a provision requiring the subrecipient to abide by this requirement.

### **6. TERM OF SUBGRANT**

All subgrants will be awarded for an initial term beginning on or after March 1, 2017 and ending on or before February 28, 2018. Subject to fund availability, SETA shall have the exclusive option to extend any subgrant awarded for additional terms (see paragraph 7, "Extension of Subgrants", for further details regarding subgrant extension).

All proposals must include a proposed budget for an initial term not to exceed twelve (12) months. Funds will be allocated based on the proposed budgets and subgrant agreements will include a maximum dollar amount which cannot be exceeded within the budget period. Unspent funds will be returned to SETA.

## **7. EXTENSION OF SUBGRANTS**

Every subgrant will contain a provision permitting SETA, at any time prior to termination of the subgrant, the sole option to extend or renew the subgrant for additional periods of time, up to a total of two additional years. SETA may exercise such options prior to March 1 in any given year through and including March 1, 2019. The decision to exercise the option to extend or renew, and the length of time for any extension or renewal, shall be made by SETA in its sole discretion. If SETA exercises its discretion to extend the subgrant for an additional term(s), based upon subrecipient performance and the existing conditions, SETA may, in its sole discretion, condition extensions on program performance or budget modifications. In addition, extended subgrants may be modified as identified in paragraph 18 of this RFP.

## **8. PREQUALIFICATION REQUIREMENTS/SUBMITTAL DEADLINE**

**This is a mandatory requirement that must be met by all respondents proposing services under this RFP.**

A copy of SETA's Pre-qualification Requirements is included in Section II of this RFP. Please note that the deadline for submission of all pre-qualification documents to the SETA Contracts Unit is 4:00 p.m., Tuesday, November 21, 2016.

Any respondent that is a recent or current provider or contractor for SETA and has previously met pre-qualification requirements may rely on its previous documentation already on file with the SETA Contracts Unit. In order to do so, the respondent must contact Heather Luke, Contracts Analyst (916) 263-4072 by 4:00 p.m., November 21, 2016, to advise SETA of its intent to respond to this RFP based upon the documentation already on file with the Contracts Unit.

Within 48 hours (two working days), SETA staff will review all documentation submitted and contact, via telephone, those respondents who have submitted pre-qualification documents, but failed to meet the requirements.

All respondents, whether SETA funded or non-SETA funded, will then have until 4:00 p.m., Friday, December 2, 2016, to submit any missing, incorrect, or incomplete pre-qualification documents.

**FAILURE OF A RESPONDENT TO SUBMIT INITIAL PRE-QUALIFICATION DOCUMENTS OR TO NOTIFY STAFF OF ITS INTENT TO REPLY ON PREVIOUSLY SUBMITTED DOCUMENTS BY 4:00 P.M. ON TUESDAY, NOVEMBER 21, 2016, AND/OR THE FAILURE TO PROVIDE COMPLETE AND CORRECT PRE-QUALIFICATION DOCUMENTS BY 4:00 P.M. ON FRIDAY, DECEMBER 2, 2016, WILL DISQUALIFY SUCH RESPONDENT FROM ANY FURTHER FUNDING CONSIDERATION FOR THE FUNDING PERIOD COVERED BY THIS RFP. POSTMARKS AND OTHER PROOFS OF**

**MAILING WILL NOT BE ACCEPTED.**

**9. REQUIRED RESPONSE FORMAT**

Interested applicants must respond to this RFP using the proposal response format provided in Section III of this RFP. In responding, **NO SUBSTITUTIONS IN FORMAT, DESIGN OR ACTIVITIES WILL BE CONSIDERED.**

**10. RFP OFFEROR'S CONFERENCE**

SETA will conduct one Offeror's Conference. The conference is provided so that proposers may have the opportunity to raise any questions they may have pertaining to the development of their proposals. It is not the intent of SETA to offer personalized technical assistance, but rather to provide examples, clarify information or answer questions they may have pertaining to the formulation of their proposals. The Offeror's Conference, which will include a review of the RFP and a question and answer period, will be held on:

**Date:** Thursday, November 10, 2016  
**Time:** 9:00 a.m.  
**Place:** SETA 925 Del Paso Blvd.  
Sacramento, CA 95815

**PLEASE BE ADVISED THAT QUESTIONS REGARDING THE PREPARATION OF INDIVIDUAL RESPONSES TO THIS RFP WILL ONLY BE ANSWERED AT THE OFFEROR'S CONFERENCE. PROPOSERS ARE STRONGLY ENCOURAGED TO ATTEND SO THAT THEY WILL HAVE ACCESS TO THE SAME INFORMATION AS OTHER PROPOSERS.**

**11. PROPOSAL DEADLINE AND SUBMITTAL PROCEDURE**

All proposals must be in the SETA office and time-stamped by the SETA receptionist no later than **5:00 p.m., P.S.T., Tuesday, December 13, 2016.** Proposals mailed to SETA must be received in the SETA office and time-stamped by the SETA receptionist no later than 5:00 p.m., P.S.T. December 13, 2016. In accordance with the policy of the SETA Governing Board, proposals delivered after 5:00 p.m., P.S.T., December 13, 2016 will not be accepted - **NO EXCEPTIONS. NO APPEALS WILL BE ACCEPTED FOR LATE PROPOSALS.**

To be considered for funding, agencies must submit ONE complete copy in electronic (.pdf) format and TWO (2) separate reproducible written copies of their proposal developed in response to this RFP.

- (a) ONE (1) copy must have original signature(s) and be identified as the original.
- (b) The remaining copy may be a reproduction of the original and need not include the "References" page(s).
- (c) Submit the electronic copy on a flashdrive. Do not submit a "zip" file.

Do not bind copies or use section dividers. Use binder clips or rubber bands to keep copies separate.

The proposal must be signed by an appropriate official who is authorized to submit the proposal for the responding agency. The proposal must also include documentation indicating by what authority (resolution) the person(s) is/are authorized to negotiate and contractually bind the responding agency, if selected.

The following process will apply to all proposals submitted:

- (a) All timely submitted proposals will be received and placed in an envelope. No determination will be made on the responsiveness to the RFP at the time of submittal.
- (b) No proposal will be accepted from any person after the submittal deadline.
- (c) Staff will inform the Governing Board of any non-responsive proposals to the RFP and those wishing to address the above circumstances will be allowed to do so before the SETA Governing Board.
- (d) Testimony to the Governing Board will be given prior to funding hearings in order to allow for consideration of all eligible proposals at one time.

## **12. SELECTION/EVALUATION PROCEDURE AND CRITERIA**

Final selection of service providers is the responsibility of the SETA Governing Board. In order to assist the SETA Governing Board in making funding decisions, SETA and Project Slingshot staff, representatives from the Capital Region's WDBs, the Slingshot's Business Leadership Council and subject matter experts, will evaluate each proposal and provide the SETA Governing Board with the results of their evaluations. The recommendations will be based upon an evaluation of each proposal submitted and the applicant agency's past program performance, if applicable. Agencies with no recent record of past performance with SETA will supply references that will be contacted by SETA staff.

The following is a summary of the evaluation criteria:

### **I. Statement of Need & Program Synopsis -**

The synopsis of the proposed services is linked to the outcomes and is clearly written. It includes:

- Specific and concise statements regarding the purpose and goals of the proposed services;
- A description of the proposed services, the delivery model, the geographic area's needs, and proposed strategies to address the needs;
- A description of the geographic area to be served;
- Specific outcome goals and objectives to achieve the goals; and
- A description of how the outcome goals will benefit the geographic area.

## II. Allowable Activities -

- The proposer adequately described its capability to provide the services proposed.
- The proposer adequately described its ability to coordinate with other partners and included information on its collaborative partners.
- The proposer included information on leveraged resources and adequately described how it will expand the proposed services.
- The proposer described how it will sustain the proposed services long-term.

## III. Program Management

- The history, purpose, staffing, services provided and experience of the organization is clearly described and indicates successful provision of services.
- The organization's internal fiscal system and fiscal controls are clearly described and capable of meeting reporting and monitoring requirements.
- The process used to evaluate and monitor the organization's proposed services is clearly described and will ensure program and performance accountability.
- The organization's information technology infrastructure is clearly described and is adequate to provide the proposed services.
- The proposed budget and budget narrative aligns with the proposed services and is appropriate and reasonable.

## IV. Demonstrated Performance

### A. SETA-Funded Operators

In addition to the evaluation criteria outlined above, all proposers who are either current or past (post-July 1, 2015) SETA-funded service providers will be evaluated on their overall past program performance and ability to meet contractual performance standards for up to the last three fiscal years. The data used to evaluate programs will be provided by SETA's Program Monitoring, Fiscal Monitoring and Information System Units.

### B. Proposers with no past/current SETA program experience

Other organizations not currently or previously funded by SETA, and service providers who received SETA funds prior to July 1, 2015, will be evaluated based on information obtained from references submitted in the "References" section of the RFP. This funding will not support the infrastructure development and start-up of a new organization. References will be asked to provide an assessment of program performance and capabilities, including:

- Actual performance vs. planned goal

- Customer satisfaction
- Type of program/service(s) funded.
- Customer characteristics (i.e., number served, age, target groups, etc.).
- Geographic area served.
- Grant amount and duration (including date(s) funded).
- Fiscal accountability.
- Reporting and record keeping performance/capabilities.

Please note that SETA reserves the right to directly contact all references for past program information.

V. Price/Cost Reasonableness/Justification

All applicants will be evaluated based on the reasonableness of the cost of their proposal as compared to the historical cost of similar programs. SETA will review budgets for the reasonableness of cost items in relation to the type and length of service. SETA will compare costs in the proposal to the costs of other proposers with similar programs to assess the competitiveness. Applicants should provide as accurate an estimate of the cost per customer as possible.

The proposed cost per customer must be justified in the narrative and budget. Merely stating that the proposer will be serving a group with difficult barriers to overcome will not justify a high cost. The proposer must describe the additional services to be provided to overcome these barriers and point out the extra cost items in the budget which are needed to provide these additional services.

**13. PUBLISH FUNDING RECOMMENDATIONS**

Funding recommendations will be published on Friday, February 10, 2017 at 5:00 p.m.

**14. PROTEST PROCEDURES TO RESOLVE PROCUREMENT DISPUTES**

All protests to resolve disputes concerning this RFP shall be written, must specify in detail the grounds of the protest, the facts and evidence in support thereof and the remedy sought. The written protest must be delivered to the Clerk of the Boards at SETA within the time limits provided below. In the absence of a timely and properly submitted written protest, no party responding to this RFP shall be eligible for any remedy.

Any proposer desiring to protest a funding determination concerning this RFP or the funding recommendation must file a protest, in writing, with the SETA Governing Board by Thursday, February 16, 2017 at 5:00 p.m. The SETA Governing Board shall resolve any protest based upon the written protest and any oral or written response thereto provided by staff. Any SETA Governing Board resolution shall be made prior to any funding determination under this

RFP. The SETA Governing Board's decision is final.

**15. START-UP AND PROGRAM OPERATION**

The program start date is March 6, 2017, contingent upon successful proposers receiving Governing Board approval and meeting SETA's insurance requirements.

**16. LIMITATION**

SETA shall not pay for any costs incurred by the responding entity in the preparation of proposals. Completion of pre-qualification requirements or the RFP does not, in any way, obligate SETA to award a subgrant.

SETA reserves the right to accept or reject any or all proposals, to negotiate with all qualified sources, or to cancel in part or in its entirety this RFP, if it is in the best interest of SETA to do so. If only one responsive proposal is received, SETA will deem this competition to have failed. In such an event, SETA may, in its sole discretion, proceed with sole source procurement or cancel this RFP and proceed with a new competitive procurement.

SETA will require successful respondents to participate in subgrant negotiations and to submit any programmatic, financial, or other revision of their proposal as may result from negotiations prior to any subgrant finalization. SETA shall reserve the right to terminate, with or without cause, any subgrant entered into as a result of this RFP process.

**17. JOINT VENTURE/SUBCONTRACTING**

A) In the event that a respondent proposes to provide a joint venture proposal (proposals involving more than one service provider), the respective areas of responsibility germane to program administration, program operations, program cost and program performance must be clearly delineated. Joint venture projects shall involve shared responsibility between entities and shall not allow one party to simply become a "pass-through" for funding. Joint ventures are jointly and severally liable for the program.

B) Subcontracting to another entity for the provision of training services is not allowable. All training services provided with SETA funding must be provided by the respondent's staff. Subcontracting for specialized, technical portions of training services, may be permitted. In such instances, proposers must clearly delineate in the proposal any plans to subcontract, identify with clarity the nature and scope of any planned subcontracting activity, and identify and verify the capability of the proposed subcontractor(s). SETA reserves the right to approve the form and content of all subcontracts.

**18) MODIFICATION OF SUBGRANTS**

Any subgrant funded pursuant to this RFP may be unilaterally modified by SETA upon written notice to the subrecipient under the following circumstances:

- (a) The subrecipient fails to timely meet its performance standards as set forth in the subgrant, or
- (b) The Federal or State Government increases, reduces, or withdraws funds allocated to SETA under WIOA Title I, or
- (d) There is a change in Federal or State law or regulations or the policies and procedures of the Governor and/or the California Workforce Development Board or SETA are amended, revised or modified.

**19) NONDISCRIMINATION REQUIREMENTS**

All programs must not deny any individual an opportunity to participate in services based on grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any financially assisted program or activity. Furthermore, the agency agrees to ensure that all qualified applicants receive consideration for employment and that employees are treated during employment without regard to their race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any financially assisted program or activity.

**20) INSTRUCTIONS FOR PREPARING PROPOSALS**

- A. Read each Section of this Request for Proposals (RFP) carefully.
- B. Section V of the RFP must be utilized as the proposal format by applicant agencies/organizations responding to the RFP.
- C. Provide the information required of each section as concisely and completely as possible. Be specific and, where appropriate or deemed necessary, provide examples that clarify descriptions.
- D. Provide information **in the exact order as it is requested** on the standard RFP response format provided. Include the title of each section.
- E. Special Proposal Submission Instructions
  - NO STAPLES
  - STANDARD TYPE (12 point Arial or Times New Roman or larger)
  - 8.5 X 11 PAPER ONLY

- SINGLE SIDE ONLY
- ORIGINAL MUST HAVE ORIGINAL SIGNATURES AND BE IDENTIFIED AS THE “ORIGINAL”
- BLACK INK ON WHITE PAPER
- ONE ORIGINAL PLUS ONE (1) COPY OF PROPOSAL AND ONE (1) ELECTRONIC (.PDF) COPY ON A FLASHDRIVE. “ZIP” FILES WILL NOT BE ACCEPTED
- DO NOT BIND COPIES OR USE SECTION DIVIDERS
- NUMBER THE PAGES AND LABEL THE EXHIBITS
- DO NOT INCLUDE DOCUMENTS, ATTACHMENTS OR LETTERS THAT HAVE NOT BEEN SPECIFICALLY REQUESTED IN THIS RFP

F. Common Errors To Avoid

In an effort to assist all entities responding to this RFP, a number of recurring errors commonly made by respondents in the preparation of proposals have been identified. SETA encourages respondents to review this listing of common errors in order to avoid repeating the mistakes of previous applicants. The listing is as follows:

1. Failure to prequalify by the Prequalification deadline (which is different than the RFP deadline);
2. Failure to submit the proposal by the RFP deadline;
3. Failure to submit the required number of copies;
4. Failure to follow the proposal format provided by, and required in, the RFP;
5. Failure to submit “unbound” copies of proposals;
6. Failure to number pages and label exhibits;
7. Failure to submit a complete copy of the document in electronic (.pdf) format;
8. Failure to address or provide all items requested under References;
9. Failure to submit the resolution Exhibit A;
10. Failure to submit the budget narrative;
11. Unclear Budget Summaries:
  - a. Discrepancies between line items and totals;
  - b. Blank categories with no explanation given;
  - c. Discrepancies between narrative and budgetary figures and/or totals.



**SECTION II**

**APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS**

**INSURANCE REQUIREMENTS**

## **APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS**

Each applicant agency must submit one complete copy of each item outlined below that applies to the applicant agency. Should the applicant be a joint venture or consortium, each party to such joint venture or consortium shall comply with the appropriate section in addition to submitting a copy of the "Declaration of Partnership or Joint Venture" (Attachment #9). SETA contracts staff will assist applicant agencies in meeting the prequalification requirements, but it is the applicant's ultimate responsibility to verify with SETA that current documents are on file. Verification can be obtained by contacting the SETA Contracts Unit at 263-4072.

**FAILURE TO SUBMIT AND/OR RESPOND TO THESE PREQUALIFICATION REQUIREMENTS NO LATER THAN THE DEADLINE NOTED IN SECTION I OF THE RFP WILL DISQUALIFY APPLICANT AGENCY FROM ANY FURTHER FUNDING CONSIDERATION.**

### **A. DISCLOSURE/CERTIFICATION FORMS PREQUALIFICATION REQUIREMENTS**

(Applicable to all Applicants)

All applicant agencies must submit the following four (4) attachments (Attachments #1 through #4). Each attachment must be signed (**original signature**) by an authorized representative(s) of the respondent agency.

1. **Attachment #1 - Fair Political Practices Commission Disclosure Forms**
2. **Attachment #2 - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**
3. **Attachment #3 - Certification Regarding Lobbying**
4. **Attachment #4 - Certification Regarding Drug-free Workplace Requirements**

**B. INSURANCE PREQUALIFICATION REQUIREMENTS** (Applicable to all new Applicants)

Applicant agencies that are not currently funded must submit Insurance Prequalification Attachments #5 and #6.

1. **Attachment #5 - Insurance Prequalification.** All new applicant agencies must submit an Insurance Prequalification form (Attachment #5). The attachment must be signed by an authorized representative(s) of the applicant agency.
2. **Attachment #6 - New Applicant Insurance Questionnaire.** Applicant agencies that are not currently funded by SETA must complete and submit the New Applicant Insurance Questionnaire (Attachment #6) stating the type of insurance and name of company they will use if funded.

**C. ADMINISTRATIVE PREQUALIFICATION REQUIREMENTS**

1. **FOR PUBLIC AGENCIES**

- (a) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most agencies.

- (b) Names and mailing addresses of current Governing Body

- (c) Certification of Accounting System (Attachment #7). To be completed and signed by applicant agency's chief financial officer. **MUST HAVE ORIGINAL SIGNATURE.**

2. **FOR NON-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)

Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.

- (l) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.

- (b) Federal Tax Exempt Status Verification (to include final determination letter, if applicable)

Note: This is a letter granting tax exemption from the Internal Revenue Service. This exemption is separate from the State exemption and requires a separate filing with I.R.S. If newly incorporated, provide copy of application to include notice of I.R.S. receipt.

- (c) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most corporations.

- (d) State Tax Exempt Status Verification

Note: This is a letter granting tax exemption from the State of California Franchise Tax Board. This exemption requires a separate filing from the Federal since the state does not automatically recognize the Federal Determination.

- (e) Names and mailing addresses of current local Board of Directors.

- (f) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

3. **FOR PRIVATE FOR-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)  
Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.
  - (l) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.
- (b) I.R.S. Employer Identification Number  
Note: This is a nine-digit number beginning with 94 for most corporations.
- (c) Names and mailing addresses of current Board of Directors.
- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**
- (e) If doing business in other than corporate name, provide a copy of current fictitious business name statement.

4. **FOR PRIVATE FOR-PROFIT PARTNERSHIP**

- (a) Declaration of Partnership or Joint Venture (Attachment #9).
- (b) If operating under a "doing business as" entity, provide a copy of current fictitious business name statement.
- (c) I.R.S. Employer Identification Number  
Note: This is a nine-digit number beginning with 94 for most organizations.
- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

5. **FOR PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP**

- (a) If doing business in other than sole-proprietorship name, provide a copy of current fictitious business name statement.
- (b) I.R.S. Employer Identification Number  
Note: This a nine-digit number beginning with 94 for most entities.
- (c) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

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## CONTRACT POLICY

Should applicant's proposal be selected for funding, applicant agency must be able to comply with the following requirements:

A. Audit

Before any funds are issued under any subgrant/agreement, funded agency shall submit to SETA a copy of the reports generated in connection with the most recent audit of its financial systems. These reports shall be in a form that complies with the provisions of the "Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards (HHS Super Circular – 45 CFR Part 75).

B. Insurance

Prior to contract execution and commencement of program performance, SETA shall receive from each funded agency's insurer a certificate of insurance, and applicable endorsements issued by the funded agency's insurance carrier, indicating all of the coverage required by SETA's Insurance Requirements as they exist at the time of contract execution. Current requirements are outlined in Attachment #10 consisting of 6 pages, but are presently being reviewed by SETA and those policies could be modified prior to contract execution.

SETA is very exacting with regard to the insurance requirements and will require necessary certificates and endorsements in compliance with those requirements in place at the time of contract execution. If an agency's insurance is not in place prior to the start of the program, the agency will not be allowed to start. If an agency's insurance expires during the course of the program and new certificates/endorsements are not received prior to the expiration date, payment will be suspended immediately. Performance will be suspended shortly thereafter if the agency's new insurance certificate(s) is/are not filed with the SETA Contracts Unit.

**Note:** Insurance endorsements must be requested from the insurance underwriter by your insurance agent/broker. This process may take up to two months, so proposers should plan accordingly.

C. Resolution

SETA has a standardized resolution that is required of all public agencies and incorporated entities. The applicant agency's Governing Body or Board of Directors will be required to adopt the appropriate resolution for the purpose of appointing specific individuals authorized to both sign and negotiate the contract. The resolution requires the original signature of the Governing Body's or Board of Director's secretary and the affixation of the corporate seal. Should incorporated entities not have a seal, it will be necessary to obtain one prior to contract execution.

D. Prohibitions

No member of the immediate family of any officer, director, executive or employee of funded agency or SETA shall receive favorable treatment for enrollment in services provided by, or employment with, funded agency, nor shall any individual be placed in a funded employment activity if a member of that individual's immediate family is directly supervised by or directly supervises that individual. In addition,

neither funded agency nor any of funded agency's subcontractors shall hire, or cause or allow to be hired, a person into an administrative capacity, staff position or on-the-job training position funded through the award of any grant, if a member of that person's immediate family is employed in an administrative capacity for SETA, funded agency, or any employment contractor of funded agency. However, where an applicable federal, state or local statute regarding nepotism exists which is more restrictive than this provision, funded agency and funded agency's subcontractors shall follow the federal, state or local statute in lieu of this provision.

- (a) The term "member of the immediate family" includes: wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, father-in-law, mother-in-law, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, step-parent, and step-child.
- (b) The term "administrative capacity" refers to positions involving overall administrative responsibility for a program, including members of SETA's Governing Board and any of its affiliated Boards or Councils and members of the governing body or board of directors of funded agency, or where that individual would be the supervisor of an individual paid with funds provided through the award of any grant or performing duties under the grant award.
- (c) The term "staff position" refers to all staff positions providing services through the award of any grant.

**COMPLIANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 84308**

In order to comply with the provisions of California Government Code Section 84308 and the Regulations of the California Fair Political Practices Commission, each respondent must fully complete the "Party Disclosure Form." Additionally, all participants (as defined in the attached "Participant Disclosure Form") identified by the respondent in the proposal must file the "Participant Disclosure Form." If other individuals or entities become or are identified as parties or agents during the time the Workforce Investment Board or Sacramento Employment and Training Agency is considering a respondent's proposal, additional Party Disclosure Forms must be filed with the Sacramento Employment and Training Agency. Participants who are later identified will be requested to file a "Participant Disclosure Form."

Government Code Section 84308

**PARTICIPANT DISCLOSURE FORM**

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by participants in a proceeding involving a license, permit, or other entitlement for use, including a subgrant or contract, pending before the Sacramento Employment and Training Agency.

**Important Notice**

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Sacramento Works, Inc. (Local Workforce Development Board) or Sacramento Employment and Training Agency board member or any candidate for such a position. This prohibition starts on the date you begin to actively support or oppose an application of a license, permit, or other entitlement for use pending before Sacramento Works, Inc. or the Sacramento Employment and Training Agency, and continuing until three months after a final decision is rendered on the application or proceeding by Sacramento Works, Inc. or the Sacramento Employment and Training Agency.

No Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate may solicit or receive a campaign contribution of \$250 or more from you and/or your agent during this period if the board member or candidate knows or has reason to know that you are a participant.

- II. The attached disclosure form must be filed if you or your agent have contributed \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate for the Sacramento Works, Inc. Board or the Sacramento Employment and Training Agency Governing Board during the 12 month period preceding the beginning of your active support or opposition. It will assist the board members in complying with the law.
- III. If you or your agent have made a contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision in the proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the fact that you are a participant to the proceeding.

This form should be completed and filed the first time that you lobby in person, testify in person before, or otherwise directly act to influence the vote of the members of the board of either Sacramento Works, Inc. or Sacramento Employment and Training Agency.

1. An individual or entity is a "participant" in a proceeding involving an application for a license, permit or other entitlement for use, including a subgrant or contract, if:
  - A. The individual or entity is not an actual party to the proceeding, but does have a significant financial interest in the decision of the proceeding before Sacramento Works, Inc. or Sacramento Employment and Training Agency.

AND

- B. The individual or entity, directly or through an agent, does any of the following:
  - (1) Communicates directly, either in person or in writing, with a member of the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency for the purpose of influencing the member's vote on the application or proposal;
  - (2) Communicates with an employee of Sacramento Works, Inc. or the Sacramento Employment and Training Agency for the purpose of influencing a board member's vote on the application or proposal; or
  - (3) Testifies or makes an oral statement before the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency during a proceeding on a license, permit or other entitlement for use for the purpose of influencing the decision of the board of Sacramento Works, Inc. or Sacramento Employment and Training Agency.
2. A proceeding involving "a license, permit or other entitlement for use" includes all business, professional, trade and land use licenses and permits and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
3. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.

4. To determine whether a campaign contribution of \$250 or more has been made by a participant or his or her agent, campaign contributions made by the participant within the preceding 12 months must be aggregated with those made by the agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Sacramento Works, Inc. or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact HEATHER LUKE, Workforce Development Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-4072, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

**Participant Disclosure Form** SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

Title of Request for Proposals for which proposal is hereby submitted:

\_\_\_\_\_

Sacramento Works, Inc. or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Participant): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

(Use additional sheet, if necessary)

No contributions made.

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

\_\_\_\_\_  
(Signature of Participant and/or Agent)

Government Code Section 84308

**PARTY DISCLOSURE FORM**

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by applicants for, or persons who are the subject of, any proceeding involving a license, permit, or other entitlement of use, including a subgrant or contract, pending before Sacramento Works, Inc. or the Sacramento Employment and Training Agency.

Important Notice

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or any candidate for such position. This prohibition begins on the date your proposal is filed or the proceeding is initiated, and the prohibition ends three months after a final decision is rendered by Sacramento Works, Inc. or the Sacramento Employment and Training Agency. In addition, no Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate may solicit or accept a campaign contribution of \$250 or more from you during this period.

These prohibitions also apply to your agents, and, if you are a closely held corporation, to your majority shareholders, as well.

- II. You must file the attached disclosure form and disclose whether you or your agent(s) have in the aggregate contributed \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member, or any candidate for the position during the 12 month period preceding the filing of the application or the initiation of the proceeding.
- III. If you or your agent have made a contribution of \$250 or more to any Sacramento Works, Inc. or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision on the application or proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the proceedings.

## ATTACHMENT #1

1. A proceeding involving "a license, permit, or other entitlement for use" includes all business, professional, trade and land use licenses and permits, and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
2. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.
3. To determine whether a campaign contribution of \$250 or more has been made by you, campaign contributions made by you within the preceding 12 months must be aggregated with those made by your agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Sacramento Works, Inc. or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact HEATHER LUKE, Workforce Development Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-4072, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

**Party Disclosure Form**

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Party's Name: \_\_\_\_\_

Party's Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip) (Phone)

Title of Request for Proposals for which proposal is hereby submitted:

\_\_\_\_\_

Sacramento Works, Inc. or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

Name of Board Member: \_\_\_\_\_

Name of Contributor (if other than Party): \_\_\_\_\_

Date(s): \_\_\_\_\_

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

(Use additional sheet, if necessary)

No contributions made.

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

\_\_\_\_\_  
(Signature of Party and/or Agent)

SACRAMENTO EMPLOYMENT & TRAINING AGENCY  
Governing Board

Chair

**Sophia Scherman**

Public Representative  
8757 Rubystone Court  
Elk Grove, CA 95624  
685-3860

e-mail: [scherman@sophia-elkgrove.com](mailto:scherman@sophia-elkgrove.com)

Vice Chair

**Councilman Jay Schenirer**

City of Sacramento  
915 "I" Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
808-8193 (Keilani)  
FAX: 808-7680

e-mail: [jschenirer@cityofsacramento.org](mailto:jschenirer@cityofsacramento.org)

**Supervisor Patrick Kennedy**

County of Sacramento  
700 "H" Street, Suite 2450  
Sacramento, CA 95814  
874-5481 (Maria DeAnda)  
FAX: 874-7593

e-mail: [kennedy.supervisor@saccounty.net](mailto:kennedy.supervisor@saccounty.net)

**Councilmember Allen Warren**

City of Sacramento  
915 "I" Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
808-4725 (Alisa)  
FAX: 808-7680

e-mail: [awarren@cityofsacramento.org](mailto:awarren@cityofsacramento.org)

**Supervisor Don Nottoli**

County of Sacramento  
700 "H" Street, Suite 2450  
Sacramento, CA 95814  
874-5465 (Samantha)  
FAX: 874-7593

e-mail: [nottolid@saccounty.net](mailto:nottolid@saccounty.net)

*Current as of November 13, 2015*

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

Date

## Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal* and *voluntarily excluded*, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or

voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

- (1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of 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 subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name and Title of Authorized Signatory

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

DISCLOSURE OF LOBBYING ACTIVITIES

ATTACHMENT 2

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<p><b>1. Type of Federal Action:</b></p> <p><input type="checkbox"/> a. contract  <input type="checkbox"/> b. grant  <input type="checkbox"/> c. cooperative agreement  <input type="checkbox"/> d. loan  <input type="checkbox"/> e. loan guarantee  <input type="checkbox"/> f. loan insurance</p>	<p><b>2. Status of Federal Action:</b></p> <p><input type="checkbox"/> a. bid/offer/application  <input type="checkbox"/> b. initial award  <input type="checkbox"/> c. post-award</p>	<p><b>3. Report Type:</b></p> <p><input type="checkbox"/> a. initial filing  <input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b>  year _____ quarter _____  date of last report _____</p>
<p><b>4. Name and Address of Reporting Entity:</b></p> <p><input type="checkbox"/> Prime      <input type="checkbox"/> Subawardee</p> <p style="padding-left: 40px;">Tier _____, if known:</p> <p><b>Congressional District, if known:</b> _____</p>		<p><b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b></p> <p><b>Congressional District, if known:</b> _____</p>
<p><b>6. Federal Department/Agency:</b></p>	<p><b>7. Federal Program Name/Description:</b></p> <p>CFDA Number, if applicable: _____</p>	
<p><b>8. Federal Action Number, if known:</b></p>	<p><b>9. Award Amount, if known:</b></p> <p>\$ _____</p>	
<p><b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI): _____</p> <p><b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): _____</p> <p style="text-align: center;"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<p><b>11. Amount of Payment</b> (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual    <input type="checkbox"/> planned</p>	<p><b>13. Type of Payment</b> (check all that apply):</p> <p><input type="checkbox"/> a. retainer  <input type="checkbox"/> b. one-time fee  <input type="checkbox"/> c. commission  <input type="checkbox"/> d. contingent fee  <input type="checkbox"/> e. deferred  <input type="checkbox"/> f. other; specify: _____</p>	
<p><b>12. Form of Payment</b> (check all that apply):</p> <p><input type="checkbox"/> a. cash  <input type="checkbox"/> b. in-kind; specify: nature _____  value _____</p>		
<p><b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b></p> <p><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>		
<p><b>15. Continuation Sheet(s) SF-LLL-A attached:</b>    Y <input type="checkbox"/>    N <input type="checkbox"/></p>		
<p><b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b></p>		<p><b>Signature:</b> _____</p> <p><b>Print Name:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Telephone No.</b> _____ <b>Date</b> _____</p>
<p><b>Federal Use Only:</b></p>		<p><b>Authorized for Local Reproduction</b> Standard Form - LLL</p>

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of a covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposals (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_ of

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**Certification Regarding Drug-Free Workplace

The undersigned certifies that it will or will continue to provide a drug-free workplace by:

- (A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (B) Establishing an ongoing drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The subrecipient's policy of maintaining a drug-free workplace;
  - (3) Any available counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (C) Making it a requirement that each employee to be engaged in the performance of any subgrant be given a copy of the statement required by paragraph (A);
- (D) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the subgrant, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer, in writing, of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
- (E) Notifying the Sacramento Employment and Training Agency (hereinafter referred to as the SETA), in writing, within ten (10) calendar days after receiving notice under paragraph (D)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every subgrant officer or other designee on whose subgrant activity the convicted employee was working, unless the SETA has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected subgrant;
- (F) Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (D)(2), with respect to any employee who is so convicted:
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
- (G) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E) and (F).

The subrecipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific subgrant:

Place of Performance (Street address, city, county, state, zip code)

---

---

---

Check if there are workplaces on file that are not identified here.

\_\_\_\_\_  
(Name of Organization)

BY: \_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Date)

**INSTRUCTIONS FOR CERTIFICATION REGARDING  
DRUG-FREE WORKPLACE REQUIREMENTS**

1. By signing and/or submitting this application or subgrant agreement, the subrecipient is providing the certification required by 20 CFR §667.200(d) and 29 CFR Part 98.
2. The certification is a material representation of fact upon which reliance is placed when the Sacramento Employment and Training Agency (hereinafter referred to as the SETA) awards the subgrant. If it is later determined that the subrecipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the SETA, in addition to any other remedies available, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under subgrants, for subrecipients other than individuals, need not be identified on the certification. If known, they may be identified in the subgrant application. If the subrecipient does not identify the workplaces at the time of application, or upon award, if there is no application, the subrecipient must keep the identity of the workplace(s) on file in its office and make the information available for inspection. Failure to identify all known workplaces constitutes a violation of the subrecipient's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the subgrant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority while in operation, employees in each local office, etc.).
5. If the workplace identified to the agency changes during the performance of the subgrant, the subrecipient shall inform the SETA of the change(s), if it previously identified the workplaces in question (see paragraph 3).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Subrecipient's attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

*Criminal drug statute* means a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a subrecipient directly engaged in the performance of work under a subgrant, including:

- ( i) All *direct charge* employees;
- ( ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the subgrant; and,
- (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the subgrant and who are on the subrecipient's payroll. This definition does not include workers not on the payroll of the subrecipient (e.g., volunteers, consultants or independent contractors not on the subrecipient's payroll).

INSURANCE PREQUALIFICATION

We do not presently have a contract with SETA.  
Our completed NEW APPLICANT INSURANCE QUESTIONNAIRE is attached.

IT IS ACKNOWLEDGED THAT IT IS OUR ORGANIZATION'S SOLE OBLIGATION TO PROCURE INSURANCE COVERAGE IN CONFORMANCE WITH SETA'S REQUIREMENTS.

AUTHORIZATION IS HEREBY GIVEN TO SETA TO CONTACT OUR ORGANIZATION'S INSURANCE AGENT(S) OR BROKER(S) AND/OR INSURANCE COMPANIES IN ORDER TO CONFIRM THAT OUR ORGANIZATION'S INSURANCE COVERAGE MEETS SETA'S REQUIREMENTS.

\_\_\_\_\_  
(Name of Corporation/Entity)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Date)

**ALL NEW AGENCIES APPLYING FOR FUNDING MUST SUBMIT THIS DOCUMENT. IF THIS DOCUMENT IS NOT SUBMITTED, THE AGENCY WILL NOT BE CONSIDERED FOR FUNDING.**

NEW APPLICANT INSURANCE QUESTIONNAIRE

Name of Corporation/Entity: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Bond Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Expiration Date: \_\_\_\_\_

2. PROPERTY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Property Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Valuation:  Replacement Cost  Actual Cash Value

F. Expiration Date: \_\_\_\_\_

3. GENERAL LIABILITY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Coverage Form:  Occurrence Type  Claims Made Type

F. Expiration Date: \_\_\_\_\_

4. VEHICLE LIABILITY COVERAGE

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Deductible: \_\_\_\_\_

E. Expiration Date: \_\_\_\_\_

5. PROFESSIONAL LIABILITY (IF ANY)

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Limit: \_\_\_\_\_

D. Expiration Date: \_\_\_\_\_

6. WORKERS' COMPENSATION

A. Insurance Company: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Expiration Date: \_\_\_\_\_

7. INSURANCE BROKER OR AGENT

A. Name of Agency: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone Number: \_\_\_\_\_

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

Ms. Kathy Kossick  
Executive Director  
Sacramento Employment and Training Agency  
925 Del Paso Blvd.  
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am the Chief Financial Officer of \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_ and, in this capacity, I will be responsible for providing financial services adequate to  
ensure the establishment and maintenance of an accounting system for \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_.

The accounting system and internal control procedures will be adequate to safeguard the assets of such  
agency, check the accuracy and reliability of accounting data, promote operating efficiency, and provide  
compliance with prescribed management policies of the agency.

\_\_\_\_\_  
(Signature of Financial Officer)

\_\_\_\_\_  
(Typed Name of Financial Officer)

\_\_\_\_\_  
(Title)

FOR USE BY: PRIVATE NON-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT PARTNERSHIP  
PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP

**ATTACHMENT #8**

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

Ms. Kathy Kossick  
Executive Director  
Sacramento Employment and Training Agency  
925 Del Paso Blvd.  
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am a duly licensed or Certified Public Accountant and have been engaged to examine and report on the adequacy of the financial accounting system of \_\_\_\_\_  
(name of applicant agency)  
\_\_\_\_\_ which is a private \_\_\_\_\_ organization located in  
(non-profit/for-profit)  
\_\_\_\_\_.  
(name of city)

I have reviewed the accounting system that this organization has established and, in my opinion, it includes internal controls adequate to safeguard the assets of the organization, check the accuracy and reliability of accounting data, promote operating efficiency, and provide compliance with prescribed management policies of the agency.

\_\_\_\_\_  
(Signature of Accountant)

\_\_\_\_\_  
(Typed Name of Accountant)

\_\_\_\_\_  
(License Number and Expiration Date)

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Typed Name)

DECLARATION OF PARTNERSHIP OR JOINT VENTURE

The undersigned do hereby declare as follows:

1. The business organization known as \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is a \_\_\_\_\_.  
(General partnership or joint venture)

2. The following represents a complete list and disclosure of all the individual \_\_\_\_\_  
\_\_\_\_\_  
(General partners or joint ventures)

Name

Mailing Address (City, State, Zip)

<u>Name</u>	<u>Mailing Address</u> (City, State, Zip)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Each of the undersigned does hereby declare under the penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

## INSURANCE REQUIREMENTS

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**

**INSURANCE REQUIREMENTS**

**(Applicable to all SETA-funded programs)**

**(Pursuant to SETA Governing Board Action on 4/21/88)**

**(Revised 5/3/2007)**

Prior to contract execution, commencement of program performance and disbursement of any funds, SETA shall receive from each funded agency's insurer an ORIGINAL, computer-generated, or faxed certificate of insurance and copies of required endorsements.

**GENERAL REQUIREMENTS:**

1. CERTIFICATES OF INSURANCE MUST INCLUDE:

- A. Insuring Company's Name;
- B. Full Mailing Address of Insurance Company's Issuing Branch Office;  
(this item may be added to certificate by SETA staff)
- C. Policy Number(s);
- D. Policy Effective and Expiration Date(s);
- E. Policy Limits;
- F. Deductible(s) or statement that "No deductible is applicable";
- G. As respects General Liability Coverage, statement that "occurrence type" coverage rather than "claims made type" coverage is provided;
- H. Certificates must include an original signature or an original stamp of the agent's signature.
- I. Notice of Cancellation:

When completing certificates of insurance, the following wording must be stricken from the standard statement:

"Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will ~~endeavor to~~ mail \_\_\_ days written notice to the certificate holder named to the left, ~~but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~"

NOTE: Upon receipt of an acceptable certificate and endorsements, a cover letter will be sent to each insurance carrier indicating SETA's reliance on the certificate as evidence that insurance was indeed issued and is currently in force. A copy of the letter will be sent to both the broker/agent and the operator.

**SHOULD ANY OF THESE ITEMS BE MISSING, THE CERTIFICATE IS UNACCEPTABLE**

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

INSURANCE REQUIREMENTS

(Continued)

2. **REQUIRED INSURANCE ENDORSEMENTS: MUST HAVE POLICY NUMBER TYPED ON ENDORSEMENTS.**

3. Deductibles and Self-Insured Retentions:

Any deductibles or self-insured retentions must be declared to and approved by SETA. In the sole discretion of SETA, SETA may require a funded agency to reduce or eliminate such deductibles or self-insured retentions as respects SETA, its officers, employees and volunteers.

**NOTE:** No SETA funds may be used to fund or otherwise pay for any deductibles, self-insured retentions and/or self-insurance.

4. SETA reserves the right to require funded agencies to obtain additional insurance coverage should the program activities provided require additional coverage. This is especially true for multi-funded agencies. Additional coverage might include increased policy limits or coverages for professional liability and/or incidental malpractice. Increased policy limits might be addressed by increasing the general aggregate limits, obtaining excess coverage, and/or procuring a policy solely to insure SETA-funded activities.
5. SETA reserves the right to require funded agencies to provide SETA with complete copies of all insurance policies including endorsements.
6. All coverages shall be procured through a carrier satisfactory to SETA. If any coverage is canceled, revoked, reduced, or in any manner questioned or compromised, SETA shall not make any further disbursements to funded agency until SETA is satisfied that the coverage initially approved by SETA has been reinstated. Failure to provide timely evidence of continuing coverage shall result in suspension of all payments or reimbursements and/or suspension of performance. Additionally, should there be inadequate coverage or any lapse(s) in coverage, SETA shall not reimburse for any costs incurred during any period for which the required insurance coverage was not in effect.
7. In the event insurance coverages expire at any time or times during the term of the subgrant, the program operator agrees to provide, at least thirty (30) calendar days prior to said expiration date, a new certificate(s) of insurance evidencing insurance coverage(s) as provided for herein for not less than the remainder of the term of the subgrant. New certificates of insurance are subject to review for content and form by SETA.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

REQUIRED COVERAGES

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

A. Required Limits:

Amount of grant if less than \$25,000; or  
\$25,000 or twenty percent (20%) of the total amount of the grant, whichever is greater

B. Required Endorsements:

1. "The Sacramento Employment and Training Agency is named as a loss payee as its interest may appear," and,
2. "This insurance shall not be canceled, limited, or non-renewed until after fifteen (15) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply."

2. PROPERTY COVERAGE

A. Required Coverage:

Insurance which is at least as broad as the current ISO Special Form Causes of Loss (CP 1030) policy, formerly known as "all risks," as well as insurance covering boiler and machinery and compliance with ordinances or laws, if appropriate, for the full 100% insurable replacement cost of the property.

Such insurance shall name SETA as an additional insured as its interests in the property may appear and shall include a waiver of subrogation in favor of SETA.

B. Required Endorsements:

1. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply," and,
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy."

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

3. GENERAL LIABILITY COVERAGE

A. Type of Policy/Coverage:

All policies must be written on an occurrence-type policy form which is at least as broad as the most current ISO Commercial General Liability (CG 0001) policy, insuring liability arising from premises; operations; independent contractors; incidental medical malpractice and garage keepers liability as appropriate given the nature of the funded agency's business; personal injury and advertising injury; products-completed operations; and liability assumed under an insured contract.

SEXUAL ABUSE LIABILITY COVERAGE

Subcontractors whose operations involve interaction with youth (ages to 18 years) must include "Sexual Abuse liability coverage" at limits not less than \$1,000,000 per occurrence. Such coverage can be written on a stand alone basis or made part of the subcontractor's Commercial General Liability Insurance. SETA is to be named as an additional insured for this coverage.

Claims-made policies are not acceptable.

B. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

C. Required Endorsements:

1. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured;;
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy;" and,
3. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply."

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

4. VEHICLE LIABILITY COVERAGE

A. Required of all Program Operators

B. Required Coverage:

Coverage must include all of the following:

- a. Non-Owned Auto Liability
- b. Hired Auto Liability
- c. Owned Auto Liability (If the program operator owns autos)

C. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

D. Required Endorsements:

1. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured;"
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy;" and,
3. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply."

5. PROFESSIONAL LIABILITY COVERAGE

A. Required of all program operators who employ or retain professional staff (including, but not limited to, nurses, psychologists, health care professionals, accountants or attorneys) for SETA-funded operations.

B. Required Limits:

Not less than \$1,000,000 per occurrence.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

6. WORKERS' COMPENSATION

A. Must cover all employees and participants employed or enrolled under the grant who are currently eligible for coverage under existing workers' compensation laws and regulations. Where participants in a work activity are not covered under a state's workers' compensation law, they shall be provided with adequate accident medical insurance.

B. Required Endorsement:

"This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply."

7. SELF-INSURANCE

If any coverage is provided by self-insurance, SETA requires a letter from the funded agency stating that:

- A. It agrees to SETA's insurance requirements as stated above;
- B. It will maintain a minimum reserve of the amount of self-insured retention over and above all known incurred claims filed against the self-insurance fund;
- C. The reserve is fully funded; and,
- D. No federal or SETA funds will be called upon to fund any losses resulting from any SETA-funded contract.

A sample letter will be provided.

**SECTION III**

**ALLOWABLE ACTIVITIES**

**REQUIRED RESPONSE FORMAT**

**REQUIRED EXHIBITS**

**REQUIRED RESPONSE FORMAT**  
**Project Slingshot – Capital Region**

1. Applicant Agency: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Contact Person(s): \_\_\_\_\_

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

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

4. Funding Request and Activity: Applicants must submit separate proposals for Activity 1: Business Mentorship Services and Activity 2: Maker Space/Incubator Services. Please place the total amount requested for the proposed activity in Column A, the total number of customers to be served in Column B and the cost per customer in Column C.

<b>Services</b>	<b>A. Total Amount Requested</b>	<b>B. Total # to be Served</b>	<b>C. Cost per Customer</b>
Business Mentorship	\$		\$
Maker Space/Incubator			

SETA reserves the right in its sole discretion, to select the funding source from which to award grants provided that the activities identified in the proposal may be funded from that source and categories. Grant recipients will be required to adhere to the statutes, regulations, or policies applicable to the funding source under which the funding is provided.

5. Agency Status:

Private non-profit: \_\_\_\_\_ Private for-profit: \_\_\_\_\_ Public Agency: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

6. Assurances and Certification:

I, (We), the undersigned, as the duly-authorized representative(s) of the respondent agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, that I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. The corporate resolution, or other valid instrument, is attached as **Exhibit A** that certifies authority expressed.

---

Signature

---

Signature

---

Typed Name

---

Typed Name

---

Date

---

Date

## I. EXECUTIVE SUMMARY/SYNOPSIS OF APPLICANT ENTITY'S SERVICES

Please provide a summary of the following:

1. Purpose and goals of the proposed services;
2. Geographic area proposed to be served;
3. Needs in the geographic area, including the workforce and economic conditions in the area;
4. Applicant entity's proposed services and the delivery model;
5. Outcomes to be achieved;
6. Impact of the outcomes on/in the geographic area;
7. Physical location, including address, layout, square footage, accessibility, and hours of operation.

## II. ALLOWABLE ACTIVITIES

For the purposes of this RFP, SETA is only seeking applications for the services identified below. Applicants should respond only to those sections which are being proposed. Separate proposals must be submitted for Activity 1: Business Mentorship Services and Activity 2: Maker Space/Incubator Services.

Please note: SETA reserves the right to fund portions of OR specific components of the proposed application based on the needs of the project and/or demonstrated ability/experience to provide the proposed services.

### A) Overarching Goals and Values

All respondents to this RFP should address the following in their responses:

- A detailed description of the strategies to engage underrepresented groups and/or underrepresented geographic areas, including disadvantaged neighborhoods and/or rural areas within the nine-county Capital Region;
- A description of the sustainability of the services proposed; and,
- A detailed description of the ways in which the respondent will leverage existing resources and relationships with other stakeholders in the regional innovation ecosystem for the benefit of the project;
- A commitment to participating in the region's entrepreneurial ecosystem as a partner and peer of other organizations also so engaged, and the means by which that commitment will be met.

### B) Activity 1: Business Mentorship Services

Respondents proposing Activity 1: Business Mentorship Services should ensure that their responses include:

- A detailed description of how the services will connect successful executives to less experienced starting entrepreneurs;
- A detailed description of the process to ensure that executives (mentors) and mentees are making efficient, effective and productive use of each other's time; and well matched in regard to matching mentor/mentee in similar industry sectors and ensuring a high level of entrepreneur-readiness to maximize value of mentor/mentee relationship;
- A detailed description of the respondent's experience in providing the proposed

services;

- A detailed description of the existing resources to be leveraged, and how they will enhance and/or expand the services.

#### C) Activity 2: Incubator / Maker Spaces

Respondents proposing Activity 2: Incubator / Maker Spaces should ensure that their responses include:

- A detailed description of how the respondent will provide physical space(s) for new companies to gather and work in close proximity with each other, including access to tools and/or equipment that is difficult to obtain but beneficial to startups;
- A detailed description of how the respondent will support or expand a Maker Space or Incubator that will attract, and connect with, startups in rural areas, not solely in urban ones; and
- An assurance that the respondent will target services to startups and entrepreneurs with the goals of accelerating entrepreneurial learning and business success;
- A detailed description of the respondent's experience in providing the proposed services;
- A detailed description of the leveraged resources and how they will expand the services.

#### D) Program Management and Capacity

All respondents to this RFP should address the following in their responses:

- Organizational History - Provide a brief history of the applicant entity, including any relevant experience in providing the services solicited in this RFP. Include history, purpose, years of operation, number of staff and services provided;
- Organizational Structure - Provide an organizational chart showing the size and structure of the organization. The applicant entity must also provide an organization chart for the services it is proposing to provide, including all staff related to services, and those funded through other sources (label Exhibit B);
- Technology Plan - Describe the applicant entity's technology plan and capacity to support the services proposed. This information should include a description of computer hardware and software, printing capability, internet capacity and other relevant telecommunications technology.
- Performance Outcomes - Describe how the applicant agency will measure services and determine success;
- Fiscal Controls - Describe the applicant entity's fiscal accountability experience and internal fiscal system, including:
- A description of the applicant's experience managing and accounting for grant funds;
- Type of accounting system used and a description of automated supports;
- The qualifications of the staff responsible for the preparation of the fiscal reports;
- The internal controls used in the applicant's fiscal systems;
- How the applicant entity will repay any potential disallowed costs; and,
- A list of all credit and monitoring findings over the past three fiscal years;
- Internal Program Evaluation and Monitoring - Describe the process to be used to evaluate and monitor the proposed services, including:
  - a. Activities reviewed;
  - b. Frequency;

- c. Corrective action; and,
- d. Staff assigned to monitor/evaluate.

### III. BUDGET INFORMATION

**A) Budget Form** - Complete and submit **Exhibit C**, Budget and Cost Allocation Plan. All personnel costs must identify the staff positions, annual salaries, and percentages of annual time spent on the project. Non-personnel costs should also be further outlined into specific line items (such as supplies, equipment, repairs, and mileage).

Cost allocation plans must reflect the methodology used to prorate common operating costs to each funding source. Examples of common operating costs are infrastructure costs (e.g. rent and copier machines), as well as personnel (e.g. receptionist, fiscal staff, senior management) providing benefits to multiple funding sources.

**B) Budget Narrative** – Describe the justification for all costs built into the line-item detail of the Budget and Cost Allocation Plan (**Exhibit C**), and the methodology used to derive each cost.

### IV. REFERENCES

Organizations not currently funded by SETA, and service providers who received funds prior to July 1, 2015, must complete **Exhibit D**, providing at least two (2) complete references from organizations/agencies (other than the Sacramento Employment and Training Agency) that the applicant has had direct involvement with or funding from for projects of similar size and scope. The following information for each reference shall be listed in the proposal:

- ⇒ Reference organization's name;
- ⇒ Reference organization's address and phone number;
- ⇒ Contact person; and
- ⇒ Description of services provided.

TO MAINTAIN UNIFORMITY OF RESPONSES, THE FOLLOWING EXHIBITS MUST BE LETTERED AS OUTLINED BELOW AND MUST BE ATTACHED AT THE BACK OF THE PROPOSAL. DO NOT RELETTER EXHIBITS.

THE REQUIRED EXHIBITS ARE AS FOLLOWS:

- |           |  |
|-----------|--|
| EXHIBIT A | Corporate Resolution <b>(supplied by respondent)</b> |
| EXHIBIT B | Organizational Chart <b>(supplied by respondent)</b> |
| EXHIBIT C | Budget and Cost Allocation Plan Form                 |
| EXHIBIT D | References Questionnaire Form                        |
| EXHIBIT E | Current Funding Sources Form                         |
| EXHIBIT F | Pending Applications Form                            |

**Project Slingshot**  
**BUDGET AND COST ALLOCATION PLAN**

Applicant Agency Name \_\_\_\_\_

Activity: (check proposed activity)

Street Address \_\_\_\_\_

Business Mentorship \_\_\_\_\_

City \_\_\_\_\_, CA \_\_\_\_\_

Maker Space/Incubator \_\_\_\_\_

Program \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fiscal Contact \_\_\_\_\_

Person \_\_\_\_\_ Phone \_\_\_\_\_

**BUDGET PERIOD:**

From:

To:

<b>BUDGET SUMMARY - COST REIMBURSEMENT</b>			
<b>TYPE OF COST</b>	<b>SETA SHARE</b>	<b>LEVERAGE</b>	<b>TOTAL</b>
A. Personnel			
B1. Fixed Asset Purchases			
B2. Other Equipment Costs			
C. Other Costs			
Total Cost:			

**COST ALLOCATION PLAN**

ACTUAL METHODS (Do not give dollar amounts), which will be used to charge/allocate a FAIR SHARE of ACTUAL costs to this budget ("Budget" column) and to cost categories (administration and program) within the budget ("Cost Category").

Cost Item	Use abbreviation at bottom of page	
	Budget	Cost Category
A. Personnel Costs		
B. Equipment Costs		
C. Other Costs		

**ABBREVIATIONS:** (Some commonly used methods. If a method you use is not listed, add it to the list)

- DC = Direct Charge: Not a share cost. ACTUAL costs charged to a budget or cost category will be directly identified with the budget or cost category.
- ST = Staff time: Shared Cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL staff time spent on the budget or cost category.
- SF = Square Footage: Shared Cost. ACTUAL costs will be allocated to a budget of cost category based upon the % of ACTUAL space used for the budget or cost category.
- SF/ST = Square Footage Combined with Time of Staff Using Space: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL space and the % of total ACTUAL staff time within the space used for the budget or cost category.
- #S = Number Served: Shared cost. ACTUAL costs will be allocated to a budget based upon the % of total ACTUAL participants served by the budget.
- U = Usage: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL usage for the budget or cost category. The backup documentation for ACTUAL usage will be : .



<b>B. EQUIPMENT COSTS</b>			<b>Costs For This Program</b>	
			SETA SHARE	TOTAL
1. Purchases of Fixed Assets		Full Purchase Price x SETA %		
Total Purchases of Fixed Assets				
<b>2. Other Equipment Costs</b>		Full Purchase Price x SETA %		
P, L, R	P = Purchase L = Lease	Or		
D or U	R = Rent D = Depreciation	Full Cost/Mo. X # Mos. X SETA %		
	U = Use Allowance			
Total Other Equipment Costs				
Total Equipment Costs (Purchases of Fixed Assets + Other Equipment Costs)				

**Fixed Assets:** Equipment (non-expendable personal property) with an acquisition cost of \$5,000 or more per unit and a useful life of more than 1 year.

<b>C. OTHER COSTS</b>	Full Cost Information x SETA %	Costs For This Program	
		SETA SHARE	TOTAL
1. Direct			
Facility:			
Non-Owned: <input type="checkbox"/> Rent <input type="checkbox"/> Lease			
Owned: <input type="checkbox"/> Depreciation <input type="checkbox"/> Use Allowance			
Address:			
Utilities			
Telephone			
Office Supplies			
Duplication/Printing			
Other:			
Insurance:      Fidelity/Depositors' Forgery			
Property			
General Liability			
Vehicle Liability			
Other:			
Travel:      Local Mileage:			
Other:			
Subcontracts:			
Total Direct Costs			
2. *Indirect Costs - Approved Rate:      % x Direct Costs of \$			
Total Other Costs      Direct + Indirect			

\*Attach copy of approval letter from cognizant agency

**REFERENCES QUESTIONNAIRE**  
**Sacramento Employment and Training Agency**

Name of organization for which the questionnaire is being completed: \_\_\_\_\_

\_\_\_\_\_

Name of company completing the questionnaire: \_\_\_\_\_

**Information provided by:**

Name of individual: \_\_\_\_\_

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

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

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Contract Information:**

Contract/Grant Title: \_\_\_\_\_

Contract/Grant Value: \_\_\_\_\_

Period of Performance: \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

\_\_\_\_\_

**CURRENT FUNDING SOURCES FORM**

Applicant Agency: \_\_\_\_\_

Funding Source	Grant Period	Amount
Area 4 Agency on Aging		
City Contribution (General Fund)		
Comm. Development Block Grant		
CSBG – SETA		
CSBG – Other		
County Alcoholism		
County Drug Abuse		
County Mental Health		
FEMA		
Fed. – DOL		
Fed. – HHS		
CalWORKs – DHA		
TA		
Office of Criminal Justice		
RESS		
WIOA Adult		
WIOA Dislocated Worker		
WIOA Youth		
WIOA Discretionary		
TAD		
SETA Head Start		
State Dept. of Health Services		
State CSD		
United Way		
Federal (Other)		
State (Other)		
Tuition/Fees		
Other:		

