

Proposal Cover Pages

Organization Information

1. Is your organization incorporated as: non-profit or for-profit?

A copy of the Respondent's designation (as a private, non-profit, for-profit, public corporation, etc.) as granted by the U.S. Internal Revenue Service **must be attached.**

Page number of required IRS designation letter attachment _____

2. Type of Business Organization:

Sole Proprietorship	Tax Supported
Partnership	Public Agency
Corporation	Unit or Consortium of General or Specialized Governments

3. Is your organization established in accordance with State statutes and authorized to conduct business in the State of Missouri?

Yes No

A copy of the Respondent's most recent State incorporation letter **must be attached.**

Page number of required State incorporation letter attachment _____

4. If your organization is a corporation, do you have a current (valid within one calendar year) Certificate of Good Standing on file with the Missouri Secretary of State's Office?

Yes No N/A

Include a copy of your agency's current Certificate of Good Standing if you are a corporation.

Page number of required Certificate of Good Standing attachment _____

If you are not a corporation, please explain your status below:

5. The Respondent must be able to assure equal employment opportunities to all persons in all aspects of employment regardless of race, color, religion, sex, national origin, age, disability, or political affiliation or belief. Assurance of equal employment opportunities includes a written Affirmative Action Plan, if 50 or more employees, or a written Policy Statement, if under 50 employees, as required by the Federal and/or State law.

- Under** 50 employees
 Written Affirmative Action Policy Statement on file
 Over 50 employees
 Affirmative Action Plan on file

OR

- Over** 50 employees, not required by Federal or State law to have an Affirmative Action Plan on file. Please explain the exemption below:

I understand that this Plan or Policy Statement may be subject to review before the award of a contract.

6. The Respondent must assure compliance with the Americans with Disabilities Act of 1990 (ADA) and any amendments thereto, by the effectiveness dates outlined within the Act. Include a detailed description of your ADA compliance efforts and an assurance statement that you are currently in compliance and will comply with any future ADA requirements.

Page number of your ADA compliance efforts and assurance statement _____

7. The Respondent must submit a copy of your most recent Audited Financial Statements and/or Balance Sheet, management letter, and any audit findings with your proposal (unless one has been provided to the WDB within the last 12 months).

Submitted with the response: Yes No Not Applicable

Page number of most recent audit (if applicable) _____

8. Has your agency had any Federal or State contracts (i.e. Workforce Innovation & Opportunity Act, *Temporary Assistance for Needy Families*, *Housing*, *Head Start*, *Youth Build*, or other) that were either not renewed or terminated since July 1, 2015, in full or in part?

Contracts not renewed: Yes No _____ Year of contract not renewed

Contracts terminated: Yes No _____ Year of contract terminated

If your organization had had a contract not renewed or terminated, provide a brief explanation below of changes proposed to overcome deficiencies or problems identified for contracts terminated or not renewed:

9. The Respondent must be able to obtain and submit documentation of insurance coverage including director and officer liability insurance; general liability insurance; bonding at a minimum of \$100,000 per individual; insurance for personal injury; insurance for theft, fire, and other damage; and worker's compensation statute before the award of the contract. Include documentation of coverage identifying the respective, required coverage listed above (declaration of insurance prepared by the insurance agency) and amounts for each.

Documentation Submitted? Yes No

Page number of declaration of insurance

If your agency does not have this coverage at the time of the response, please include the name of the agency from whom your organization would secure coverage. Include an assurance of coverage with amounts before the award of a contract.

10. Indicate the agency's experience over the past four (4) years (2019-2022) in reference to the following items:

a. Were grievances or complaints filed against the organization (not including discrimination)?

Yes No

b. Were lawsuits or judgments filed?

Yes No

c. Were there investigations of fraud, abuse, conflict of interest, political activities, nepotism, or any criminal activities?

Yes No

d. Was there a default or breach of any contract?

Yes No

e. Was bankruptcy or receivership by this organization or a parent organization declared?

Yes No

f. Were there any discrimination complaints or rulings against the agency?

Yes No

If any one of the above occurred, information must be provided which should include at a minimum:

- Date of initiation
- Party or parties involved with specific reference to Federal funds
- Brief description of the circumstances
- Final disposition and date
- A brief explanation if action is still pending

The information above must be included as an addendum and may be submitted as a table if desired. Provision of false information, omission of relevant information, and/or failure to include the above information may be grounds for not awarding a contract or canceling a contract if awarded.

Information Provided? Yes No Not Applicable

Page number of above-noted items (if applicable) _____