

Region 2 Regional Workforce Board
Fiscal Agent Services
Request for Proposal

Proposal due date: Tuesday, June 29, 2010 – 4:00 pm

Email to: David.Findlay@lakecitybank.com

REQUEST FOR PROPOSAL (RFP)

FISCAL AGENT SERVICES

July 1, 2010-June 30, 2012

Purpose

The purpose of this solicitation is to secure Fiscal Agent services for the Region 2 Regional Workforce Board (RWB) of Northern Indiana. The successful bidder will be awarded a two year contract with an optional one year extension at the discretion of the RWB.

The RWB is soliciting bids for a single entity to provide Fiscal Agent services for Region 2 Northern Indiana. The Region consists of the following counties: Elkhart, Fulton, Kosciusko, Marshall and St. Joseph.

Funding

The funding for these services will primarily come from Federal Workforce Investment Act (WIA), Title I funds awarded to the Region. Attachment A indicates the PY10 preliminary funding levels for the region. Funding may fluctuate; however, Attachment A provides a reasonable guideline for expected funding levels. As a guideline, a maximum of 10% of the amount of funding shown on Attachment A for Region 2 is allowed for Administrative Costs.

Contract Negotiations

Successful respondents to this RFP will be expected to participate in contract negotiations to establish the exact services to be provided and the payment terms for those services. Costs and services will be negotiated based on information contained in this RFP and in the proposal selected for contract negotiations.

Disclosure

Respondents to the RFP should note that the contents of their proposal and/or other information submitted to the RWB are subject to public release upon request except those terms specifically exempted from disclosure. All such proprietary or confidential material should be clearly marked.

Subcontracts

Bidders may subcontract for all or part of the services to be provided, but the intent to subcontract must clearly be stated in the response to this RFP. Any subcontracting not specifically identified in the proposal or in the contract must have RWB approval.

Proposal Format

Proposals must be prepared and sequenced in accordance with the instructions outlined in this section. When completed, proposals are to be assembled in the following manner.

- Proposal Cover Page (Attachment B)
- Table of Contents
- Organizational Section
 1. Organization Name
 2. Organization Address
 3. Organization Telephone Number(s)
 4. Contact Person
 5. Length of Time in Business
 6. Chief Executive Officer
 7. A Statement indicating the intent of the organization to provide services described in the RFP
 8. Legal Status of the Organization
 9. Mission of the Organization
 10. Tax Status of the Organization
- Applicant Background & Experience
 1. Describe the Purpose of the Organization
 2. Description of the Management and Structure of the Organization
 3. A Listing of Similar Services Provided - Names and Contacts
 4. Brief Resumes for Key Personnel that will Provide Services
 5. Copies of Monitoring Reports and Audit Reports of Similar Services for the Past Two Years
- Plan of Service
 1. Detail the Plan for Providing Fiscal Agent Services
 2. Provide Details of On Site versus Off Site office
 3. Services Provided not Specifically Required in the RFP
 4. Provide Details on Fiscal Agent Staff Availability
- Budget - The costs will be evaluated using a dollar to dollar comparison (Attachment E)
- Non-Collusion Affidavit (Attachment C)
- Assurances and Certifications (Attachment D)

Exhibits

1. Budget Narratives and Budget Detail pages
2. Bidder's Annual Report/Financial Statement
3. Resumes of the Key Staff to Provide Services
4. Organizational Charts
5. Recent Audits and Monitoring Reports from Similar Initiatives

Each section and exhibit must be clearly labeled.

Responses to this RFP must be typed on 8 1/2" by 11" paper with no less than one inch margins. The proposals must be no longer than 15 pages in length.

After the cover page and the table of contents, number each page of the proposal at the bottom center of the page. The completed attachment B, C, and D from the RFP must be included with your proposal. The cover page, table of contents and these required attachments do not count as part of the maximum 15 pages. One original and four (4) copies are to be submitted. One copy must contain original signatures.

Scope of Work

The Region 2 RWB is seeking proposals for a Fiscal Agent to provide financial services to the RWB for:

- WIA funding for Adults, Dislocated Workers and Youth
- Other funds awarded to Region 2 including, but not limited to:
 - State and federal competitive and formula awards
 - Workforce awards and donations for special projects
 - Foundation grants for workforce and economic development initiatives

Other Fiscal Agent responsibilities include:

- The Fiscal Agent must provide financial services for the region identified in this RFP.
- The Fiscal Agent may not provide workforce development services provided through the State of Indiana's WorkOne system in the region identified in the RFP.
- The Fiscal Agent will establish procedures to ensure fiscal integrity.
- The Fiscal Agent will coordinate with the Regional Operator, the RWB and the Indiana Department of Workforce Development (DWD) on fiscal issues.
- The Fiscal Agent will assure compliance with applicable OMB Circulars/DWD & State Directives/RWB Directives/"boiler plate" language of signed agreements between the parties and, when deemed appropriate, confer with the State on issues concerning allowable costs and acceptable processes and procedures.

- The Fiscal Agent will establish acceptable Cost Allocation Plans (CAP).
- The Fiscal Agent will utilize acceptable accounting software that allows for accrual reporting of all costs within the timelines established and the allocation of overhead/indirect costs.
- The Fiscal Agent will be in full compliance with the STATE/RWB cash management directives to include monthly bank reconciliations and maintaining minimum cash on hand.
- The Fiscal Agent will establish a procedure to record and report all stand-in costs, when required, all cash/in-kind match costs, as directed, and any required maintenance of effort.

Contract Period

The period of the contract will be effective no later than July 1, 2010 through June 30, 2012. A one year extension may be granted.

KEY DATES:

Proposals are due no later than **Tuesday, June 29, 2010 at 4:00 pm.** Proposals received later than the due date will not be accepted. Proposals may be emailed in PDF format to: David M. Findlay, Region 2 Board Treasurer at:

David.Findlay@lakecitybank.com

Rating Criteria

Requirements for Fiscal Agent proposals, including rating criteria:

Fiscal Agent Services

Financial Services	30 points
Program Management & Organizational Capacity	40 points
Cost	<u>30 points</u>
Total	100 points

Financial Services (30 points)

Fiscal Agent services will be an instrumental component in the delivery of services within the Regional WorkOne system. Through this procurement process, the Region 2 RWB anticipates identifying a fiscal agent to provide financial services for the region.

The applicant will:

- Describe the process for employing staff to include experience under varying training funded programs such as WIA for the region or contracting for such services. Describe the plan for providing financial services, including key personnel providing these services.

- When applicable, describe the methods for assisting the RWB/Regional Operator to aggressively pursue repayment from the originating entity/organization for disallowed costs.
- Describe the plan for coordinating with the Regional Operator, RWB and DWD concerning the payments for delivery of workforce development services in the regions. Include how such coordination will occur to assure proper documentation accompanies each claim for payment (i.e., what is sent to the fiscal agent and what is to remain on file with the regional operator). Explain the process that will be used to resolve concerns over payment for costs questioned by the fiscal agent.
- Describe willingness to serve as fiscal agent for other funds that may become available to the RWB such as other state grants, federal grants, foundation grants or other grants and awards. Scoring on this criterion will be based on the following:
 - How the applicant will procure staff to provide the financial services.
 - How the applicant will assist the Regional Operator, RWB and the State in pursuing questioned costs which result in a demand of repayment for disallowed costs.
 - How the applicant will coordinate with the Regional Operator, RWB and DWD on fiscal issues.
 - Fiscal experience in working with state and federal funded training programs.
 - How the applicant will handle other funds, including the fee structure.
 - The cost for the fiscal agent functions.

Program Management & Organizational Capacity (40 points)

Applicants must demonstrate the capacity and capability to be the region's Fiscal Agent. Region 2 is interested in learning the applicant's capacity to maintain financial integrity in workforce development programs and the applicant's financial management capability.

The applicant must:

- Describe credentials and certifications for personnel that will provide fiscal services.
- Describe the organization's ability, capacity and track record to financially administer workforce development services in the region. Identify the primary contact person with whom the Regional Operator will communicate. Provide the qualifications and resumes of the primary contact person and other key personnel providing financial services, including staff availability and specifically where services will be provided (on-site or off-site). It is anticipated that at a minimum, the primary contact or key staff will have an

extensive background and experience in the successful fiscal management of training funded programs.

- Provide a copy of the most recent audit report done for the applicant's organization/entity reflecting fiscal integrity. Audit reports covering activity for the workforce development system are preferred, but not required.
- Provide a summary of the applicant's proposed cost allocation plan as the lead fiscal agent and the organization's implementation plan.
- Indicate the plan to develop internal controls that will be used by the applicant to maintain fiscal integrity as Fiscal Agent.
- Describe the plan to develop a financial reporting and cash management system. Also describe communication, financial reporting and cash management capability from the Fiscal Agent to Regional Operator and RWB.

Scoring of this criterion will be based on the following:

- The applicant's ability and capacity to provide financial services.
- The applicant's experience and track record with regard to financially administering workforce development services or providing financial services for similar programs.
- The most recent audit report reflecting the applicant's ability to administer workforce development services.
- Appropriate staff/organizational credentials and experience.

Cost (20 points)

Specify the annual cost for fiscal agent services using the cost worksheet included in this document as Attachment E.

Scoring on this criterion will be based on the following:

- Cost for financial services. Costs will be evaluated using a dollar to dollar comparison.

**ATTACHMENT A
Region 2 RWB**

PY'10 Funding and Sources

Workforce Investment Act Adult, Dislocated Worker, Youth	5,712,640
Workforce Acceleration Grant (Stimulus funds)	2,488,265
National Emergency Grant (RV Workers)	500,000
TOTAL	\$8,700,905

**ATTACHMENT B
PROPOSAL COVER PAGE
Fiscal Agent Services**

Proposing Organization

Name:

Organization Address:

Federal ID Number:

Authorizing Organization

Official

 Typed Name:

 Signature:

 Signature

Date: Contact Person

 Name:

 Address:

 Telephone

 Number: Cell

 Number: Email:

ATTACHMENT C
Non-Collusion Affidavit

Region 2 Regional Workforce Board

State of Indiana

County of _____

The undersigned, being first duly sworn, represents under oath that the Respondent has not, in any way, directly or indirectly, entered into any arrangement or agreement with any other respondent or with any officer or employee of the Region 2/Southwest Indiana Workforce Board whereby it has paid or will pay to such other respondent or officer or employee any sum of money or anything of real value whatever; and has not, directly or indirectly, entered into any arrangement or agreement with any other respondent or respondents which tends to or does lessen or destroy free competition in the letting of the agreement sought by the attached response; that no inducement of any form or character other than that which appears on the face of the response will be suggested, offered, paid, or delivered to any person whomsoever to influence the acceptance of the said response or awarding of the agreement, nor has this respondent any agreement or understanding of any kind whatsoever, with any person whomsoever, to pay, deliver to, or share with any person in any way or manner any of the proceeds of the agreement sought by this response.

Signature of Authorized Representative _____

Printed or Typed Name: _____

Subscribed and sworn to me this ___ of ___, 2010

Notary Public

County of _____

Commission Expiration Date: _____

ATTACHMENT D

**Regional Workforce Board, Region 2/Northern Indiana
Assurances and Certifications**

The Respondent agrees to comply with all applicable State and Federal laws and regulations governing the Workforce Investment Act, Workforce Investment Boards, Regional Workforce Boards and any other applicable laws and regulations.

In addition, the Respondent assures, certifies and understands that:

1. The Respondent has not been debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs.
2. The Respondent possesses legal authority to offer the attached proposal.
3. The submission of this proposal has been fully authorized by the governing authority of the Respondent.
4. A drug free workplace will be maintained in accordance with the State of Indiana requirements.

Signature of Authorized Representative: _____

Printed or Typed Name: _____

Date: _____

**ATTACHMENT E
Cost Worksheet**

Expense	Budget
Salaries	
Fringe Benefits	
Occupancy	
Communications	
Supplies	
Professional Services	
Travel	
Other (Specify)	
Total	\$

NOTE: Attach a detailed budget narrative describing costs and budget details for expenditures planned in the proposal. Include positions, wage per hour and number of hours dedicated to this project for each individual identified.