

1. How many service providers are there to review?

There are currently 8 providers. We are, however, procuring all services this year and these numbers are subject to change.

2. Who are the service providers?

Arbor E&T, ARC Nature Coast, Center for Independence, Hernando Health Department, Greater Hernando Chamber of Commerce, Henkels & McCoy, Pasco Health Department, Pasco Economic Development Council

3. Are all service provider administrative offices local?

No

4. How many One-stops do they have?

There are three One-Stops. They are located in New Port Richey, Spring Hill and Zephyrhills.

5. Where are participant files located?

The files are located in the One-Stops.

6. Are case management policies and procedures documented?

Yes

7. What are expense reimbursement rates for PHWB employees?

The standard reimbursement rate for meals when traveling within the State of Florida is \$10.00 for breakfast, \$15.00 for lunch and \$26 for dinner. Travel is reimbursed at .50 per mile.

8. What is the yearly estimated budget for the described work in RFP: Internal Monitoring – 3-10-002?

Up to \$50,000

*In regards to the answer for Question #8 where the Board states the budget is “Up to \$50,000”; if the proposing firm believes that cost of services is more should they present a proposal? Would the board be willing to expand their budget?

The budget for this service is \$50,000 and a budget is a projection. Therefore, if the bidder feels the cost for the scope of work is greater they can submit their budget with a justification for the cost.

9. Is a defined monitoring period for certain activities required or can the awarded Firm use techniques/resources in certain periods to reduce the staffing cost?

We are currently looking at having the monitoring review during the 2nd and 4th quarters. This, however, is subject to change.

10. How often will the awarded firm provide a report?

Twice a year

11. Does the Board require certain periods to be monitored or is continuous?

Pasco Hernando Workforce Board will choose to use either a current PY or past PY, depending on our needs at the time of the scheduled visit.

Question/Comment: Missing Equal Opportunity Attachment.

CERTIFICATION OF EQUAL OPPORTUNITY AND EQUAL ACCESS

Name of the Organization/Entity: _____

The information in this Proposal accurately represents the entity/organization to receive this contract and its proposed operating plans and budget for proposed project.

I acknowledge that I have read and understand the requirements and provisions of the Request for Proposal (RFP) and that my entity/organization is prepared to implement the activities as specified in this proposal.

I understand that I will be held accountable for the information provided by my organization in this proposal and that this information may become the terms and conditions of the contract.

I certify that the governing provisions regarding independent pricing and open competition have been upheld; that all work unless otherwise noted represents an original work product; and that all legally responsible persons in the bidder's organization have upheld same.

As a condition to the award of financial assistance under funding received from the Department of Labor, the proposing agency assures, with respect to operation of the Workforce Investment Act (WIA)/Welfare Transition (WT) funded program(s) or activity(ies) and all agreements of arrangements to carry out the specific funded program(s) or activity(ies), that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Investment Act of 1998; Personal Responsibility and Work Opportunity Reconciliation Act of 1996; Workforce Florida Act of 2000; Title IV of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR Pat 34. The United States and the State of Florida has the right to seek judicial enforcement of this issuance.

I certify that I am authorized to sign this proposal on behalf of the above referenced entity/organization.

Signature Date

Printed or Typed Name Title

Question/Comment: Missing Proposer Guarantees and Warrantees Attachment.

Disregard.

Question/Comment: Missing Grievance Form

Disregard.

Question/Comment: Missing original signed cost proposal.

Disregard.