

# Request for Proposal FORMS

Facilitator of Work Readiness Skills, Resiliency Training and

Strength-based Life Skills Development

**Submit by 4:00 PM**

**on**

**November 5, 2019**

**to**

**mprice@cul.org**

**Subject: Work Readiness RFP**

Forms must be submitted with completed information

in presented format and language.

**INSTRUCTIONS FOR FORMS**

Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the proposal. Any Bidder information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Bidder.

**COVER SHEET**

|  |  |
| --- | --- |
| **Company name** |  |
| **Full Address** |  |
| **Company Telephone #** |  |
| **Company Fax #** |  |
| **Company Website** |  |
| **Contact Name** |  |
| **Telephone #** |  |
| **Email** |  |
| **Federal Employer ID#** |  |
| **Minority and/or Women-owned Business Status: ☐ Yes ☐ No** |

**REFERENCES:** Please list at least three (3) references for which you have done similar work. CUL reserves the right to reject low-bid proposals for poor past performance or inadequate references.

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Contact Person** |  |
| **Full Address** |  |
| **Contact Telephone #** |  |

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Contact Person** |  |
| **Full Address** |  |
| **Contact Telephone #** |  |

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Contact Person** |  |
| **Full Address** |  |
| **Contact Telephone #** |  |

**COST SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Category** | **Amount****per Hour** | **Estimated****#of Hours** | **Total Cost** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

|  |  |  |
| --- | --- | --- |
| **Total Estimated # of Hours and Cost:** |  | $ |

**Total cost of engagement will not exceed: $**

We/I, the undersigned, in response to the RFP for the Columbus Urban Leagues (CUL)), offer and agree to provide to CUL the pricing as shown on the Cost Sheet.

Submitted on this day of , 2019

Print **Name of Company**:

Print **Name of Owner/CEO/President/Partner**:

Print Official Title:

**Signature** of Owner/CEO/President/Partner:

* Check box if the contact person is the same as Owner/CEO/President/Partner

**COLUMBUS URBAN LEAGUE VENDOR DISCLOSURE FORM**

The Columbus Urban League (CUL) requires vendors to complete and file a disclosure statement, the purpose of which is to disclose any financial relationships or other conflicts of interest that may exist between vendors and employees, directors, or officers of CUL. Once filed, the disclosure form does not need to be updated unless there is a change in circumstance that would cause the answer to any of the questions to change, at which time an amended disclosure form must be filed. Filing of the disclosure form is considered a condition of payment.

|  |  |
| --- | --- |
| **Vendor Name** |  |
| **Full Address** |  |
| **Contact Telephone #** |  |

|  |  |
| --- | --- |
| **Vendor Name** |  |
| **Full Address** |  |
| **Contact Telephone #** |  |

1. Does the vendor currently employ an immediate family member of any employee of CUL? Immediate family member is defined as: husband, wife, father, mother, brother, stepbrother, sister, stepsister, son, daughter, father- in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in- law, grandmother, grandfather, grandchild, aunt, uncle, niece, nephew, stepparent, stepchild and first cousins
	* **YES ☐ NO**

If yes, please answer the following:

* + - Name of Employee:
		- Position/Title:
1. Does any CUL employee, director, or officer have an interest in the vendor organization in any of the following capacities, either compensated or non-compensated: Director, officer, partner, beneficiary, trustee, member, employee or contractor? **☐ YES ☐ NO**

If yes, please answer the following:

* Name of CUL Employee/Director/Officer/Stakeholder:
* Position/Title:
* Position/Title with Vendor:
1. Does any current employee, director, or officer of CUL have legal or beneficial ownership of 10% or more of the outstanding stock of the vendor organization?

 **☐ YES ☐ NO**

If yes, please answer the following:

* Name of Employee or Elected Official/Appointee:
* Position/Title:
* Department:
* % of Ownership in Vendor Company: %
1. In the last five calendar years, has the vendor failed to perform or otherwise deliver on the terms of a contract or agreement with CUL or any other public entity, including suspensions or debarments? **☐ YES ☐ NO**

If yes, please provide further explanation:

I hereby certify that the information included on this form is complete, true and accurate to the best of my knowledge and belief. I understand that either I or the organization to which this form applies may be subject to sanctions and/or penalties as set forth in the ethics ordinance if any information has been falsified or omitted.

Print **Name of Owner/CEO/President/Partner**:

Print Official Title:

**Signature**: Date: