

Attachment A

Proposer Questionnaire

Proposer Name: _____

Please check appropriate responses.

1. Organization

Corporation Partnership Individual Ownership or Sole Proprietorship
 City Agency State Agency Educational Institution

2. Status

For Profit Non-Profit

3. Experience/Information

_____ Number of years in business
_____ Number of years in "Training" business
_____ Number of permanent employees (salaried and hourly)

4. Have any of the applicant's Federal, State or City contracts or grants ever been terminated or suspended (either totally or partially) for any reason?

_____ Yes _____ No

If "YES", briefly explain on an attached sheet of paper.

5. Is applicant in receivership or bankruptcy, or are any such proceedings pending?

_____ Yes _____ No

If "YES", briefly explain on an attached sheet of paper.

6. Has the applicant's organization ever been cited, fined or reprimanded for any law or code violation within the last three years or has any business license been suspended or revoked?

_____ Yes _____ No

If "YES", briefly explain on an attached sheet of paper.

7. Are all of the applicant's required permits current?

_____ Yes _____ No

List on an attached sheet all of your required permits and expiration dates.

8. Subcontracting

Will the applicant subcontract for any of the services?

_____ Yes _____ No

If "YES", type in the page number(s) where the subcontracting is described in the proposal. Page(s) _____

9. Will the applicant utilize the services of a consultant in the operation of this program?

_____ Yes _____ No

If "YES", type in the page number(s) where the consultant services are described in the proposal. Page(s) _____

10. Union Concurrence

**List any and all unions that may be associated with this training.
Does your agency have union approval of the proposed training?**

_____ Yes _____ No

If YES, please attach written proof of union concurrence.

11. Insurance Coverage

Are persons authorized to handle and disburse government funds fidelity bonded?

_____ Yes _____ No

If yes, attach proof of fidelity bonding. Note: If you cannot show proof of your ability to obtain fidelity bonding, Region VI WDB cannot contract with the applicant, and the proposal will be returned.

12. Does applicant carry General Liability Insurance?

_____ Yes _____ No

If yes, attach proof of General Liability Insurance. Note: If you cannot show proof of general liability insurance, Region VI WDB cannot contract with the applicant and the proposal will be returned.

13. Does the applicant carry Workers' Compensation Insurance?

_____ Yes _____ No

If yes, attach proof of General Liability Insurance. Note: If you cannot show proof of your ability to obtain workers' compensation insurance, Region VI WDB will not contract with the applicant and the proposal will be returned.

14. Is the applicant current with Unemployment Insurance?

_____ Yes _____ No

Note: If you cannot show proof of good standing with Unemployment Insurance, Region VI WDB will not contract with the applicant, and the request for proposal will be returned.

15. Fiscal Responsibilities

Does the applicant organization presently have any outstanding unresolved audit deficiencies with any Federal, State or Local agencies?

_____ Yes _____ No

If yes, please explain on attached sheet of paper.

16. Can the applicant provide, upon request, an AUDITED financial statement for the most recent accounting year which identifies all sources of revenue, donations, and income as well as the offsetting expenses?

_____ Yes _____ No

If your response is NO, your proposal will be returned to you.

17. Are the applicant facilities and other planned sites to be used accessible to individuals with disabilities?

_____ Yes _____ No

18. Certification and Compliance

Does the applicant certify and agree to provide assurances of Equal Opportunity and nondiscrimination and to develop appropriate mechanisms to ensure that affirmative action will be taken in all practices and program activities?

_____ Yes _____ No

If you answered "no" please explain on a separate sheet of paper.

19. Does the applicant agree to comply with all applicable Federal, State and local

laws and directives relating to equal opportunity and affirmative action in services

and program operations?

_____ Yes _____ No

If you answered "no" please explain on a separate sheet of paper.

20. Is a current copy of the organizations' cost allocation plan included, which will support all costs budgeted for this program that are not directly related to the project. These items are usually rent, utilities, insurance and other overhead items.

_____ Yes _____ No

If You answered "no", your proposal will be returned to you.

Typed Name of Authorized Representative

Original Signature of Authorized Representative / Date