



Yuma Private Industry Council, Inc.
DBA ARIZONA@WORK – Yuma County

**THE WORKFORCE DEVELOPMENT
BOARD OF YUMA COUNTY**

REQUEST FOR PROPOSAL PACKET

Compensations Study

Issues Date: September 26, 2023

Please complete and submit this completed package

TO

YUMA PRIVATE INDUSTRY COUNCIL, INC.
3834 W. 16TH STREET
YUMA, ARIZONA 85364
(928) 329-0990
ahuizar@ypic.com

Solicitation Deadline: October 24, 2023

RFP websites: www.ypic.com

Purpose of this Request for Proposal

The purpose of this Request for Proposal (RFP) is for the Yuma Private Industry Council (YPIC) to identify qualified proposals for consulting services to conduct a classification and compensation study. Responses to this RFP will be used by YPIC to contract awardee(s) to provide a classification and compensation study.

YPIC reserves the right to make technical corrections or additions to this RFP. Such corrections or additions shall be sent to each registered potential provider.

Background Information

The Yuma Private Industry Council, Inc (YPIC) is a 501(c)3 non-profit organization. YPIC administers the Workforce Innovation and Opportunity Act (WIOA) and Arizona Department of Education Federal and State Grants. YPIC serves as the Fiscal Agent within the State of Arizona and provides the Program services of Title 1B Youth.

YPIC is responsible for the oversight, training, and policy development for the ARIZONA@WORK-Yuma County to comply with American with Disabilities Act and Equal Opportunity requirements under Section 188 of WIOA. Also, YPIC is accountable to assess the effectiveness of the State of Arizona performance measures that apply across the Workforce core programs. YPIC is responsible to be in compliance with Federal and State regulations such as CFR200 and TEGL's.

YPIC oversees and monitors the One Stop Center, the performance of sub-recipients that provide the services of Title 1B Youth, Adult, and Dislocated Worker programs.

Additionally, YPIC serves as the administrative entity for the Educational Opportunity Charter High School that provides educational services to 110 Students.

Goals and Objectives

The purpose of the study is to evaluate the present salary of YPIC for 34 positions structure as compared to the specific job market for comparable positions in the public and private sector. The consultant shall perform and provide the following:

A. Scope of Services

1. Provide for a comprehensive evaluation to determine competitiveness among similar positions within the WIOA related industries, locally, regional, nationwide, funding allocations and educational institutes.
2. Review positions and recommend changes to classification
3. Review of salary spreads
4. Present to the Executive Director and the Workforce Development Board
5. Analyze and recommend changes to the present compensation structure to meet market analysis.

B. Information Meeting

1. Consultant to schedule an initial meeting with the Executive Director and Human Resource Manager to discuss the process and tasks to be performed in the study.
2. Consultant to provide frequent updates to the Executive Director and Human Resource.

C. YPIC's Resource

YPIC will provide the following to the successful consultant:

1. Copies of existing job descriptions for the 34 position titles;
2. Copies of all wage and salary schedules and copy of current salary structure;
3. Copies of YPIC's organizational Chart; and
4. Other information as needed.

D. Work Schedule

Provide a timeline indicating the start and completion dates for each required task. It is expected that the work will commence as soon as possible after the contract is awarded.

***Please note that Arizona Department of Economic Security WIOA fiscal policy states that fees paid to a consultant who provides services must be limited to a daily amount of \$710.00 in an 8-hour period which is a rate of \$88.75 per hour.**

The expectation is that services will be customized and will be delivered virtually and/or in Yuma, Arizona. Consultants must identify the following:

1. Their particular areas of expertise.
2. Their qualifications
3. Previous experience in providing applications of their products and services to business firms, educational institutes, Governments and Private Non-Profit Firms in Workforce Development.
4. Full disclosure of their pricing methodology and cost for services
5. Include the name, address, telephone number, and email address of five (5) references
6. Any other information that may relate how your product line offers the best benefit to the Yuma Private Industry Council.

E. Review Committee

The Review Committee will consist of five (5) panel members to review the proposals. Each proposal will be scored independently by using the below evaluation criteria rubric. Proposer may request in writing their individual rating forms after the contract has been awarded. These are intended to assist proposers in determining their areas of strength and weakness in responding to the RFP. The Review Committee members ranking forms will be identified by number, not by name, and will be distributed upon request. **Note: The YPIC retains the right to request additional information or request oral presentations from proposers. If no response adequately addresses the services and outcomes requested, the committee may recommend that no awards be made.**

Evaluation Criteria – NARRATIVE: SCOPE OF WORK

EVALUATION CRITERIA	Maximum Points
Technical	
Proposal's grammar/sentence's structure (professionalism)	6
Proposal is easy to read and provides clear responses	6
Proposer understands the State of Purpose	9
Outlined on the RFP	
Identified Expertise	9
Qualifications	9
Previous Experience	9
Pricing Methodology and Cost of Services	9
References	9
Additional Information	9
Total	75

Please submit your packets electronically to the email listed below.

PLEASE DIRECT ALL INQUIRIES TO:

Alicia Huizar, Contracts Manager
3834 W.16th Street, Yuma, AZ 85364
Phone: (928) 329-0990
Fax: (928) 783-0886
AHuizar@ypic.com

PROPOSED CONSULTANT INFORMATION

A. **GENERAL INFORMATION**

Legal Name of Organization: _____

Complete Mailing Address: _____

List the name and title of individual(s) authorized to sign proposals and contracts and negotiate on behalf of proposer organization. (Provide telephone number and address if different than address listed above.)

Name: _____
Title: _____
Address: _____
Email: _____
Phone: _____
Fax: _____

Federal Employer I.D. Number (FEIN): _____

B. **ORGANIZATION LEGAL STATUS**

Private For-Profit Corporation*: Private Non-Profit Corporation*:
Public Agency (Non-Educational): Educational Agency:
National Organization _____ Other (Specify): _____

*Please attach a copy of your certificate of incorporation, articles of incorporation, or other proof of legal power to contract.

C. **FINANCIAL MANAGEMENT INFORMATION**

(1) Identify any expenditure (s) that has/have been disallowed under any Local, Federal/State contract during the past three completed calendar years. Did the proposer terminate any engagement in the past 3 years & specify the reason? Include disallowance still in resolution and describe status. Use additional sheets if necessary.

Grantor: _____
Date of Disallowance: _____
Amount: _____
Date Paid: _____
N/A: _____
Comments: _____

- (2) Please provide an organization chart and list of key professional staff. Are staff personal service contractors, employees of the organization or affiliates.
- (3) Please provide resume copies of staff working on this project.
- (4) The submission of this packet does not guarantee or bind the Workforce Development Board of Yuma County to award a contract for services.

CERTIFICATIONS

The undersigned hereby certifies and affirms the following:

- (1) That the information represented herein is true and correct to the best of my knowledge.
- (2) Authorization will be granted for an official representative(s) of the Workforce Development Board of Yuma County to access its facilities, staff and records should a pre-award survey in connection with this application be necessary, and;
- (3) That the Workforce Development Board of Yuma County is authorized to contact any or all of the references and fund sources named herein in order to verify credit, funding, accreditation and satisfactory performance.

Contractor Organization: _____

Name of Authorized Representative: _____

Date: _____

Signature

WORKFORCE DEVELOPMENT BOARD OF YUMA COUNTY
REQUEST FOR PROPOSAL

Please respond to the questions listed below in a clear, concise, and succinct manner. Limit your answers to no more than 6 pages.

1. Please identify your particular areas of expertise.
2. Please state your qualifications.
3. Please indicate your previous experience providing applications of your products and services to business firms, government and private non-profit firms.
4. Please provide full disclosure of your pricing methodology and costs for services.
5. Include the name, address, telephone number, and e-mail address for contact persons at least five (5) other public entities for which comparable services have recently been rendered.
6. Please list any other information that may be useful relating to how your product line offers advantages to organizations like ours.

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTION**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's Responsibilities. The regulations were published as Part VII of the Federal Register dated May 26, 1988, (pages 19160-19211).

- (1) The prospective primary participant certifies to the best of his/her knowledge and belief that he/she and the organization's principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or Agency;
 - (b) Have not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for:
 - (1) Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; or
 - (2) Violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation.

Name and Title of Authorized Representative

Organization

Signature

Date

**CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,
AND COOPERATIVE AGREEMENTS**

The undersigned certifies to the best of his/her knowledge and belief that:

- (1) No Federal appropriated funds have been paid or will be paid by on or behalf of the undersigned to any person for influencing or attempting to influence:
 - (a) an officer or employee of any agency,
 - (b) a Member of Congress,
 - (c) an officer or employee of Congress, or
 - (d) an employee of a Member of Congressin connection with awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence:
 - (a) an officer or employee of any agency,
 - (b) a Member of Congress,
 - (c) an officer or employee of Congress, or
 - (d) an employee of a Member of Congressin connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with instructions.

- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontractors, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was entered into or made. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name and Title of Authorized Representative

Organization

Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2	Business name/disregarded entity name, if different from above	
	3	Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6	City, state, and ZIP code	Yuma Private Industry Council, Inc. 3834 W. 16th Street Yuma, Arizona 85364
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																						
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.