

CITY OF SPRINGFIELD, MASSACHUSETTS
OFFICE OF PROCUREMENT
36 COURT STREET, ROOM 307, SPRINGFIELD, MA 01103

INVITATION FOR BID

IFB (Bid) Number 14-262

Will be received at the Office of Procurement until **2:00 P.M. JULY 11, 2014** and will be logged in at that time. Proposals received after the due date and time will be returned unopened.

By: Lauren Stabilo, Chief Procurement Officer

This Invitation for Bid is for: **Service Providers to Deliver Workforce Development and Training to Residents Affected by Natural Disasters in Springfield**

As requested by: Springfield Office of Planning and Economic Development

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID.

This Proposal is submitted by: _____
(Company Name)

(Company Address)

I acknowledge receipt of addenda numbered: _____, _____, _____, _____, _____.

I certify that:

- (a) I have been authorized to submit and sign this bid on behalf of the submitting organization;
- (b) that the bid is accurate and true to the best of my knowledge, the costs are reasonable and necessary for the proposed service;
- (c) the proposed cost do not duplicate other funds already available, or which may become available, to pay the project costs;
- (d) my organization will implement the services in compliance with the stipulations and guidelines set forth by the City of Springfield, and,
- (e) the organization that I represent is equal opportunity employer/provider

signed by: _____
(Printed or Typed Name and Title of Authorized Representative)

_____/_____/_____, 2014
(Signature and Date)

Telephone Number: _____

Fax: _____

Website: _____

Email Address: _____

ADVERTISEMENT
CITY OF SPRINGFIELD, MASSACHUSETTS
OFFICE OF PROCUREMENT

INVITATIONS FOR BID FOR: Workforce Development and Training Services for Springfield Residents affected by natural disasters in Springfield - Per Bid No. 14-262

will be received until 2:00 PM: July 11, 2014 BY: The Office of Procurement

Lauren Stabilo, Chief Procurement Officer
36 Court Street, Room 307, Springfield MA 01103
Phone (413) 787-6284 fax 787-6295

at which time the bids will be publicly reviewed in the Office of Procurement Bid Room. Bid documents and specifications will be available at no charge beginning **May 14, 2014** at the Office of Procurement or email bid request with all contact information to Lauren Stabilo at lstabilo@springfieldcityhall.com.

This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield. Workforce training services should enhance the skills of job seekers and assist them with job placement. More specifically, the Six Corners and South End neighborhoods were heavily affected by both the long and short term effects of the natural disasters that occurred in 2011. In addition, the residents of these neighborhoods face multiple barriers to employment.

The City of Springfield supports the goal of twenty percent minority and women (MWBE) participation in all contracts. The Chief Procurement Officer reserves the right to waive any informality in and to reject any or all bids if it is in the public interest to do so.

All questions regarding bid or its specifications must be received by the Office of Procurement business no later than seven (7) (**July 2, 2014**) days prior to deadline for proposal submittals. The Chief Procurement Officer reserves the right to waive any informality in and to reject any or all bids if it is in the public interest to do so.

Note: to newspaper: Insert the above advertisement in the Springfield Union-News ONLY under the heading "Legal Notice" on the following date: **May 14, 2014**
Phone: 787-6284 - Reference: 4137836285 - Bid No. 14-262



City of Springfield
Invitations for Bid

Workforce Development & Training Services

Bid No. 14-262

Bids Due: July 11, 2014

BACKGROUND INFORMATION

The City of Springfield was dramatically impacted by multiple Presidentially-Declared Disasters in 2011, the most severe of which was a June 1, 2011 F3 tornado. The tornado ripped through the downtown areas of Springfield and cut a mile path through several neighborhoods, finally exiting the City limits through the East Forest Park and Sixteen Acres Neighborhoods.

In addition to the tornado, in 2011 the City endured two disastrous snow storms, the worst of which was a surprise October Nor'easter that caused approximately \$30 million in damages and recovery costs. In addition, the City also received another Presidential Disaster Declaration for damages caused by Hurricane Irene.

The City of Springfield was allocated \$21,896,000 of the CDBG-DR fund distribution to assist the City's recovery efforts. CDBG-DR funds appropriated in the Act are subject to guidance provided by HUD in the March 5, 2013 Federal Register.

The Action Plan was developed after having received considerable input from other City departments and agencies, affected neighborhoods and stakeholder groups and with support from state and federal government partners. As part of the Action Plan, the City will undertake a number of economic initiatives that will be:

- Focusing on economic revitalization;
- Providing financial assistance to eligible small businesses;
- **Providing workforce training;**
- Undertaking urban renewal activities
- Addressing infrastructure improvements in commercial/retail corridors;
- Restoring public parks and recreational facilities; and
- Restoring public streetscapes and public spaces.

SCOPE OF WORK

The purpose of this Invitation for Bids (IFB) is to solicit proposals from eligible service providers who have the capacity to develop and deliver workforce development programs and job training services to residents affected by natural disasters in Springfield, Massachusetts.

RULE FOR AWARD AND TIMELINE

The funding allocated through CDBG-DR program for job training and workforce development is \$250,000; however, the maximum contract amount for each service provider will be **\$100,000**. Therefore, more than one entity may be selected as a result of this IFB. Further, the organization(s) selected as a provider must begin services by no later than September 1, 2014. Services should be completed by no later than October 31, 2015, assuming continued funding and successful performance by the selected organization(s).

QUALITY REQUIREMENTS

Any existing public entity, private not-for-profit entity or private for-profit entity with the capability, experience and capacity to provide the services required by City of Springfield under this IFB, may submit a proposal for consideration. Individuals may not propose.

Entities must include a section on their proposal with an explanation on how they meet the following criteria:

- Experience providing job training activities.
- Has worked or will work with residents of neighborhoods affected by the “2012 Tornado” and “October Snow Storm disasters”.
- The proposed program provides clear links from training to employment.
- How they intend to prioritize providing job training opportunities to residents of the South End and Six Corners neighborhoods.

BID SCHEDULE

The anticipated schedule, which in the discretion of the City can be modified, is as follows:

May 12, 2014	IFB advertised in Goods & Services Bulletin
May 14, 2014	IFB available at the Office of Procurement
May 15, 2014	IFB advertised in Republican Newspaper
June 30, 2014	IFB questions due by 4:00 p.m. EST
July 3, 2014	IFB questions answered
July 11, 2014	Proposals are due at 2:00 p.m. EST
July, 2014	Proposals Reviewed
July, 2014	Contract(s) awarded

BID SUBMISSION REQUIREMENTS

Respondents must submit proposals in hard copy form. One unbound hard copy original, and three copies of the original, must be submitted as described on this IFB. **The original copy must be clearly marked with the Proposer’s name, address, phone and fax number must be clearly marked on the outside “Invitation for Bids for Workforce Development and Training Services- Bid No. 14-262” and bear an ink signature of an officer or other person authorized to bind the respondent.**

Facsimile copies will not be accepted. The entire proposal shall also be submitted on a labeled USB drive. On the USB drive, the entire proposal *including* the budget shall be submitted as a Microsoft Word document and the budget shall be saved in Microsoft Excel.

Proposals must be submitted to:

Lauren Stabilo, Chief Procurement Officer
City of Springfield
36 Court Street, Room 307
Springfield, MA 01103

All proposals must be received by July 11, 2014 by 2:00pm (EST).

Any proposal received after this date and time will not be considered or evaluated.

Required Documents

Forms required to be completed by all Proposers and submitted with the proposal are provided under Attachment B.

Inquiries

To ensure the City maintains an open competition process, all inquiries regarding this IFB must be provided in writing only, via email Lauren Stabilo, lstabilo@springfieldcityhall.com. Questions must be received by July 2, 2014 at 4:00pm EST. Answers to all questions regarding this proposal will be released in an addendum by July 7, 2014.

Conditions of BID

All costs incurred in the preparation of a proposal will be the responsibility of the Proposer and will not be reimbursed by the City of Springfield. The City assumes no responsibility or liability for costs incurred by the proposer prior to the effective date of any contract resulting from this IFB. The bidder may be required to obtain licenses, liability insurance (including bonding of staff responsible for financial transactions) comply with the Americans with Disabilities Act and maintain Equal Opportunity Employment between the bidder and its employees.

Right to Reject BID

The City of Springfield reserves the right to reject any or all proposals or any part of same; to waive irregularities and/or informalities; and to make any decisions which the City of Springfield deems to be in its own best interest.

This IFB notice is forwarded for information and invitation only and is not to be construed as a contract, or as a commitment to contract. Award of any contract(s) is subject to the availability of funding.

Type of Contract

The contract will be cost reimbursement. Total contract amount will be reimbursed based on actual costs incurred according to approved budgets. Payment for services rendered will be made only when costs have been incurred and documentation of all costs will be required. The contract will be for one year with a maximum value of \$100,000.

Notification of Award

Bids will be reviewed with notification of acceptance or refusal within four weeks of submission.

Performance Measures and Outcomes

Proposers must include in their proposed program performance measures and outcomes applicable to each particular program. However, the City will require the following performance measures, in the table below, to be included in the proposal and reported to the Office of Planning and Economic Development.

Participation Goals

All individuals participating and benefiting from services funded through this IFB shall complete a "Section 3 Resident Application" enclosed as Attachment A. The City of Springfield may require that at least 30% of program participants are public housing residents and/or low and very-low income persons.

This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield. Workforce training services should enhance the skills of job seekers and assist them with job placement. More specifically, the Six Corners and South End neighborhoods were heavily affected by both the long and short term effects of the natural disasters that occurred in 2011. In addition, the residents of these neighborhoods face multiple barriers to employment.

Therefore, the City is prioritizing job training opportunities for residents of these two neighborhoods and will require that respondents supply a plan for how they intend to provide outreach and/or incentives specifically to ensure participation of residents of the Six Corners and South End neighborhoods.

BID CONTENT

Expensive bindings, color displays, or packaging are not necessary or desired. Emphasis should be based on conformity to the instructions and requirements of this IFB. All bids must include the following information clearly label and separated by tabs:

A. Organizational Background

Provide a brief description (100 words or less) of your organization.

B. Required Forms

See attachment B. All forms must be completed and submitted in this section of the proposal.

C. Experience/Qualifications

The proposal should include a brief history of the firm or individual, its size, and its experience providing services to diverse populations in urban areas.

D. Capacity to Provide Service

Describe the personnel to be assigned to this project including their relevant experience, along with any specific software or platforms associated with the delivery of service.

E. Training Content

Describe proposed training, format (classroom or virtual), target audience, and training outcomes. This should include the proposers plan to prioritize training opportunities for low-income residents of the targeted Six Corners and South End neighborhoods.

F. Budget and Leveraging

Provide clear budget including a total cost per training. Please clearly identify other financial sources that are committed to the program in addition to requested funding. Proof of commitments should be included.

Outcomes	Definitions	Reporting Requirements	Timing for Attainment of Outcomes
Employment Re-Entry	Number of participants re-entering workforce as a direct result of program activities.	To be reported quarterly and due 15 days after last day of quarter. The report must include the neighborhood where each participant resides.	Throughout the program.
Employment Retention	Number of participants employed prior to enrolling and who remain employed by the end of the program.		Throughout the program.
Credential Rate	Number of participants who receive a credential as a direct result of their participation in the program.		Must be attained during program through 4 th quarter.

G. Performance Measures & Outcomes

List your proposed performance measures and outcomes for your program. Refer to page 3 of this IFB for the requirements.

H. References

Please attach references including names, organization, and contact information for three (3) clients who can provide insights regarding skills, qualifications and delivery of requested training services.

Important Note: This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield. Workforce training services should enhance the skills of job seekers and assist them with job placement.

QUALITY REQUIREMENTS

A. Experience:

The Proposer must have between 5-10 years of experience providing job training programs and workforce development services to diverse populations in urban areas.

B. Service Provision

The Proposer must demonstrate some understanding of the workforce development and job training needs of individuals living in target area but it is not clear how the services to be provided will address the needs.

C. Staffing Plan

The Proposer has documented a clear staffing plan comprised of a team of professionals with the expertise to provide high quality job training program, multilingual services, and workforce development services.

D. Management and Implementation Plan

The Proposer has documented a clear comprehensive management and implementation plan. The Proposer clearly demonstrates they are able to begin the program by no later than September 1, 2014.

E. Leveraging

The Proposer has leveraged the highest amount of other committed financial resources to match requested funding in order to provide a greater amount of services.

F. Prioritization of Training Opportunities for Residents of Target Neighborhoods

The Proposer has submitted a high quality and detailed plan that includes extensive outreach, incentives and access to job training opportunities for residents of the targeted Six Corners and South End neighborhoods.

CERTIFICATIONS AND OTHER TERMS AND CONDITIONS

If awarded funding, the applicant hereby certifies and assures that it will fully comply with the following federal regulations (if applicable to your organization):

- The signing individual certifies that he/she is authorized to sign a contract on behalf of the organization offering this proposal.
- The signing individual certifies that the prices in this proposal have been arrived at independently, without consultation, communication, or agreements made for the purpose of restricting competition.
- When delivering services under an approved contract, the contractor shall work under the broad supervision of the Office of Planning and Economic Development.
- The signing individual certifies that there has been no attempt by him/her or anyone in their organization to discourage any potential applicant from submitting a proposal.
- The signing individual certifies that he/she has read and understands all of the information in this Invitation for Bids.
- The signing individual certifies that his/her organization, and any individuals to be assigned to the project, does not have a record of substandard work and has not been debarred or suspended from doing work with any federal, state, or local government.
- The City of Springfield reserves the right to negotiate the contract amount with the provider(s) selected within the guidelines of the CDBG-DR program funding.
- Payments shall be made on a cost reimbursement basis (no advances). Invoices shall detail expenses based on the line items in the proposal budget. Generally, the City of Springfield will pay invoices within 30 days of receipt, unless questions arise as to the appropriateness of an expense.
- All information received by the provider during the course of the contract period is considered confidential, and shall be protected to the utmost ability of the contractor.
- The contract awarded under this IFB shall be subject to and interpreted under the laws and jurisdiction of the State of Massachusetts.

Signature _____ **Date** _____

(Signed certification/conditions to be returned with the Bid)

ATTACHMENT A
Section 3 Resident Application

City of Springfield

Office of Housing

Section 3 Resident Application



Please note: This is not a job application. The information that you provide here will be entered into a database and shared with employers as job and training opportunities become available through the City of Springfield Office of Housing and its affiliates.

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	Zip
Phone	Email	
Public Housing Resident YES <input type="checkbox"/> NO <input type="checkbox"/>	Section 8 Participant YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you speak a language other than English? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify

EDUCATION		
High School	Street Address	
City	State	Zip
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College	Street Address	
City	State	Zip
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		If yes, describe degree

City of Springfield
Office of Housing
Section 3 Resident Application



TRAINING		
Driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OSHA 10 Safety Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HUD YouthBuild	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Apprenticeship/ Pre-Apprenticeship	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Union Membership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DESIRED TRAINING/EMPLOYMENT OPPORTUNITIES	
I am seeking Employment YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify desired job(s) <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Insulator <input type="checkbox"/> Laborer <input type="checkbox"/> Secretary <input type="checkbox"/> Painter <input type="checkbox"/> Maintenance <input type="checkbox"/> Tenant Coordinator <input type="checkbox"/> Other (specify)
I am seeking training opportunities YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify training type(s) Examples: <input type="checkbox"/> Construction <input type="checkbox"/> Administrative <input type="checkbox"/> Management <input type="checkbox"/> Other (specify)

PREVIOUS EMPLOYMENT			
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	

City of Springfield
Office of Housing
Section 3 Resident Application



PREVIOUS EMPLOYMENT			
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	

**City of Springfield
Office of Housing
Section 3 Resident Application**



DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge. I understand that if the information provided leads to employment, false or misleading information may result in my release. I authorize the City of Springfield Office of Housing to share this information with prospective employers. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, financial, and credit records through any investigative or credit bureaus of your choice. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.									
Signature							Date		
FOR NON PUBLIC HOUSING RESIDENTS ONLY: FY 2014 INCOME LIMITS DOCUMENTATION									
The undersigned on oath deposes under penalty of law as follows:									
<input type="checkbox"/> My household income from this year for the number of people in my household IS MORE THAN the income limits below. <input type="checkbox"/> My household income from this year for the number of people in my household IS LESS THAN the income limits below.									
SPRINGFIELD CITY, MASSACHUSETTS									
FY 2014 INCOME LIMIT AREA	MEDIAN INCOME	FY 2014 INCOME LIMIT CATEGORY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
SPRINGFIELD CITY	\$65,700	LOW (80% INCOME LIMIT)	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250
I understand that the information above relating to the size and annual income of my family may require verification. I agree to provide upon request documents verifying this information and I authorize the release of this information required for the United States Department of Housing and Urban Development or the City of Springfield Office of Housing to verify my status as a "Section 3 Resident" under Section 3 of the Housing and Urban Development Act of 1968 (and the related regulations).									
Signature							Date		

Return to:
 Melanie Acobe
 Section 3 Program Manager
 1600 E. Columbus Ave.
 Springfield, MA 01103
 Phone: (413) 750-2877
 Fax: (413) 787-6515
 Email: MAcobe@springfieldcityhall.com

ATTACHMENT B
Required Forms

City of Springfield, Massachusetts
Office of Procurement

Invitation and Instructions to Bidders

Proposals shall be typewritten or written in ink on the enclosed forms. Officials of Corporations shall designate their official titles. Partners or Sole Owners shall so state, giving names of all interested Parties. Bids must be submitted in a sealed container and shall be guaranteed for thirty (30) days. Bidder shall not base Proposals on verbal information from any employee of the City. The City reserves the right to reject any or all bids.

Invitation for Bid for: Workforce Development & Training Services

Bid No. 14-262

For: Office of Planning and Economic Development

Opening Date: July 11, 2014 at 2:00 PM

Submission Requirement Checklist

Bids must be received on or before the due date and **must include the following, signed, & notarized as required: Failure to submit the following may be cause for immediate rejection:**

- _____ **(1) Invitation to Bid Form (Cover Page) Completed & Signed**
- _____ **(2) Non-Collusion Statement Completed**
- _____ **(3) Tax Certification Affidavit Signed & Notarized**
- _____ **(4) Affirmative Action Form, Completed and Signed**
- _____ **(5) Provide Clear Budget, to be submitted with bid**
- _____ **(6) Reference Form Completed**
- _____ **(7) Section 3 Resident Application must be Completed and Signed (Attachment A)**
- _____ **(8) One (1) Original and Three (3) Copies of Complete Bid**
- _____ **(9) All other Requirements as requested in the bid documents**
- _____ **(10) Receipt of all addenda if issued**

Questions regarding the bid must be directed in writing to the Chief Procurement Officer no later seven (7) working days (**July 2, 2014**) before the day on which the bids are due. All communications should include reference to the bid number and opening date. Facsimile communications are acceptable.

COST SHEET

PRICE (OR COST) INFORMATION MUST BE SIGNED, SEALED AND SUBMITTED WITH BID DOCUMENTS.

(Name of Proposer Firm/Individual)

Provide clear budget including a total cost per training. Please clearly identify other financial sources that are committed to the program in addition to requested funding. Proof of commitments should be included.

Total Cost per Training \$_____

Total Budget For Services \$_____

(in words) _____ dollars.

Please attach your completed budget that will coincide with your comprehensive services for implementation of workforce development and job training needs for local residents.

This sheet is to be signed below by a representative of the Proposer Firm who is authorized by the Chief Executive Officer of that firm to sign:

Name and title typed or printed: _____

by: _____

(Signature)

COLLUSION OR FRAUD STATEMENT

THE UNDERSIGNED CERTIFIES UNDER PENALTIES OF PERJURY THAT THIS BID IS IN ALL RESPECTS BONA FIDE, FAIR AND MADE WITHOUT COLLUSION OR FRAUD WITH ANY OTHER PERSON. AS USED IN THIS SECTION THE WORD "PERSON" SHALL MEAN ANY NATURAL PERSON, JOINT VENTURE, PARTNERSHIP, CORPORATION OR OTHER BUSINESS OR LEGAL ENTITY.

(NAME OF PERSON SIGNING BID)

(SIGNATURE)

(COMPANY)

THIS FORM MUST BE SIGNED & RETURNED WITH YOUR BID OFFER. FAILURE TO SUBMIT THIS FORM IS CAUSE FOR IMMEDIATE REJECTION.

TO BE INCLUDED IN ALL SPECIFICATIONS

COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.

A. COMPLIANCE WITH TAX LAWS

The contractor must be in compliance **at the time it submits its bid and afterwards if selected as the contractor**, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

B. TAX CERTIFICATION AFFIDAVIT.

The contractor **must** complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

State Identification Number

Federal Identification Number

Company:

P.O. Box (if any):

Street Address Only:

City/State/Zip Code:

Telephone Number:

Fax Number:

Email:

List address(es) of all other property owned by company in Springfield:

Please Identify if the bidder/proposer is a:

Corporation

Individual

Name of Individual:

Partnership

Names of all Partners:

Limited Liability Company

Names of all Managers:

Limited Liability Partnership

Names of Partners:

Limited Partnership

Names of all General Partners:

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

Bidder/Proposer/Contracting Entity

Authorized Person's Signature

Date:

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

Bidder/Proposer/Contracting Entity

Authorized Person's Signature

Date:

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Bidder/Proposer/Contracting Entity

Authorized Person's Signature

Date:

Notary Public

STATE OF _____

_____, 2014

County of _____, ss.

Then personally appeared before me [name] _____, [title] _____ of [company name] _____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] _____.

Notary Public

My commission expires:

YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED MAY BE REJECTED.

AFFIRMATIVE ACTION PLAN
(GOODS AND SERVICES BID ONLY)

NAME OF PROJECT _____ BID NO. _____

A.) What is the total number of employees that is currently employed by your company?

NUMBER OF EMPLOYEES										
OVERALL TOTALS (SUM OF COL.B THRU F) A	MALE					FEMALE				
	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F

B.) What is your anticipated work force for this project/service? _____.
Number of Minorities _____ Number of Females _____.

C.) Is your company at least 51% owned and controlled by one of the following groups members? Please circle the appropriate categories.

MALE---FEMALE: Black, Hispanic, Asian, American Indian,
Alaskan Native, Cape Verdean, Caucasian.

AUTHORIZED SIGNATURE DATE

FIRM

ADDRESS

TELEPHONE NUMBER

**THIS FORM MUST BE SUBMITTED BY THE BIDDER WITH THE BID /PROPOSAL,
AND SIGNED BY THE BIDDING COMPANY IF THE REQUIRED INFORMATION IS
PROVIDED OR NOT.**

BIDDERS REFERENCE FORM

List at a minimum three (3) business references whom you have done volume business and service for in the past five (5) years.

COMPANY: _____

Reference Name: _____

Description: _____

Location: _____

Contract Amount: \$ _____ **Completion Date:** _____

Contact: _____ **Phone:** _____

Owner & Address: _____

COMPANY: _____

Reference Name: _____

Description: _____

Location: _____

Contract Amount: \$ _____ **Completion Date:** _____

Contact: _____ **Phone:** _____

Owner & Address: _____

COMPANY: _____

Reference Name: _____

Description: _____

Location: _____

Contract Amount: \$ _____ **Completion Date:** _____

Contact: _____ **Phone:** _____

Owner & Address: _____

COMPANY: _____

Reference Name: _____

Description: _____

Location: _____

Contract Amount: \$ _____ **Completion Date:** _____

Contact: _____ **Phone:** _____

Owner & Address: _____

COMPANY: _____

Reference Name: _____

Description: _____

Location: _____

Contract Amount: \$ _____ **Completion/Date:** _____

Contact: _____ **Phone:** _____

Owner & Address: _____
