# **Bidder Information**

Agency/Organization/Tribe/Tribal Organization Name: This should be your Vendor Doing Business As (DBA) Name		City:		
Address:		State:	State:	
		ZIP:		
Mailing address (if different than above):				
City:	State:	ZIP:		
Applicant is:  Governmental Entity Non-profit Organization	Federally Recognized Tribe Tribal Organization			
Primary Contact Name:	Program Contact Name		Fiscal Contact Name:	
for general OCVA correspondence, as well as grant specific communications	if different than Primary Contact, for programmatic communication for grant budget and invoice communication			
Primary Contact Title:	Program Contact's Title: Fiscal Contact Title:			
Primary Contact's Phone:	Program Contact's Phone: Fiscal Co		Fiscal Contact's Phone:	
Primary Contact's E-mail:	Program Contact's E-m	ail:	Fiscal Contact's E-mail:	
DocuSign				
OCVA grants are sent for signature via DocuSign. Please provide <u>one</u> contact to sign the grant in DocuSign. If your organization has an internal routing process, download the grant from DocuSign to complete those steps.				
DocuSign Name: DocuSign Email:				
	10 1 1 0 1			
For Agencies, Organizations, and Tribal Organizations Only  Does the location where services are primarily provided comply with ADA requirements for accessibility?  Yes No  If No, how will you accommodate people with disabilities who request services?				
Did your agency expend \$750,000 in federal funds during your past fiscal year?  YES NO				
Federally Negotiated Indirect Rate:   NO If yes, include rate:				
If an applicant does not have the below information, please see the next page.				
Statewide Vendor Number (SWV):	Washingto	on State UBI num	ber:	

About Statewide Vendor Number (SWV):

This is required to receive payment from the state.

- o See Statewide Vendor/Payee Services | Office of Financial Management (wa.gov)
  - § Complete the Vendor/Payee Registration form
  - § Complete Direct Deposit Authorization form
- o This is a free service

About Washington State UBI Number:

A UBI number is a nine-digit number that registers you with several state agencies and allows you to do business in Washington State.

0	See Business Licensing and renewals FAQs   Washington Department of Revenue

For competitive application processes, OCVA understands applicants may not have these numbers at the time of application. However, they will be required of any successful bidder.

OCVA encourages applicants to start these processes as soon as possible. These must be completed before a grant can be executed.

# Eligibility

## Complete all fields.

1. Does your Tribe/organization/agency have a demonstrated a history of effective personcentered support, assistance and outreach to victims/survivors of labor and/or sex trafficking and/or individuals at-risk of labor and/or sex trafficking?   —Yes —No If yes, please describe.	
2. For non-Tribal bidders: Does your organization/agency have a demonstrated history of effective engagement and working with indigenous individuals, communities and Tribes?   —Yes —No If yes, please describe.	
<ul> <li>3. Is your Tribe/organization/agency operated by a nonprofit organization, public agency or federally recognized Tribe of Washington State as determined by the United States Secretary of the Interior?</li> <li>Yes No If yes, please describe.</li> </ul>	

<ul> <li>4. For non-Tribal bidders: Is your organization/agency licensed to do business in the State of Washington? If not, a statement of commitment to become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Bidder is required.</li> <li>YesNoIf no, a statement of commitment is required.</li> </ul>			
Please indicate the geographic area to be served in this proposal.			
Eastern/Central Washington Western Washington			
Please describe.			
Contracting with Current or Former State Employees			
Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Proposers should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.			
Identify any state employees or former state employees employed or on the organization's governing board as of the proposal submission date. Include their position and responsibilities within the organization. Respond with N/A, if not applicable.			
If following a review of this information, it is determined by OCVA that a conflict of interest exists, the Bidder may be disqualified from further consideration.			
Tribal Authority to Submit a Proposal			
Tribes must submit documentation reflective of their legal authority to submit a proposal for this RFP on behalf of their Tribes. Recognizing that Tribes have different forms of tribal governance and tribal laws vary, no prescribed form of documentation will be required. Tribes may submit a resolution, letter, affidavit, or other documentation, as appropriate for that Tribe, certifying that the bidder has the legal authority to submit a proposal for this RFP on behalf of the Tribe.			
This documentation must be current, must be sufficient to demonstrate authority for the proposal, must contain authorized signature(s), and must be submitted with the proposal on the due date, June 27, 2022.			

## Subcontractor Information

Subcontractor Name:				
Address:				
City:		State:		ZIP:
Mailing address (if different than above):				
City:		State:		ZIP:
Organization Phone:	Organization Fax:			
Primary Contact Person - and Job Title:				
Primary Contact's Phone:	Primary	Contact's E-m	nail:	
Does the location where the subcontractor will provide Yes No	e services	comply with A	ADA requ	uirements for accessibility?
If No, how will you accommodate people with disabili (attach an additional sheet if needed):	ities that re	equest services	S	
Did this subcontractor expend \$750,000 in federal fundamental Yes No	ds during	the past fiscal	year?	
Washington State UBI Number:				

#### Certifications and Assurances

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

- 1. I/we declare that all answers and statements made in the proposal are true and correct.
- 2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
- 3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by OCVA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
- 4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
- 5. I/we understand that OCVA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of OCVA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
- 6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not be knowingly disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
- 7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
- 8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
- 9. I/we grant OCVA the right to contact references and others who may have pertinent information regarding the ability of the Proposer and the lead staff person to perform the activities contemplated by this RFA.
- 10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
- 11. I/we are not debarred from doing business with the state of Washington or the United States

11. If we are not declared from doing submess with the state of	or washington or the ornica states.
We (check one):	
are submitting proposed Contract exceptions.	
are not submitting proposed Contract exceptions	(default if neither are checked).
On behalf of the Proposer submitting this proposal, my signa authority to bind the submitting organization.	ature below attests to the accuracy of the above statement as well as my
Signature of Proposer	Date
Printed Name	Title

# Diverse Business Inclusion Plan

Do you anticipate using, or is your organization, a State Certified Minority Business?    Yes    No				
Do you anticipate using, or is your organization, a State Certified Women's Business?    Yes    No				
Do you anticipate using, or is your organization, a State Certified Veteran Business?    Yes    No				
Do you anticipate using, or is your organization, a Washington State Small Business?    Yes    No				
If you answered No to all of the questions above, please explain:				
Please list the appr	roximate percentage of work to be accomplished by each group:			
Minority	%			
Women	%			
Veteran	%			
Small Business	%			
Please identify the person in your organization who will manage your Diverse Inclusion Plan responsibility:				
Name:				
Phone:				
E-Mail:				

## Workers' Rights Certification

# CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Commerce is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation No.: 05232022

Thoughty contify on habilf of the argonization identified helevy as follows	(shoots and)		
I hereby certify, on behalf of the organization identified below, as follows	s (cneck one):		
No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for Employees. This organization does <u>NOT</u> require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.			
OR			
MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This organization requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.			
OR			
This organization certifies it has no employees.			
I hereby certify, under penalty of perjury under the laws of the State of W correct and that I am authorized to make these certifications on behalf of	-		
NAME:  Print full legal entity name of organization			
By: Signature of authorized person Printed N	lame		
Title: Title of person signing certificate Place:	Print city and state where signed		
Date:  Return to Procurement Coordinator as part of your	complete response.		