

ATTACHMENT C

CERTIFICATIONS

- Certification of Equal Opportunity and Equal Access
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- Sworn Statement on Public Entity Crimes
- Certification Regarding Lobbying
- Drug Free Workplace
- Certification Regarding the Florida Clean Indoor Air Act
- ADA Facility Accessibility Assurance
(Letter of Assurance that all facilities will be ADA accessible)

Grievance Procedures

CERTIFICATION OF EQUAL OPPORTUNITY AND EQUAL ACCESS

Name of the Organization/Entity: _____

The information in this Proposal accurately represents the entity/organization to receive this contract and its proposed operating plans and budget for proposed project.

I acknowledge that I have read and understand the requirements and provisions of the Request for Proposal (RFP) and that my entity/organization is prepared to implement the activities as specified in this proposal.

I understand that I will be held accountable for the information provided by my organization in this proposal and that this information may become the terms and conditions of the contract.

I certify that the governing provisions regarding independent pricing and open competition have been upheld; that all work unless otherwise noted represents an original work product; and that all legally responsible persons in the bidder's organization have upheld same.

As a condition to the award of financial assistance under funding received from the Department of Labor, the proposing agency assures, with respect to operation of the Workforce Investment Act (WIA)/Workforce Transition (WT) funded program(s) or activity(ies) and all agreements of arrangements to carry out the specific funded program(s) or activity(ies), that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Investment Act of 1998; Personal Responsibility and Work Opportunity Reconciliation Act of 1996; Workforce Florida Act of 2000; Title IV of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR Part 37. The United States and the State of Florida has the right to seek judicial enforcement of this issuance.

I certify that I am authorized to sign this proposal on behalf of the above referenced entity/organization.

Signature

Date

Printed or Typed Name

Title

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS

This certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in contracting with the Department of Health and Human Resources by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Signature

Date

Name and Title of Authorized Signee

Agency

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
(print name of the public entity)

by _____
(print individual's name and title)

for _____
(print name of entity submitting sworn statement)

whose business address is _____

and, if applicable, its Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement _____

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material representation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or

2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies).

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY

ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

(date)

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

_____ who, after first being sworn by me, affixed his/her
signature in the
(name of individual signing)

space provided above on this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE
AGREEMENT

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

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and 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 an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in 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 its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. 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.

Signature

Date

Name of Authorized Individual

Application or Contract Number

Name of Address of Organization

DRUG-FREE WORKPLACE

Identical Tie Bids: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedure for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace; the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 898 or of any for a violation occurring in the workplace no later than 5 days after such conviction.
- 5) Impose a sanction on, or require that satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

AUTHORIZED SIGNATURE

DATE

CERTIFICATION REGARDING THE FLORIDA CLEAN INDOOR AIR ACT

Pursuant To the Florida Clean Indoor Air Act (FCIAA), Chapter 386.201-286-212 Florida Statutes, the undersigned, in representing _____, attests and certifies that the Contractor will comply with the Florida Clean Indoor Air Act.

The purpose of the Florida Clean Indoor Air Act is to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code.

Workforce Escarosa, Inc. dba CareerSource Escarosa has elected as outlined in s.386.205(3)(4), F,S for all Workforce Escarosa administrative spaces and Escarosa Career Centers to be smoke free facilities.

By signing this certification, the contractor agrees to adhere to the Florida Clean Indoor Air Act while in Workforce Escarosa administrative offices or Escarosa Career Center(s).

Signature

Date

Printed or Typed Name

Title

**WORKFORCE ESCAROSA, INC.
dba CAREERSOURCE ESCAROSA**

ADA FACILITY ACCESSIBILITY ASSURANCE FORM

This verifies that my organization, _____, meets the requirements as outlined in the Facility Accessibility Survey requirements provided by the United States Department of Labor (USDOL) and the Office of Civil Rights and Minority Affairs (OCRMA), regarding the American Disabilities Act.

Signature

Date

Workforce Innovation and Opportunity Act (WIOA) Trade Adjustment Act (TAA), Welfare Transition (WT/TANF) and Wagner-Peyser (WP) Program participants and other interested parties (e.g., contractors, One-Stop partners, One-Stop operators, and employers) affected by decision or actions of the local workforce system have a right to file grievances/complaints with the local area Workforce Board. The grievance/complaint should be filed with CareerSource Escarosa, in accordance with the below listed procedures. In the event you submit a grievance/complaint not under the authority of CareerSource Escarosa, CareerSource Escarosa will notify you within 5 working days from the receipt of the grievance/complaint of the relevant agency responsible for the grievance/complaint.

Sexual Harassment Policy

An individual or entity desiring a copy of the CareerSource Escarosa Sexual Harassment Policy should write or call CareerSource Escarosa, 6913 N. 9th Ave., Pensacola, FL 32504; telephone number (850) 607-8700.

Criminal Fraud and Abuse

Incidents of criminal fraud and abuse can be reported through the U. S. Department of Labor, Office of Inspector General Hotline Portal at the following link: <https://oigportal.oig.dol.gov/eCasePortal/Forms/Complaints.aspx?templateName=Hotline>
[m](#)

Reports or complaints alleging fraud and abuse may also be reported through the USDOL Hotline at 1-800-347-3756.

Reporting Discrimination Complaints

Forms for filing discrimination complaints can be found at the following website:

<https://www.floridajobs.org/office-directory/office-for-civil-rights/about-our-services/discrimination-complaints>

You may file a discrimination complaint by completing the Complaint Information Form found at the above referenced website or by sending information listed on form in writing as directed below:

WIOA/TAA complaints may be filed with CareerSource Escarosa's Equal Opportunity Officer or the U.S. Department of Labor's Civil Rights Center, with a copy mailed to Florida Department of Commerce and EEOC Tampa Area Office.

CareerSource Escarosa	or	U.S. Department of Labor
Attn: Mrs. Janay Sims EEO		Civil Rights Center
6913 N. 9 th Ave.		200 Constitution Avenue, N.W., Room N-4123
Pensacola, FL 32504		Washington, DC 20210

Florida Department of Commerce	and	Equal Employment Opportunity Commission (EEOC)
Office for Civil Rights, MSC 150		Tampa Area Office
107 East Madison Street,		501 East Polk Street, Suite 100
Tallahassee, FL 32399-4129		Tampa, FL 33602
		813-710-9340 or TTY 1-800-669-6820

WT complaints may be filed with the U. S. Department of Health and Human Services via the OCR Complaint Portal at the following address:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Instructions for filing a complaint in writing by mail, fax or email can be found at the above OCR Complaint Portal address. Copies of written complaints are to be mailed to the Florida Department of Commerce and EEOC Tampa Area Office, as well (see addresses above).

Regional Office: U. S. Department of Health and Human Services
Office of Civil Rights, Inspector General
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 3B70
Atlanta, GA 30303

WP complaints may be filed with the CareerSource Escarosa's Equal Opportunity Officer or the U.S. Department of Labor, Civic Rights Center (see addresses above).

You may contact **The Florida Commission on Human Relations, 4075 Esplanade Way, Room 110, Tallahassee, FL 32399, (850) 488-7082** to file a discrimination complaint within 365 days from date of the alleged violation.

Communication impaired persons filing a complaint should call the Florida Relay Service Voice (statewide) 711, TDD ASCII (800) 955-1339 and TDD Baudot (800) 955-8771.

Filing a Grievance/Complaint and request for Hearing/Appeal with CareerSource Escarosa

An **WIOA/TAA/WT** individual or entity, adversely affected by an CareerSource Escarosa action, to include but not limited to: displacement of employee; denial or termination as a **WIOA** training provider; denial of eligibility as a **WIOA OJT** or customized training provider; participant sanctioned for using controlled substances; termination of program eligibility or sanctioning for non-compliance with work activities, may submit a Grievance/Complaint or hearing request. Submissions should be concise and clearly written or typed; state the facts, laws, procedures, etc. that the grievant/complainant believes to be relevant for review; and must include a legible address where official notices may be mailed to the grievant/complainant.

For Hearing Request, include the words **REQUEST FOR A HEARING** at the top of the first page in capital letters; and specifically state the type of violation and nature of the action that is the subject of the grievance. The grievance shall be no longer than five pages (exhibits and attachments are not included in the five-page limit) and submitted to CareerSource Escarosa, Executive Director, 6913 N. 9th Ave., Pensacola, FL 32504. If possible CareerSource Escarosa will attempt to resolve the grievance/complaint informally. If the matter cannot be resolved informally, CareerSource Escarosa must establish a hearing date, complete the hearing and issue a decision within a 60-calendar day time frame from the date the grievance/complaint was filed. When the matter is not resolved informally, you will be notified by certified mail return receipt at least 15 calendar days prior to the hearing. The written hearing notice will include: hearing procedures, date, time, and place of the hearing; pertinent sections of the **WIOA, WT**, and any federal regulations involved. Affected parties may be represented at the hearing by an attorney or other representative, and may present witnesses or documentary evidence at the hearing. The parties will receive a written decision of the hearing within **30 calendar days** after the hearing by certified mail return receipt requested. Individuals alleging a labor standards violation may submit the grievance/complaint to binding arbitration procedure if the affected parties are covered by a collective bargaining agreement.

WP participants may file discrimination complaints against the Florida Department of Commerce (Florida Commerce) or its employees of complaints alleging discrimination by an employer. Special handling procedures are required for complaints filed by Migrant and Seasonal Farm Workers (MSFW). CareerSource Escarosa shall attempt to resolve the MSFW complaint. If the MSFW complaints cannot be resolved within five working days of receipt of complaint by CareerSource Escarosa, the complaint form and copies of all documents in the complaint file are forwarded to the Florida Department of Commerce (Florida Commerce), Monitor Advocate Office, MSC 150, 107 East Madison St, Tallahassee, FL 32399-4133. Attention: Senior Monitor Advocate.

***Note:** Individuals with a disability needing special accommodations shall call CareerSource Escarosa at (850) 607-8700 or fax at (850) 473-0935 at least five working days prior to the hearing and state what special accommodation requirements are needed in order to participate in the hearing.

Right to Appeal

An individual, or entity, adversely affected by CareerSource Escarosa actions or decisions can file an appeal with the State WIOA/TAA Administrative entity. An appeal may be made to the federal level (USDOL) if the state has not conducted a hearing or made a decision regarding the grievance/complaint **within the mandated 60-calendar day timeframe**, or if either party is dissatisfied with the state hearing decision. If Florida Department of Commerce Administrative Entity in conjunction with State Board staff determines that a grievance/complaint filed at the State level should have been decided at the local level, then the grievance/complaint may be remanded back to CareerSource Escarosa.

Filing a Grievance/Complaint and request for Hearing/Appeal at the State Level

Because of the many types of grievances/complaints and level of hearing/appeals allowed under WIOA/TAA/WT regulations, Florida Department of Commerce staff working in conjunction with the State Board staff will be responsible for reviewing and determining the appropriate processing of requests/appeals filed at the State level. The following procedures should be followed when filing a grievance/complaint and/or requesting a hearing/appeal regarding a CareerSource Escarosa decision. The request and/or grievance /complaint for a hearing appeal should be clearly identified at top of the first page, i.e., REQUEST FOR HEARING. The written hearing request should not exceed five pages (not including attachments) and should state the facts, procedures, etc. that the grievant/complainant believes to be relevant for review and, if applicable, shall include any written decision made by CareerSource Escarosa and an address where official notices may be mailed to the grievant/complainant. The request shall be sent by certified mail return receipt to Florida Department of Commerce, Office of General Counsel, MSC 150, 107 East Madison Street, Tallahassee, FL, 32399-4128. The grievant/complainant and CareerSource Escarosa will be contacted at least 5 working days of receipt of the complaint to attempt an informal resolution. If informal methods do not resolve the issue, then a hearing will be scheduled. The complainant/ grievant will be notified of the specific procedures for the hearing and will receive a decision within 60 calendar days from receipt.

State and Federal Level Appeal Process

If the Florida Department of Commerce has not reached a decision on the appeal of a local decision or the grievant disagrees with the decision, the grievant/complainant can file an appeal to USDOL no later than 60 calendar days of receipt of the decision being appealed. That request is submitted by certified mail, return receipt to Secretary USDOL, Attention: ASET, Washington, D.C. 20210. A copy of the appeal must be simultaneously provided to Florida Department of Commerce (address above). Actions that may not be appealed to USDOL include: sanctions applied at the local level for using a controlled substance; sanction for non-compliance with work activities; or denial of eligibility as a WIOA/TAA training provider. WP states that non-ES related complaints (employment, discrimination, health and safety, etc.) must be forwarded as soon as possible after being received, to Florida Commerce, Office of General Counsel, MSC 150, 107 East Madison St, Tallahassee, FL, 32399-4128, or to the appropriate federal agency with a copy of the complaint sent to Florida Department of Commerce Office of General Counsel. If the WP complaint is not resolved within 15 working days, then the complaint and associated file documents are forwarded to the Florida Department of Commerce, Office of One-Stop and Program Support, MSC 105, 107 East Madison St, Tallahassee FL 32399-4133, Attention: ES Complaint Coordinator.

I certify that I have read and understand my rights and responsibilities as enumerated above.

Participant/Service Provider/ Employee/ Employer or Other Signature & Date

As a representative of CareerSource Escarosa, I verify that the above-signed individual has read the Grievance Hearing/Appeal Procedures and has indicated an understanding of it.

CareerSource Escarosa Representative Signature & Date