

Training Provider Request for Proposal (RFP) **Performance Measures**

Thank you for your interest in submitting a proposal for Training Provider services for Lawrence County Social Services (LCSS). The proposal is for the following certifications and licensing:

- **HUD Approved Lead Safe Work Practices (LSWP)**
- **EPA Approved Renovate, Repair and Painting (RRP)**
- **AHERA/ASHARA Required Asbestos Training Courses**
- **PA Labor & Industry Approved Lead Abatement Training Course**

DEADLINE IS FRIDAY, MARCH 11, 2022.

RFP's will be publicly open and read on Monday, March 14, 2022, at 12:00pm at the 1745 Frew Mill Rd. New Castle, PA 16101, Suite 9 location.

Trainings provided under this RFP is at the request of LCSS with locations to vary based on need of interested parties. The areas may include the following Counties:

- Butler
- Lawrence
- Mercer

Specific location will be determined and secured by LCSS; all training materials are to be provided by Training Provider. Class roster and sign in sheets for attendance are required by LCSS prior to payment.

I hereby certify that upon submitting a proposal for Training Provider services that I/the company is capable of providing the services listed above.

Signature

Date

Training Provider Request for Proposal (RFP) Document Checklist

The following checklist is required to be submitted along with the RFP documents in a sealed envelope and addressed to:

**Lawrence County Social Services
Department of Healthy Homes
1745 Frew Mill Rd. Suite 9
New Castle, PA 16101
Attention: Stacy Schwartz
Or email to sschwartz@Lccap.org**

| ITEM | INCLUDED |
|--|--------------------------|
| 1. Training Provider RFP Document Checklist | <input type="checkbox"/> |
| 2. Signed Performance Measures | <input type="checkbox"/> |
| 3. Training Provider Work Experience Questionnaire and Qualification Statement | <input type="checkbox"/> |
| a. Copies of applicable certifications (Firm and all employees) | |
| i. HUD Approved Lead Safe Work Practices (LSWP) | |
| ii. EPA Approved Renovate, Repair and Painting (RRP) | |
| iii. AHERA/ASHARA Required Asbestos Training Courses | |
| iv. PA Labor & Industry Approved Lead Abatement Training Course | |
| b. Liability Insurance Declaration Page | |
| c. Company material and labor warranty | |
| 4. Contractor Statement (signed) | <input type="checkbox"/> |
| 5. Certification Regarding Debarment and Suspension (signed) | <input type="checkbox"/> |
| 6. Section III/MBE/WBE Survey | <input type="checkbox"/> |
| 7. Completed W-9 Form | <input type="checkbox"/> |
| 8. Pricing/Bid Costs | <input type="checkbox"/> |

Pricing/Bid Costs:

Potential contractor shall bid on the following items, which cost shall apply to every job for which Program Coordinator/Manager issues a Work Proceed Order:

| BID ITEM | UNIT PRICE/TRAINEE |
|---|--------------------|
| HUD's Lead Safe Work Practices Training Minimum required number of attendees: _____ | \$ _____ |
| EPA's Renovate, Repair and Painting Rule Minimum required number of attendees: _____ 8 hour training for those who have not provided HUD's LSWP Certificate | \$ _____ |
| 4 hour refresher for those who have provided HUD's LSWP Certificate | \$ _____ |
| Asbestos Training Courses - Minimum required number of attendees: _____ | \$ _____ |
| Worker Initial | \$ _____ |
| Worker Refresher | \$ _____ |
| Contractor/Supervisor Initial | \$ _____ |
| Contractor/Supervisor Refresher | \$ _____ |
| <u>Pennsylvania Labor & Industry Lead Abatement Training</u> Minimum required number of attendees: _____ | \$ _____ |
| Lead Abatement Risk Assessor - Initial | \$ _____ |
| Lead Abatement Risk Assessor - Refresher | \$ _____ |
| Lead Abatement Inspector - Initial | \$ _____ |
| Lead Abatement Inspector - Refresher | \$ _____ |
| Lead Abatement Supervisor - Initial | \$ _____ |
| Lead Abatement Supervisor - Refresher | \$ _____ |
| Lead Abatement Worker - Initial | \$ _____ |
| Lead Abatement Worker - Refresher | \$ _____ |

Note: All trainings requested by Program Coordinator/Manager shall be performed by training provider in a timely manner, and training provider shall provide class roster and sign in, in a standardized format, to Program Coordinator/Manager, on a timely basis.

Any work that the Program Coordinator/Manager does award to training provider shall be at the rates stated above, including individual labor rates (and standard material costs) stated above for items. If any unforeseen item should arise, which is not specifically stated above, and does not meet the criteria to be priced on an hourly/material basis, Program Coordinator/Manager and Contractor shall jointly determine allowable costs for said item. Where an agreement can not be reached, the decision of the Program Coordinator/Manager shall be final, and Training Provider agrees to perform any and all work at the allowed rate.

Scope of Services for Training Provider

The proposer must be qualified to conduct business in the State of Pennsylvania and in good standing with all regulatory oversight agencies; and must be able to demonstrate they have not been disbarred by the State or Federal Agencies.

Under this proposal the selected training provider will be responsible for providing some or all of the following:

- **Certified Renovator (RRP) Initial and Refresher**

- **Asbestos Worker/Supervisor – Initial and Refreshers**

- **PA Labor & Industry Approved Lead Abatement Training Course for;**
 - Supervisor
 - 4 day with third party test requirement
 - 1 day refresher
 - Worker
 - 2 day with in class test requirement
 - 1 day refresher
 - Project Designer
 - 1 day with risk assessor or supervisor course requirement
 - 1 day refresher, as long as PD certificate does not lapse
 - Risk Assessor
 - 4 day with third party test
 - 1 day refresher

The courses are at various dates, times and locations as well as to various groups including, but not limited to, Code and/or Housing Inspectors, City/County Employees, Apartment Associations, Real Estate Professionals, Community Based Organizations, Contractors and Maintenance Workers.

Training may need to be presented in multiple languages as necessary. The training provider shall be responsible for all educational materials and audio visuals. Keeping training materials current is the responsibility of the training provider. Training will be provided at a facility arranged by Lawrence County Social Services, Inc. (LCSS), mainly at our New Castle, PA facility.

TRAINING PROVIDER WORK EXPERIENCE QUESTIONNAIRE AND QUALIFICATION STATEMENT

Submitted To: Lawrence County Social Services, Inc.
1745 Frew Mill Rd. Suite 9
New Castle, PA 16101

For: Training Provider Request for Proposals

GENERAL INFORMATION

Official Company Name: _____

Is this a: () Corporation () Partnership () Sole Proprietorship

Your Principal Business Address (Location): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax:** _____

Name of Contact Person: _____ **Cell Phone #:** _____

E-mail address: _____

Federal Tax ID Number: _____

DUNS # / UEI#: _____

According to the U.S. General Services Administration, the federal government will stop using the DUNS number in **April 2022** and transition to a 12-digit Unique Entity Identifier (UEI) created in the System for Award Management ([SAM.gov](https://sam.gov)). If you already have an active DUNS number, the federal government has already assigned your agency a UEI. Therefore, you do not need to apply for one. You can log onto the [SAM.gov](https://sam.gov) website, pull up your registered account to verify what number has been assigned to you. If you do not currently have a DUNS number assigned, you may still apply for one and must register your DUNS number in the SAM system until the transition period is over (April 2022), where a UEI will be assigned to you based on your DUNS registration.

Privilege Tax #: _____ **Expiration Date:** _____

PA Contractors #: _____ **Expiration Date:** _____

Classification Number: _____ **Expiration Date:** _____

Do you have a General Contractor's License in this area? Yes No

▪ **If this is a Corporation:**

Date Incorporated: _____ **State of Incorporation:** _____

Are you registered with a minority/women's business enterprise program? Yes No

If yes, please submit a copy of certification.

Are you a Section III business enterprise program? Yes No

If yes, please submit a copy of certification.

Names of President and Other Officers of the Corporation:

Name Title

Name Title

Name Title

Please check the type(s) of trainings you have performed in the last year:

- HUD's Lead Safe Work Practices
- EPA, Renovate, Repair & Painting
- AHERA/ASHARA Required Asbestos Training Courses
- PA, Labor and Industry Lead Abatement, Risk Assessor (initial and refresher)
- PA, Labor and Industry Lead Abatement, Inspector (initial and refresher)
- PA, Labor and Industry Lead Abatement, Supervisor (initial and refresher)
- PA, Labor and Industry Lead Abatement, Worker (initial and refresher)
- Other: _____

Please list ALL Certifications obtained required for training services (Attach ALL firm and employee certificates)

| Training | Training Date | Expiration of Certificate |
|----------|---------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How long have you been a training provider?

Years Months

TRAINING PROVIDER STATEMENT

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- **All information submitted is correct, current, and will be followed to the greatest extent possible.**
- Training Provider licenses and/or certificates are current, and the undersigned agrees to maintain in current status all licenses and bonds as required by the appropriate facilities.
- That if the training performed by the training provider is found to be unsatisfactory by the administering agency, that the administering agency may remove the training provider's name from the approved list, with such accompanying publicity as it deems necessary.
- The training provider will abide by the federal regulations pertaining to equal employment opportunity.
- That the training will be done in conformance with all appropriate regulations outlined as a training provider.

Training Provider's Signature:

Date:

Training Provider Information Regarding Debarment and Suspension

TRAINING PROVIDER'S NAME:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

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

(Before Signing Certification, Read Attached Instruction)

The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; 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;

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 offense enumerated in paragraph (1)(b) of this certification; and

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

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name

Title

Signature

Date