



**REQUEST FOR QUALIFICATIONS
FOR
WORKFORCE INNOVATION AND
OPPORTUNITY ACT ADULT, DISLOCATED
WORKER and YOUTH SERVICES**

RFQ-CSP 26-WIOA-01

Date Issued June 15, 2026

DEADLINE FOR SUBMISSION: July 3, 2026

Submit Responses Electronically Only to:

CareerSource Chipola (CSC)

rfq@careersourcechipola.com

Subject line must read: CSP RFQ Response

Request for Qualifications (RFQ) Submission Requirements

WIOA Dislocated Worker Services Pre-Qualification

On behalf of CareerSource Polk, CareerSource Chipola is seeking qualified organizations to provide Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker, and Youth services. As part of this Request for Qualifications (RFQ), a pre-qualification review will be conducted to identify organizations with the demonstrated experience, capacity, financial stability, and operational capability to successfully administer WIOA-funded Adult, Dislocated Worker, and Youth employment and training services.

Only organizations determined to be responsive and responsible through this RFQ process may be considered for future procurement opportunities or negotiations for Adult, Dislocated Worker, and Youth service delivery.

If one or more qualified parties are identified, a separate Invitation to Negotiate (ITN) for WIOA Dislocated Worker Services will be issued only to those parties determined qualified through this RFQ process. CareerSource Polk reserves the right to respond to an ITN issued for the services as a direct provider. A timeline for the ITN process will be published within two weeks of the close of this RFQ if it is determined an ITN is necessary.

This RFQ package must be completed and submitted in its entirety. Failure to provide all requested documentation may result in disqualification from further consideration.

Submission Deadline

Submission Due Date: July 3, 2026

Required Submission Package

1. RFQ Cover Sheet (Attachment 1)

Complete and sign the RFQ Cover Sheet provided with this solicitation.

2. Organization Information Form (Attachment 2)

Provide all requested organizational information, including legal entity information, primary contacts, and organizational structure.

3. Required Certifications (Attachment 3)

The respondent must execute and submit the following certifications:

- Drug-Free Workplace Certification
 - Certification Regarding Debarment and Suspension
 - Certification Regarding Lobbying Activities
 - Sworn Statement Regarding Public Entity Crimes
 - Certification of Compliance with applicable federal, state, and local laws (if applicable)
-

4. Organizational Documentation

Submit documentation appropriate to the respondent's organizational structure.

Private For-Profit Corporations

- Copy of Articles of Incorporation or Certificate of Incorporation
- State of Incorporation
- Corporate Charter or Registration Number
- Most recent audited financial statements or annual financial report

Private Unincorporated Businesses

- Current business license or occupational license
- Applicable registrations demonstrating authority to conduct business

Non-Profit Organizations

- Articles of Incorporation
 - IRS determination letter confirming tax-exempt status, if applicable
 - Most recent independent audit or financial statements
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5. Letter of Interest

Submit a signed Letter of Interest that includes:

- Legal name of the organization
- Doing Business As (DBA) name, if applicable

- Corporate headquarters address
- Telephone number and website
- Name of Chief Executive Officer or Executive Director
- Names and titles of principal officers
- Current Board of Directors or governing body membership
- Statement expressing the organization's interest in providing WIOA Adult, Dislocated Worker, and Youth services and commitment to complying with all applicable federal and state requirements

6. Organizational Qualifications and Experience

Demonstrate the organization's qualifications and capacity by providing the following:

a. Leadership and Staffing

- Resumes for executive leadership, program management, and key supervisory personnel who would oversee contract performance
- Organizational chart illustrating reporting relationships and lines of authority
- Job descriptions for key operational and service delivery staff

b. Relevant Experience

Provide a narrative summary (not to exceed four pages, single-spaced, 12-point Arial font) describing:

- Experience administering WIOA Adult, Dislocated Worker, and Youth programs
- Experience serving individuals affected by layoffs, business closures, or economic dislocation
- Experience serving both in-school and out-of-school youth facing one or more barriers to employment
- Experience delivering career services, individualized employment plans, training coordination, supportive services, and employer engagement
- Geographic locations and dates of WIOA Adult, Dislocated Worker, and Youth service delivery
- Partnerships with employers, education providers, labor organizations, and community-based organizations
- To be qualified a respondent must have experience with WIOA Adult, Dislocated Worker, and Youth programs

c. Performance History

Provide evidence of successful program administration over the past three (3) years, including:

- Performance outcomes demonstrating effectiveness in employment, credential attainment, measurable skill gains, earnings, and other applicable workforce measures
- For Florida-based organizations, copies of applicable Monthly Management Reports, WIOA performance reports, Letter Grades, or other official performance documentation
- Entities must be able to show an established ability to meet performance requirements
- Three References.
- For organizations operating outside Florida, provide comparable performance metrics validated by the applicable state workforce agency or local workforce development board
- See the State of Florida's Performance Reports at the following website:
<https://www.floridajobs.org/cw-lwdb-resources/program-monitoring-and-reports/state-program/common-measures-performance-reports>;
<https://analytics.careersourceflorida.com/LetterGrades>

d. Organizational Capacity

Include:

- Description of administrative infrastructure and fiscal management systems
- Experience managing federal or state grants
- Internal controls and quality assurance processes
- Ability to collect, report, and monitor participant and performance data
- Capacity to comply with all applicable Workforce Innovation and Opportunity Act (WIOA), Uniform Guidance (2 CFR Part 200), and state requirements

7. Primary Contact Information

Identify the individual authorized to represent the organization regarding this RFQ, including:

- Name
- Title
- Mailing Address
- Telephone Number
- Email Address
- Alternate Contact Person (if applicable)

Evaluation of Qualifications

Submitted materials will be reviewed to determine whether respondents possess the experience, organizational capacity, financial stability, staffing, and demonstrated performance necessary to effectively administer WIOA Adult, Dislocated Worker, and Youth services. CareerSource Chipola, acting as the party responsible for review and determination of qualifications, reserves the right to request additional documentation, conduct reference checks, verify submitted information, and determine respondent responsibility and responsiveness in accordance with applicable procurement policies.

Pre-qualification through this RFQ does not guarantee contract award or funding and does not obligate CareerSource Polk or CareerSource Chipola to enter into an agreement with any respondent.

ATTACHMENT 1

Cover Page

**Request for Qualifications– Dislocated Worker
Services Provider
For Service July 1, 2026, through June 30, 2027
Proposing Organization’s Legal Name and Address**

Organization’s Federal Tax Identification Number _____

Organization’s Florida Tax Identification Number _____

Organization’s Unemployment Insurance Number _____

Organization’s Workers’ Compensation Insurance Number _____

Name of Contact Person (For questions about Response) _____

Telephone Number of Contact Person _____

Signature of Contact Person: _____

FOR WORKFORCE BOARD STAFF USE ONLY

Date Received: _____ **Time Received:** _____

Received by: _____

ATTACHMENT 2

General Information

GENERAL INFORMATION

Name of Organization	
Type of Business	
Internet Address	
Number of Full-Time Employees (FTE)	
Full-Time Employees Providing Services	
Unique Entity Identifier (UEI)	
CAGE number	
Federal Tax ID	
Year Founded	
Total Bonding Capacity	\$
Address	

ATTACHMENT 3

Certifications

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER MATTERS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it, and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any federal department or agency;
 - b. Have not within a three (3) year period preceding this Response been convicted of or had a civil judgment rendered against them for 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; violation of federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicated for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in 1b. above, of this certification; and
 - d. Have not, within a three (3) year period preceding this application/Response had one or more public transactions (federal, state, or local) terminated for cause or default.

2. That if the prospective primary participant is unable to certify to any statements in this certification, such prospective primary participant shall attach an explanation to the Response.

Name & Title of Authorized Representative

Signature _____

Date _____

CERTIFICATION REGARDING LOBBYING

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 employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making 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 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--LL, "Disclosure Form to Report Lobbying," in accordance with its instructions.**

- 3. The undersigned shall require that the language of this certification can 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.

Contractor/Name of Certifying Official:

Signature of Certifying Official:

Date:

CERTIFICATION REGARDING A DRUG-FREE WORKPLACE

I, _____, an authorized representative of the Contractor do hereby make the following certification with respect to the execution of responsibilities assigned to the WORKFORCE by the Workforce Innovation and Opportunity Act and WAGES, and the Drug-Free Workplace Act of 1988. The Contractor will:

- a. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying action that will be taken against employees for violation of such prohibition;
- b. Establish a drug-free awareness program to inform employees about:
 1. The dangers of drug abuse in the workplace;
 2. The Contractor's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Make it a requirement that each employee to be engaged in the performance of the Contract be given a copy of the statement required by paragraph (a) of this certification;
- d. Notify the employees in the statement required by paragraph (a) of this certification that, as a condition of employment under the grant, the employee will:
 1. Abide by the terms of the statement; and
 2. Notify the Contractor of any criminal drug statute conviction, for a violation occurring in the workplace, no later than five (5) days after such conviction; and
 - a. Notify the WORKFORCE within ten (10) days after receiving notice under this subparagraph (d) (2), from an employee or otherwise receiving actual notice of such conviction;

- f. Take one of the following actions, within 30 days of receiving notice under the subparagraph (d)(2), with respect to any employee who is so convicted:
 - 1. Take appropriate personnel action against such an employee, up to and including termination; or
 - 2. Require such employee to participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, Local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

The Contractor shall insert in the space provided below the site(s) for the performance of work done in connection with the specific Contract.

Place of Performance (street address, city, state, zip code and county)

Contractor _____

Street Address _____

City, State, ZIP Code _____

County _____

Signature of Certifying Official:

Date:

**SWORN STATEMENT UNDER SECTION 287/133(3)(A),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

(To be signed in the presence of a notary public or other officer authorized to administer oaths.)

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, who, being by me first duly sworn, made the following statement:

1. The business address of (Contractor) _____
_____ is _____
_____.

2. My relationship to (Contractor) _____
_____ is _____
(relationship such as sole proprietor, partner, president, vice-president).

3. I understand a public entity crime as defined in Section 287.133 of the Florida Statutes includes 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 in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or Contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

4. I understand "convicted" or "conviction" is defined by the statute to mean 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, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

5. I understand "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public-entity crime, or a person or a corporation 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, or (3) those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an

affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

6. Neither the Contractor nor any officer, director, executive, partner, shareholder, employee, member or agent who is active in the management of the Contractor nor any affiliate of the Contractor has been convicted of a public entity crime subsequent to July 1, 1992.

(Draw a line through paragraph 6 if paragraph 7 below applies.)

7. There has been a conviction of a public entity crime by the Contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the Contractor who is active in the management of the Contractor or an affiliate of the Contractor. A determination has been made pursuant to Section 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____ . A copy of the order of the Division of Administrative Hearings is attached to this statement.

(Draw a line through paragraph 7 if paragraph 6 above applies.)

Signature/Date

Sworn to and subscribed before me in the state and county first

mentioned above on the _____ day of _____, 202_____.

(affix seal)

Notary Public

Notary Public Printed Name: _____

