



# ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
<b>RFP Number:</b> 2016-300-02	<b>RFP Title:</b> <i>JOBS Transportation Services-Gasoline Program</i>
<b>Proposal Due Date and Time:</b> <i>Thursday, June 23, 2016 12:00 p.m., Central Time</i>	<b>Number of Pages:</b> 15
<b>Procurement Officer:</b> <b>Vicki Cooper-Robinson, Procurement Manager</b> Phone: (334) 353-4744 E-mail Address: vicki.robinson@dhr.alabama.gov Website: <a href="http://www.dhr.alabama.gov">http://www.dhr.alabama.gov</a>	<b>Issue Date:</b> <i>Thursday, May 12, 2016</i>
	<b>Issuing Counties:</b> <i>Choctaw, Conecuh, Cullman, Escambia, Greene, Madison and Tuscaloosa</i>

INSTRUCTIONS TO VENDORS	
<b>Submit Proposal to:</b> Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2153 50 Ripley Street Montgomery, AL 36130-4000	<b>Label Envelope/Package:</b> <b>RFP Title/Number:</b> JOBS Transportation Services Gasoline Program/2016-300-02 <b>Proposal Due Date:</b> <i>Thursday, June 23, 2016</i>
	<b>Special Instructions:</b> <i>Vendors must complete the 2016 JOBS Transportation Services Gasoline Program Vendor's Proposal posted on the Department's web site.</i>

VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
<b>Vendor Name/Address:</b>          <b>DUNS NUMBER:</b> _____	<b>Authorized Vendor Signatory:</b>          (Please print name and sign in ink)
<b>Vendor Phone Number:</b> (    )	<b>Vendor FAX Number:</b> (    )
<b>Vendor Federal I.D. Number:</b>	<b>Vendor E-mail Address:</b>
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
<b>Total number of proposal pages:</b> _____	

**Trade Secret Declarations: (reference section/page(s) of trade secret declarations)**

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**ATTESTATIONS AND DECLARATIONS FOR PROVISION OF SERVICES**

**4.2.5.1.1 VENDOR PROFILE AND EXPERIENCE**

- I (Vendor) attest that I have \_\_\_\_\_ months/years of experience selling motor fuels and/or services similar to those requested in the RFP for this procurement.

**4.2.5.1.2 PAST AND PRESENT CONTRACTUAL RELATIONSHIPS WITH THE DEPARTMENT**

- I (Vendor) attest that I have listed below all current and past contracts with the Department and other state agencies including colleges/universities within the last three (3) years. If no such contracts exist, so declare.

OR

- I (Vendor) declare that I have had no contracts with the Department or any other state agency including colleges/universities within the last three (3) years.

AND;

- I (Vendor) declare that none of our employees have been an employee of the State of Alabama within the past two (2) years.

OR

- I (Vendor) declare that the following employees have been an employee of the State of Alabama within the past two (2) years. \_\_\_\_\_

**4.2.5.1.3 CONTRACT PERFORMANCE**

- I (Vendor) declare that neither I nor any proposed subcontractor has had a contract terminated for default during the past five years. We did not receive notice to stop performance delivery due to non performance or poor performance and no issues were (a) not litigated due to inaction on the part of the Vendor; nor (b) litigated where litigation determined the vendor to be at default.

OR

- I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

AND

- I (Vendor) declare that at no time during the past five years, have we had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

OR

- I (Vendor) declare that during the past five years, we have had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

#### **4.2.5.1.4 PROJECT STAFF**

- I (Vendor) attest that I have sufficient staff to perform the services required in the RFP for this procurement. I further attest that if sufficient staff is not currently available, staff will be obtained to provide the services by the start of the contract on **Saturday, October 01, 2016**.

#### **4.2.5.2 VENDOR FINANCIAL STABILITY**

- I (Vendor) have attached to this proposal, copies of my financial statement for the past year.

#### **4.2.5.3 METHOD OF PROVIDING SERVICES**

##### **4.2.5.3.1 SERVICE DELIVERY APPROACH**

- I (Vendor) \_\_\_\_\_ agree to provide motor fuels services as described in this RFP for this procurement and to provide services at rates not to exceed those specified in the RFP. By submitting a response to this request for proposals and acceptance of a contract, if awarded, I agree to acceptance of the Standard Terms and Conditions and any other provisions that are specific to this solicitation or a contract.

##### **4.2.5.3.1.1 JOBS TRANSPORTATION SERVICES-GASOLINE PROGRAM REQUIREMENTS**

- I attest that all that all requirements for the authorized selling of motor fuels will be met. I agree to comply with documentation requirements for the provision of the selling of motor fuels to DHR/JOBS Program clients.

- I attest that all that will provide a copy of the receipt of purchase attached to each approved gas voucher signed by the program participant on a monthly basis. I furthermore attest, that I will maintain copies of all receipts and vouchers.

Completion of a written invoice that details all charges, to be submitted monthly or at an interval determined between the vendor and the local county DHR office that purchases the motor fuels.

I understand that failure to comply with the above requirements may result in an adjustment being made and/or termination of a contract that may be awarded through this procurement.

##### **4.2.5.3.1.2 OPERATING SCHEDULE**

- I agree to provide a schedule of hours during which motor fuels may be purchased. I attest that of the following requirements will be met:

A. The program will provide motor fuels \_\_\_\_\_ hours per day, from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

*Note: Attach a copy of the daily operating schedule.*

B. The local DHR JOBS office will be notified in advance of non-emergency closures and holiday closures.

*Note: Attach a copy of annual holiday schedule.*

##### **4.2.5.3.1.3 GAS STATION**

- I (Vendor) attest that motor fuels services will be provided in an approved station that meet the requirements specified by the applicable city or county and by the State of Alabama. I attest that all of the following station requirements will be met. I will:

A. Ensure that the facility meets all applicable Alabama health and fire safety standards.

*Note: Attach a copy of approved fire and health inspections.*

- B. Ensure that the station will not have any barriers which would prevent services to handicapped individuals and that motor fuel services will be accessible to the handicapped.

**4.2.5.3.1.4 POPULATION TO BE SERVED**

- I (Vendor) attest that motor fuels services will be provided only to individuals who have been referred for service by the JOBS Case Manager or authorized DHR representative.

**4.2.5.3.1.5 ACCEPTANCE OF REFERRALS**

- I (Vendor) attest that upon referral from the County Department of Human Resources, I will be able to provide services to clients within the timeframe authorized by the referral.
- I (Vendor) understand that, if I cannot accept a referral and provide service within five working days, the vendor will notify the local County Department of Human Resources referring JOBS worker in writing of the referral's rejection.

**4.2.5.3.2 START-UP PLAN**

- I (Vendor) attest that I will be fully operational by Saturday, October 1, 2016.

**4.2.5.3.3 STATION LOCATION**

- I (Vendor) attest that the physical address where services will be performed under a contract with the Department will be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VENDOR CERTIFICATIONS

### 4.2.5.4 VENDOR CERTIFICATIONS

Vendors must sign each statement below attesting that they warrant and represent to the Department that the vendor accepts and agrees with all certifications and terms and conditions of this RFP. Further, by submitting a response to this RFP, the vendor certifies to the Department that they are legally authorized to conduct business within the State of Alabama and to carry out the services described in this document.

#### 4.2.5.4.1 Revolving Door Policy

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees is a current employee of the Department, and none of the said individuals have been employees of the Department in violation of the revolving door prohibitions contained in the state of Alabama ethics laws.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.2 Debarment

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees (whether paid or voluntary) is debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension."

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.3 Standard Contract

I (Vendor) agree to the use of the Department's standard contract document. The vendor will further comply with all the terms and conditions of that document, including, but not limited to, compliance with the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, Alabama Act No. 2000-775 (governing individuals in direct service positions who have unsupervised access to children), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable, and all other federal and state laws, rules and regulations applicable to receiving funds from the Department to carry out the services described in this RFP. Further, any contract executed pursuant to the RFP must be subject to review by the Department's legal counsel as to its legality of form and compliance with State contract laws, terms and conditions, and may further be subject to review by the Alabama Legislative Contract Review Committee, Examiners of Public Accounts, the State Finance Director and the Office of the Governor.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

#### 4.2.5.4.4 Charitable Choice (applies to faith-based organizations only) Not Applicable

I (Vendor) attest that funds received as a result of this procurement will not be used for sectarian instruction, worship, proselytizing or for any other purely religious activities that are not directed toward the secular social goals related to the services described in this RFP. The vendor must agree to serve all eligible members of the public without regard to their religious beliefs and, further, must not require clients' active participation in any religious practice. (In carrying out the said services, the vendor will remain independent from federal, state and local governments; will retain control over the expression of its religious beliefs, and is NOT required to remove its religious writings or symbols or to alter its internal governance as a condition of doing business with the Department.)

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**4.2.5.4.5 Financial Accounting**

I (Vendor) agree that the vendor's accounting system will be consistent with General Accepted Governmental Accounting Principles (GAAP). The vendor must maintain sufficient financial accounting records documenting all funding sources and applicable expenditure of all funds from all sources.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**4.2.5.4.6 Vendor Work Product**

I (Vendor) attest that the proposal submitted in response to this document is the work product of said vendor. If the proposal is determined not to be the work product of the vendor, the proposal may, at the Department's sole discretion, be rejected.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

<b>COST PROPOSAL</b>
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I (Vendor) \_\_\_\_\_ agree to provide motor fuels services at the current market rates so that DHR is not billed for service in excess to what any other individual or purchasing body would be required to pay.

<b>Contract Number:</b>	<b>DHR USE ONLY</b>	<b>Taxpayer ID#:</b>
<b>Agency:</b>		
<b>Address:</b>		
<b>Project Title:</b>		
<b>Budget Period:</b>		<b>to</b>

FUEL TYPES	MAXIMUM COST	
Regular Unleaded Gasoline	\$	
Plus Unleaded Gasoline	\$	
Premium Unleaded Gasoline	\$	
Diesel Fuel	\$	

COUNTY(IES) TO BE SERVED	WILL SERVE
Choctaw	
Conecuh	
Cullman	
Escambia	
Greene	
Madison	
Tuscaloosa	

**ATTACHMENT A: DISCLOSURE STATEMENT**



State of Alabama  
**DISCLOSURE STATEMENT**  
(Required by Act 2001-955)

ENTITY COMPLETING FORM Agreement Number

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER  
( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER  
( )

This form is provided with:

Contract  Proposal  Request for Proposal  Invitation to Bid  Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes  No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of good or services previously provided, and the amount received for the provision of such goods or services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes  No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

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*If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)*

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*Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)*

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List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Notary's Signature Date Date Notary Expires

*Act 2001-995 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*

**ATTACHMENT B: TRADE SECRET AFFIDAVIT**

I have no trade secrets to declare.

**AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY**

DEPARTMENT OF \_\_\_\_\_)

)ss.

County of \_\_\_\_\_)

\_\_\_\_\_ (Affiant), being first duly sworn under oath, and representing  
\_\_\_\_\_ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of \_\_\_\_\_, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # \_\_\_\_\_. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
- (b) information requested by the Department to establish vendor responsibility unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its

contents cannot be returned to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

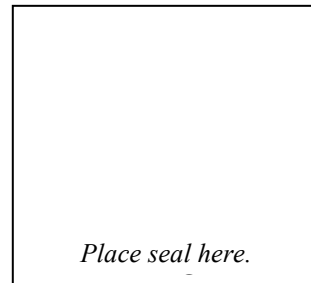
\_\_\_\_\_  
Affiant's Signature

Signed and sworn to before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
\_\_\_\_\_  
(Affiant's name).

Name of Notary Public: \_\_\_\_\_ for the

Department of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**ATTACHMENT C: IMMIGRATION AFFIDAVIT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

DATE: \_\_\_\_\_

**RE Contract/Grant/Incentive (describe by number or subject):**

\_\_\_\_\_ by and between  
\_\_\_\_\_ (Contractor/Grantee) and  
\_\_\_\_\_ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER.** Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

- \_\_\_\_\_(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
- \_\_\_\_\_(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

- 3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
- 4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient  
By: \_\_\_\_\_  
Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

## ATTACHMENT D: E-VERIFY MEMORANDUM OF UNDERSTANDING

Only U.S. citizens or foreign citizens who have the necessary authorization to legally work in the United States may be employed to work under any contract with the Department. Vendors must agree to not knowingly employ, hire for employment, or continue to employ an unauthorized alien, and must include a signed copy of the Beason-Hammon Certificate of Compliance form (*Appendix D*) in this space of their proposal.

The United States Citizenship and Immigration Services ([www.uscis.gov](http://www.uscis.gov)) provides E-Verify, an internet-based system that allows companies to determine their employees' eligibility to work in the United States. Vendors must participate in the E-Verify program and verify every employee that is required to be verified according to the applicable federal rules and regulations. Vendors must provide documentation to the Department establishing that they are enrolled in the E-Verify program.

**Insert Documentation  
Here**