

Cover Sheet

**WorkLink Workforce Development Board
Workforce Innovation & Opportunity Act
www.worklinkweb.com
Temporary Staffing Services**

Applicant Information:

Name: _____

Address: _____

City/State/ZIP _____

Contact Person: _____

Telephone Number: _____

Signature: _____

Date Submitted: _____

Attachment C - RFQ References Form

Failure to provide and include the following information with your response by the submission date of the bid may result in disqualification from further consideration for an award resulting from this solicitation. Each reference will be contacted for evaluation purposes. Any reference that does not respond in the allotted time provided by the Board will result in a reduced score.

Reference 1

Company Name	
Contact Name	
Address, City, State, Zip Code	
Phone Number	
Email Address	
Types of Services Provided	
Contract Term Dates (to/from) <i>How many years provided services?</i>	

Reference 2

Company Name	
Contact Name	
Address, City, State, Zip Code	
Phone Number	
Email Address	
Types of Services Provided	
Contract Term Dates (to/from) <i>How many years provided services?</i>	

Reference 3	
Company Name	
Contact Name	
Address, City, State, Zip Code	
Phone Number	
Email Address	
Types of Services Provided	
Contract Term Dates (to/from) <i>How many years provided services?</i>	

 Print Name of Individual and Title Committing to Bid

 Signature of Individual

 Date

RFQ Response Form – Attachment A

To submit your response to the RFP, please answer the following questions.

Eligibility of Organization

1. Will your firm be able to provide temporary staffing services as stated in the RFQ beginning on October 1, 2020 thru June 30, 2022? _____ Yes _____ No

2. Does your firm/agency currently offer temporary staffing services in the WorkLink region (Anderson, Oconee, and Pickens Counties)? _____ Yes _____ No

If not, how will you coordinate services within the WorkLink region?

3. Is your company/agency legally eligible to provide staffing services in the counties of: Anderson, Oconee, and Pickens Counties? _____ Yes _____ No

4. In responding to the RFQ, do you agree to abide by and provide the services listed in this solicitation? _____ Yes _____ No

5. If there is a need to alter or modify your policies and/or procedures to ensure the services requested are provided in an effective and efficient manner and in compliance with federal/state/local rules and regulations, will your company/agency agree to comply? _____ Yes _____ No

Experience of Organization

6. How many years has your company/agency provided professional temporary staffing services? _____ years.

7. Please provide information as to the organization's experience in providing temporary staffing services, include a brief description of your staff's experience, such as number of employees, average length of employment, and/or average length of experience in staffing services.

8. Are you currently working with companies that offer permanent placements? _____ Yes _____ No

9. Describe your organization's experience with placing individuals in permanent positions.

10. Please provide the name/title of lead staff person for this project.

Name _____

Job Title _____

Agreement with Specific Duties and Responsibilities (RFQ)

11. Will your firm comply with all Equal Employment Opportunity rules and regulations as to making employment opportunities accessible to all eligible applicants? _____ Yes _____ No

12. Does your firm agree to the payment process for reimbursement of fees/costs incurred?
_____ Yes _____ No

13. If awarded the contract, will your firm agree to the insurance requirements and maintain coverage throughout the life of the agreed upon contract? _____ Yes _____ No

14. Will your company/agency abide to our requirement to have periodic meetings with SC Works management and program staff? _____ Yes _____ No

Additional Information

15. Briefly, provide any examples/explanation of your firm's added value approaches and services that you feel distinguish you from other temporary staffing agencies.

Description of Benefits Offered to Placements

16. What benefits will placements be eligible to receive (i.e. healthcare insurance, sick leave, vacation leave, etc.)? List these benefits below:

Requested Exhibits

17. Include a sample contract and applicable terms and conditions in your bid package.

18. Include a copy of all applicable insurance coverage (i.e. general liability, worker's compensation, bonding policy).

19. Include a copy of the benefit packages available to placements.

Print Name of Individual and Title Committing to Bid

Signature of Individual

Date

Attachment B - RFQ Schedule of Fees and Cost Form

To submit your response to the RFP, please answer the following questions:

Name of Company: _____

Physical Address: _____

Mailing Address: _____ *Mark if same as physical address.*

Telephone Number: _____

1. **Classification Specifications:** *(Please see Supplemental Job Description.)*
 The positions that will be considered for this type of work will be a combination of office (clerical), humanitarian assistance-related occupations, customer service, and disaster clean-up and recovery. The number of positions needed and hourly rates may vary, according to applicable program funding.

2. **Fees/Cost Information:**
 Range of Mark-Up by Occupation:

Markup %: _____

Hourly pay rate will be determined by SC Works staff in coordination with worksite pay scale and in compliance with applicable program guidelines.

Please provide comments/explanation regarding calculation of mark-up and related fees:

Provide a complete list of all fees associated with this proposal. Please use the space below to specify any other additional costs.

Salary:	\$	
Fringe Benefits:	\$	
Service Fee:	\$	
Setup Fees/Cost:	\$	

Other Charges (please specify):

Print Name of Individual and Title Committing to Bid

Signature of Individual

Date