

Round3: Request for Qualifications and Quotes for Training

Introduction

1. Please fill in your information below.

First Name

Last Name

Title

Company Name

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address

Phone Number

Mobile
Phone

URL

Definitions and Eligibility Information

2. Willamette Workforce Partnership cannot enter contract negotiations with an organization that is not legally established to conduct business in the state of Oregon or is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any federal department or agency. Willamette Workforce Partnership will not enter into contract negotiations with an organization that has a previous contract(s) with Willamette Workforce Partnership that has been terminated for cause, or the entity has not complied with an official order to repay disallowed costs incurred during its conduct of programs or services.

Is your agency eligible to enter into contract negotiations with Willamette Workforce Partnership? *

☐ Yes

☐ No

3. Is your organization required to be registered with the Oregon Secretary of State? To find out about registering your organization with the Oregon Secretary of State, please click [here](#).

*

☐ Yes

☐ No

4. Please enter your Oregon Business Registry number below. If you do not have this information available, you can click [here](#) to find your registry number. If you do not have a registry number, you can click [here](#) to sign up for one.

☐ Registry Number - Write In

☐ I couldn't find my registry number

5. To be eligible for this RFQQ, applicants must provide an active Unique Entity Identifier (UEI). If you do not have this information, you can click [here](#) to sign up for one.

*

☐ SAMs Number - Write In

☐ Unique Entity Identifier - Write In

☐ I couldn't find my registry number

Organizational Capacity and Scope of Work

6. Please describe the training you would like to offer under this application. Please include the subject of your training, the duration of the training, the location of the training, and the participants you seek to train. Cost information **will be identified within a different portion of this application**. If you prefer to upload program information in addition to this narrative, you may use the upload tool on the next page. *

A large, empty rectangular box with a black border, intended for the user to provide a detailed description of the training they wish to offer.

7. Please provide a detailed explanation of the rationale for this training. If applicable, letters of support may be uploaded in the following section. *

A large, empty rectangular box with a black border, intended for the user to provide a detailed explanation of the rationale for the training.

8. If you would like to upload your training information, including letters of support from industry members confirming their endorsement of this training, please do so here. You may upload up to 10 files with a total size of 1 Megabyte.

Browse...

9. How many individuals are estimated to complete training before June 30, 2026?

*

10. Please provide a brief description of the training provider and/or instructor's credentials below. *

11. Will completion of this training result in an industry-supported certificate or credential for trainees? *

- ☐ Yes
- ☐ No
- ☐ Unsure

12. You stated the training will result in an industry-supported certificate or credential. Please list the name of the certificate or credential your training will offer trainees. *

13. WWP will only consider training programs with a minimum of two years of performance history. Using the text box below, describe the program's enrollment, completion, and employment outcomes for the past two years (2023–2024). If you would like to provide supporting documentation such as performance reports, outcome summaries, or employer verification, use the file uploaded, you may use the upload tool on the next page. *

14. If you would like to upload any reports on this training's previous performance, you may do so using the upload below. This upload allows 10 files with a total size of 1 Megabyte.

Browse...

Data Tracking, Outreach Material, and Coordination

Page description:

This RFQQ is funded by the State of Oregon and the Higher Education Coordinating Commission- Office of Workforce Investments. As such, WWP and any entity awarded funds through this application are required to collect, retain, and manage participant information. The participant information includes names, social security numbers, demographic, and employment information. WWP considers the participant information as personally identifiable information (PII) and any applicant awarded funds from this application shall follow WWP's policy on PII. This policy can be found by visiting Willwp.org under the About Us section or by clicking [here](#).

15. Would you like to see the participant-level data that will be required to be collected and maintained under this grant? *

- ☐ Yes
- ☐ No

16. Any applicant awarded funding through this application will need to include specific verbiage regarding WWP and WorkSource Oregon on any public-facing documentation. The verbiage must state that the training program is funded by WWP and in partnership with WorkSource Oregon while accompanying the WorkSource Oregon and WWP logo.

Will your agency be able to include the requested verbiage and logo on any public-facing documents related to this application? *

- ☐ Yes
- ☐ No

17. You stated that your agency will not be able to include verbiage regarding WorkSource Oregon and Willamette Workforce Partnership.

Briefly explain why.

Funding

18. Please complete the expense budget below. The amounts for the budget should reflect the total cost to train, including recruitment and performance tracking. **The maximum amount per award is \$60,000.**

<div></div> \$	Staff/Fringe (Compensation of employees)
<div></div> \$	Instructor fees (If contracting with an outside entity for training)
<div></div> \$	Materials/Supplies (General supplies and operating expenses. Including printing, copying, postage, and other office expenses)
<div></div> \$	Certification/Testing (Any fees associated for participant tests/certificates administered)
<div></div> \$	Staff Travel (Travel of staff while working directly with the program and/or the participants)
<div></div> \$	Training Space (Any rent charges for a classroom or training facility space)
<div></div> \$	Manuals/Textbooks (Any charges to print or order participant and instructor manuals and textbooks).
<div></div> \$	Admin (max 8% of budget)

Total : 0

19. If you have any additional training costs not identified in the budget above, please insert the costs and a narrative of the costs, in the area below.

A large, empty rectangular box with a black border, intended for users to enter additional training costs and a narrative description of those costs.

Insurances

Page description:

Contracting agencies under this program are required to have specific insurance coverage at its own expense. All insurances carried by the contracting agency must be primary to and non-contributory with any insurance, including any self-insurance or retentions carried by the contracting agency.

WWP requires that the contracting agency shall furnish acceptable insurance certificates to WWP at the time, or prior to the time, the contracting agency executes an agreement with WWP. CONTRACTOR shall name WWP and each of their respective officers, agents, and employees as additional insured with respect to the CONTRACTOR's services to be provided under this Agreement. Insuring companies or entities are subject to WWP acceptance. If requested, complete copies of the insurance policy shall be provided to WWP.

The following insurance coverages are requirements any contracting agency for this program:

- **General Liability Insurance** - Commercial General Liability insurance policy on an occurrence basis with a combined single limit of at least \$1,000,000 per occurrence and at least \$2,000,000 in the aggregate per project, for Bodily Injury, Property Damage, and Personal Injury, which protects the Awarding Agency, Pass-Through Entity (if applicable), WWP and each of their respective officers, agents, and employees from claims for damages arising in whole or in part out of contracting agencies' performance under this program.
- **Motor Vehicle Liability Insurance** - *If transporting youth during the program*, Automobile Liability insurance with a combined single limit of not less than \$1,000,000 combined single limit per accident for Bodily Injury and Property Damage for contracting agencies' vehicles, whether owned, hired, or non-owned, which includes coverage for WWP and their respective officers, agents, and employees.
- **Professional Liability Errors and Omissions Insurance**- Professional Liability/Errors and Omissions type insurance policy with limits of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate.
- **Workers' Compensation Insurance**- In compliance with ORS 656 covering all its employees as required by applicable workers' compensation laws including employers' liability with limits not less than \$500,000/ \$500,000/\$500,000. If the contracting agency wages directly to trainees under this Agreement, the contracting agency must also carry Workers' Compensation Insurance in compliance with ORS 656 covering any and all such trainees. No Workers' Compensation Insurance has been or will be obtained by WWP for the contracting agency or their employees and subcontractors.
- **Subcontractor Insurance**- *If subcontracting during the program*. Contracting agencies shall require and verify that all of its subcontractors of any tier provide insurance coverage and limits identical to the insurance required of the contracting agency under this program, unless this requirement is expressly modified or waived by WWP in writing.
- **Sexual/Physical Abuse/Molestation Insurance [Contracts serving participants less than age 18]** - Contracting agencies must carry a Sexual or Physical Abuse or Molestation Liability insurance policy on an occurrence basis with a combined single limit of at least \$1,000,000 per occurrence and at least \$1,000,000 in the aggregate, which protects the Awarding Agency, Pass-Through Entity (if applicable), WWP and each of their respective officers, agents, and employees from claims for damages arising in whole or in part out of contracting agencies' performance.

20. Does your agency currently have general liability insurance of at least \$1,000,000 per occurrence and at least 2,000,000 in the aggregate per project, for Bodily Injury, Property Damage, and Personal injury? *

☐ Yes

☐ No

21. You stated your agency does not currently have general liability insurance of at least \$1,000,000 per occurrence and at least 2,000,000 in the aggregate per project, for Bodily Injury, Property Damage, and Personal injury. Will your agency be able to attain the required insurance if awarded a contract by WWP?

☐ Yes

☐ No

22. Briefly, please explain why your agency cannot obtain general liability insurance of at least \$1,000,000 per occurrence and at least 2,000,000 in the aggregate per project, for Bodily Injury, Property Damage, and Personal injury.

23. Will your agency transport youth during this program? *

☐ Yes

☐ No

24. Does your agency have automobile liability insurance with a combined single limit of not less than \$1,000,000 combined single limit per accident for Bodily Injury and Property Damage for contracting agencies' vehicles, whether owned, hired, or non-owned?

☐ Yes

☐ No

25. You stated your agency does not have automobile liability insurance with a combined single limit of not less than \$1,000,000 combined single limit per accident for Bodily Injury and Property Damage for contracting agencies' vehicles, whether owned, hired, or non-owned. Will your agency be able to attain the required insurance if awarded a contract by WWP?

☐ Yes

☐ No

26. Briefly please explain why your agency cannot obtain automobile liability insurance with a combined single limit of not less than \$1,000,000 combined single limit per accident for Bodily Injury and Property Damage for contracting agencies' vehicles, whether owned, hired, or non-owned.

27. Does your agency have Professional Liability/Errors and Omissions type insurance policy with limits of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. *

☐ Yes

☐ No

28. You stated your agency does not have Professional Liability/Errors and Omissions type insurance policy with limits of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Will your agency be able to attain the required insurance if awarded a contract by WWP?

☐ Yes

☐ No

29. Briefly, please explain why your agency cannot obtain Professional Liability/Errors and Omissions type insurance policy with limits of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate.

30. Does your agency have Workers Compensation Insurance with limits not less than \$500,000/\$500,000/\$500,000? *

☐ Yes

☐ No

31. You stated your agency does not have Workers Compensation Insurance with limits not less than \$500,000/ \$500,000/\$500,000. Will your agency be able to attain the required insurance if awarded a contract by WWP?

☐ Yes

☐ No

32. Briefly, please explain why your agency cannot obtain Workers Compensation Insurance with limits not less than \$500,000/ \$500,000/\$500,000?

33. Will your agency use subcontractors as part of this program? *

- ☐ Yes
- ☐ No

34. Does your agency have subcontractor insurance of any tier to provide insurance coverage for subcontractors?

- ☐ Yes
- ☐ No

35. You stated your agency does not have subcontractor insurance of any tier to provide insurance coverage for subcontractors. Will your agency be able to attain the required insurance if awarded a contract by WWP?

- ☐ Yes
- ☐ No

36. Briefly, please explain why your agency cannot obtain subcontractor insurance of any tier to provide insurance coverage for subcontractors.



37. Does your agency have Sexual/Physical Abuse/Molestation Insurance policy (*If you are serving participants less than age 18*) with a combined single limit of at least \$1,000,000 per occurrence and at least \$1,000,000 in the aggregate? *

☐ Yes

☐ No

38. You stated your agency does not have Sexual/Physical Abuse/Molestation Insurance policy (*If you are serving participants less than age 18*) with a combined single limit of at least \$1,000,000 per occurrence and at least \$1,000,000 in the aggregate. Will your agency be able to attain the required insurance if awarded a contract by WWP?

☐ Yes

☐ No

39. Briefly, please explain why your agency cannot obtain Sexual/Physical Abuse/Molestation Insurance policy (*If you are serving participants less than age 18*) with a combined single limit of at least \$1,000,000 per occurrence and at least \$1,000,000 in the aggregate.



Certification

Page description:

As an authorized representative of this agency, I hereby certify the following:

40. I understand that all costs incurred in preparing and submitting an application to this RFQQ are the responsibility of the applicant and will not be reimbursed by WWP. All applicants who submit an application in response to this RFQQ understand and agree that WWP is not obligated to select any applicant, and, further, has absolutely no financial obligation to any applicant arising from this RFQQ.

I understand that failure to comply with eligible use of funds or making a material misrepresentation about the business and its operations to qualify for an award will be a provision of default of the award and subject the award to recapture. Willamette Workforce Partnership reserves the right to request additional documentation from the applicant to verify the accuracy and authenticity of the information provided. Should there be a determination that a misrepresentation exists and creates a default, the award may be forfeited and subject to repayment. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third-party collection services or the

Oregon Department of Revenue. The applicant agrees to allow Willamette Workforce Partnership to pursue such collection actions. I certify to the best of my knowledge that all information contained in the attached supporting documentation is complete, valid, and accurate. I further certify that, to the best of my knowledge, the application has been reviewed and approved by the authorized owner(s), managers with appropriate delegated authority, and/or in accordance with the organization's articles of incorporation, articles of organization or bylaws, and signature authority are verified. I understand that submission of this application does not guarantee grant funding. *

Clear

Sign name using mouse or touch pad

Signature of