

## Bidder Information

RFP# 2025-01-WIOA-OSO

Bidder/Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Data Universal Numbering System (DUNS) Number (if applicable): Click or tap here to enter text.

System for Award Management (SAM) CAGE Code: Click or tap here to enter text.

## Type & Purpose of Organization

Individual/Sole Proprietor  Corporation  Partnership

Limited Liability Company  Non-Profit  Government

Purpose of Organization: Click or tap here to enter text.

## Management Systems

1. Has your organization/entity had changes in key staff or positions in the past 12 months?

Executive Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program/Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please explain: Click or tap here to enter text.

2. Does your organization/entity have experience managing contracts, grant funds, loans, or other types of financial assistance?

Federal	Yes <input type="checkbox"/> No <input type="checkbox"/>	State	Yes <input type="checkbox"/> No <input type="checkbox"/>
Local/Foundation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Audit Reports & Findings

1. Did your organization/entity expend \$750,000 or more in federal grant funds in the past 24 months?

Yes  No

2. Does your organization/entity anticipate expending \$750,000 or more in federal grant funds in the next 12 months?

Yes  No

3. Has your organization/entity had an audit in the last 24 months?

Yes  No

If yes, what type of audit? [Click or tap here to enter text.](#)

Please list any audit findings received from an external entity within the last 24 months. [Click or tap here to enter text.](#)

PLEASE INCLUDE A COPY OF YOUR MOST RECENT AUDIT REPORT WITH YOUR PROPOSAL PACKAGE, IF AVAILABLE. IF AN AUDIT REPORT IS NOT AVAILABLE, PLEASE INSTEAD INCLUDE YOUR MOST RECENT FINANCIAL STATEMENTS.

4. Has your organization or entity been monitored by a funding organization other than BFWDC (if applicable) in the last 24 months?

Yes  No

### **Accounting Systems & Financial Stability**

1. Which of the following best describes your organization or entity's accounting system?

Manual  Automated  Combination

2. Does your organization or entity's accounting system identify the receipt and expenditure of funds separately for each contract or grant?

Yes  No

3. Does your organization's/entity's accounting system provide for the recording of expenditures for each contract or grant by the component project and budget cost categories shown in approval budgets?

Yes  No

4. Does your organization/entity maintain a central filing system for grants, loans, or other types of financial assistance?

Yes  No

5. Does the accounting system provide for the segregation of direct and indirect expenses?

Yes  No

6. Does your organization/entity have an approved indirect cost rate or cost allocation plan?

Yes  No

If yes, what is the rate, and who approved it? (federal Cognizant Agency or Pass-through Entity?)

[Click or tap here to enter text.](#)

What are the effective dates? [Click or tap here to enter text.](#)

7. Does your organization's/entity's accounting system include budgetary controls to preclude incurring obligations in excess of:

- Total funds available for the contract grant? Yes  No
- Total funds available for a budget cost category? Yes  No

8. Does your organization/entity have an internal control structure that would provide reasonable assurance that the contract or grant funds, assets, and systems are safeguarded?

Yes  No

9. Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/activity?

Yes  No

10. Is there any legal matter or an ongoing financial concern that may impact your organization's/entity's ability to manage and administer this contract?

Yes  No

If yes, please explain: [Click or tap here to enter text.](#)

**Performance History**

1. Has your organization or entity been awarded other contracts, grants, loans or other types of financial assistance in the past 12 months?

Yes  No

If yes, from what entity(s) did you receive the funding, how much was the grant, and what services did you implement as a result of the awarded funds?

Awarding Entity	Amount	Services Funded

2. Were you successful in achieving the performance targets associated with these funding opportunities? Please select from the following.

- Failed to meet performance targets
- Partial success in meeting performance targets
- Met all performance targets
- Exceeded one or more performance targets

Comments: [Click or tap here to enter text.](#)