# WORKFORCE EQUITY ASSESSMENT RFQQ #25-02

## PART I: GENERAL INFORMATION and CONTACT SHEET

1. legal entity with whom the contract is to be written

|  |  |
| --- | --- |
| **Name** |  |
|  |
| Mailing address |  |
| Phone number |  | Fax number |  |

1. Primary contact(s)

|  |  |
| --- | --- |
| **Name of Primary Contact, Title** |  |
| Mailing address |  |
| Phone number |  | Fax number |  | Email |  |

|  |  |
| --- | --- |
| **Name of Secondary Contact, Title** |  |
| Mailing address |  |
| Phone number |  | Fax number |  | Email |  |

1. principal officers

|  |  |
| --- | --- |
| **Name of Principal Officer #1** |  |
| Mailing address |  |
| Phone number |  | Fax number |  | Email |  |

|  |  |
| --- | --- |
| **Name of Principal Officer #2** |  |
| Mailing address |  |
| Phone number |  | Fax number |  | Email |  |

1. Legal status of organization

(e.g., sole proprietorship, partnership, corporation, etc.).

|  |  |
| --- | --- |
| Legal Status |  |

1. Identification/Certification Numbers

|  |  |
| --- | --- |
| Federal Employer Identification Number |  |
| Washington State Department of Revenue Registration Number (UBI Number) if Applicable |  |

1. The location of the facility from which the Offeror will operate

|  |  |
| --- | --- |
| Location |  |

## PART II: QUESTIONNAIRE

### SECTION 1 – Approach

1. Please explain your philosophical and practical approach to conducting equity and inclusion assessments.

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1. What is your process for developing actionable recommendations?

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1. What is your strategy for engaging, orientating, and encouraging participation of staff in similar work?

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### SECTION 2 – Experience

1. Please describe your experience with workforce data analysis and using diversity metrics to identify disparities and patterns of inequity in areas such as representation, hiring, compensation, and retention.

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1. Please describe your experience with stakeholder engagement and conducting stakeholder interviews and surveys across various organizational levels, including leadership and HR personnel, to gather insights and perspectives on equity-related issues and initiatives.

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1. Please describe how you have used your knowledge of benchmarking best practices when conducting benchmarking research to compare an organization’s practices and outcomes with those of leading organizations.

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1. Please describe your experience in reviewing and assessing organizational policies, procedures, and practices related to recruitment, hiring, promotion, performance evaluation, compensation, and professional development, focusing on identifying and addressing equity gaps.

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### SECTION 3- Plan

1. Please provide a proposed plan to perform this work including payment milestones and timelines. This plan should include what you will need from the WSIB to successfully complete this work and what steps you will take to complete each of the items covered in section 2.1 of the RFQQ.

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## PART III: FEE SCHEDULE

Please set forth the fee schedule for the services described in the RFQQ. In no event shall the fees or rates actually paid exceed those set forth in this Fee Schedule. The Offeror’s rates must be guaranteed for the entire possible duration of the initial period of the resulting contract.

Under Section 1, please list the proposed various milestones or deliverables and payment amounts for the services described in response to Question 3.1. In Section 2, list hourly rates for each staff classification for additional services not described in the RFQQ or the Offeror’s Response. Both fees should be all-inclusive, covering all costs associated with the provision of these services, including all travel and other service costs.

The contract with the selected firm may contain provisions for an extension term. At the time of such extension, the parties may choose to re-negotiate the fees listed herein.

### Section 1: Milestones/Deliverable Payments

|  |  |
| --- | --- |
| **Description of Milestone/Deliverable***[These must match to events included in Offeror’s proposed implementation plan.]* | **Proposed Fee** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

### Section 2: Hourly Rate for Additional Services

|  |  |
| --- | --- |
| **Staff Classification (please input classifications that apply to your firm)** | **Hourly Fee** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

## PART IV: CLIENT REFERENCES

Please provide a list of at least three clients, including name, contact, telephone number, and a description of the work performed. The WSIB may contact any of these clients as references. If your firm requires advance notice of the WSIB’s intention to make inquiries, please so indicate.

|  |  |
| --- | --- |
| **Entity Name** |  |
| Contact |  |
| Phone number and/or Email |  | Advance Notice Required |  |
| When Retained |  |
| Description of work performed |  |

|  |  |
| --- | --- |
| **Entity Name** |  |
| Contact |  |
| Phone number and/or Email |  | Advance Notice Required |  |
| When Retained |  |
| Description of work performed |  |

|  |  |
| --- | --- |
| **Entity Name** |  |
| Contact |  |
| Phone number and/or Email |  | Advance Notice Required |  |
| When Retained |  |
| Description of work performed |  |