**FORM A**

**Worker Minimum Requirements**

As stated in Section 11 Response Format, complete the number of years for the candidate’s skill/experience for each requirement and ensure to merge the Worker resume after Form A.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Requirements:** Candidates that do not meet or exceed the **minimum** stated requirements (skills/experience) will not be considered for this opportunity. | | | |
|  | Years | Skills/Experience | Vendor Comment (as  applicable) |
|  | 4-7 | Proven track record of successful IT operations Change Management |  |
|  | 4-7 | Collaborate with technical and business team members to develop and implement a strategy to support adoption of required changes |  |
|  | 4-7 | Participate in activities, including communicating change, conducting studies and analyses to assess change impact, identifying and mitigating resistance to change |  |
|  | 4-7 | Plan and lead meetings |  |
|  | 4-7 | Maintain rigorous OCM check points and create relevant metrics to measure the success of implemented change |  |
|  | 4-7 | Provide organizational change management assistance to project managers by documenting plans, schedules, status reports, and/or change requests |  |
|  | 4-7 | Provide detailed updates to project managers or other stakeholders |  |
|  | 4-7 | Experience with common change management principles, methodologies, and tools, and with the project lifecycle |  |
|  | 4-7 | Experience with large-scale organizational change management efforts |  |

**Preferred:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Years | | Skills/Experience | Vendor Comment (as  applicable) |
|  | | 2 | SharePoint set up and administration |  |
|  | | 1 | Certified Change Management Professional (CCMP) certification |  |
|  | | 1 | State of Texas experience |  |
|  | | 1 | Unemployment Insurance system experience |  |

**FORM B**

**Worker References**

**Worker Name**:

Reference #1

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

Reference #2

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

Reference #3

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

**NOTE:** Only include the information requested on this form. Please do not include additional information.

**FORM D**

**Special Instructions**

**Qualified Vendor**

The Vendor and/or its subcontractors, if any, shall certify that they are not suspended or debarred from doing business with the federal government as listed in the Excluded Parties List System (EPLS) maintained by the General Services Administration, and as of the effective date of the Contract, are not listed in the prohibited vendors list authorized by Executive Order #13224, "Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism”, published by the United States Department of the Treasury, Office of Foreign Assets Control. DIR will verify EPLS status via the Texas Comptroller of Public Accounts, Statewide Procurement Division (SPD) web site at https://comptroller.texas.gov/purchasing/. Vendors listed on the prohibited vendors list will result in disqualification of the entire response.

**TWC Terms and Conditions**

To the extent applicable in this Request for Resume, the Vendor shall comply with the terms available in TWC Terms and Conditions.

**Right to represent**

I, (Worker) hereby authorize

(Vendor) to submit my resume in response to Solicitation 5068525OCM2 for Texas Workforce Commission.

**Acceptance of Purchase Order**

Vendor hereby acknowledges that it has read and understands this Request for Resume and all attachments included or referenced herein. Vendor agrees to abide by all terms and conditions specified herein should a Contract be awarded and certifies that the information provided to TWC is true and correct in all respects to best of its knowledge and belief. Acceptance of any PO issued under this solicitation shall serve as Vendor's agreement to comply with the solicitation requirements and the Terms and Conditions