

PART I – TICKET PROGRAM AGREEMENT (TPA)

The Ticket to Work and Self-Sufficiency Program (aka Ticket Program) is the centerpiece of the Ticket to Work and Work Incentives Improvement Act of 1999. This program provides eligible Social Security beneficiaries with disabilities (referred to as “Ticketholders”) the choices, opportunities and supports needed to obtain and retain employment, and reduce their reliance on cash benefits. Most adults who receive Social Security benefits based on disability are eligible for the Ticket Program and may assign their Tickets to an EN of their choice to obtain employment services, VR services, or other support services necessary to maximize their economic self-sufficiency through work opportunities.

PART I—TICKET PROGRAM AGREEMENT (TPA)

The Social Security Administration (SSA) and Jody Toner (applicant’s name), representing Tampa Bay Workforce alliance dba CareerSource Tampa Bay, enter into this program agreement to allow for a streamlined approach to providing Employment Network (EN) services to Social Security disability beneficiaries under the Ticket to Work and Self-Sufficiency Program.

The applicant (Signatory Authority Name), Jody Toner, agrees to the following terms of the EN Ticket Program Agreement (TPA) # {SSOO- 14557190-E_2857 } exclusively with the SSA. All services provided under this TPA are subject to the terms and conditions noted herein.

Signature:

Jody A. Toner
Applicant (Signatory Authority) Signature

10/12/2020
Date

PART V--EN APPLICATION DOCUMENTATION REQUIREMENTS**SECTION 1: EN INFORMATION SHEET**

- A. **Name of Employment Network APPLICANT'S NAME** (enter name of organization/entity submitting application as it appears in Part I—Section 1 above):
 Tampa Bay Workforce Alliance
- B. **DOING BUSINESS AS (DBA) NAME OF EMPLOYMENT NETWORK** (enter your Doing Business As (DBA) name if different from item A above. This name will appear in the EN Directory): CareerSource Tampa Bay
- C. **EN'S EMPLOYER IDENTIFICATION NUMBER** (enter): 59-3655316

The Employer Identification Number (EIN) must be issued in the name of the Contractor shown in item A above. An EIN may be obtained from the Internal Revenue Service by calling 1-800-829-1040 or via the web at www.irs.gov. We cannot accept a Social Security Number in lieu of an EIN. Any questions regarding this requirement should be directed to ENService@SSA.gov as instructed in the cover letter to this RFA.

D. **EN'S DATA UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT REGISTRATION**

1. **Data Universal Numbering System Number (DUNS)**. The DUNS number is a 9-digit number assigned by **Dun & Bradstreet Information Services**. Every EN must have a DUNS number. If a contractor does not already have a DUNS number, one may be obtained directly from Dun & Bradstreet at 1-800-333-0505 or online at <https://fedgov.dnb.com/webform>. A DUNS number will be provided at no charge to the contractor, although there may be a waiting period. **The DUNS number must be issued in the contractor's name shown in item A above.**

Enter the DUNS Number here: 14-5557-190 E2857

2. **System for Award Management (SAM)**. The SAM is the primary registrant database for all Federal Government contractors. Every EN must register their DUNS number, enter their banking information, and complete their Representations and Certifications in the SAM. In addition, the EN shall be responsible for the yearly update of its SAM registration. All SAM transactions shall be completed online at the SAM website at <http://www.sam.gov>. **There is NO charge to register in the SAM.**

Please indicate if the EN has registered in SAM: Yes [X] No []

For more information see Part IV—Section 1

*PART V – EN APPLICATION DOCUMENTATION REQUIREMENTS*E. **PHYSICAL ADDRESS** (no post office boxes):9215 N. Florida Ave. , Suite 101 Tampa , Fl. 33612F. **MAILING ADDRESS** (if different from above. May be post office box.):4902 Eisenhower Blvd. Suite 250Tampa , Fl. 33634G. **LOCATION OF SERVICES**

1. Will services to Ticketholders be provided at the location shown in E. above?

Yes [] No []2. Will services to Ticketholders be provided at other locations? Yes [] No []3. Will services to Ticketholder be strictly virtual? Yes [] No []

If you checked “yes” and you want these additional locations to appear in the EN Directory, please submit a separate attachment for **EACH** additional location, listing the EN Directory contact information requested in Part V--Section 2.H, below.

H. **EN CONTACT INFORMATION**

The individual identified as the signatory authority in Part I—Section 1 above and in Part V--Section 2.V below is the only EN official recognized by SSA as authorized to represent and speak for the EN in communications with the SSA Contracts and Grants Branch (CAG) in matters relating to the administration of this TPA, including all TPA changes. However, the signatory authority may designate other individuals to represent or speak on his or her behalf on matters relating to day-to-day TPA operations.

- Please list the following contact information for other EN contact(s) responsible for program/TPA inquiries from SSA or the TPM **if different from** the signatory authority (use an attachment if necessary):

1. **SIGNATORY AUTHORITY NAME:** Jody Toner

PART V – EN APPLICATION DOCUMENTATION REQUIREMENTS

2. **PHONE:** (813) 215 - 5025

3. **TOLL FREE #:** () -

4. **FAX:** (855) 484-6949

5. **TTY:** (800) 955 - 8771

6. **EMAIL:** tonerj@careersourcetb.com

- Please list the following contact information for other EN contact(s) responsible for Ticketholder inquiries **if different from** the signatory authority (use an attachment if necessary):

1. **PROGRAM CONTACT NAME:** Laura Llera-Pearsall

2. **PHONE:** (813) 930-7643

3. **TOLL FREE #:** () -

4. **FAX:** (855) 484-6949

5. **TTY:** (800) 955 - 8771

6. **EMAIL:** llera-pearsall@careersourcetb.com

- Please list the following contact information for the EN's **designated security officer/suitability contact** per Part III—Section 11.H of the EN RFA:

1. **SUITABILITY CONTACT NAME:** Christina Witt

2. **PHONE:** (813) 930 - 7401

3. **TOLL FREE #:** () -

4. **FAX:** (855) 484-6949

5. **TTY:** (800) 955 - 8771

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6. **EMAIL:** wittc@careersourcetb.com

Please list the following contact information for other EN Payment contact(s) responsible for Ticketholder Payment inquiries if different from the signatory authority (use an attachment if necessary):

1. **PAYMENTS CONTACT NAME:** Melissa Carrol

2. **PHONE:** (813)-397-2026

3. **TOLL FREE #:** () -

4. **FAX:** (855) 484-6949

5. **TTY:** (800) 955 - 8771

6. **EMAIL:** carrollm@careersourcetb.com

I. EN DIRECTORY CONTACT INFORMATION

SSA provides an online EN Directory to facilitate Ticketholder contact with your EN. The EN Directory is found at <https://yourtackettowork.ssa.gov/>. An EN Directory listing is **mandatory** except in extraordinary circumstances. Please provide the information requested below. **At a minimum, all ENs are required to provide a telephone number, email address, and website address in the EN Directory. For those ENs with a service area that covers more than one local telephone exchange, the EN must provide a toll-free telephone number.**

1. **PROGRAM CONTACT NAME:** Laura Llera-Pearsall

2. **PHONE:** (813) 930-7643

3. **TOLL FREE #:** () -

4. **FAX:** (855) 484-6949

5. **TTY:** (800) 955 - 8771

6. **EMAIL:** llera-pearsalll@careersourcetb.com

7. **WEBSITE:** <https://www.careersourcetampabay.com>

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An EN may choose not to appear in the EN Directory but must provide a compelling justification. SSA will make the final decision.

I request not to be listed in the EN Directory?

Justification: _____.

J. **SERVICE AREA**

Please check one only. This information will be listed in the online EN Directory and you may be contacted by Ticket Holders living in the service area(s) you designate.

National (serving all States and U.S. Territories)

Multi-State (list all States you will serve using the 2-letter state abbreviation)

Single State (list the State using the 2-letter State abbreviation) **FL.**

If your service area is limited to specific counties, please list the State (using the 2-letter State abbreviation), followed by the counties: **FL. , Hillsborough County**

If your service area is limited to specific zip codes, please list the State (using the 2-letter State abbreviation), followed by the zip codes:

K. **CORPORATE STATUS (check all that apply)**

For profit

Non-profit

Public entity

Sole proprietor

Other: _____

L. **TYPE OF ORGANIZATION (check all that apply)**

Faith-based

Healthcare/Mental health

Higher education

Native American

Special education

State/local government

Vocational training

State Workforce Agency/ American Job Center /Workforce Development Board

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Other: _____

M. PREFERRED IMPAIRMENT GROUPS SERVED

Check all that apply, but limit to those impairment groups you are prepared to serve, and provide necessary accommodations, since this information will appear in the online EN Directory and you may be contacted by beneficiaries with the impairments you list.

Cognitive impairments, e.g., Down’s Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD)

Physical impairments

Psychiatric impairments, e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders)

Visual impairments

Other: Hearing Impairments _____

N. Business Models/Services

An EN may serve Ticketholders under as many as three different business models. Only one model is permitted per TPA.

ENs operating under either the Traditional or Administrative models may assign the Tickets of Ticketholders who they subsequently employ. However, when Traditional and Administrative ENs employ a Ticketholder, they must submit a separate RFA to become an Employer EN.

Select the **one** business model below that is applicable along with the services you will provide. Check only those services you are prepared to offer, since this information will appear in the online EN Directory and Ticketholders may contact you seeking the services you list. Every EN must have the capability to provide or arrange for the delivery of services to beneficiaries throughout the EN’s selected service area. At a minimum, these services shall include career planning, and ongoing employment support.

1. Traditional Model

Benefits counseling (If selected, you must submit the Work Incentive training certificate with the RFA.)

Career planning (see Part III—Section 1.A.3)

Entrepreneurship

Direct Job Placement (i.e. agreement with a pool of employers to place Ticketholders in jobs)

Job Placement Assistance (see Part III—Section 1.A.3)

Ongoing employment support/job retention (see Part III—Section 1.A.3)

Special language capability (including Braille services and sign language)

Please List: _____

Transitional youth services

Veterans services

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- Virtual services (services delivered primarily on line or by telephone)
 Other: _____

2. **Employer Model**

- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer's agent (see Part III—Section 1.B.2.c. (3).ii)
 Direct Job Placement (i.e. agreement with a pool of employers to place Ticketholders in jobs)
 Job placement assistance services (see Part III—Section 1.A.3)
 Ongoing employment support/job retention (see Part III—Section 1.A.3)
 Special language capability (including Braille services and sign language)
Please List: _____
 Transitional youth services
 Veterans services
 Virtual services (services delivered primarily on line or by telephone)
 Other: Federal Bonding _____

3. **Administrative Model** i.e., serve as EN of record for a network of affiliate service providers (see Part III—Section 1.B.2.c. (3).iii).

- Benefits counseling
 Career planning (see Part III—Section 1.A.3)
 Entrepreneurship
 Direct Job Placement (i.e. agreement with a pool of employers to place Ticketholders in jobs)
 Job placement assistance services (see Part III—Section 1.A.3)
 Ongoing employment support/job retention (see Part III—Section 1.A.3)
 Special language capability (including Braille services and sign language)
Please List: _____
 Transitional youth services
 Veterans services
 Virtual services (services delivered primarily on line or by telephone)
 Other: _____

O. **EN PAYMENT SYSTEM ELECTION**

(Reference Part III--Section 5.A, of this document) The applicant shall select **one** of following payment systems:

- Milestone-outcome payment**
 Outcome payment

P. **EN QUALIFICATIONS** (Reference Part III--Section 1.C of this document)

T. **RESERVED**

U. **PAST EXPERIENCE AND PAST PERFORMANCE REFERENCES**

In assessing the applicant's performance, SSA will consider the Agency's experience working with the applicant through previous contracts and agreements, as well as the experience of other organizations for which the applicant has provided services.

The applicant shall provide three past performance references for existing and prior contracts for services similar in size, scope, and complexity to those described in Part III (Statement of Work) of this RFA.

All past performance references, both for Government and commercial contracts, shall include the following information:

- Contract/Project Title
- Contract/Project Number (if applicable)
- Period of Contract Performance
- Description of Services
- Client Name and address
- Client Point-of-Contact (including phone number and email address) for verification of past performance

V. **SIGNATORY AUTHORITY**

The signatory authority named below shall sign the agreement found in Part I of this RFA. As signatory authority, he or she is the sole EN official authorized to communicate with the OES on behalf of the EN on matters related to the terms and conditions of the EN TPA, including TPA changes. (See Part I and Part V--Section 2.H of this RFA).

Name (Printed): Jody A. Toner
 Title: Chief Policy & Performance Officer
 Signature: Jody A. Toner
 Date: 10/12/2020
 Telephone # 813. 215. 5025
 FAX # 855. 484. 6949
 Email Address tonerj@careersource.tb.com

Ticket Program Agreement (TPA) Change Form

This form should be submitted by the Signatory Authority or Program Contact directly to the Employment Network Service Team (ENST). ENST can be reached by email at ENService@ssa.gov or by fax at 410.597.0429.

Section One: EN General Information

Required Information

Note: Fields marked with an asterisk (*) are required. The name of the individual submitting the form should match the individual listed in **Section Five** and must be either the Signatory Authority or Program Contact. For all other fields, please fill in **only** information that has changed for your Employment Network (EN).

EN Name*: CareerSource Tampa Bay

DUNS Number*: 14-555-7190

Submitted By*: Christina Witt

Title*: Programs Director

Date of Request*: 08/02/2021

Business Information

Note: All banking information can be changed directly on www.sam.gov. There is no need to contact the Social Security Administration or the Ticket Program Manager (TPM). Please ensure that your EN has an active account on www.sam.gov and that the account is updated annually.

Update Doing Business As (DBA) Name:

Note: This is not your official name. To change your EN Name, EIN, or DUNS Number, contact ENST by email at ENService@ssa.gov.

Service Area

Update Service Area: **Single State** **Multi-State** **National**

For Single State or Multi-State ENs, please specify the state(s) served (using 2-letter state abbreviation):

FL

If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:

Note: Please separate list of counties by state.

CareerSource Tampa Bay

Section One: EN General Information (Continued)

Basic Directory Information

Note: *The information below applies to the main organization listing. To add information for a new location or modify or remove information for an existing location, please use **Section Four**. If updating mailing, physical, or website addresses for both the organization and a location please fill out the request in **both** spots.*

Update Mailing Address:

4902 Eisenhower Blvd Suite 250
Tampa, FL 33634

Update Physical Address:

Update Business Website Address:

www.careersourcetampabay.com

Section Two: Additional EN Information

Note: *This information will appear in the online EN Directory and you may be contacted by Ticketholders with the impairments listed. If you serve different impairment groups at different locations, please use **Section Four: EN Locations** to specify information specific to an individual location.*

What is your preferred method of providing services?

- In-person
- Virtually
- Both in-person and virtually (listed in EN Directory as in-person)

Do you specialize in any of the following? (Please select all that apply)

- Youth-in-Transition
- Veterans
- Self-Employment

Corporate Status:

- For Profit
- Non-profit
- Public entity
- Sole proprietor

Section Two: Additional EN Information (Continued)

Type of Organization: *(Please select all that apply)*

- Faith-based
- Healthcare/Mental health
- Higher education
- Native American
- Special education
- State/local government
- Vocational training
- WIA American Job Center / One-Stop Career Center
- Workforce Investment Board
- Other:

What services does your organization provide? *(Please select all that apply)*

- Administrative, i.e., serve an EN of record for a network of affiliate service providers
- Benefits counseling
- Career planning
- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer’s agent
- Entrepreneurship
- Job placement/job placement assistive services
- Ongoing employment support/job retention
- Special language capability (including Braille services and sign language)

Please list:

- Transitional youth
- Veterans
- Other: Bonding, WIOA, Business Services and Specialized Services

Section Two: Additional EN Information (Continued)

Preferred Impairment Groups Served:

Note: Please select all that apply, but limit selections to those impairment groups you are prepared provide with necessary accommodations.

- Cognitive impairments, e.g., mental retardation, Down’s Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD)
- Hearing impairments
- Physical impairments
- Psychiatric impairments, e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders)
- Visual impairments
- Other:

Section Three: EN Contact Information

Note: New EN employees must undergo the suitability process. For more information visit the Suitability section of the Service Provider website at <https://yourtickettowork.ssa.gov/information-center/suitability.html>.

Update Signatory Authority Contact Information

Senior official responsible for the Ticket Program Agreement (TPA)

Name: Anna Monro

Phone: (813) 397-8064

Toll Free:

Fax: (855) 484-6949

TTY:

Email: munroa@careersourcetb.com

Former contact is no longer working with the organization

Update Program Contact Information

Person responsible for managing the day-to-day Ticket to Work (Ticket) program

Name: Erin Antonio

Phone: (813) 930-7243

Toll Free:

Fax: (855) 503-2979

TTY:

Email: antonioe@careersourcetb.com

Former contact is no longer working with the organization

Section Three: EN Contact Information (Continued)**Update Suitability Contact Information:**

Person designated as Security Officer and Suitability Contact to manage EN suitability updates

Name: Melissa Carroll

Phone: (813) 397-2026

Toll Free:

Fax: (855) 484-6949

TTY:

Email: carrollm@careersourcetampabay.com

Former contact is no longer working with the organization

Update Payments Contact Information:

Person responsible for Ticket payment inquiries

Name: Melissa Carroll

Phone: (813) 397-2026

Toll Free:

Fax: (855) 484-6949

TTY:

Email: carrollm@careersourcetampabay.com

Former contact is no longer working with the organization

Update Ticketholder Contact Information:

Person responsible for working with Ticketholders regarding the Ticket program

Name: Erin Antonio

Phone: (813) 930-7243

Toll Free:

Fax: (855) 503-2979

TTY:

Email: antonioe@careersourcetb.com

Former contact is no longer working with the organization

Section Four: EN Site Locations

Note: *This section is for a **single** location. If you need to add, update, or delete more than one EN location please print a copy of this section for each additional location. If updating a location, please only fill out the fields which need to be updated for that location.*

For the following site location, I would like to:

- Add this site
- Update this site
- Remove this site

If updating or removing a site location, please provide the physical address currently on file in the field below.

Physical Address:

Mailing Address:

Main Phone Number:

Toll Free Number:

Fax Number:

TTY Number:

Location Contact

Name:

Phone Number:

Email:

If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:

Note: *Please separate list of counties by state.*

Section Four: EN Locations (Continued)

What languages are spoken at this location?

What services are provided at this location? *(Please select all that apply)*

- Administrative, i.e., serve an EN of record for a network of affiliate service providers
- Benefits counseling
- Career planning
- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer’s agent
- Entrepreneurship
- Job placement/job placement assistive services
- Ongoing employment support/job retention
- Special language capability (including Braille services and sign language)

Please list:

- Transitional youth
- Veterans
- Other:

Preferred Impairment Groups served at this location

Please select all that apply, but limit selections to those impairment groups this location is prepared to provide with necessary accommodations.

- Cognitive impairments, e.g., mental retardation, Down’s Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD)
- Hearing impairments
- Physical impairments
- Psychiatric impairments, e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders)
- Visual impairments
- Other:

Section Five: Additional Information and Signatures

Note: *Before continuing, please review and ensure that all necessary information is accurate and complete. Use the field below to add information or provide clarification. If the information pertains to a specific field on the form, please specify the page number and field you are referencing.*

Additional relevant information regarding updates to your EN TPA:

Christina Witt's employment is ending 08/06/2021.

This form must be completed and signed by either the Signatory Authority or the Program Contact. By signing this form, you agree that all information provided is accurate and complete to the best of your knowledge. Please submit this form to ENST either by email at ENService@ssa.gov or via fax at 410.597.0429. Forms will be processed in a timely manner in the order they are received.

Name: Christina Witt

Signature: _____

Date: 08/02/2021

Security Awareness Contractor / Affiliate Personnel Security Certification Employment Network (EN) Addendum

Purpose: This form is to be signed by the Signatory Authority or Suitability Contact to certify that all staff listed on this form have received, signed, and understand SSA’s Security Awareness Certification requirements in Form SSA-222.

I certify that all staff listed below have read, understands, and agrees to the information contained on Form SSA-222. A signed copy of form SSA-222 will be kept on file at my organization for all staff listed on this form.

Employee Name (Print/Type) Laura Llera-Pearsall	Job Title (Print/Type) Disability Program Navigator	Date (MM/DD/YY) 04/14/22
Employee Name (Print/Type) Melissa Carroll	Job Title (Print/Type) Fiscal Compliance Coordinator	Date (MM/DD/YY) 01/18/22
Employee Name (Print/Type) Anna Munro	Job Title (Print/Type) VP of Fiscal and Administrative Compliance	Date (MM/DD/YY) 01/20/22
Employee Name (Print/Type)	Job Title (Print/Type)	Date (MM/DD/YY)
Employee Name (Print/Type)	Job Title (Print/Type)	Date (MM/DD/YY)
Employee Name (Print/Type)	Job Title (Print/Type)	Date (MM/DD/YY)
Employee Name (Print/Type)	Job Title (Print/Type)	Date (MM/DD/YY)
Employee Name (Print/Type)	Job Title (Print/Type)	Date (MM/DD/YY)

Name (Print/Type) Anna Munro	Phone Number 813-397-2064
Signature (Sign)	Date (MM/DD/YY) 06/16/22
Contract Number SS00-14-e2857	Company Name (Print/Type) CareerSource Tampa Bay