



STATE OF ARKANSAS
Arkansas Department of Workforce Services
Two Capitol Mall
Little Rock, Arkansas 72201-1013

TECHNICAL PROPOSAL PACKET

ADWS-2017-1R

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran
AR Minority Certification #:		Service Disabled Veteran Certification #:		

VENDOR CONTACT INFORMATION	
<i>Provide contact information to be used for bid solicitation related matters.</i>	
Contact Person:	Title:
Phone:	Alternate Phone:
Email:	

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following shall cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 PROGRAM NEEDS	
A Clearly define the problems and needs of targeted population for services to be provided statewide.	5 points
B Provide verification of collaborative commitment and referrals with outside organizations that will enhance services to statewide program.	5 points
E.2 EXPERIENCE AND CAPACITY	
A Describe your expertise or ability to obtain expertise to ensure proposed service is relevant to meet the statewide need and ADWS program requirements.	5 points
B Provide staffing plan, adequate resources, and management structure to successfully accomplish the proposed scope of work (programmatic and fiscal components).	5 points
C Provide details on how organization will collaborate, establish community linkage, and not duplicate existing services.	5 points
D Provide verified evidence of support and collaboration from outside organizations.	5 points
E.3 PROGRAM DESIGN	
A. Clearly describe the scope and detail of proposed program using each outlined component to address each service strategy.	5 points
B. Include goals and objectives that are measurable, outcome based, time phased, and realistic with program period.	5 points
C. Provide realistic target numbers for each goal for each quarter of the program	5 points
D. Include recruitment plan and marketing strategy for attracting potential participants statewide.	5 points
E. Proposed statewide program demonstrates collaboration and implementation plan to meet stated objectives of program design.	5 points
F. Provide a list of all counties in Arkansas where services are provided.	5 points
E.4 PERFORMANCE/OUTCOMES PLAN	
A. Describe reasonable indicators/factors to be measured that demonstrate the impact of the program.	5 points
B. Provide reasonable quarterly performance outcomes plans, with performance measures that are relevant to the program design.	5 points
C. Provide a copy of pre and post-test assessment tool to be utilized by the program statewide.	5 points
D. Provide a coalition between the performance measure and its corresponding outcome.	5 points
E. Provide realistic quarterly targets for each performance indicator.	5 points
E.5 MONITORING AND EVALUATION	
A. Describe how the proposed statewide program will be self-monitored to ensure service strategy and fiscal accountability meet intended outcomes.	5 points
B. Explain how statewide program integrates an evaluation process which provides output performance, program effectiveness, challenges, and lessons learned.	5 points