



**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), <b>shall</b> 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: \_\_\_\_\_

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## **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:** \_\_\_\_\_

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## **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: \_\_\_\_\_



## 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.

		<b>Maximum RAW Score Available</b>
<b>E.1 PROGRAM NEEDS</b>		
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
<b>E.2 EXPERIENCE AND CAPACITY</b>		
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
<b>E.3 PROGRAM DESIGN</b>		
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
<b>E.4 PERFORMANCE/OUTCOMES PLAN</b>		
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
<b>E.5 MONITORING AND EVALUATION</b>		
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