



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-18-1010

CAUTION TO VENDOR

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

Type or Print the following information.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.</p> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>

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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

SECTION 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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

PROPOSED SUBCONTRACTORS FORM

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

PROSPECTIVE CONTRACTOR 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

☐ **PROSPECTIVE CONTRACTOR 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.

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

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.

TECHNICAL SOLUTIONS TO SCOPE OF WORK		Maximum Available RAW Score
		POINTS
E. 1 Training		
A. Describe your approach to developing/coordinating at least six (6) but no more than ten (10) DHS approved, trauma-informed, stand-alone continuing education trainings for DHS resource parents (for a minimum of 10 resource parents but no more than 25 resource parents) during the contract year as outlined in the Program Deliverables/Performance Indicators/Acceptable Performance for this RFQ.		5
B. Describe your approach to developing/coordinating DCFS-approved, trauma-informed continuing education training sessions for DCFS Resource Parent Conferences and Resource Parent Support Groups, as outlined in the Program Deliverables/Performance Indicators/Acceptable Performance for this RFQ.		5
C. Explain how you plan to assist in transfer of lessons learned, in training, into practice and provide general support to resource parents as outlined in the Program Deliverables/Performance Indicators/Acceptable Performance for this RFQ.		5
E.2 Customer Service		
A. Explain how your plan to respond to resource parents as outlined in the RFQ including: <ul style="list-style-type: none"> • Resource parent phone calls and emails with inquiries regarding training material presented within three business days; • Phone calls and emails regarding child welfare system navigation within one business day; • Response to crises phone calls and emails no later than 24 hours of receipt of communication; • Requirement to hold trainings in the evening hours and on weekends to accommodate resource parents' schedule. 		5
E.3 Verification of Hours Worked		
A. Describe how the Vendor proposes to document hours worked, to include, but not limited to: <ul style="list-style-type: none"> • Development of training curricula and training aides; • Coordination of other trainers' curricula and/or presentation scheduling; • Delivery of training curricula; • Development and analysis of training evaluations, including providing copies of evaluations and quarterly progress reports to DCFS; • Advertisement/marketing of trainings; • Training registration, cancellations, and other notifications to resource parents; • Training certificates; • Communication with DHS, resource parents, and other providers, to include the requirement to ensure transfer of learning to resource parents and general support to resource parents. 		5

E.4 Reporting and Security	
A. Describe how you propose to securely handle and store confidential, sensitive participant and provider information in accordance with A.C.A. 9-28-407	5
B. Describe how you propose to provide staff reporting, including but not limited to service delivery, timesheets, etc. How the Vendor proposes to provide scheduling reports	5
C. Describe how you will provide daily system activity reports including all calls received, calls by recipient, calls by staff, late or missed trainings.	5
E.5 Billing	
A. Explain how you will ensure timely billing of DHS for services.	5
B. Explain how you propose to allow for multiple groups or lists of acceptable service task activities to be billed and/or recorded.	5
E.6 Communication	
A. Explain how you will allow the State, providers and case managers to view appropriate levels of Data.	5
B. Describe your plan to provide an integrated system that includes scheduling, reporting, and billing.	5
C. Provide a detailed timeline and calendar-based chart for implementing all phases of the project.	5
BACKGROUND AND QUALIFICATIONS	
E.7 General Requirements	
A. Provide a brief description of your company.	5
B. Describe your level of knowledge of the example of training topics described in the RFQ.	5
C. Description of all recent similar projects successfully completed.	5
PROJECT ORGANIZATION, STAFFING, AND KEY PERSONNEL	
E.8 Project Implementation	
A. Identify key personnel as required in the Request for Qualifications (RFQ) as well as all staff proposed to meet the requirements of the RFQ. Include resume. Provide title, role, responsibility, and qualifications and experience in working on similar projects of like size and scope.	5
B. List number of full time equivalent (FTE) employees engaged in similar contract.	5
C. Describe how you propose to maintain sufficient staffing levels to ensure successful implementation within the specified timeframes.	5
D. Provide an organizational chart displaying the overall business structure that clearly indicates who on the chart would be responsible for the various requirements in the RFQ; who would be the primary point of contact for DCFS; and who has the overall responsibility for ensuring contract deliverables are met, if different from the primary point of contact.	5