



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

# ***TECHNICAL PROPOSAL PACKET***

## ***ADWS-2018-3***

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

## 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.*

	<b>Maximum RAW Score Available</b>
<b>E.1 PROGRAM NEEDS: 10 Possible Points</b>	
A Applicant has clearly defined the problem and needs of targeted community and population for the services to be provided.	5 points
B Applicant has clearly noted one or more entire counties as its service area.	5 points
<b>E.2 EXPERIENCE AND CAPACITY: 15 Possible Points</b>	
A Describe your expertise or ability to obtain expertise to ensure proposed service is relevant to meet a community need and ADWS program requirements.	4 points
B Provide staffing plan, adequate resources, and management structure to successfully accomplish the proposed scope of work (programmatic and fiscal components).	4 points
C Applicant has provided details on how their organization will collaborate, establish community linkages, and not duplicate existing services, and has provided verified evidence of support and collaboration from outside organizations.	7 points
<b>E.3 PROGRAM DESIGN: 25 Possible Points</b>	
A. Applicant clearly describes the scope and details of proposed project using each outlined component to address its service strategy.	5 points
B. Applicant has strong goals and objectives that are measurable, outcome based, time phased, and realistic with program period.	6 points
C. Applicant listed realistic target numbers for each goal for each quarter of the program.	4 points
D. Applicant indicates its recruitment plan and marketing strategy to attract potential participants and advertise the available service for target population.	4 points
E. The proposed program demonstrates collaboration and implementation plan to meet stated objectives of program design.	6 points
<b>E.4 PERFORMANCE/OUTCOMES PLAN: 25 Possible Points</b>	
A. Applicant describes reasonable indicators/factors to be measured to demonstrate the impact of the program.	4 points
B. Applicant provides realistic quarterly performance outcome plans, with performance measures that are relevant to the program design.	5 points
C. Applicant provides a copy of a pre and post-test assessment tool to be utilized by the program.	7 points
D. Applicant demonstrates a clear relationship between the performance measure and its corresponding outcome.	5 points
E. Applicant provides realistic quarterly targets for each performance indicator.	4 points
<b>E.5 MONITORING AND EVALUATION: 10 Possible Points</b>	
A. Applicant describes how the proposed program will be self-monitored to ensure service strategy and fiscal accountability meet intended outcomes.	5 points
B. Proposed program integrates an evaluation process which provides output performance, program effectiveness, challenges, and lessons learned.	5 points