



# STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300

Little Rock, Arkansas 72201-4222

## ***TECHNICAL PROPOSAL RESPONSE PACKET*** ***DCFS-18-1002***

### **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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**RESPONSE 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 response to be disqualified:

- Additional terms or conditions submitted in their response, 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 response 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 response 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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**SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's response 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. .
- **Do not** include additional information if not pertinent to the itemized request.

	<b>Maximum RAW Score Available</b>
<b>E.1 TECHNICAL APPROACH AND SOLUTION TO SCOPE OF WORK</b>	
A. Describe how you propose to provide Emergency Shelter services.	4 points
B. Provide hours of operations and after hour business contact information.	3 points
C. Provide the ages of clients to be served and ages of clients you are willing to accept. Does provider accept clients 12 and over?	5 points
D. List monitoring method of licensure as well as monitoring methods for required programs such as reporting to the Child Abuse Hotline and Incident Reporting.	3 points
E. Describe how you propose to provide for clients health and mental health needs, i.e., scheduling appointments, necessary transportation for medical treatment, etc.	3 points
F. Describe your physical facility and submit pictures.	4 points
G. Does the facility appear to be a family-like setting?	5 points
H. Does facility use house parents?	5 points
I. Describe how you plan to handle the client's educational needs, daily routine activities and family contact.	3 points
<b>E.2 BACKGROUND</b>	
A. Give details of how long your organization has existed, i.e, date established, How long you have provided Emergency Shelter Services, etc.	5 points
B. Ownership – whether public, partnership, subsidiary or specified other.	5 points
C. List total number of employees	5 points
D. List number of full time equivalent (FTE) employees engaged in current or similar contracts.	5 points
E. Is vendor a past provider of services to DCFS currently in good standing?	5 points
<b>E.3 EXPERIENCE</b>	
A. Provide a detail description of any projects in the past four years where your organization has provided similar services, described in this RFP.	5 points
B. Give name and location of entity for which services were provided.	5 points
C. Give total number of people served and population served.	5 points
D. Provide three letters of recommendation from three different sources dated within the last six months that describe the work performed. Provide same information for subcontractors if proposing to use subcontractors.	5 points
<b>E.4 QUALIFICATIONS</b>	
A. Provide an organizational chart displaying overall business structure	5 points
B. Provide Secretary of State paperwork	5 points
C. The number and description of recent projects successfully completed.	5 points
D. Provide Child Welfare Agency License	5 points

<b>E. 5 PROJECT MANAGEMENT, ORGANIZATION AND STAFFING</b>	
A. Describe the qualifications including education, licensure, certification and experience of your staff positions.	5 points
B. Indicate whether or not the proposed positions are to be full-time or part-time positions in providing Emergency Shelter services.	5 points
C. Attach a job description for each proposed position	5 points
D. Provide a list of key personnel and attach their resumes	5 points
E. Provide documented trainings, certifications and licensure for each key personnel.	5 points
F. Are all licensure and certifications current for all professionals proposed to provide Emergency Shelter?	5 points
G. Describe how you proposes to manage the project, report progress, ensure required staffing, relate and report to DHS, respond to requests by DHS, and interact and coordinate with other involved parties	5 points
<b>Technical Score Sub-Total</b>	<b>165</b>