**STATE OF ARKANSAS**

**DEPARTMENT OF HUMAN SERVICES**

**OFFICE OF PROCUREMENT**

700 Main Street

Little Rock, Arkansas 72201

***RESPONSE PACKET   
Intensive In-Home Services***

***710-19-1010***

**CAUTION TO VENDOR**

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

**STATE OF ARKANSAS**

**DEPARTMENT OF HUMAN SERVICES**

**OFFICE OF PROCUREMENT**

700 Main Street

Little Rock, Arkansas 72201

**SIGNATURE PAGE**

*Type or Print the following information.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROSPECTIVE CONTRACTOR’S INFORMATION** | | | | | | | | | | | | | | |
| Company: |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | Zip Code: |  | |
| Business Designation*:* | Individual | | | Sole Proprietorship | | | | | | | Public Service Corp | | | |
| Partnership | | | Corporation | | | | | | | Nonprofit | | | |
| Minority and Women-Owned Designation\**:* | Not Applicable  African American | | American Indian | | | | Asian American | | | | | Service Disabled Veteran | | |
| Hispanic American | | | | Pacific Islander American | | | | | Women-Owned | | |
| AR Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | \* See *Minority and Women-Owned Business Policy* | | | | | | |  |
| **PROSPECTIVE CONTRACTOR CONTACT INFORMATION**  *Provide contact information to be used for bid solicitation related matters.* | | | | | | | | | | | | | | | |
| Contact Person: | |  | | | | Title: | | |  | | | | | | |
| Phone: | |  | | | | Alternate Phone: | | |  | | | | | | |
| Email: | |  | | | | | | | | | | | | | |
| **CONFIRMATION OF REDACTED COPY** | | | | | | | | | | | | | | | | |
| YES, a redacted copy of submission documents is enclosed.  NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  *Note: If a redacted copy of the submission documents* *is not provided with Prospective Contractor’s response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.* | | | | | | | | | | | | | | | | |
| **ILLEGAL IMMIGRANT CONFIRMATION** | | | | | | | | | | | | | | | | |
| By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. | | | | | | | | | | | | | | | | |
| **ISRAEL BOYCOTT RESTRICTION CONFIRMATION** | | | | | | | | | | | | | | | | |
| 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.  Prospective Contractor does not and will not boycott Israel. | | | | | | | | | | | | | | | | |

***An official authorized to bind the Prospective Contractor to a resultant contract must sign below.***

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor’s bid to be disqualified:**

**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 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. ***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 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. ***Use Ink Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor Name:** |  | **Date:** |  |
| **Authorized Signature:** |  | **Title:** |  |
| **Print/Type Name:** |  | | |

# 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. ***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** |
|  |  |  |
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**Prospective Contractor does NOT propose to use subcontractors to perform services.**

# DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

# Intensive In-Home Services

# Areas/counties

* *Please check each county in which you are willing to provide the service.*
* ***Do not*** *include additional information if not pertinent to the itemized request.*
* *Please return with your response packet.*

# Area 4 Area 5 Area 7 Area 8

# 

# Columbia Baxter Bradley Fulton

# Lafayette Boone Cleveland Izard

**Little River**  **Marion**  **Lincoln**  **Lawrence**

## **Miller Newton** **Mississippi**

**Ouachita**  **Randolph**

**Union**  **Sharp**

**Area 9 Area 10**

**Cleburne**  **Arkansas**

**Crittenden**  **Ashley**

**Cross**  **Chicot**

**Independence**  **Desha**

**Jackson**  **Drew**

**Poinsett**  **Lee**

**Stone**  **Monroe**

**White**  **Phillips**

**Woodruff**  **St. Francis**

## 

# information for evaluation

Attached is the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so the below information can be verified. Failure to submit the requested information may cause your response to be disqualified. ***Do not complete and return this form with your response****.* It is for information only.

Vendor must submit satisfactory documentation in response to the request below to be considered.

**REQUEST FOR QUALIFICATIONS**

**710-19-1010**

**INTENSIVE IN-HOME SERVICES**

**MINIMUM QUALIFICATION CHECK LIST**

|  |  |  |
| --- | --- | --- |
| **Vendor:** |  | |
| **Reviewer:** |  | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **MINIMUM QUALIFICATIONS 2.2** | **YES** | **NO** | **COMMENTS** |
| 1. ~~Bidder’s program must meet the standards for a “well-supported practice” as defined by the Family First Prevention Services Act.~~   ~~For verification purposes, bidder must submit documentation of bidder’s inclusion on the Federal Clearinghouse’s current register of well-supported practices.~~ |  |  |  |
| ~~B~~A. Bidder ~~or~~ must have a minimum of two (2)  years’ experience in crisis intervention, individual, family, and/or group therapy. Bidder must also have additional experience providing counseling in home, school, community and office environments.  For Verification purposes, Bidder must submit the following:   * + Copies of curricula vitae (CVs) or resumes for Vendor’s key personnel detailing all experience relevant to the scope of work for this RFQ; Vendors who do not currently have the required positions may submit job descriptions in lieu of CV’s or resumes.   + A narrative detailing Vendor’s prior experience providing services similar to those specified in the scope of work, including without limitation the specific services provided and the contracting organization on behalf of which the services were provided; narrative should include phone numbers and e-mail addresses for previous employers and/or contract managers who can verify qualifying experience. |  |  |  |
| ~~C~~B. Bidder’s key personnel must possess, at  minimum, a bachelors’ degree; however, masters’  degrees are preferred. Qualifying degrees need  not be in social work.  For verification purposes, Vendor must provide  the following with its RFQ submission for all key  personnel proposed to meet the requirements  specified in this RFQ: documentation including  without limitation copies of diplomas or transcripts  verifying, at minimum, attainment of a bachelor’s  degree in any discipline. |  |  |  |
| ~~D~~C The Bidder must certify that the Bidder has not  received any sanctions or corrective actions by a  state or Federal government within the last ten  (10) years. Bidder’s signature on Section 2:  Vendor Agreement and Compliance in the  attached response packet shall serve as  certification under this requirement. However,  failure to certify may not disqualify a bidder’s  submission if Bidder declares such failure in  Section 2: Vendor Agreement and Compliance  and provides additional detailed documentation of  each sanction and any corresponding corrective  action received from a state or Federal  government within the last ten (10) years.  Documentation must include status of all  corrective actions within the last ten (10) years,  including corrective actions completed to the  satisfaction of the issuing government agency. |  |  |  |

**Passed**  **Failed**