



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

RESPONSE PACKET
710-20-0012

CAUTION TO VENDOR

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

SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'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 and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian American | <input type="checkbox"/> Service Disabled Veteran |
| | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Women-Owned |
| AR Certification #: _____ | | * See <i>Minority and Women-Owned Business Policy</i> | | |

| 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 |
|--|
| <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 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.</i> |
| ILLEGAL IMMIGRANT CONFIRMATION |
| By signing and submitting a response to this <i>Bid Solicitation</i> , 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. <input type="checkbox"/> 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 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 |
|------------------------------|----------------|------------------|
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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.

| | Maximum RAW Score Available |
|--|--|
| E.1 MINIMUM QUALIFICATIONS | |
| A. Submit social work licenses for all staff identified to execute the Scope of Work. | 5 points |
| B. Describe your experience in social work and your history in child welfare, assessments of Individuals and skills in record reviews. | 5 points |
| C. Submit an organizational chart displaying all staff that will execute the Scope of Work. Clearly show line of supervisory. | 5 points |
| D. Provide a minimum of three (3) letters of recommendation from three (3) different sources dated within the last six (6) months relating to the Scope of Work of this RFP. | 5 points |
| E.2 APPROACH TO SCOPE OF WORK | |
| A. Detail how you will complete an adoption summary using the information requested in 2.3A. | 5 points |
| B. How will the vendor ensure that the Adoption Summaries will be completed and submitted timely to the appropriate Adoption Supervisor? | 5 points |
| C. Submit a sample Adoption Summary demonstrating your approach to the requirements stated in 2.3c. | 5 points |
| D. Explain your quality assurance procedure for the Adoption Summaries and updates. | 5 points |
| E.3 ADDITIONAL CONTRACT REQUIREMENTS | |
| A. Explain how you plan to comply with the requirement to work nights and weekends. | 5 points |
| B. Describe your mode of transportation to be used in performing the requirements of the Scope of Work in the RFP. | 5 points |
| C. How do you plan to maintain sufficient staffing levels needed to complete the Scope of Work? | 5 points |
| E.4 REPORTING | |
| A. Describe how you will comply with the reporting requirements set forth in this RFQ | 5 points |
| B. Describe your experience in providing court testimony. | 5 points |

• **Do not** include additional information if not pertinent to the itemized request.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY**

- *Please Check each area 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 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

AREA 8

AREA 9

AREA 10