

STATE OF ARKANSAS

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

RESPONSE PACKET 710-20-0024

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 <i>:</i>	☐ Individual☐ Partnership	· · ·			Public Service Corp Nonprofit		
Minority and Women-Owned Designation*:	☐ Not Applicable☐ African American	 ☐ American Indian ☐ Hispanic American 	□ Asian American □ Pacific Islander American		☐ Service Disabled Veteran ☐ Women-Owned		
	AR Certification #:		* See Minority and Women-Owned Business Policy			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 <u>not</u> 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:

Printed/Typed Name:

Use Ink Only.

Title:

Date:

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> **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 <u>NON-mandatory</u> 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:		

INFORMATION FOR EVALUATION

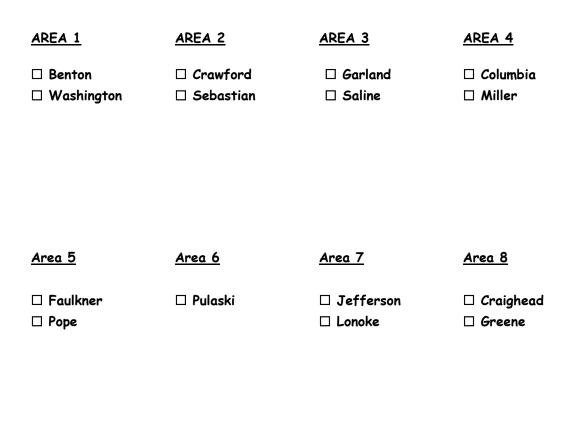
• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

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

	Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS	
A. Contract Administrator is required to have at least a bachelor's degree. A master's degree is preferred. Please indicate your Contract Administrator's degree level. Section 2.2B	5 points
E.2 APPROACH TO SCOPE OF WORK	
A Describe your company's processes and procedures for securing the two (2) levels of SIL Settings for clients in Level 1 and/or Level 2. Section 2.3A	5 points
B. Describe bidder's proposed setting types (e.g., apartment, shared housing, or congregate care residential setting) meeting the requirements outlined in Section 2.3A	5 points
C. Please state the physical address of the bidder's proposed dwellings. Section 2.3A	5 points
D. Submit a sample policy and procedures specific to the SIL. Section 2.3B	5 points
E. Describe how you will ensure that a caseworker will not have more than seven (7) youth on his/her Caseload. Section 2.3B.3	5 points
F. Describe how you will make available to the client the following services: training, life skills, counseling, and community resources. Section 2.3B.5.	5 points
G. Explain how you will ensure employees and volunteers will provide the proper care, treatment, safety and supervision of the clients they supervise. Section 2.3B10.	5 points
H. Explain approach to Level 1 and/or Level 2 settings as applicable. Section 2.3C	5 points
E.3 ADDITIONAL CONTRACT REQUIREMENTS AND PROVISIONS	
A. Describe your policies and procedures related to client records and record retention, including your plan to document quarterly progress evaluations and annual summary documents noting youth outcome and submit to DCFS. Section 2.4C, 4.5.	5 points
B. Describe how you plan to conduct the post-discharge surveys. Section 2.4D	5 points
E.4 STAFFING	
A. Identify key personnel (e.g., contract administrator, case managers) that will work under this contract. Provide resumes that describe and detail the credentials, experience and qualifications for each individual relating to the requirements of this RFP. Section 2.5A	5 points
B. Describe your efforts to ensure all identified personnel have the required background checks. Section 2.5	5 points

DIVISION OF CHILDREN AND FAMILY SERVICES SUPERVISED INDEPENDENT LIVING PROGRAM 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 9 Area 10

□ White □ Drew