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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into five sections: Section 1. Administrative Response; Section 2. Management Response; Section 3. Technical Response; Section 4. Quotation/Cost Proposal; and Section 5. EO 18-03 Response. Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D.  |
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| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE) – Required;** Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience.  | **MAXIMUM TOTAL POINTS** |
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| a | Please indicate whether you employ or contract with any current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded.  | NOT SCORED |
|  | ANSWER:  |  |
| b | Please list the names and contact information for three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | NOT SCORED |
|  | ANSWER: |  |
| c | Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | NOT SCORED |
|  | ANSWER:  |  |
| d | Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language that are not identified in response to this question.  | NOT SCORED |
|  | ANSWER: |  |
| e | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages.  | NOT SCORED |
|  | ANSWER:  |  |
| f | Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation | NOT SCORED |
|  | ANSWER: |  |
| g | Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.  | NOT SCORED |
|  | ANSWER: |  |
| h | Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | NOT SCORED |
|  | ANSWER: |  |
| i | Please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, its proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS. | NOT SCORED |
|  | ANSWER:  |  |
| J | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please so indicate. | NOT SCORED |
|  | ANSWER:  |  |
| k | Bidder confirms they have a minimum of 3 years’ experience working with individuals with developmental disabilities and their families | NOT SCORED |
|  | ANSWER Yes or No: |  |
| l | Bidder confirms they have experience with and/or familiarity with Washington State community developmental disability resources. | NOT SCORED |
|  | ANSWER Yes or No: |  |
| n | Bidder confirms they have license to do business in the State of Washington or plan to obtain a Washington State business license from the Secretary of State. | NOT SCORED |
|  | ANSWER Yes or No: |  |
| o | Bidder confirms they comply with all applicable state and federal requirements. | NOT SCORED |
|  | ANSWER Yes or No: |  |
| p | Bidder confirms they have ability to provide the required services at the locations stated in Attachment A: Sample Contract. | NOT SCORED |
|  | ANSWER Yes or No |  |
| q | Bidder confirms they will obtain a passed Washington State background check for all individuals representing the Contractor who will have direct contact with Clients.  | NOT SCORED |
|  | ANSWER Yes or No |  |

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| **2** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** | **140 Total** |
| A | Please provide a description of your organization and its overall mission. | **5** |
|  | ANSWER:  |  |
| B  | Please describe why you are interested in providing this service, as well as possible challenges and/or barriers you may encounter and your plan to overcome these obstacles. | **5** |
|   | ANSWER:  |  |
| C | What experience, skills and qualifications does your organization possess working with organizations such as the Developmental Disabilities Administration and working with individuals with intellectual/developmental disabilities? Please ensure that your answer to this question includes all information that you wish DSHS/DDA to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. | **15** |
|  | ANSWER: |  |
| D | Please describe your philosophy and/or values as they relate to supporting individuals with intellectual and developmental disabilities. You may give brief examples of how you plan to implement your philosophy and values throughout the terms of the contract.  | **20** |
|  | ANSWER: |  |
| E | Detail your organization’s 3 years or more experience working with individuals with developmental disabilities. | **25** |
|  | ANSWER:  |  |
| F | Please describe your organization’s experience/expertise in managing projects sufficient to demonstrate the ability to develop, implement and oversee Peer Mentor Services. | **15** |
|  | ANSWER: |  |
| G | For each key personnel who will be performing work on the Contract, please identify their list of responsibilities in reference to Attachment A: Sample Contract and describe their relevant skills and experience. | **10** |
|  | ANSWER: |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** |  |
| H | Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies.  | **10** |
|  | ANSWER:  |  |
| I | Please describe additional experience, skills and qualifications for example other language capabilities your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation.  | **10** |
|  | ANSWER:  |  |
| J | Besides the data described in Attachment A: Sample Contract, what additional data would you propose to report to DSHS/DDA which would permit verification of your quality assurance activities and actions fulfilling the Contract? | **10** |
|   | ANSWER: |  |
| K | Please describe your organizations experience in disseminating information through presentations, flyers, brochures, videos etc. | **5** |
|  | ANSWER: |  |
| L | Does your organization have experience and/or familiarity with community resources for individuals with developmental disabilities **in Washington State** | **10** |
|  | ANSWER: Yes - No |  |

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| **3** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)**  | MAXIMUM TOTAL POINTS **100** |
| A | You will be required to develop a training curriculum for the Peer Mentors. The training curriculum must include: The role and responsibilities of the Peer Mentor; Transition planning schedules and benchmarks; Person Centered Language; Overview of ICF/IIDs; Overview of Home and Community Based supports and services; Establishing individualized and relevant transition goals; Effective communication strategies; and Strategies for working cooperatively with guardians, families and RHC staff. Please provide a brief summary of your proposed training curriculum including projected time in training, who will conduct the training, training approach, and frequency. | **25** |
|  | ANSWER:  |  |
| B  | Describe how you will recruit, hire, and retain Peer Mentors.  | **20** |
|   | ANSWER:  |  |
| C | Please provide a sample high-level project plan/implementation schedule identifying the proposed deliverable milestones and projected dates. | **15** |
|  | ANSWER: |  |
| D | What process will you use to appropriately match Clients with Peer Mentors? How will you evaluate and monitor a Peer Mentor’s performance? | **15** |
|  | ANSWER: |  |
| E | Please describe your plan to respond to requests, complaints, concerns and/or feedback received from the Peer Mentor, Peer Mentee, guardian, RHC staff, etc.  | **10** |
|  | ANSWER: |  |
| F | Please describe how you will separate the work related to this Peer Mentor Services Contract from the other activities of your organization. | **15** |
|  | ANSWER: |  |

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| **4** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)**  | MAXIMUM TOTAL POINTS **25** |
| A | Provide your Budget Summary for the deliverables mentioned in the RFP and Attachment A: Sample Contract.  Please provide a two-year budget estimate based upon the scope described in the contract including estimates in individual budget areas such as staff costs (including Peer Mentor reimbursement), travel, overhead expenses, equipment/fixed asset costs, staff development, any startup costs and recurring annual/monthly costs. | **25** |
|  | ANSWER: TOTAL MAXIMUM BID AMOUNT: $340,000 annually.FOR ALLOCATED COST DETAIL, ATTACH A SEPARATE SPREADSHEET OR DESCRIBE DETAILS BELOW |  |

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| **5** | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS **10** |
| EO | Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?**Please Note:** Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful bidder, a term will be added to your contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the contract. | **10** |
|  | ANSWER:  |  |