**ALTERNATIVE PAYMENT OPTIONS – DIVISION OF CHILD SUPORT**

**Instructions: Please thoroughly read all instructions in this Request for Applications (RFA) before completing.**

**Applicants must complete this template (typed, using Arial font size no less than 12 point) and attach to their RFA Response. All mandatory information must be provided in order to be responsive. Applicant may provide additional documentation as an additional attachment with specific references included in this form. Also, please write your Business Name on the bottom of each page of this Response Template.**

|  |  |
| --- | --- |
| **D.1.a. ADMINISTRATIVE REQUIREMENTS RESPONSE (not scored)** | |
|  | |
| **Applicant Information: Information must be listed here and Applicant must fill out a Contractor Intake Form, a Vendor Registration & a W-9.** | |
| Business Name: |  |
| Place of Business (Full Address): |  |
| Contact Individual’s Name: |  |
| Applicant confirms the person submitting the Response is authorized to contractually bid the Applicant’s firm: | Yes  No |
| Telephone Number (including Area Code): |  |
| Email of Legal Entity or Individual: |  |
| Federal Tax Identifier Number: |  |
| WA State Uniform Business Identifier (UBI) Number, if available: |  |
| **Letter of Submittal** |  |
| Applicant provided a detailed list of all materials and enclosures included in the application. | Yes  No |
| Applicant confirmed currently licensed to do business in Washington State or is committed to becoming licensed within 30 days of being determined an Apparent Successful Applicant.  Applicant provided a Washington State Master Business License. | Yes  No  Yes  No |
| Applicant confirmed currently licensed to do business in all locations where payments will be accepted.  Applicant provided a Master Business License for each state, territory, or country in which they will provide receipting services related to this RFA. | Yes  No  Yes  No |
| Applicant is required to complete and submit a Contractor Intake Form 27-043 using the legal business name, including DUNS number. See Attachment E | Contractor Intake Form completed and attached  Yes  No |
| Applicant must certify registration in System for Award Management (SAM), the official U.S. Government system that consolidates the capabilities of CCR/FedReg.ORCA, and EPLS prior to entering into an agreement and understands that DSHS must verify.  In addition to Contractor Intake Form requirements, Applicant must provide the Commercial And Government Entity (CAGE) Code.  Applicant must certify that neither they nor their business are included on the “Excluded Parties List” with the System for Award Management (SAM).  Applicant must provide North American Industry Classification System (NAICS) code. | Applicant certifies by signature below that they are registered in SAM and understands DSHS will verify  Signature  CAGE Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant certifies by signature below that they are not on Excluded Parties List  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  NAICS Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D.1.b. Applicant Minimum Qualification Requirements:** | |
| Applicant must include all locations where services are to be provided in the United States, US territories, embassies, military installations or other. (Name, address, and contact information.) | List all locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  All locations listed or attached  Yes  No |
| If selected as an Apparent Successful Applicant, Applicant agrees and certifies they must abide by the ACH rules and regulations for electronic payments as set forth by NACHA - The Electronic Payments Association and the laws of the United States including the Office of Foreign Assets Control (OFAC) sanctions. Applicant agrees, “This Request for Applications (RFA) and any resulting Contract shall not be governed by the United Nations Convention on the Sale of Goods, 1980, but shall be governed by the Washington State Uniform Commercial Code and other Washington State laws.” (It is the Applicants responsibility to remain current on all rules, regulations and penalties.) | Applicant certifies by signature below that they will abide by the ACH rules and regulations for electronic payments as set forth by NACHA - The Electronic Payments Association and the laws of the United States including the Office of Foreign Assets Control (OFAC) sanctions. (It is the Applicants responsibility to remain current on all rules, regulations and penalties); and  Applicant agrees, “This Request for Applications (RFA) and any resulting Contract shall not be governed by the United Nations Convention on the Sale of Goods, 1980, but shall be governed by the Washington State Uniform Commercial Code and other Washington State laws.”  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| If selected as an Apparent Successful Applicant, Applicant agrees and certifies they must comply with the rules set forth by the Credit Card Associations (VISA, MasterCard, Discover and American Express) and federal rules under Regulation E and Regulation Z as applicable to provided services.In addition, Applicant certifies they must comply with data security requirements of the Payment Card Industry Data Security Standard (PCI-DSS). | Applicant certifies by signature below that they will comply with the rules set forth by the Credit Card Associations (VISA, MasterCard, Discover and American Express) and federal rules under Regulation E and Regulation Z as applicable to provided services. Applicant also certifies they will comply with data security requirements of the Payment Card Industry Data Security Standard (PCI-DSS). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| If selected as an Apparent Successful Applicant, Applicant agrees and certifies they warrant fault free performance in the processing of data and provide DSHS/DCS with its escalation policy to resolve deficiencies. | Applicant certifies by signature below that they will warrant fault free performance in the processing of data and provide DSHS/DCS with its escalation policy to resolve deficiencies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| Applicant certifies they can ensure continuity of services and the resumption of full Child Support payment processing operations within 24 hours of any service outage. Include service outage recovery plan. | Applicant certifies by signature below that they can ensure continuity of services and the resumption of full Child Support payment processing operations within 24 hours of any service outage. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Service outage recovery plan labeled and included  Yes  No (If no, please explain) |
| Applicant certifies they are willing and able to maintain a Bond as allowed per RCW 39.26.190, RFA Section A.7. with Settlement to the State of Washington DSHS Division of Child Support. This is required throughout the performance period of this Contract and any resulting amendments or renewals. (See the Special Terms and Conditions Section 6. subsection b. of in Attachment A - Sample Contract.) | Applicant certifies by signature below that they are willing and able to maintain a Bond as allowed per RCW 39.26.190, RFA Section A.7. with Settlement to the State of Washington DSHS Division of Child Support. This is required throughout the performance period of this Contract and any resulting amendments or renewals. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| If selected as an Apparent Successful Applicant, Applicant certifies they will accept and abide by the terms of the Data Security Requirements in **Attachment A - Sample Contract, Exhibit A.** | Applicant certifies by signature below that they will accept and abide by the terms of the Data Security Requirements in the **Attachment A** - **Sample** **Contract, Exhibit A**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| If selected as an Apparent Successful Applicant, Applicant certifies they will accept and abide by the terms of the RFA and Contract, which will be substantially similar to the Sample Contract attached. Applicant understands DSHS will not sign merchant agreement or other vendor contracts/agreements. | Applicant certifies by signature below that they will accept and abide by the terms of the Contract, which will be substantially similar to the Sample Contract attached. Applicant understands DSHS will not sign merchant agreement or other vendor contracts/agreements. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| **D.1.c. Experience and Qualifications:** Applicants must answer each question. If Applicants provide attachments as part of their answers, Applicants must label each attachment with the corresponding question number, and include them as part of their Experience and Qualifications Proposal.  **40 points possible** for Questions 1-4. | |
| Applicant must provide an **Experience and Qualifications Proposal** (Section 4 of Application Binder).  Applicant must provide an Experience and Qualifications Proposal that demonstrates their knowledge, skills, abilities, and experience in providing the service.  If Applicant designates Key Personnel who will provide services, the Successful Applicant is bound to utilize those Key Personnel in providing services. An awarded contract may include provisions specific to Key Personnel and additional requirements. | Experience and Qualifications attachments labeled and included  Yes  No |
| **Question #1**  What experience has your company had in delivery of services as described in this RFA?  **5 points possible** |  |
| **Question #2**  What has contributed the most to the success of your business in delivery of the services described in this RFA?  **5 points possible** |  |
| **Question #3**  How will your company ensure the electronic transfer of funds and payment details for delivery into the DCS/DSHS bank account in U. S. Dollars within two (2) business days of vendor’s receipt of payment?  20 points possible |  |
| **Question #4**  How does your company resolve problems and ensure customer service?  **10 points possible** |  |
| Please provide the name and contact information of the ongoing dedicated vendor representative for DCS staff and for customers using this service. (These can be different individuals.) |  |
| **D.1.d. RFA Documents and Amendments:** | |
| Applicant must list all RFA Documents and Amendments downloaded by the Applicant from WEBS in order by date. |  |
| **D.1.e. Project Scope:** Applicants must answer each question. If Applicants provide attachments as part of their answers, Applicants must label each attachment with the corresponding question number, and include them as part of their Service Proposal.  **40 points possible** for Questions 1-3 of Service Proposal **and** **5 points possible** for Fee Schedule Proposal. | |
| Applicant has provided a **Service Proposal** consistent with the goals and objectives of the services described in the RFA Section A. Contract Requirements. | Service Proposal attachments labeled and included  Yes  No |
| **Question #1**  Name locations, types of payments accepted (i.e. cash, credit/debit card, etc.), and payment channels (i.e. kiosks, telephone, Internet, walk-in, etc.) to which this application relates (see Section A.3. Description of Services for locations.)  **5 points possible** |  |
| **Question #2**  Describe how you will provide the services in Section A.3. Description of Services to meet the DSHS service delivery specifications.  Provide a detailed plan for the smooth implementation of alternative payment option services to include a testing schedule, overall project schedule, expected involvement required by DSHS/DCS staff, and any other components deemed necessary.  Vendors are encouraged to be creative and innovative in responding to this RFA. Please discuss alternate approaches to the requested services where feasible, or additional services offered which may not be specifically requested. If your company has other payment options in which DSHS/DCS may be interested, please describe them here.  **15 points possible** |  |
| **Question #3**  What contingencies does your agency have in place for emergencies (inclement weather, system failure, security breach – data or theft, etc.) that would ensure minimum service delivery can be met to include transfer of funds and payment detail remittance? Describe the vendor’s disaster recovery plan that will allow for the continuation of business at the minimum levels. The plan must be available to DSHS/DCS for inspection upon request.  **20 points possible** |  |
| **Fee Schedule Proposal**  (Section 5 of Application Binder) Applicants must provide a Fee Schedule that identifies their rates, expenses, or other costs to provide each type of payment accepted (i.e. cash, credit/debit card, etc.), and each type of payment channel (i.e. kiosks, telephone, Internet, walk-in, etc.) to which this application applies. All fees must remain fixed for the Successful Applicant Vendors awarded a contract during the awarded contract’s period of performance. Vendors must collect and pay any taxes, if applicable.  Fees charged should reflect charges to payers only. **This proposal shall not include fees to DSHS/DCS for any part of this service.**  In the case of chargeback or returned funds, the vendor will be responsible to recover funds from the customer.  **5 points possible** | Fee schedule attachments labeled and included  Yes  No |
| **Remittance:** Applicant certifies the ability to electronically transfer 100% of all funds in U.S. Dollars for delivery into the specified DSHS/DCS bank account within two (2) business days of Vendor’s receipt of payment. | Applicant certifies by signature below that they have the ability to electronically transfer 100% of all funds in U.S. Dollars for delivery into the specified DSHS/DCS bank account within two (2) business days of Vendor’s receipt of payment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Please describe this process: |
| **Remittance:** Applicant certifies the ability to provide timely electronic payment remittance details to DSHS/DCS in a specific ACH file format and transfer method to be received by DSHS/DCS simultaneously with the funds. The ACH transactions must be: Corporate Credit or Debit with addenda (CCD+) or Corporate Trade Exchange (CTX) in NACHA – The Electronic Payments Association standardized child support format with application identifiers of DP (direct payer) in the payment detail remittance addenda records. | Applicant certifies by signature below that they have the ability to provide timely electronic payment remittance details to DSHS/DCS in a specific ACH file format and transfer method to be received by DSHS/DCS simultaneously with the funds. The ACH transactions must be: Corporate Credit or Debit with addenda (CCD+) or Corporate Trade Exchange (CTX) in NACHA – The Electronic Payments Association standardized child support format with application identifiers of DP (direct payer) in the payment detail remittance addenda records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Please describe how you will accomplish this process: |
| **Reports:** Applicant certifies the ability to provide daily reports in an agreed upon format, regarding payments received. Data to be collected and reported to DSHS/DCS may include: payer name, address, DSHS/DCS payer account number, SSN, phone number, email address (if available), number of payments received, amount of each payment, total amount received, and payment source.  Please provide a sample report. | Applicant certifies by signature below that they have the ability to provide daily reports in an agreed upon format, regarding payments received. Data to be collected and reported to DSHS/DCS may include: payer name, address, DSHS/DCS payer account number, SSN, phone number, email address (if available), number of payments received, amount of each payment, total amount received, and payment source. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Sample report labeled and included  Yes  No |
| **Reports:** Applicant agrees to assign a single point of contact for DSHS/DCS in the event additional verifying information is required. | Will assign a single point of contact  Yes  No  If known, please state the name and contact information for the person(s) assigned: |
| **Research Reports:** Applicant confirms the ability to provide payment information and details such as: payment method, address, email, phone number provided, copy of receipt provided to the payer, and any other details or records as determined by DSHS/DCS to be relevant. Applicant confirms the ability to provide requested information within ten (10) calendar days from date of request without charge to DSHS/DCS. | Will meet requirement for research reports  Yes  No |
| **D.1.f. Provide three (3) non-Applicant owned or non-DSHS customer references:** References must be from customers where the Applicant provided similar services. Applicant must fill out the Reference Check form, giving DSHS the ability to obtain information.  References are scored Pass/Fail. | |
| **References**–Applicant must provide three (3) non-Applicant owned or non-DSHS customer references for their company. Applicant customer reference information is to be provided by using the form in Attachment F – Applicant Reference Form. Noncompliance with the reference requirement can be grounds for disqualification of the Applicant. The completed reference forms will not be shown to the Applicant at any time and will become the property of DSHS/DCS.  DSHS/DCS may, at its option, contact other Applicant customers for references, by telephone or other means, and evaluate the Applicant based upon these references.  References are scored Pass/Fail. | Three (3) Reference Check forms filled out and signed by Applicant included  Yes  No |
| **Reference #1:** |  |
| Contact Name: |  |
| Telephone: |  |
| Email: |  |
| Services Provided: |  |
|  | |
| **Reference #2:** |  |
| Contact Name: |  |
| Telephone: |  |
| Email: |  |
| Services Provided: |  |
|  | |
| **Reference #3:** |  |
| Contact Name: |  |
| Telephone: |  |
| Email: |  |
| Services Provided: |  |
| **D.1.g. Contract History:** | |
| List contract(s) where Applicant performed similar services, where the combined number of years is five (5) or more years. Identify the Firm(s) or Agency(s) involved, services provided, & dates. |  |
| Was the Applicant’s performance on any contract in the past five (5) years unsatisfactory and resulted in a contract termination?  If so, provide a list of those contracts terminated, and include the following:   * Other party’s Name and Address * Telephone Number * Description of the Incident * Applicant’s Position on the matter | Yes  No |
| **D.1.h. Insurance Requirements:** | |
| Applicant must provide copies of required insurance coverage as outlined in the RFA Sample Contract, Attachment A. | Certificate of Insurance included  Yes  No |
| **D.1.i. State of Washington Employee(s):** | |
| Is or was the Applicant’s officer(s) and/or employee(s) an employee of any agency of the State of Washington during the last 24 months preceding the Response Due Date for this RFA?  If yes, provide the following information for each individual:   * Name * Employing Agency * Job Title while with the Agency * Separation Date | Yes  No |
| **D.1.j. Proprietary or Confidential Infontial Informatiovices\_\_\_\_\_\_\_t is for DES' separate document from this Response. FQQ.n dying OEM and product li:** | |
| If applicable, Applicant shall identify the Sections of the Response which the Applicant considers “Proprietary” or “Confidential” information: |  |
| **D.1.k. Statements to the RFA Coordinator:** | |
| Any other statements the Applicant would like to convey, including any requested or proposed variations between the Response and the RFA:  **DSHS/DCS will not sign any Merchant Agreements, Vendor Contracts or Vendor Agreements.** (See RFA Section A 1. d) |  |
| **D.1.l. OMWBE Certification: (Optional)** | |
| Is Applicant WA Office of Minority & Women’s Business Enterprise (OMWBE) Certified? (See Section B.8. for additional details) | Yes  No  If Yes, please provide your OMWBE Certification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D.1.m. Checklist of Mandatory Response Attachments:** | |
| Completed and signed Applicants Certification and Assurances Form (Attachment C) | |
| Completed Administrative Requirements Response (Applicant Response Template, Attachment D; this document) | |
| Completed Written Response (Applicants Response Template, Attachment D; the Written Response must be a separate document from other  attachments) | |
| Completed Contractor Intake Form (Attachment E) | |
| Completed Statewide Payee Vendor Registration with W-9 (Attachment H) – **W-9 MUST BE RETURNED WITH THIS SUBMISSION** | |