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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into five sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Washington Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. EO 18-03 Response; and Section 6. Technical 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.  | **Pass/Fail** |
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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:  |  |
| 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 EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS |
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| 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. | **50 Points** |
|  | ANSWER:  |  |
| **3** | **BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS** | MAXIMUM TOTAL POINTS |
| EO | Are you a Washington Small Business as defined under **RCW 39.26.010**? According to **Chapter 39.26.010 RCW**, to qualify as a Washington Small Business, Bidder must meet three (3) requirements: * 1. *Location*. Bidder’s principal office/place of business must be located in and identified as being in the State of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel.
	2. *Size*. Bidder must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars ($7,000,000) annually as reported on Bidder’s federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years.
	3. *WEBS Certification*. Bidder must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)).
 | **100 Points** |
|  | ANSWER:  |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS** | MAXIMUM TOTAL POINTS |
| EO | Are you a Certified Washington Veteran-Owned Business as defined under **RCW 43.60A.190**?According to **Chapter 43.60A.190 RCW**, to qualify as a Certified Washington Veteran-Owned Business, Bidder must meet Four (4) requirements: 1. *51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:*
2. *A veteran as defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007;*
3. *A person who is in receipt of disability compensation or pension from the*

 *department of veteran’s affairs; or*1. *An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.*
2. *Washington Incorporation/Location. Bidder must be either an entity that is incorporated in the state of Washington as a Washington domestic corporation or, if not incorporated, an entity whose principal place of business is located within the State of Washington.*
3. *WEBS Certification. Bidder must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)*).*
4. *WDVA Certification. Bidder must have provided certification documentation to the Washington Department of Veterans’ Affairs WDVA) and be certified by WDVA and listed as such on WDVA’s website (*[*WDVA – Veteran-Owned Businesses*](https://www.dva.wa.gov/veterans-their-families/veteran-owned-businesses/vob-search)*).*
 | **100 Points** |
|  | ANSWER:  |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** | **Total 400** |
| A | Please provide a description of your organization and its overall mission (a description of your organization, what it does, and its objective), and how the mission matches the goals of this project.  |  **50 points** |
|  | ANSWER:  |  |
| B | What experience and skills 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, including your organization’s 3 years or more experience working with individuals with developmental disabilities. Feel free to share examples or specific experience. | **100 points** |
|  | ANSWER: |  |
| C | Please describe your organization’s experience/expertise in managing projects sufficient to demonstrate the ability to develop, implement and oversee Peer Mentor Services. Include your organizations experience in disseminating information through presentations, flyers, brochures, videos etc. Please give us examples. Also describe any possible challenges and/or barriers your organization may encounter in completing this project, and how the organization would plan to overcome these obstacles. |  **150 points** |
|  | ANSWER: |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** |  |
| D | Please describe additional experience, skills and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation (for example other language capabilities). Include any certifications that may be applicable. | **50 points** |
|  | ANSWER:  |  |
| E | Please describe your organization’s experience and/or familiarity with community resources for individuals with developmental disabilities **in Washington State** | **50 points** |
|  | ANSWER:  |  |

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| **6** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)**  | MAXIMUM TOTAL POINTS 600  |
| 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. | **150 points** |
|  | ANSWER:  |  |
| B  | Describe how you will recruit and retain Peer Mentors, such as where you would recruit and the process you would use to attract, screen, and select qualified individuals. Include if you plan to hire Peer Mentors, subcontract with individuals who can provide the service, use volunteers or some combination. Include if your plans call for you to partner with another organization. | **150 points** |
|   | ANSWER:  |  |
| C | Please provide a sample high-level project plan/implementation schedule identifying the proposed deliverable milestones and projected dates. The plan should include an outline of projected start dates for the different RHC ICF/IID (using a phased-in approach to initiating Peer Mentoring Services), timelines for development of Peer Mentor training, proposed timeline for implementation of the system for monitoring, tracking, reporting to DDA the number of referrals and outcome of each referral received, and the timeline for developing the process to evaluate satisfaction of services provided. | **150 points** |
|  | ANSWER: |  |
| D | Please describe your plan to respond to requests, complaints, concerns and/or feedback received from the Peer Mentor, Peer Mentee, guardian, RHC staff, etc. Include your strategies for immediately correcting any deficiencies. | **100 points** |
|  | ANSWER: |  |
| E | Please describe how you will separate the work related to this Peer Mentor Services Contract from the other activities of your organization. | **50 points** |
|  | ANSWER: |  |