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| **ATTACHMENT D: BIDDER RESPONSE FORM**  This form is broken into Seven 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. Management Response; 6. Quotation/Cost Proposal. 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)**  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, the 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** |
|  | |  | | |  |
| a | | Please indicate whether you employ or Contract with 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 of 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 the 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 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 Washington 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 indicate so. | | | NOT SCORED |
|  | | ANSWER: | | |  |
| K | | Identify which BHA Facility(s) you are bidding on (check all that apply): | | | NOT SCORED |
|  | | ANSWER: | | |  |
|  | | Maple Lane Campus | Brockmann Campus | Olympic Heritage Behavioral Health |  |
|  | |  |  |  |  |
| **2** | | **BIDDER EO 18-03 CERTIFICATION** | | | MAXIMUM TOTAL POINTS |
|  | |  | | |  |
| 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. | | | **5** |
|  | | ANSWER: | | |  |
| **3** | **BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS** | | | | MAXIMUM TOTAL POINTS |
|  | 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 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)). | | | | **5** |
|  | ANSWER: | | | |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS** | | | | MAXIMUM TOTAL POINTS |
|  | 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 requirements:   1. *51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:* 2. *A veteran is 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)*).* | | | | **5** |
|  | ANSWER: | | | |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** |  |
| A | 0-2 Years Experience 2 pts, 3-5 Years experience 4 pts, 6+ experience 6 pts | 6 |
|  | ANSWER: |  |
| B | At least one (1) Licensed Dietician in the state of washington and all workers must have Food Handlers Card. | 4 |
|  | ANSWER: |  |
| C | Kitchen must be cross-contaminant free. Contractor must maintain a Hazard Analysis Control Points (HAACP) Plan and Sanitation Standard Operating Procedures (SSOP) plan. | 3 |
|  | ANSWER: |  |
| D | Ability to deliver meals to Centralia, Vancouver, and Tukwila | 7 |
|  | ANSWER: |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** |  |
| E | Please provide your demonstrated ability to prepare and deliver three (3) meals and three (3) snacks per day on a 24/7 basis for clients residing at BHA Facilities that range in bed size from 30 to 140. | **15** |
|  | ANSWER: |  |
| F | Please provide demonstrated ability to prepare meals for a variety of dietary needs including but not limited to religious meals, dietary restricted meals for conditions such as diabetes, syliac disease, hyper-tension.  Please also provide the name(s) of the licensed dietician you will assign to review weekly menus under this Contract, if you are the Successful Bidder, and provide copies of resume(s) describing the relevant experience dietician possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS. | 10 |
|  | ANSWER: |  |
| G | Please describe your method for assuring that your services and deliverables are provided in accordance with Department of Health and USDA standards and for immediately correcting any deficiencies. What processes do you have in place to ensure meal prep kitchen is cross-contamination free. | 10 |
|  | ANSWER: |  |
| H | Please describe the measures you employ to assure that food product is purchased in a cost effective manner. | 10 |
|  | ANSWER: |  |
| I | Please describe the measures you employ to assure that raw fruits and vegitibles when delivered are fresh. | 10 |
|  | ANSWER: |  |

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| **6** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | Please provide an all inclusive daily meal rate for both a regular menu and a special menu for dietary restrictions to prepare and deliver three (3) meals and three (3) snacks per day 24/7. Daily meal rates shall be inclusive of all allocated costs Bidder is willing to accept in consideration of the full performance of the Contract. | 20 |
|  | ANSWER: DAILY REGULAR MEAL RATE AMOUNT:  DAILY SPECIAL MEAL RATE AMOUNT:  FOR ALLOCATED COST DETAIL, ATTACH A SEPARATE SPREADSHEET OR DESCRIBE DETAILS BELOW |  |
| B | Please fully describe any assumptions Bidder has made that affect its proposed daily meal rates, if those assumptions are not explicitly addressed in Attachment A, Sample Contract. |  |
|  | ANSWER: |  |
| C | Bidder shall invoice monthly in accordance with Attachment A, Sample Contract. Bidders are required to collect and pay Washington State sales tax, if applicable. |  |
|  | ANSWER: |  |