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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; Section 6. Technical Response; and Section 7. 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: |  |
| **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. | **15** |
|  | | 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)). | | **30** |
|  | 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)*).* | | **30** |
|  | ANSWER: | |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** |  |
| A | Provide an overview of your organization’s mission, history, and experiences in providing community-based services, explain how your organization’s values, and experiences connect with the objectives of the WA Cares Community Assistance Network, including improving awareness, access, and navigation of long-term care resources across diverse communities in Washington State.    Is your organization a nonprofit, government entity, or tribal organization? *Please upload verification of your legal status.* | 15 |
|  | ANSWER: |  |
| B | Describe your organization’s experience working with historically underserved populations, including communities that face systemic or historic barriers to accessing public services. Explain how your organization identifies the needs of these populations and how you center your services and communication strategies to effectively reach and engage diverse and hard-to-reach communities (e.g., individuals with limited English proficiency, rural residents, BIPOC, immigrant/refugee, and low-income populations).  *Please specify any work with underserved or hard-to-reach communities,* *including geographic areas served. Include details such as populations reached, methods used, and outcomes.* | 40 |
|  | ANSWER: |  |
| C | Has your organization trained or supported a network of community workers, assistors, or navigators? If yes, describe the model and oversight mechanisms used.  Describe your organization’s internal capacity to recruit, train, and supervise Community Assistors or similar peer-based roles. Describe the onboarding process plan and support within the first 30-60 days? | 20 |
|  | ANSWER: |  |
| D | What systems does your organization have in place to ensure quality, consistency, and compliance among community assistors delivering services and supports?  Describe the performance metrics or evaluation methods your organization uses to monitor program impact, effectiveness, and reach. Please list specific metrics or tools used for tracking and evaluation.  *List performance metrics or evaluation methods your organization use to track program impact and reach.* | 35 |
|  | ANSWER: |  |
| E | Describe how your organization will evaluate the effectiveness and success of the Community Assistors (data collection, outcome tracking, reporting) and what technology platforms or systems does your organization use for managing referrals, data collection, or reporting? | 20 |
|  | ANSWER: |  |
| F | Describe your organization’s ability to successfully handle and keep sensitive person’s information secure. Describe how your organization handles any potential threats to security and give examples of how security threats have been handled in the past. | 10 |
|  | ANSWER: |  |
| G | How will your organization ensure equitable access to WA Cares services and benefits across diverse communities in your proposed service area? | 5 |
|  | ANSWER: |  |
| H | Community Trust and Engagement: Describe the strategies your organization will use to build and maintain trusted relationships with the communities you serve. Explain how your organization plans to earn trust and sustain meaningful engagement over time. | 20 |
|  | ANSWER: |  |
| I | Describe your organization’s capacity and proposed approach to supporting individuals across both non-institutional and institutional settings, including those being discharged from hospitals who are not Medicaid-eligible. | 10 |
|  | ANSWER: |  |
| J | Explain how your organization will design and implement self-services pathways and person-centered user experiences to assist individuals in understanding, accessing, and navigating long-term care supports and services. *Include how your approach will ensure accessibility, cultural relevance and responsiveness to the unique needs of each individual.* | 10 |
|  | ANSWER: |  |
| K | What experience does your organization have conducting program education and community engagement with underserved or hard-to-reach communities?  How many staff or volunteers does your organization anticipate dedicating to program education and community engagement under this contract?  How will your organization use staff and/or volunteers to extend community engagement and program education, and how will they be trained to ensure accuracy and consistency? | 30 |
|  | ANSWER: |  |
| L | What specific methods and formats (e.g., presentations, workshops, cultural events, one-one assistance, digital tools) will your organization leverage to provide Program Education, and why are these the best fit for your organization/community?  How will your organization coordinate your efforts with Area Agencies on Aging (AAA), WA Cares Outreach, and other partners to avoid duplication and ensure alignment? | 25 |
|  | ANSWER: |  |
| M | How will your organization measure the impacts and effectiveness of your Program Education and, or community engagement activities? | 5 |
|  | ANSWER: |  |
| N | What innovative Program Education or community engagement approaches has your organization used successfully in the past?  How will your organization sustain community relationships beyond the scope of this contract? | 20 |
|  | ANSWER: |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** |  |
| O | Please describe the experiences, 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. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract. | Not Scored |
|  | ANSWER: |  |
| P | Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS. | Not Scored |
|  | ANSWER: |  |
| Q | 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. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings and actions? | Not Scored |
|  | ANSWER: |  |
| R | Please describe the measures you employ to assure that your services and deliverables are provided in a cost effective manner that is consistent with quality outcomes and fair employment practices. | Not Scored |
|  | ANSWER: |  |

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| **6** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | Describe your organization’s proposed approach to delivering the services outlined in the WA Cares Community Assistance Network. How does your organization’s mission and expertise align with these goals?  Your responses should reflect your understanding of the program’s goals, target populations, and expected outcomes. | 10 |
|  | ANSWER: |  |
| B | Outline your organization’s plan for delivering the following services:  -One-on-one benefits navigation and support  -Include expected timelines, staffing, and delivery methods (e.g., in-person, virtual, events, phone). | 10 |
|  | ANSWER: |  |
| C | What potential challenges does your organization anticipte in carrying out the responsibilities and the scope of work outlined in this conract (e.g., reaching underserved populations, workforce retention, data reporting)? Describe the strategies your organization will use to proactively address these challenges and ensure successful implementation? | 20 |
|  | ANSWER: |  |

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| **7** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract. | 20 |
|  | ANSWER:  TOTAL MAXIMUM BID 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 total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract. | 10 |
|  | ANSWER: |  |
| C | Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable. | 30 |
|  | ANSWER: |  |