



**STATE OF ARKANSAS**  
**OFFICE OF PROCUREMENT**  
**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
700 Main Street  
Little Rock, Arkansas 72203

***RESPONSE PACKET***  
***710-20-0019***

**CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

## SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Use Ink Only.

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

## SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

## **SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			



## INFORMATION FOR EVALUATION

• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• **Do not** include additional information if not pertinent to the itemized request.

	<b>Maximum RAW Score Available</b>
<b>E.1 MINIMUM QUALIFICATIONS</b>	
A. Provide an overview of your agency's previous experience in using the HomeBuilders® model or a similar intensive family preservation service as required in this RFP. 2.2A	5 points
B. Submit your Outpatient Behavioral Health (OBH) Program certification from the Division of Provider Services and Quality Assurance (DPSQA) with bid submission. 2.2D	5 points
C. Submit a minimum of three (3) letters of recommendation, from three (3) different sources, describing the work performed relative to the Scope of Work. Letters must be dated within the last six (6) months and met the following criteria: <ul style="list-style-type: none"> <li>• Must be on official letterhead of the party submitting the recommendation.</li> <li>• Must be from individuals who can directly attest to the respondent's qualifications relevant to the Scope of Work in this RFP.</li> <li>• Must include current phone numbers, mailing address, email address, printed name, and title.</li> <li>• Must contain the signature of the individual party submitting the recommendation.</li> <li>• Must not be from current DHS employees.</li> </ul> <p style="text-align: center;">2.2E</p>	5 points
<b>E.2 APPROACH TO SCOPE OF WORK</b>	
A. Describe your agency's experience in working with families to provide the supportive services as required in 2.3C of this RFP.	5 points
B. Describe how you plan to meet the requirement of providing concrete services to clients as described in 2.3G of this RFP.	5 points
C. Explain how you propose to work with families to be available to them during the hours that fit their daily routine described in 2.3G.	5 points
D. Describe your understanding of environmental, behavioral, and cognitive interventions with families described in 2.3G.	5 points
E. Describe how you propose to work with community partners to provide the concrete services to Clients described in 2.3D.	5 points
F. Explain how you propose to comply with Child Safety Outcome #1. 2.3J	5 points
G. Explain how you propose to comply with Child Safety Outcome #2. 2.3J	5 points

H. Explain how you propose to comply with Permanency Outcome #1. 2.3J	5 points
I. Explain how you propose to comply with Permanency Outcome #2. 2.3J	5 points
J. Explain how you propose to comply with Child and Family Well-Being Outcome #1. 2.3J	5 points
K. Explain how you propose to comply with Child and Family Well-Being Outcome #2. 2.3J	5 points
L. Does Contractor propose to provide services to all counties within a single DCFS service area? If so, please describe Contractor's approach to providing services to the entire area proposed. 2.3K	5 points
<b>E.3 ADDITIONAL CONTRACT REQUIREMENTS</b>	
A. Explain how you will ensure participation in the HomeBuilders® training described in 2.4A.	5 points
B. Describe how you will ensure adherence to the HomeBuilders® requirements described in 2.4B.	5 points
C. Describe your facility's record keeping and filing procedures described in 2.4C.	5 points
D. Describe how your program will comply with 2.4F.	5 points

Please check each county in which you are willing to provide the service.  
Please return with your response packet.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)  
INTENSIVE FAMILY SERVICES HOMEBUILDERS®  
AREAS/COUNTIES**

**AREA 1**

- Benton
- Carroll
- Madison
- Washington

**AREA 2**

- Crawford
- Franklin
- Johnson
- Logan
- Scott
- Sebastian
- Yell

**AREA 3**

- Clark
- Garland
- Hot Springs
- Howard
- Montgomery
- Perry
- Pike
- Polk
- Saline

**Area 4**

- Columbia
- Hempstead
- Lafayette
- Little River
- Miller
- Nevada
- Ouachita
- Sevier
- Union

**AREA 5**

- Baxter
- Boone
- Conway
- Faulkner
- Marion
- Newton
- Pope
- Searcy
- Van Buren

**AREA 6**

- Pulaski

**AREA 7**

- Bradley
- Calhoun
- Cleveland
- Dallas
- Grant
- Jefferson
- Lincoln
- Lonoke
- Prairie

**AREA 8**

- Clay
- Craighead
- Fulton
- Greene
- IZARD
- Lawrence
- Mississippi
- Randolph
- Sharp

**Area 9**

- Cleburne
- Crittenden
- Cross
- Independence
- Jackson
- Poinsett
- Stone
- White
- Woodruff

**Area 10**

- Arkansas
- Ashley
- Chicot
- Desha
- Drew
- Lee
- Monroe
- Phillips
- St. Francis