

RESPONSE PACKET
710-24-0009

RESPONSE 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"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned		
	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
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 Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* **may cause the Prospective Contractor's response to be rejected.**

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

SECTIONS 1 – 5: 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.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

MINIMUM QUALIFICATIONS 2.3

2.3.C Please select one of the following:

☐

Currently has SafeCare® national accreditation.

If the Respondent currently has SafeCare national accreditation, the Respondent may check the box above and provide copy of accreditation in lieu of submitting each item detailed in 2.3 Minimum Qualifications C.1 & 2.

☐

Not currently accredited through SafeCare national.

If the Respondent is not currently accredited, the Respondent shall submit items 1 and 2 below:

1. All state leadership staff members of Contractor's agency or Local Implementation Agency (LIA) **must** hold a Bachelor's degree in social work, education, sociology, psychology, human services, counseling, or related field in human services, and **shall** complete training and obtain certification as a SafeCare Provider. For verification purposes, the Prospective Contractor **must** provide copies of credentials with bid submission.
2. Each Service Provider **shall** have, at minimum, an Associate's degree in social work, education, sociology, psychology, human services, counseling, or related field in human services, and **shall** complete training and obtain certification as a SafeCare Provider. For verification purposes, Prospective Contractor **must** include with bid submission, copy of each Service Provider's credentials.

2.3.E Please select one of the following:

☐

Currently has an existing network of SafeCare Providers.

If the Prospective Contractor has an existing network of SafeCare Providers, for verification purposes, the Prospective Contractor **must** provide a list of existing SafeCare Providers, with bid submission.

☐

Does not currently have an existing network of SafeCare Providers.

Prospective Contractor **must** certify the ability to assemble a statewide network within sixty (60) calendar days of contract start. By signing below, the Prospective Contractor agrees to establish a statewide network of SafeCare Providers.

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

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

MINIMUM QUALIFICATIONS 2.3.D

The Contractor must have least one (1) office physically located in the State of Arkansas. For verification purposes, the Prospective Contractor must provide physical location(s) (address) of each office in the space provided below. Additional space is provided below and can be used if needed:

Physical Address:

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor 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.

	Maximum RAW Score Available
E.1 EXPERIENCE	
A. Provide examples and descriptions of experience with successful implementation of evidence-based practices.	5 points
B. Describe your organization's experience with administering a home-visiting program of a similar size and scope, including parent education and environmental (presence of lead) assessments.	5 points
C. Provide examples and descriptions of experience with successful implementation of a statewide parent education program.	5 points
D. Describe how your organization overcomes the challenge of providing services statewide to families in locations varying from dense urban settings to sparsely populated rural areas.	5 points
E. Describe your organization's capability to provide in-home parent education to caregivers who may possess limited or no English proficiency.	5 points
F. Describe how providers will meet availability requirements during non-traditional work hours, including nights and weekends.	5 points
E.2 APPROACH & METHODOLOGY	
A. Describe your organization's approach and methodology for managing service providers to minimize waitlist.	5 points
B. Describe your organization's approach and methodology for establishing and maintaining a network of qualified service providers.	5 points
C. Describe your organization's approach and methodology for monitoring and ensuring required training and certification of all service providers.	5 points
D. Describe your organization's approach to discharge planning and referral to resources and support.	5 points
E. Describe your organization's methodology for tracking and monitoring progress of clients.	5 points
E.3 QUALITY & PERFORMANCE	
A. Provide statistical data that measures the overall performance of services including the percentage of parents in assigned cases receiving services that complete and graduate from each module.	5 points
B. Describe your organization's process for ensuring parents and kin/fictive kin are able to provide meaningful feedback on the quality and types of services they receive.	5 points
C. Describe your organization's philosophy in relation to complying with Family First obligations.	5 points
D. Provide a minimum of three (3) references. References should include contact information, a description of services provided, any issues experienced with services, and outcomes.	5 points