



Arkansas Department of Health

4518 West Markham Street, Slot 58
Little Rock, AR 72205-3867

TECHNICAL PROPOSAL PACKET

DH-16-0002

CAUTION TO VENDOR

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

Arkansas Department of Health

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Little Rock, AR 72205-3867



PROPOSAL SIGNATURE PAGE

Type or Print the following information.

| RESPONDENT'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"/> Government/ Nonprofit | |
| Minority Designation: <i>See Minority Business Policy</i> | <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran | |
| AR Minority Certification #: _____ | | Service Disabled Veteran Certification #: _____ | | |

| VENDOR CONTACT INFORMATION | |
|---|------------------|
| <i>Provide contact information to be used for bid 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. |
| <p><i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See bid solicitation for additional information.</i></p> |

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

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.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

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.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 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.

Authorized Signature: _____

Use Ink Only.

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.

VENDOR 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 |
|------------------------------|----------------|------------------|
| | | |
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| | | |

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

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

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

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.

| | | Maximum RAW Score Available |
|------------|---|--|
| E.1 | Vendor Experience | |
| | Describe experience with Critical Access Hospitals (CAH) involving performance improvement activities | 10 points |
| | Describe experience working with rural health networks | 10 points |
| | Describe experience with data collection methods | 10 points |
| | Describe experience with data analysis and the preparing of graphic charts | 10 points |
| E.2 | Project Manager Experience | |
| | Describe Project Manager experience working with CAH | 10 points |
| | Describe Project Manager experience in performance improvement and patient safety activities | 10 points |