



# STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300

Little Rock, Arkansas 72201-4222

## ***TECHNICAL PROPOSAL PACKET***

***SP-16-0215***

## ***FISCAL INTERMEDIARY***

***NOTE: Updates are designated by red font.***

### **CAUTION TO VENDOR**

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



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**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"/> 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.  <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>

**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: \_\_\_\_\_

**SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**  
**SERVICE PROVIDER ONLY**

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

Section 3 does not apply for Fiscal Intermediary response.

**SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE FISCAL INTERMEDIARY ONLY**

- *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 5 - VENDOR AGREEMENT AND COMPLIANCE**  
**PROJECT MANAGER ONLY**

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

Section 5 does not apply for Fiscal Intermediary response.

**SECTIONS 6, 7, 8 - 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

**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.

	<b>Maximum RAW Score Available</b>
<b>FISCAL INTERMEDIARY ONLY GENERAL INFORMATION</b>	
<b>I.1 GENERAL EXPERIENCE</b>	
A. Describe the specific ways in which you are qualified to provide high-quality programming that meets ACC’s needs using Pay for Success financing	5 points
<b>I.2 ORGANIZATIONAL CAPACITY</b>	
A. Provide a detailed description of the organization, services provided, and experience with Pay for Success.	5 points
<b>I.3 STAFF CAPACITY</b>	
A. Describe your capacity to dedicate full-time staff with relevant expertise to the project, including the ability to do so during the development of the Pay for Success program with Arkansas’s state government and other stakeholders without compensation.	5 points
<b>I.4 ABILITY TO RAISE OPERATING CAPITAL</b>	
A. Describe your capability or experience with fundraising, investor relation, and legal or other tracking requirements.	5 points
B. Provide a detailed strategy for raising the necessary financing from private and philanthropic investors, with evidence that the strategy will work.	5 points
<b>I.5 PARTNERSHIP MANAGEMENT AND CAPACITY TO DEVELOP PAY FOR SUCCESS PROGRAM</b>	
A. Detail any past work with governments, services providers, funders, and professional evaluators.	5 points
<b>I.6 PAST WORK WITH ARKANSAS/SIMILAR STATES</b>	
A. Detail any past work with Arkansas’s state government, Arkansas-based service providers, funders, or target population. If none, detail the same for similar states. Explain the nature of the project(s), the ultimate results/outcomes, and any other relevant details.	5 points
<b>I.7 NEGOTIATION EXPERIENCE</b>	
A. Describe your ability to collaborate with and represent the interests of the government, the service provider, and the evaluator in a complex negotiation and achieve consensus on the Pay for Success contract deliverables. Use past experience for illustration.	5 points

<p style="text-align: center;"><b>FINANCIAL MODELING EXERCISE</b></p> <p>The below information must be responded to in a separate document which should be separately sealed from the above responses, and marked as “Financial Modeling Exercise”.</p>	
<p><b>NOTE:</b> This financial modeling exercise is included to evaluate the capacity of RFQ respondents to provide programming that will provide the necessary benefits to make a Pay for Success contract viable. All costs included in this exercise <u>shall not</u> be estimates for the cost of services in Arkansas and <u>shall not</u> be described as such – describing them as such shall result in disqualification from consideration. However, estimates of costs and benefits should be based on the most reputable sources available for similar programming elsewhere and/or provide other developed justifications – they should not be fictionalized. Responses which include actual costs to the State of Arkansas <u>shall</u> be disqualified.</p> <p><b>The financial modeling exercise serves as an opportunity to demonstrate respondents’ knowledge of the costs and benefits of their programming and their ability to manage complex financial situations.</b></p>	
<p><b>I.8 FINANCIAL MODELING EXERCISE</b></p>	
<p>A. Provide a timeline, for illustrative purposes only, including a budget, that details costs for the duration of a four (4) year Pay for Success project that takes six (6) months to execute.</p>	<p>5 points</p>