

RESPONSE PACKET
ACTI-19-01

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"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<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 Minority and Women-Owned Business Policy				

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 shall 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 response to be rejected.

Authorized Signature: _____ Title: _____
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.

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.**

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.

<u>Information for Evaluation</u> <u>Sub-Sections</u>	<u>Maximum</u> <u>Raw</u> <u>Points</u> <u>Possible</u>	<u>Sub-</u> <u>Section's</u> <u>Percentage</u> <u>Weight</u>	<u>* Maximum</u> <u>Weighted</u> <u>Score</u> <u>Possible</u>
<u>Does the vendor have experience with EMR/EHR systems?</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>What is the vendor's experience working in an established Multidisciplinary Medical Clinic setting?</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>Explanation of how the vendor would conduct a client/patient evaluation referred by another professional counselor or physician.</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>How does the vendor develop treatment plans and establish goals?</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>How does the vendor evaluate methods of treatment involving psychotherapeutic medication and counseling?</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>Discussion of how the vendor elevates client/patient progress.</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>Explanation of the vendor's documentation style.</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>How does the vendor provide assistance with his or her current billing practices?</u>	<u>5</u>	<u>12.5%</u>	<u>5</u>
<u>Total Technical Score</u>	<u>40</u>	<u>100%</u>	<u>40</u>