



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

RESPONSE PACKET
710-20-0016

CAUTION TO VENDOR

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

Type or Print the following information.

| ISRAEL BOYCOTT RESTRICTION CONFIRMATION | |
|---|--|
| <p>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.</p> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p> | |

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**

| | | | |
|------------------------------|--|---------------|--|
| Vendor Name: | | Date: | |
| Authorized Signature: | | Title: | |
| Print/Type Name: | | | |

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**

| | | | |
|------------------------------|--|---------------|--|
| Vendor Name: | | Date: | |
| Authorized Signature: | | Title: | |
| Print/Type Name: | | | |

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**

| | | | |
|-----------------------|--|--------|--|
| Vendor Name: | | Date: | |
| Authorized Signature: | | Title: | |
| Print/Type Name: | | | |

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 |
|------------------------------|----------------|------------------|
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☐ **PROSPECTIVE CONTRACTOR 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.

| | | | |
|------------------------------|--|---------------|--|
| Vendor Name: | | Date: | |
| Authorized Signature: | | Title: | |
| Print/Type Name: | | | |

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 MINIMUM QUALIFICATIONS | |
| A. Provide your Emergency Residential Childcare License obtained from the Child Care Facility Review Board. | 5 points |
| B. Describe your experience in providing the specialized services mentioned in the Scope of Work. | 5 points |
| C. Give address of and describe your physical location. | 5 points |
| E.2 APPROACH TO SCOPE OF WORK | |
| A. Describe your intake process for admitting clients on an emergency basis. | 5 points |
| B. Describe your plan to train staff to provide specialized services. | 5 points |
| C. Give detail description of your staff level of training in working with children and youth with disabilities. Submit resumes, certificates, and licenses (if applicable). | 5 points |
| D. Describe how you will ensure the availability of staff and services twenty-four (24) hours a day seven (7) days a week. | 5 points |
| E. Describe how vendor's facility has the ability to accept either gender. | 5 points |
| F. Explain how you will work with DCFS in regard to accepting referrals and completing DDS waiver applications. | 5 points |
| E.3 Quality Assurance | |
| A. Describe your Quality Assurance Plan. | 5 points |