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| **Applicant (Organization) Name:**  |
| **ATTACHMENT B: APPLICANT NARRATIVE FORM** This form is broken into four sections: Section 1. Administrative Response; Section 2. Applicant Business Certification; Section 3. Management and Technical Response; and Section 4. Budget Proposal. Applicants must respond to all questions in order and in the expandable space provided. |
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| **1** | **APPLICANT INFORMATION (ADMINISTRATIVE RESPONSE)**Applicant’s response to the questions in this Section 1, combined with the information provided in the Cover Sheet and Certifications and Assurances, comprise Applicant’s Administrative Response to this Request for Applications. While the Administrative Response is not given a number score, information provided as part of Applicant’s Administrative Response may cause the Applicant to be disqualified and may be considered in evaluating Applicant’s qualifications and experience. | **MAXIMUM TOTAL POINTS** |
| a | Please indicate whether you employ or contract with any current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Request for Applications; and 4. the Individual’s proposed role in providing the services under any Contract that may be awarded.  | NOT SCORED |
|  | **ANSWER**:  |  |
| b | Please indicate whether you are requesting that ORIA consider any exceptions and/or revisions to the sample contract language found in Attachment F. If so, state the Attachment F page number on which text you request to change is found, and state the specific changes you are requesting. ORIA shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language that is not identified in response to this question.  | NOT SCORED |
|  | **ANSWER**: |  |
| c | Please indicate whether your organization has had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Applicant’s performance; whether and how these alleged deficiencies were remedied; and any other information pertinent to Applicant’s position on the matter. “Termination for Cause” refers to any notice to Applicant to stop performance due to Applicant’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation. | NOT SCORED |
|  | **ANSWER**: |  |
| d | Please identify any prior contracts Applicant has entered into with the State of Washington within the past three (3) years. For ORIA contracts you may just list the programs and contract years. For contracts with other state agencies, please list the name of the agency, the nature of the contract and a primary agency contact for each.  | NOT SCORED |
|  | **ANSWER**: |  |
| e | Please indicate whether Applicant has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Applicant proposes to provide pursuant to this Request for Applications. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable), and Applicant’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding commenced. | NOT SCORED |
|  | **ANSWER**: |  |
| f | Please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, its proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by ORIA. | NOT SCORED |
|  | **ANSWER**:  |  |
| **2** | **APPLICANT BUSINESS CERTIFICATION** | MAXIMUM TOTAL POINTS |
| a | Are you a Washington Small Business as defined under **RCW 39.26.010**?According to **Chapter 39.26.010 RCW**, to qualify as a Washington Small Business, Applicant must meet three (3) requirements: * 1. *Location*. Applicant’s principal office/place of business must be located in and identified as being in the state of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel.
	2. *Size*. Applicant must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars ($7,000,000) annually as reported on Applicant’s federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years.
	3. *Office of Minority and Women’s Business Enterprises.* Is certified with Office of Minority and Women’s Business Enterprises under Chapter 39.19 RCW.
	4. *WEBS Certification*. Applicant must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](https://pr-webs-customer.des.wa.gov/)).
 | 2 points |
|  | **ANSWER**:  |  |
| b | Are you a Certified Washington Veteran-Owned Business as defined under **RCW 43.60A.190**?According to **Chapter 43.60A.190 RCW**, to qualify as a Certified Washington Veteran-Owned Business, Applicant must meet Four (4) requirements: 1. *51% Ownership. Applicant must be at least fifty-one percent (51%) owned and controlled by:*
2. *A veteran as defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007;*
3. *A person who is in receipt of disability compensation or pension from the*

 *department of veteran’s affairs; or*1. *An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.*
2. *Washington Incorporation/Location. Applicant must either be an entity that is incorporated in the state of Washington as a Washington domestic corporation or, if not incorporated, an entity whose principal place of business is located within the State of Washington.*
3. *WEBS Certification. Applicant must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](https://pr-webs-customer.des.wa.gov/)*).*
4. *WDVA Certification. Applicant must have provided certification documentation to the Washington Department of Veterans’ Affairs WDVA) and be certified by WDVA and listed as such on WDVA’s website (*[*WDVA – Veteran-Owned Businesses*](https://www.dva.wa.gov/veterans-their-families/veteran-owned-businesses/vob-search)*).*
 | 2 points |
|  | **ANSWER**:  |  |

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| **3** | **APPLICANT QUALIFICATIONS AND EXPERIENCE (MANAGEMENT AND TECHNICAL RESPONSE)****100 Points Possible** **NOTE: for the purposes of this proposal, the term ‘refugee’ refers to the following immigration statuses as defined by federal law:*** **Refugee**
* **Asylee**
* **Certified Victim of Human Trafficking**
* **Amerasian**
* **Cuban-Haitian Entrant**
* **Afghan and Iraqi Special Immigrant Visas (SIV) Holders**
 | MAXIMUM TOTAL POINTS |
| a | Please acknowledge that the organization is DOJ Recognized, has current DOJ Accredited staff, and/or has an immigration attorney on staff.  | NOT SCORED |
|  | **ANSWER**:  |  |
| b | Please provide an overview of your organization’s experience providing immigration services to the refugee community. Describe in more detail your organization’s experience with filing the following forms with USCIS: Form I-485: Application to Register Permanent Residency or Adjust Status, Form I-765: Application for Employment Authorization, and Form I-912: Request for Fee Waiver.  |  15 points |
|  | **ANSWER:** |  |
| C | Please describe your program’s intake and assessment process. How will you ensure that only eligible refugees receive services with this funding? |  10 points |
|  | **ANSWER:** |  |
| d | Please provide a comprehensive description of your organization’s approach to immigration case management from the first intake to form completion/submission to USCIS to the case approval. How do you monitor progression of the case? | 10 points |
|  | **ANSWER**:  |  |
| e  | Please describe your program’s file management and data collection system. How does your organization protect client’s personal data and confidentiality? How do you ensure client confidentiality when sharing information with subcontractors for reporting (if applicable)? | 10 points |
|   | **ANSWER**:  |  |
| f | Please provide data that reflects your organization’s experience for the last three years. Please add more rows as needed. In addition, please provide countries of origin by year for forms I-485 and I-765.

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| USCIS Form | Unduplicated number submitted to USCIS by year | Unduplicated number approved or still pending by USCIS by year |
|   | 2022 | 2021 | 2020 | 2022 | 2021 | 2020 |
| Form I-485 |  |  |  |  |  |  |
| Form I-765 |  |  |  |  |  |  |

 | 10 points |
|  | **ANSWER**:  |  |
| g | How many unduplicated clients does your organization have the capacity to serve annually with your proposed budget? How many I-485s and I-765s do you propose to file? How did you determine this number?  | 15 points |
|  | **ANSWER**:  |  |
| h | Provide a list of locations where the services will be available?  | 5 points |
|  | **ANSWER**:  |  |
| i | Identify the staff who would provide services and complete the table below. Add rows as needed. The staff list should include those providing direct services to clients; oversight and supervision; data entry; invoicing and reporting. If staff to be hired, please list as Open Position and list the details related to the position.

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| Name (Last, First) | Language(s) spoken | Title, position, accreditation | Scope of work under this funding | FTE% charged to this funding |
|  |  |  |  |  |

 | 10 points |
|  | **ANSWER**:  |  |
| j | What outreach methods will your organization use to reach potential participants? | 5 points |
|   | **ANSWER**:  |  |
| k | How will your organization provide culturally and linguistically appropriate services to all eligible clients? How will you provide free interpretation and translation services, especially when bilingual staff are unavailable?  | 10 points |
|  | **ANSWER**:  |  |
| **4** | **APPLICANT’S BUDGET PROPOSAL- 15 Points Possible** | MAXIMUM TOTAL POINTS |
| a | Describe the costs for providing proposed services for one year. Provide justification for associated program costs. Attach a completed IRLS Annual Budget Spreadsheet (Attachment C) | 10 points |
|  | **ANSWER**:  |  |
| b | Describe your organization’s financial viability to carry out the services for one year. Does your organization have the capability to meet program expenses in advance of monthly payments? | 3 points |
|  | **ANSWER**:  |  |
| c | Identify any other funding sources used to provide immigration services to refugees and how you will leverage the funds and prevent duplication of services. | 2 points |
|  | **ANSWER**:  |  |