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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. The total page limit for this document is 18 pages. | | | |
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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** | MAXIMUM TOTAL POINTS |
| a | Please provide an overview of your organization’s experience providing services to immigrants/refugees and your organization’s experience providing services to children from ages zero to five (or their parents). Describe which populations you have served, which programs you have offered, and how long your organization has been providing these services. What are the specific needs and challenges you have noted in refugee children and their families? How have these needs been identified? | 15 points |
|  | **ANSWER**: |  |
| b | Describe the services you are proposing and which of the priority areas the services correspond to: facilitating child care and preschool access, supporting the academic and social preparation of children for formal schooling, or supporting parent engagement. Include information how the services will be implemented including information on the location, frequency and duration of the services. How will these services address the needs identified? | 15 points |
|  | **ANSWER:** |  |
| c | How will outreach and recruitment be conducted? | 10 points |
|  | **ANSWER:** |  |
| d | How will the Early RSI program you are proposing address the unique cultural, linguistic, and educational backgrounds of the target population? What strategies or adaptations will be employed to ensure the program is culturally relevant, sensitive, and effective in meeting their needs? | 10 points |
|  | **ANSWER**: |  |
| e | How will the Early RSI program you are proposing align with and complement existing services and initiatives that support the needs of the target population? Are there any collaborations or partnerships with other organizations or stakeholders that have been established or planned to enhance the impact of this program? | 10 points |
|  | **ANSWER**: |  |
| f | Describe your program’s intake, enrollment, assessment, and disenrollment process. How will your organization verify participant eligibility, including immigration status? | 10 points |
|  | **ANSWER**: |  |
| g | Specify by each program the number of participants to be served each quarter during Federal Fiscal Year (FFY) 2024 and the unduplicated number to be served by the end of the fiscal year, or other relevant and applicable outputs. For example:  Program: Parenting Classes on Supporting Healthy Early Childhood Development  Quarter 1 (October 1, 2023-December 31, 2023): 10 parents served  Quarter 2 (January 1, 2024-March 31, 2024): 20 parents served  Quarter 3 (April 1, 2024-June 30, 2024): 30 parents served  Quarter 4 (July 1, 2024-September 30, 2024): 30 parents served  Total number of *unduplicated* parents served: 70\*  **\*Note**: In this scenario, some of the parents served each quarter were duplicates of those served in the prior quarter. Meaning, the parent participated in parenting classes in one quarter, and continued to participate in parenting classes in a subsequent quarter. Therefore, the annual, unduplicated total does not match the sum of all quarters. Depending on the scope and structure of your program, the annual, unduplicated amount may or may not equal the sum of the quarters. | 10 points |
|  | **ANSWER**: |  |
| h | Describe the intended program outcomes for each service area/program you are proposing. Outcomes should be specific, measurable, achievable, relevant, and time-bound. Provide a description of the metrics or indicators you will track and specify how and at what frequency these metrics will be collected. If you are proposing to use existing assessment or screening tools such as the PICCOLO or ASQ-3, how will the staff working in the Early RSI program be trained in the use of such tools? | 10 points |
|  | **ANSWER**: |  |
| i | Identify the staff who would provide services through the Early RSI program. Briefly describe the experience, qualifications, roles and responsibilities of staff (or proposed staff) who will work on the program. Please also include the percentage of the staff member’s time to be allocated to the Early RSI program. | 5 points |
|  | **ANSWER**: |  |
| j | How does your organization protect client personal data and ensure confidentiality? If applicable, how will your organization ensure data security when sharing and/or receiving data from subcontractors. | 5 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 Early RSI Program Annual Budget (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 | Leveraging other funding: Describe other funds that your organization will use to provide services to the target population. Please include funding source. | 2 points |
|  | **ANSWER**: |  |