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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)**  **140 Points Possible** | MAXIMUM TOTAL POINTS |
| a | Please provide an overview of your organization’s experience providing employment services to refugees and immigrants. Describe which programs you have offered and how long your organization has been providing services. Please include any highlights or significant achievements that have been an outcome of these programs | 15 points |
|  | **ANSWER**: |  |
| b | For each of your employment programs, please list the following for the past three years:   * The goal metrics for the program. * The annual unduplicated number of clients served by program. * The number or percentage of participants successfully completing services and becoming employed. * Any other significant outcome(s) you would like to share. | 10 points |
|  | **ANSWER:** |  |
| C | Describe your organization’s current relationships with local employers or educational institutions. How will you conduct outreach and engage potential employers and new job sites specifically employers who offer positions in professional career placements? Alternatively, how will you conduct outreach and engage potential educational institutions to support clients to upskill and/or re-credential for professional placement opportunities? | 10 points |
|  | **ANSWER:** |  |
|  |  |  |
| d | Describe how your program plans to provide services through the CLEVER Employment Program. Please include a description of your service delivery model. If you are applying as a consortium, provide a clear explanation of each member’s roles and responsibilities. If you have a specific industry that you will target, please provide a clear explanation of how you will support clients to re-enter that specific field. | 15 Points |
|  | **ANSWER**: |  |
| e | What specific needs and challenges have you noted for clients with professional backgrounds as they try to re-enter their former career field? How have these needs been identified? As the CLEVER program aims to provide Career Re-Entry services, please describe how your CLEVER services will differ from standard employment services to ensure clients are able to successfully re-enter their former career fields. | 10 points |
|  | **ANSWER**: |  |
| f | What outreach methods will your organization use to reach potential participants? What methods of engagement will you utilize to ensure active participation in a program that is voluntary for the clients? | 10 points |
|  | **ANSWER**: |  |
| g | Identify the staff who would provide services through the CLEVER Employment 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 CLEVER Program. The staff list should include those providing direct services to clients; employer outreach; oversight and supervision; invoicing; and data entry into the Monthly Caseload Report (MCR) | 15 points |
|  | **ANSWER**: |  |
| h | How does your organization incorporate concepts and principles of equity, diversity and inclusion in your work? | 10 points |
|  | **ANSWER**: |  |
| i | How does your organization protect client personal data and confidentiality? | 5 points |
|  | **ANSWER**: |  |
| j | Please specify by each service the number of participants to be served each quarter during Federal Fiscal Year (FFY) 2025 and the unduplicated number to be served by the end of the fiscal year, and other relevant and applicable outputs. For example:  **Program: Professional Case Management, Placement and Retention Services:**   * Quarter One: 15 clients enrolled in professional case management; 5 clients placed in former career field * Quarter Two: 15 clients enrolled in professional case management; 5 clients placed in former career field * Quarter Three: 10 clients enrolled in professional case management, 10 clients placed in former career filed, 5 clients achieve 90-day retention. * Quarter Four: 10 clients enrolled in professional case management, 10 clients placed in former career field, 10 clients achieve 90-day retention. * Total Annual Numbers: 50 clients enrolled in professional case management, 30 clients placed in former career field, 15 clients achieve 90-day retention.   **\*Note:** In this scenario there is overlap across the services for clients for example, the clients enrolled in Professional Case Management are the same clients placed and obtaining the 90-day retention. | 10 points |
|  | **ANSWER:** |  |
| k | As part of the CLEVER contract, ORIA will implement an 80 20 contract model meaning that 80% of the payment is guaranteed and the other 20% is based on performance payment points. Given this, please propose 2 performance-based outcomes for the performance payment points. For example, based on the scenario above:  **Program: Professional Case Management, Placement and Retention Services:**   * Performance Payment Point 1: 50% placement rate. * Performance Payment Point 2: 50% retention rate. * Based on the numbers above, this Contractor would have met both their performance payment points and will receive both 10% performance payments.   **\*Note:** These performance payment points will be discussed and negotiated during contract negotiation. | 10 points |
|  | **ANSWER**: |  |
| l | Describe how your organization collaborates with other community partners to connect participants with resources and to provide wraparound services and ensure access to educational and professional development opportunities. | 5 points |
|  | **ANSWER**: |  |
| m | How will your organization provide culturally appropriate services to all eligible clients? | 5 points |
|  | **ANSWER**: |  |
| n | Describe your program intake, enrollment, assessment and disenrollment process. How will your organization verify a client’s eligibility, including immigration status? | 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 that you have included on your completed Employment 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 employment services to refugees and immigrants. Please include funding source. | 2 points |
|  | **ANSWER**: |  |