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| **Applicant 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. Applicant must respond to all questions in the 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 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 this 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 page of Attachment F 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 are not identified in response to this question. | | NOT SCORED |
|  | ANSWER: | |  |
| c | If Applicant considers any information that is submitted as part of its Application to be proprietary, please identify the numbered pages of Applicant’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages. | | NOT SCORED |
|  | ANSWER: | |  |
| d | Please indicate whether you have 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: | |  |
| e | Please identify any prior contracts Applicant has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each. | | NOT SCORED |
|  | ANSWER: | |  |
| f | 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 was filed. | | NOT SCORED |
|  | ANSWER: | |  |
| g | 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: | |  |
| h | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please so indicate. | | NOT SCORED |
|  | ANSWER: | |  |
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| **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. *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)** | MAXIMUM TOTAL POINTS |
| a | Describe your organization’s experience providing English language training and education services. Include how long your organization has been providing services, the annual unduplicated number of clients served and the number of those successful in completing services to gain employment or higher education or meet personal goals. | 10 points |
|  | ANSWER: |  |
| b | Describe the services your organization plans to provide under this application. Please include a description of the service delivery model. If you are applying as a consortium, provide a clear explanation of each member’s roles and responsibilities. | 10 points |
|  | ANSWER: |  |
| c | How has your language acquisition program helped clients integrate into their new community? In addition, provide two program highlights or one client success story. | 5 points |
|  | ANSWER: |  |
| d | What outreach methods will your organization use to reach potential participants? Explain your agency’s experience working directly with DSHS Community Service Office (CSO) staff. | 3 points |
|  | ANSWER: |  |
| e | Explain your organization’s experience serving a population with multiple barriers. What are the barriers, and what strategies does your organization use to help address these barriers? | 4 points |
|  | ANSWER: |  |
| f | How will you identify staff for this program? What credentials, education, and/or lived experience will your agency use to determine good staff match with English language training and education service contract? | 4 points |
|  | ANSWER: |  |
| g | How does your organization embed concepts and principles of equity, diversity and inclusion in your work? | 10 points |
|  | ANSWER: |  |
| h | How does your organization protect client’s personal data and confidentiality? | 5 points |
|  | ANSWER: |  |
| i | How many clients does your organization have the capacity to serve annually? What specific counties and/or local areas will your organization serve? | 10 points |
|  | ANSWER: |  |
| j | Describe how your organization collaborates with other community resources, with employment and training partners to provide wrap around services for LEP clients. | 2 points |
|  | ANSWER: |  |
| k | How will your organization provide culturally appropriate services to all eligible clients? How will you provide interpretation and translation services, especially when bilingual staff are unavailable? | 10 points |
|  | ANSWER: |  |
| l | Describe your program intake, enrollment, assessment and disenrollment process. How will your organization verify a client’s eligibility for the program? | 3 points |
|  | ANSWER: |  |
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| **4** | **APPLICANT’S BUDGET PROPOSAL** | MAXIMUM TOTAL POINTS |
| a | Describe the costs for providing proposed services for one year. Provide justification for associated program costs. Attach a completed ESL | ELA Services Program Annual Budget Spreadsheet (Attachment C) | 15 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 quarterly payments? | 3 points |
|  | ANSWER: |  |
| c | Leveraging other funding: Describe other funds that your organization will use to provide ESL | ELA services to refugees and immigrants. Please include funding source. | 2 points |
|  | ANSWER: |  |