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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into five (5) sections: **Section 1. Administrative Response; Section 2. Management Response/Bidder Qualifications; Section 3. Reference Check, Section 4. EO 18-03 Certification, and Section 5. Bidder’s Acknowledgment .** Bidders must respond to all questions in order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of Bidder’s response to this Attachment D.  |
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| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE) – Required; Pass/Fail**Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience.  | **MAXIMUM TOTAL POINTS** | **THIS COLUMN IS FOR EVALUATION PURPOSES ONLY** |
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| a | Indicate whether Bidder employs or contracts 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 Solicitation; and 4) the Individual’s proposed role in providing the services under this any Contract that may be awarded. | NOT SCORED |  |
|  | ANSWER:  |  |  |
| b | Indicate whether Bidder’s Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | NOT SCORED |  |
|  | ANSWER:  |  |  |
| c | Indicate whether Bidder is requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text is found, and the specific changes Bidder is requesting. DSHS 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: |  |  |
| d | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages. Please note: Responses are subject to the Washington Public Records Act and DSHS cannot guarantee that they will remain confidential. Please avoid including proprietary information with bidder responses. | NOT SCORED |  |
|  | ANSWER:  |  |  |
| e | Indicate whether Bidders 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 Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’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: |  |  |
| f | Identify any prior contracts Bidder 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: |  |  |
| g | Indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | NOT SCORED |  |
|  | ANSWER: |  |  |
| h | Describe Bidder’s proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor (or type of 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 DSHS. | NOT SCORED |  |
|  | ANSWER:  |  |  |
| i | Describe any programs, policies or activities of Bidder’s organization that support human health and environmental sustainability in Bidder’s 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** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE) Required; Total Maximum Points 90** | **MAXIMUM TOTAL POINTS** | **THIS COLUMN IS FOR EVALUATION PURPOSES ONLY** |
|  |  |  |  |
| a | Please provide your firms experience, skills and qualifications in providing Temporary Contract Nurse Staffing Services below. Please include all information that you wish DSHS to consider in determining whether you meet requirements set forth in the Solicitation Document, including: 1. **Number of years you have provided Temporary Contract Nurse Staffing Services.**

|  |  |
| --- | --- |
| **Number of Years** | **Points** |
| Less than one year | 0 Points |
| 1-2 years | 5 Points |
| 3-5 years | 10 Points |
| 6+ years | 20 Points |

1. **Describe your firms experience securing Temporary Contract Nurse Staffing assignments at Psychiatric and/or Mental Health Facilities.**

 Up to 5 points may be awarded | 25 |  |
|  | ANSWER: |  |  |
| b | Provide the number of Temporary Contract Nurse assignments your firm has secured with respect to your overall business and your business within the state of Washington, at Psychiatric and/or Mental Health Facilities and shall be scored as follows:

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| --- | --- |
| **Number of secured Temporary Contract Nurse Assignments in Psychiatric and/or Mental Health Facilities in WA State** | **Points** |
| 0 Secured Assignments | 0 Points |
| 1-5 Secured Assignments | 5 Points |
| 6-10 Secured Assignments | 10 Points |
| 11-19 Secured Assignments | 15 Points |
| 20+ Secured Assignments | 20 Points |

 | 20 |  |
|  | ANSWER |  |  |
| c | Provide the number of qualified Contract Nurses your firm has available that have Psychiatric and/or Mental Health experience and are willing to consider an assignment with a DSHS facility, if you are awarded a contract. | 20 |  |
|  | ANSWER:  |  |  |
| d | Describe the processes your firm will follow to recruit and retain qualified Temporary Contract Nurses for assignment at DSHS facilities, if you are awarded a contract. | 15 |  |
|  | ANSWER: |  |  |
| e | List the key team member(s) who will serve as the Contractor Representative to fill and manage assignments if you are awarded a contract. Provide the Representative’s resume, number of assignments secured, and number of years employed with Bidder’s firm. Note: If awarded a Contract, Contractor shall assign the key team member(s) and shall make good faith effort to retain the key team member to the contract throughout its term.  | 5 |  |
|  | ANSWER:  |  |  |
| f | Describe additional experience that distinguishes your firm from other Temporary Contract Nurse Staffing firms or makes it uniquely qualified for the Contract. | 5 |  |
|  | ANSWER: |  |  |
| **3** | **BIDDERS REFERENCE CHECK - Required; Total Maximum Points 5** | **MAXIMUM TOTAL POINTS** | **THIS COLUMN IS FOR EVALUATION PURPOSES ONLY** |
|  |  |  |  |
|  | Provide the names and contact information for three (3) individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | 5 |  |
|  | ANSWER: |  |  |
| **4** | **BIDDER EO 18-03 CERTIFICATION – Required; Total Maximum Points 5** | **MAXIMUM TOTAL POINTS** | **THIS COLUMN IS FOR EVALUATION PURPOSES ONLY** |
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|  | Are Bidder’s employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?Please Note: Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that Bidder’s employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful bidder, a term will be added to Bidder’s contract certifying this response and requiring notification to DSHS if you later require Bidder’s employees to agree to these clauses or waivers during the term of the contract. | 5 (for answer “no”) |  |
|  | ANSWER: |  |  |
| **5** | **BIDDER’S ACKNOWLEDGMENT of STATEMENT REGARDING TRAVEL AND DIVERSITY; Not Scored** | **MAXIMUM TOTAL POINTS** | **THIS COLUMN IS FOR EVALUATION PURPOSES ONLY** |
|  |  |  |  |
| a | Does Bidder’s firm have a Washington Office or plan to establish one?  | NOT SCORED |  |
|  | ANSWER: |  |  |
| b  | Describe how Bidder incorporates diversity into firm business organization and recruitment.  | NOT SCORED |  |
|  | ANSWER:  |  |  |