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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into five sections: Section 1. Administrative Response; Section 2. Management Response; Section 3. Technical Response Section 4. Quotation/Cost Proposal; and Section 5. EO 18-03 Response. Bidders must respond to all questions in the 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 your response to this Attachment D.  |
|  |  |  |
| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)**Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, 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** |
|  |  |  |
| 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 Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded.  | NOT SCORED |
|  | ANSWER:  |  |
| b | Please list the names and contact information for three 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. | NOT SCORED |
|  | ANSWER: |  |
| c | Please indicate whether your 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:  |  |
| d | Please indicate whether you are 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 text you request to change is found, and state the specific changes you are 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: |  |
| e | 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.  | NOT SCORED |
|  | ANSWER:  |  |
| f | 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 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: |  |
| g | Please 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: |  |
| h | Please 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: |  |
| i | 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 DSHS. | NOT SCORED |
|  | ANSWER:  |  |
| J | 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:  |  |
| K | Please disclose if you are a certified small business, veteran-owned/operated, women and/or minority-owned business/organization, or if you currently subcontract with any of the above. Please include the length of time you’ve been certified or have subcontracted with these organizations and provide a list of goods/services provided by these resources. | NOT SCORED |
|  | ANSWER: |  |
| L | Please provide the names and titles of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its Key Personnel from the Project without prior approval of DSHS. | NOT SCORED |
|  | ANSWER: |  |
| **2** | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS |
| EO | Are your 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 your 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 your contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the contract. | 5 |
|  | ANSWER: |  |
| **3** | **BIDDER CERTIFICATION – WASHINGTON SMALL BUSINESS** | MAXIMUM TOTAL POINTS |
| EO | 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, Bidder must meet three (3) requirements: * 1. *Location*. Bidder’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*. Bidder 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 Bidder’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*. Bidder must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)).
 | 10 |
|  | ANSWER: |  |
| **4** | **BIDDER CERTIFICATION – WASHINGTON CERTIFIED VETERAN OWNED BUSINESS** | MAXIMUM TOTAL POINTS |
|  | 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, Bidder must meet Four (4) requirements: 1. *51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:*
2. *A veteran is 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. Bidder must be either 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. Bidder must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)*).*
4. *WDVA Certification. Bidder 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)*).*
 | 10 |
|  | ANSWER: |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** | **70 pts** |
| A | Please describe in detail, the bidder’s experience in working with populations experiencing intellectual and/or developmental disabilities, including any experience directly relevant to the training and construction of professional development programs designed to support professionals (case management staff, social workers, direct care providers, community partners) in how to support this demographic with maintaining health and safety, financial management, job skills/career development, social and emotional well-being, and developing and supporting individuals with I/DD to reach personal goals and effectively engage in their community. Highlight any experience and/or understanding your firm maintains pertaining to Washington State’s diverse communities and your firm’s involvement in these communities: | 15 |
|  | ANSWER:  |  |
| B | Please describe the bidder’s skill set, qualifications, and experience in creating professional development programs and training reflective of the following frameworks: adult learning theory, person-centered practices, equity, diversity, access and inclusion principles, and cooperative learning theory. | 15 |
|  | ANSWER: |  |
| C | Please provide an account of your partnerships, and subcontracted resources, professionals and/or subject matter experts-particularly any consultants with intellectual/developmental disabilities-who specialize in the following fields and outline any processes around how the bidder engages with these resources in addressing/responding to business needs: person-centered practices, secondary traumatic stress, self-care, customer service, equity, diversity, access and inclusion, cultural competence, cultural humility, de-escalation, co-occurring conditions, safety and orientation, and specific care-providing practices related to supporting individuals with intellectual and/or developmental disabilities. | 15 |
|  | ANSWER: |  |
| D | Provide an outline of the bidder’s experience and/or subject matter expertise with the use and facilitation of virtual platforms, video conferencing resources, and other technology related to remote/telework and virtual facilitation of training programs. Please include any experiences with barriers/challenges with the use of previous and preferred technology resources and the usage analysis conducted to determine preference of current resources. DSHS primarily utilizes Microsoft Teams and Zoom; please specifically address your experience with these two applications in this answer. | 15 |
|  | ANSWER:  |  |
|  E  | Please describe the bidder’s staffing structure/team currently in place that is responsible for developing, tracking, monitoring and reporting out on details related to budget and finance-specifically as it relates to ongoing budget changes in response to business needs and how transactions are received, processed, recorded, communicated and finalized. Please provide individual job experience for each of your staff members, their years of experience in budget/financial management and monitoring, include the number of dedicated staff assigned to this specific team and the process/protocol the bidder has developed for budget monitoring and tracking. Be sure to include any systems, technology and/or preferred tools the bidder uses to organize, track and report on this category:  | 10 |
|   | ANSWER:  |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** | **30 pts** |
| H | Quality customer service is central to this work. Please describe your organization’s approach to customer service and any tools/systems/portals/etc. you utilize to streamline and maintain high quality customer service. Include your organization’s approach to maintaining customer service during times of staff turnover, or other unforeseen staffing issues.  | 10 |
|  | ANSWER:  |  |
| I | Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings and actions? | 10 |
|   | ANSWER: |  |
| J | Please describe the measures you employ to assure that your services and deliverables are provided in a cost effective manner that is consistent with quality outcomes and fair employment practices. | 10 |
|  | ANSWER: |  |

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| **6** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)** | **MAXIMUM TOTAL POINTS**: **100** |
| A | Please provide a proposed approach to incorporating the Developmental Disabilities Administration’s mission, vision, and values (as listed below) for each SOW Exhibit, A-H, as found in Attachment A: Sample Contract to this RFP.DDA’s Mission, Vision, and Values:⦁ Mission: Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.⦁ Vision: Support individuals by continually improving and individualizing supports, building support plans based on needs, and engaging individuals and families.⦁ Values: Respect, Person-Centered Planning, Partnerships, Community Participation | 10 |
|  | ANSWER:  |  |
| B  | What technical assistance processes do you have in place to respond to requests from DDA HQ, Regional Management and Field Services to subcontract with subject matter experts for training and services, event planning and technical assistance? | 10 |
|   | ANSWER:  |  |
| D | Please describe in detail the bidder’s strategic approach to budget and fiscal management; specifically, how the bidder compiles invoices, receipts, statements of work, agreements, transactions etc. and reconciles them with existing or proposed budget amounts. Please include how the bidder responds to requests for changes and/or adjustments to initial purchases/procurements and include any policies and/or standard operating protocols for communicating and tracking these exchanges with the customer and ensuring all relevant parties are updated on progress and finalization with transactions.*Please include the process on how your firm determines costs associated with overhead expenses, trainer fee schedules, and trainer expenses.* | 10 |
|  | ANSWER: |  |
| E | Provide an example of your firm’s ability to analyze participant evaluations of training/events and trainer ability and how to incorporate the quantitative and qualitative summaries into reports: | 10 |
|  | ANSWER: |  |
| F | Describe in detail the ability and experience of your firm’s staff to manage the deliverables described in Attachment A: Sample Contract. Please include your firm’s demonstrated ability to coordinate schedules of your own staff or identified subcontractors utilized in support of said deliverables, including training, technical support, and design/coordination/planning of conference and other large-scale events:*Please include an example of your firm’s ability to coordinate travel, lodging, schedules, and other requirements of the trainers who are completing requested tasks and events.* | 10 |
|  | ANSWER: |  |
| I | Please provide an account of the bidder’s experience and/or a list of bidder’s subcontractors who specialize in dispute resolution and/or mediation. Include the individual names of the providers/companies on staff or subcontracted, their years of experience in this work and any documentation related to certification, degrees and/or accreditation for indicated parties: | 10 |
|  | ANSWER: |  |
| J | Provide an example of your firm’s ability to market, design schedules, coordinate planning efforts, register, conclude and document satisfaction as outlined in the project scope. Please include your firm’s experience with registration platforms like Eventbrite, Training Assistance Request environments, and use of evaluation/survey programs | 10 |
|  | ANSWER: |  |
| K | For the Supported Employment and Community Inclusion trainings, describe your firm’s understanding of the following:1. Employment First
2. School to Work
3. Community Inclusion
4. Social Security, Benefits Planning and Work Incentives
5. System Navigation
 | 10 |
|  | ANSWER: |  |
| O | Provide an example of how your firm would communicate with a customer’s primary point of contact (in this case, the Contract Monitor, or designee) in order to design, arrange for, conduct and/or subcontract for any activities, training or technical assistance in response to an emergent event. Please include protocols related to response deadlines, processes in place for follow-up and coordination, and auditing any requests | 10 |
|  | ANSWER: |  |
| P | Please provide an overview of the bidder’s vetting process as it relates to subcontracting with consultants, professionals and/or other subject matter experts who provide unique services and/or certifications in a field of interest (i.e., person-centered approaches, providing care for individuals experiencing I/DD, mediation, trauma-informed care, equity, diversity, access and inclusion, etc.). In the event that a subcontractor is negligent and/or noncompliant with expectations around contracting, delivering quality products, lack of professionalism or encountering conflict, please describe the bidder’s process for addressing these concerns and employing solution-based approaches to settling issues while prioritizing and meeting customer needs/expectations. | 10 |
|  | ANSWER: |  |

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| **7** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)**  | **MAXIMUM TOTAL POINTS: 50** |
| A | Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract. Bidders should utilize the table below to identify all costs.  |  |
|  | TOTAL MAXIMUM BID AMOUNT: $ |  |

|  |  |  |
| --- | --- | --- |
| **Category** | **Description/Allocation** | **Amount per State Fiscal Year** |
|  |
| **Exhibit A: ALTSA Dispute Resolution - Meeting Facilitation** |
|  | TBI Meetings / Coordinator Support / Consultation /Facilitation Combined Time and MaterialsTotal 425 hours | $ |
|  |  |  |
|  | **Total for Services under Exhibit A:** | **$** |
|  |
| **Exhibit B: Field Services** |  |  |
|  |
| **Technical Assistance Training and Consultation** |
|  | Field Services Core Training | $ |
|  | Field Services Academies | $ |
|  | Self-Advocate Consultation & Collaboration | $ |
|  | **Sub Total: $** |  |
|  |
| **Regional Technical Assistance, Training, and Continuing Education** |
|  | Region 1 | $ |
|  | Region 2 | $ |
|  | Region 3 | $ |
|  | **Sub Total: $** |  |
|  |
|  | **Total for Services under Exhibit B:** | **$** |
|  |
| **Exhibit C: Provider Training Technical Assistance and Support** |
| Supported Living & Provider Trainings | Required seventy (70) hour train the trainer & updating curriculum & new training series continuing education | $ |
| Specialty training | Manage and coordinate subcontracting with Approved DD Specialty Trainers.  Coordinate scheduling to training, training materials, training venue, technical support, training evaluation, participant records and completion certificates | $ |
| SOLA | SOLA | $ |
|  | Printed materials | $ |
|  | **Total for Services under Exhibit C:** | **$** |
|  |
| **Exhibit D: Supported Employment and Inclusion Training** |
|  | **Total for Services under Exhibit D:** | **$** |
|  |
| **Exhibit E: DDA Roads to Community Living** |
|  | Technical Assistance | $ |
|  | Reinvestment | $ |
|  | **Total for Services under Exhibit E:** | **$** |
|  |
| **Exhibit F: Preadmission Screening and Resident Review (PASRR)** |
|  | Trainings and Technical Assistance | $ |
|  | **Total for Services under Exhibit F:** |  | **$** |
|  |
| **Exhibit G: Emergent Critical Trainings** |
|  | Emergent and critical trainings | $ |
|  | HQ Academy and other Academies | $ |
|  | Materials and Printing | $ |
|  | **Total for Services under Exhibit G:** | **$** |
|  |
|  **Exhibit H: ALTSA Roads to Community Living** |
|  | Supportive Housing Trainings | $ |
|  | **Total for Services under Exhibit H:** | **$** |
|  |  |  |
|  | **Subtotal of all Exhibits** | **$** |
|  | Indirect Administrative Fee @ \_\_%\* | $ |
|  | **Total Maximum Amount:** | **$** |

\*Please include your organization’s administrative fee by percentage