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| **ATTACHMENT D to RFP 2213-837: BIDDER RESPONSE FORM** This form is broken into five sections: Section 1. Administrative Response; Section 2. Bidder Certification – EO 18-03; Section 3. Bidder Certification – Washington Small Business; Section 4. Bidder Certification – Certified Washington Veteran-Owned Business; Section 5. LRA Residence and Miscellaneous Background Information; Section 6. Bidder Qualifications and Experience (Management Response); and Sections 7a and 7b. Quotation/Cost Proposal. 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.  |
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| **1** | **ADMINISTRATIVE RESPONSE** | **MAXIMUM TOTAL POINTS** |
| a | Please indicate whether you are submitting a Proposal that offers one or more Independent LRA Residences, one or more Staffed LRA Residences, or both, by checking the appropriate boxes. (**NOTE:** A single Residence cannot be both an Independent LRA Residence and a Staffed LRA Residence.) | NOT SCORED |
|  | ANSWER: [ ]  Independent [ ]  Staffed [ ]  Both |  |
| b | Please list all of the Amendments to this RFP that you have reviewed prior to submitting this Response. | NOT SCORED |
|  |  |  |
| c | Please confirm by answering Yes or No that you have read the applicable Sample Contract(s) in either Attachment A (if you are submitting a proposal for an Independent LRA Residence) or Attachment B (if you are submitting a proposal for a Staffed LRA Residence). If you are submitting a proposal for both types of LRA Residences, please confirm by answering Both or None. | NOT SCORED |
|  | ANSWER: |  |
| d | 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:  |  |
| e | 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:  |  |
| f | 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: |  |
| g | 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: |  |
| h | Are there any requirements in the applicable Sample Contract(s) that you would find difficult to comply with? If not, please answer No. If so, please answer Yes and provide details for each issue that concerns you, including whether you are reviewing the Independent or Staffed LRA Residence contract, the Section in which the problematic provision appears (General Terms and Conditions, or Special Terms and Conditions), and the Paragraph Number of the problematic provision. | NOT SCORED |
|  | ANSWER:  |  |
| i | 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: |  |
| j | 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: |  |
| k | 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: |  |
| l | 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:  |  |
| m | 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:  |  |
| **2** | **BIDDER CERTIFICATION – EO 18-03**  | 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)).
 | **5** |
|  | ANSWER:  |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS** | MAXIMUM TOTAL POINTS |
| EO | 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 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. 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)*).*
 | **5** |
|  | ANSWER:  |  |

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| 5 | **LRA RESIDENCE AND MISCELLANEOUS BACKGROUND INFORMATION**  |  |
| B | In what County(ies) is/are your LRA Residence(s) located?  | NOT SCORED |
|  | ANSWER:  |  |
| C | Do you have a state master business license or any other type of business license? If so, please list the licenses you hold.  | NOT SCORED |
|  | ANSWER:  |  |
| D | Would the use of the Residence(s) as an LRA Residence(s) comply with all applicable laws and ordinances, including zoning ordinances, building codes and Homeowner’s Association rules (if applicable)? Please provide attachments of available documentation supporting your compliance.  | NOT SCORED |
|  | ANSWER: |  |
| E | For each Residence that you wish to be considered as an LRA Residence, please describe the Residence including the following information: * Whether the Residence is considered to be a “single-family” or a “multi-family” residence;
* The total square feet of usable living space;
* The number of bedrooms or units;
* If a “single family” dwelling, the number of bathrooms;
* If a single-family dwelling, the number and estimated size of communal rooms, including kitchen;
* Please estimate how far away the Residence is from grocery stores, banks, public transportation options, and offices for public services and benefits, if known; and
* Whether the Residence is at least 500 feet away from the closest school, licensed day care Residence or licensed preschool Residence.
 | NOT SCORED |
|  | ANSWER: |  |
| F | For each of the above described proposed LRA Residences, please state if each has running water and functioning electricity, and whether each is free of mold and pest/vermin infestations? Please state the date of each proposed Residence’s most recent inspections for mold, and for pest/vermin infestations, and give the name of the inspection company(s). If no inspections have been performed within the past three years, please answer N/A | NOT SCORED |
|  | ANSWER: |  |
| G | Please describe, without naming, the numbers and ages of all persons who will live in the proposedpr Residence, other than those SCC Residents who may be assigned by a Court to the Residence. Indicate the relation of each non-SCC Resident to any employee or owner of the Contractor and the reason the individual is living in the Residence.  | NOT SCORED |
|  | ANSWER: |  |
|  | ANSWER: |  |
| I | If your proposal is for, or includes, a Staffed LRA Residence, please provide the following information: Describe the vehicle that you or your business will use for transporting Residents on Outings or for medical appointments, including the vehicle’s registered owner, the vehicle’s age, and the make and model of the vehicle. If your proposal is only for Independent LRA Residence(s), please respond with N/A. | NOT SCORED |

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| H | If your proposal is for, or includes, a Staffed LRA Residence, please provide a sample weekly schedule of 1. staffing (Manager and Supported Transitional Living (STL) staff; and 2. activities (managerial and STL) that you believe is representative of how your LRA Residence will typically operate. (For the purpose of responding to this request, you may assume that you have four Residents assigned and occupying your LRA Residence.) If your proposal is only for Independent LRA Residence(s), please respond with N/A. | NOT SCORED |

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|  | ANSWER:  |  |
| J | For each proposed LRA Residence, please state the number of LRA Residents that can be accommodated. (**Note**: No more than one Resident may occupy a bedroom.) | NOT SCORED |
|  | ANSWER: |  |
| K | For each proposed LRA Residence, please state whether you or your organization own or rent the proposed Residence  | NOT SCORED |
|  | ANSWER:  |  |
| L | For each proposed LRA Residence, please estimate when the Residence would be ready to accept Residents for LRA Placement, if a contract is awarded. | NOT SCORED |
|  | ANSWER:  |  |
| M | For each proposed LRA Residence, please state how is the LRA Residence currently being used.  | NOT SCORED |
|  | ANSWER: |  |

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| **6** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | **MAXIMUM TOTAL POINTS 45** |
| A | Please provide a description of the qualifications (education, certifications and licenses, employment history) of any person (including yourself, if applicable) you may designate as an LRA Residence Manager.  | 10 |
|  | ANSWER:  |  |
| B | Please state whether each of the named individual(s) has basic proficiency in using Microsoft Office applications (Word, Outlook). | 5 |
|  | ANSWER: |  |
| C | Please describe Bidder’s experience in operating an LRA Residence. | 15 |
|  | ANSWER |  |

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| D | 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. Points will be awarded based upon demonstration of superior reliability and quality. | 15 |
|  | ANSWER: |  |

**PRICING QUESTIONS APPEAR ON THE NEXT PAGES**

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| **7a** | **BIDDER’S PROPOSED PRICING FOR A STAFFED LRA RESIDENCE****BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE) NOTE: PROPOSED RATES ARE SUBJECT TO NEGOTIATION AND WILL BE USED TO DETERMINE ESTMATED MONTHLY PAYMENTS** | **MAXIMUM TOTAL POINTS: 20** |
|  | Please Submit A Separate Form For Each Staffed LRA Residence You Are Offering Address of Proposed LRA Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | IMPORTANT NOTE: We request that you separate out your charges for: * the Hourly Supported Transitional Living (STL) Staff Rate
* LRA Rent (Room)
* Utilities
* Food and Supplies (Board)
* Administrative Fees
* Chaperone Fees
* Vehicle Use Fees

Please note that the actual amount payable to a contractor depends on the number of Residents in the LRA and the staffing ratios approved for each Resident. |  |
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| A | Please propose an hourly charge for each Contractor Staff (other than the Manager) who will provide STL Services. This proposed amount should include any overhead which shall cover all fees, taxes and benefits paid relative to this staff. Please break out the hourly rate you expect to pay the employee.  | 5 |
|  | ANSWER:  |  |
| B | Please propose an hourly charge for Contractor’s LRA Manager. This amount should include any overhead costs which shall cover all fees, taxes and benefits for this employee. Please specify the hourly rate that will be paid to the employee,  | 5 |
|  | ANSWER:  |  |
| C | Please provide an estimated monthly amount you would propose to charge for Room and Board for each Resident. Separate out charges and indicate whether the proposed monthly per Resident amount will decrease at higher occupancy levels: 1. for provision of a Residence (**Room)** which includes a bedroom, use of common areas andall maintenance, property, casualty and general liability insurance and utilities attributable to the occupancy of one Resident2. for provision of Food, Toiletries and Household Supplies attributable to one Resident (**Board**). Will your Room and/or Board Rate Per Resident decrease at higher occupancy levels? | 10 |
|  | ANSWER: PROPOSED MONTHLY ROOM CHARGE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROPOSED MONTHLY BOARD CHARGE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe changes at higher occupancy, if any:  |  |

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| **7b** | **BIDDER’S PROPOSED PRICING FOR AN INDEPENDENT LRA RESIDENCE****BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE) NOTE: PROPOSED RATES ARE SUBJECT TO NEGOTIATION AND WILL BE USED TO DETERMINE ESTMATED MONTHLY PAYMENTS** | **MAXIMUM TOTAL POINTS: 20** |
|  | Please Submit A Separate Form For Each Staffed LRA Residence You Are Offering Address of Proposed LRA Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | IMPORTANT NOTE: We request that you separate out your charges for: * LRA Rent (Room)
* Utilities
* Cumulative Administrative Fees
* Special Additional Pay Allocation

Please note that the actual amount payable to a contractor depends on the number of Residents in the LRA and the staffing ratios approved for each Resident. |  |
|  |  |  |
| A | Please propose a monthly rental rate for each Resident who may be assigned to the LRA Residence.  | 5 |
|  | ANSWER: PROPOSED MONTHLY ROOM CHARGE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| B | Please provide an estimated monthly amount you would propose to charge for utilities for each Resident who may be assigned to the LRA Residence. | 5 |
|  | ANSWER: PROPOSED MONTHLY UTILITY CHARGE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| C | Please provide your monthly, per Resident, fee for your Administrative services. | 5 |
|  | ANSWER: PROPOSED MONTHLY ADMINISTRATIVE SERVICES FEE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| D | Please provide your monthly, per Resident, Special Additional Pay Allocation fee. | 5 |
|  | ANSWER: PROPOSED MONTHLY SPECIAL ADDITIONAL PAY ALLOCATION FEE PER RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |