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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Washington Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Section 6. Technical Response; and Section 7. 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 | **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, the 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** |
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| a | Please indicate whether you employ or Contract with 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 of 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 the 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 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 Washington 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 indicate so. | NOT SCORED |
|  | ANSWER:  |  |
| K | Indicate the service areas for which you are applying: Urban, Suburban or Rural, and which County(ies) | NOT SCORED |
|  | ANSWER:  |  |
| L | Bidder confirms their organization is able to provide services outlined in 42 USC 669b: Mediation, Development of parenting plans, Education, Counseling, Visitation enforcement (including supervised visitation and neutral exchange/drop off) and/or Development of guidelines for visitation and alternative custody arrangements.  | NOT SCORED |
|  | ANSWER: Yes or No:  |  |
| M | Bidder confirms their organization is considered one of the following entity types: courts, state/local public agencies, or non-profit entities, such as dispute resolution centers and other community and faith-based organizations. | NOT SCORED |
|  | ANSWER: Yes or No:  |  |
| L | Bidder is aware that if selected as an Apparent Successful Bidder, the grant requires local Access and Visitation entities must provide a 10% local match from either a cash or in-kind contribution. Federal IV-D child support grant funds cannot be applied or spent to meet the local match. Examples of in-kind contributions include, but are not limited to, office space and volunteer time.  | NOT SCORED |
|  | ANSWER: Yes or No: |  |
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| **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. | **50** |
|  | ANSWER:  |  |
| **3** | **BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS** | MAXIMUM TOTAL POINTS |
|  | 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 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)).
 | **100** |
|  | ANSWER:  |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON 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 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)*).*
 | **100** |
|  | ANSWER:  |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
| L | 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. | 50 |
|  | ANSWER: |  |
| M | Describe the purpose, development and evolution of your organization including size, areas of specialization and expertise, client base, and any other pertinent information in such a manner that demonstrates the stability and financial strength of your organization. | 100 |
|  | ANSWER: |  |
| N | Describe your experience providing services requested in this RFP and how your experience positions your organization as the best candidate for these funds. Include your vision and goals for the program as well as target populations for services for the coming year.  | 150 |
|  | ANSWER: |  |
| O | Provide the names of individuals who will be managing and working on this program for your organization. Include a description of their qualifications and experience, information as to how your organization will ensure cultural competency of staff, and plans for the use of volunteers.  | 50 |
|  | ANSWER:  |  |
| p  | Describe any process your organization utilizes to conduct background checks.  | 50 |
|   | ANSWER:  |  |
| Q | Describe your organization’s process for safeguarding data and preventing unauthorized access to confidential information.  | 50 |
|  | ANSWER: |  |

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| **6** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)**  | MAXIMUM TOTAL POINTS |
| A | Please identify the type of allowable Access and Visitation services your organization will be providing. 1. Mediation – both voluntary and mandatory
2. Development of parenting plans
3. Development of guidelines for visitation and alternative custody arrangements
4. Visitation enforcement – includes monitored visitation, supervised visitation and neutral dropp off and pick up
5. Education – includes effective co-parenting strategies, the effects of separation and diviroce on children and families, the impact of parental conflict on children, improving parenting skills, how to put a parenting agreement into effect, court procedures for filing a motion for visitation, custody and compliance issues. Include information as to whether the curriculum is evidence-based.
6. Counseling
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|  | ANSWER (provide your answer for each service):

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| --- | --- |
| TYPE OF ACCESS & VISITATION SERVICE | *Yes or No* |
| Mediation | 50 |
| Development of Parenting Plans  | 25 |
| Development of Guidelines for Visitation and Alternative Custody Arrangements  | 25 |
| Visitation Enforcement | 50 |
| Education | 25 |
| Counseling | 25 |

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| B  | Provide a detailed description of how and in what context your organization plans on providing the allowable services, including plans to subcontract for any portion of the allowable services. If you plan to subcontract, describe your organization’s procedure for procuring and establishing subcontracts, and the procedure your organization will use to monitor the subcontracts and services provided to ensure program compliance.  | 150 |
|   | ANSWER:  |  |
| C | Describe how clients are referred to your program, and any strategies or outreach you will use to promote and share information about the Access and Visitation (AV) grant program. Include a description as to how your organization will work with state and/or local child support programs to ensure the target population is aware of and effectively reached with AV program services.  | 150 |
|  | ANSWER: |  |
| D | Describe how your organization will ensure the safety of the parents and children who will be served by your organization, particularly as it relates to visitation enforcement. Include descriptions of screening procedures and provide copies of intake documents, screening tools and protocols. For services other than supervised visitation/neutral exchange, describe how your organization will incorporate a domestic violence informed approach for parenting time services, including a description of current and planned collaborations with domestic violence experts, a detailed description of screening and intake procedures, and your procedure for reporting domestic violence. If your organization plans to provide supervised visitation and/or neutral drop-off and pick-up services. Including details of the operational standards you will use to ensure client safety.  | 100 |
|  | ANSWER: |  |
| E | OCSS requires that DCS complete an annual Summary of State Funded Local AV Programs to track participant data as well as program outcomes, including increased parenting time and knowledge of effective co-parenting strategies. In order to complete this survey, each local service provider must complete the Local Service Provider Worksheet, Exhibit B within the Sample Contract, Attachment A. DCS will require the Local Service Provider Worksheet to be submitted electronically on a quarterly basis. Provide a description of how your organization will ensure the collection of the necessary data to complete the reports.  | 50 |
|  | ANSWER: |  |
| F | Describe how your program will incorporate strategies to help fragile or forming families (low-income, unmarried parents who share a child and are at high risk of family dissolution). Consider the following goals in your response, and list all relevant research that supports your organization’s approach: 1. Prepare unmarried parents to set goals to promote and create a healthy future for their children.
2. Help unmarried parents establish a co-parenting relationship that enables them to work together raising their child.
3. Provide services that lead to increased noncustodial parenting time.
4. Ensure the ongoing and sustained involvement of both parents in the child’s life.
5. Encourage the ongoing payment of child support and provision of other forms of support by the noncustodial parent.
 | 100 |
|  | ANSWER: |  |

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| **7** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)**  | MAXIMUM TOTAL POINTS |
| A | Describe how your organization will fund the 10 percent local match (cash or in-kind contribution). For allocated cost detail, attach a separate sheet or describe details below.  | 50 |
|  | ANSWER, Total Maximum Quotation Amount:  |  |
| B | Provider will be required to seek reimbursement based on a fee-for-service. Based on the allowable services your organization will offer, please provide a fee schedule for each service (example: mediation $100/hour, supervised visitation $25/hour). If you use a sliding fee scale, please provide a copy of your guidelines along with a detailed description of how the guidelines will be used to determine eligibility for AV grant services. If you charge clients a flat rate for a particular allowable service and plan to pay the difference using AV funds, please provide a breakdown for each service you provide: identifying the total cost, amount charged to client and the amount of AV funds used.  | 100 |
|  | ANSWER:  |  |
| C | Please submit a detailed program budget which outlines the costs that your program will be seeking for reimbursement. | 50 |
|  | ANSWER:  |  |