

REVISED
RESPONSE PACKET
710-21-0018

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:	State:	Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service-Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women-Owned
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American	
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Title:		
Phone:	Alternate Phone:		
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's response to be rejected.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section(s) of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS	
A. Submit a staffing plan, including resumes showing years of experience, licenses, and certifications for all individuals identified to fill the personnel roles specified in Staffing, Section 2.7, with an organizational chart listing position titles and staff names. (Section 2.2 E)	5 pts
B. Describe facility/facilities providing Comprehensive Substance Abuse Treatment services, including physical location and number of beds available for required services (Section 2.2 F)	5 pts
E.2 SCOPE OF WORK	
A. Describe your approach to providing the full array of Comprehensive Substance Abuse Treatment services as outlined in Section 2.3 A.	5 pts
E.3 STANDARD OF CARE	
A. What is your approach to establishing a client's income? (Section 2.4 A)	5 pts
B. Describe the evidence-based practices to be used, how they are relevant to the client's care and modality of treatment, and the policies and procedures in place regarding training and continuing education of staff. (Section 2.4 B)	5 pts
C. Describe your approach to family/support network involvement in the treatment process, addressing the requirements of Section 2.4 C.	5 pts
D. Describe your approach to ensuring that all treatment services are strengths-based, trauma-informed, holistic, culturally relevant, educational, individualized, and recovery-oriented. How will treatment goals be set? How will progress be measured and documented? (Section 2.4 C)	5 pts
E. Describe your approach to aftercare and discharge planning and provide a matrix listing community resources and partners available for referral for continuation service. (Section 2.4 C)	5 pts
E.4 PRIORITY POPULATION	
A. Provide an outline of proposed practices and procedures necessary to prioritize the populations as listed in Section 2.5 B.	5 pts
B. Describe how you will ensure access to Residential Treatment Services as required in Section 2.5 H.	5 pts
E.5 RECORDS AND REPORTING	
A. Explain how you will meet the records and reporting requirements as listed in Section 2.6.	5 pts
E.6 STAFFING	
A. Describe how you will ensure the hiring, training, and supervisory requirements as outlined in Section 2.7 are met.	5 pts
E.7 SUBCONTRACTORS	
A. Provide an outline of how subcontractors will be used to provide the full array of services outlined under the Scope of Work. Which areas of service will be provided by subcontractors? How will you monitor levels of service provided by subcontractors and ensure successful treatment of DHS clients? (Section 2.8)	5 pts
E.8 TECHNOLOGY REQUIREMENTS	
A. Describe how you will meet the technology requirements as outlined in Section 2.10.	5 pts
E.9 PHYSICAL PLANT	
A. Describe the physical plant and how you will meet the requirements as listed in Section 2.11.	5 pts

DAABHS Comprehensive Substance Abuse Treatment Services Regions

- *Please check the region in which you are willing to provide the service. See Attachment G for map of treatment regions.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

- Catchment Area 1
- Catchment Area 2
- Catchment Area 3
- Catchment Area 4
- Catchment Area 5
- Catchment Area 6
- Catchment Area 7
- Catchment Area 8