

### STATE OF ARKANSAS

## OFFICE OF PROCUREMENT ARKANSAS DEPARTMENT OF HUMAN SERVICES

700 Main Street Little Rock, Arkansas 72203

# **RESPONSE PACKET** 710-21-0021

### **CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* shall result in disqualification.

Printed/Typed Name:

### SIGNATURE PAGE

Type or Print the following information. PROSPECTIVE CONTRACTOR'S INFORMATION Company: Address: City: State: Zip Code: Business ☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp Designation: ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ American Indian ☐ Service Disabled Veteran ☐ Not Applicable ☐ Asian American Minority and ☐ African American Women-Owned ☐ Hispanic American ☐ Pacific Islander American ☐ Women-Owned Designation\*: AR Certification #: \* See Minority and Women-Owned Business Policy PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters. Title: Contact Person: Phone: Alternate Phone: Email: CONFIRMATION OF REDACTED COPY ☐ YES, a redacted copy of submission documents is enclosed. □ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested. 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. **ILLEGAL IMMIGRANT CONFIRMATION** By signing and submitting a response to this Bid Solicitation, 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. ☐ Prospective Contractor does not and will not boycott Israel. An official authorized to bind the Prospective Contractor to a resultant contract must 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 bid to be disqualified: **Authorized Signature:** Title:

Date: \_\_\_

	SECTIO	<u>N 1 - VENDOR AGREEM</u>	ENT AND COMPLIA	NCE
•	Any requested exceptions page. Vendor <b>must</b> clear number to which the exce	s to items in this section which are <u>NON-mand</u> ly explain the requested exception, and shoul ption applies.	l <u>atory</u> <b>must</b> be declared below or as a d label the request to reference the sp	n attachment to this pecific solicitation item
•	Exceptions to Requireme	nts <b>shall</b> cause the vendor's proposal to be di	squalified.	
_		and the second s	Demoissance to a selection in this case	ara a como de la como
	Authorized Signature: Title:			
	Vendor Name:		Date:	
Ī	Authorized Signature:		Title:	
	Print/Type Name:		·	

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### **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

	SECTIO	N Z - VENDOR A	GREEWENT AND	COIVIE	LIANCE
•	Any requested exceptions page. Vendor <b>must</b> clean number to which the exce	s to items in this section which a rly explain the requested excep eption applies.	are <u>NON-mandatory</u> <b>must</b> be o tion, and should label the requ	declared below est to referenc	v or as an attachment to this se the specific solicitation item
•	Exceptions to Requireme	nts <b>shall</b> cause the vendor's pr	oposal to be disqualified.		
-	y signature below, vendo plicitation. <i>Use Ink Only</i>	r agrees to and <b>shall</b> fully co	omply with all Requirements	as shown in	this section of the bid
	Vendor Name:			Date:	
	Authorized Signature:			Title:	
	Print/Type Name:				,

### **SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE**

Exceptions to Requirements shall cause the vendor's proj	oosal to be disqualified.	
By signature below, vendor agrees to and <b>shall</b> fully con olicitation. <i>Use Ink Only</i>	nply with all Requirements as show	n in this section of the bid
ononauom. Oct mm omy		
Vendor Name:	Date:	
Authorized Signature:	Title:	
Print/Type Name:	1	,
<u> </u>		

### 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.

Subcontractor's Company Name	Street Address	City	y, State, ZIP
☐ PROSPECTIVE CONTF	RACTOR DOES NOT PROPOSE TO	USE SUBCOI	NTRACTORS TO
signature below, vendor agrees to a bid solicitation.	nd <b>shall</b> fully comply with all Requirements	s related to subc	contractors as show
/endor Name:		Date:	
Authorized Signature:		Title:	

### **INFORMATION FOR EVALUATION**

- Provide a response to each item/question in this section. Vendor 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.	Provide evidence of respondent qualifications as required by section 2.3 of this RFP.	0 points
E.2	STAFF QUALIFICATIONS/VENDOR EXPERIENCE	
A.	Provide staff resumes/CVs and describe qualifications and experience of key staff (specifically the Project Manager listed in section 2.7D) who will be involved in this project, including their experience in the field of Child Nutrition Programs in particular, if any. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided. [No more 2 pages per proposed staff member]	5 points
E.3	B PROGRAM ADMINISTRATION	
A.	How does your proposed solution support DCCECE HNU administration of the five (5) listed FNS Nutrition programs (Sections 2.4 and 2.5)? [No more than 2 pages per Program]	5 points
B.	DHS may in the next three years decide to replace the existing administrative system for Commodity Distribution, TEFAP and CSFP. How can your solution incorporate these programs?	5 points
E.4	COMPLIANCE	
A.	How will your proposed solution support DCCECE HNU in ensuring compliance with all applicable current and future state and federal guidance and regulation (Section 2.5D)? [No more than 1 page per Program]	5 points
E.5	5 IMPLEMENTATION	
A.	How will your proposed solution be expeditiously implemented in the State of Arkansas in accordance with section 2.7 of this RFP?	5 points
B.	Provide an initial implementation plan, inclusive of staffing, a milestone timeline, testing, support, and training plans through Go-Live (Section 2.7). [No more than 2 pages of narrative and 2 pages for a timeline]	
		5 points
E.6		
A.	Describe the system architecture, preferred hosting method, and proposed support and maintenance of the system both through implementation and ongoing. Section 2.6 [No more than 10 pages]	5 points