

Arkansas Rehabilitation Services
 Department of Career Education
 525 W. Capitol Ave
 Little Rock, AR 72201

Request for Qualifications (RFQ)

RFQ Number:	ARS-16-1005	RFQ Submission Date:	October 16, 2015
Description:	Customized Employment Training for Service Provision to Individuals with Disabilities (Specifically: Discovery Process, Job Development, Job Driven Strategies, and Self Employment) known as ARS CRP Career Pathways.	RFQ Submission Time:	12:00 (noon)

AGENCY'S CONTACT INFORMATION

Name:	Dale Turrentine	Phone:	501-296-1620
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Instructions:

- RFQ should be submitted by the time and date specified above.
- Faxed RFQs are acceptable and may be faxed to the number shown above.
- Email RFQs are acceptable and may be sent to the email address above.
- The vendor should provide the information below.

MAILING ADDRESS:	RFQ OPENING LOCATION:
Arkansas Rehabilitation Services 525 W. Capitol Ave Little Rock, AR 72201	Arkansas Rehabilitation Services Program Planning, Development and Evaluation Office 525 W. Capitol Ave, Room 203 Little Rock, AR 72201

VENDOR INFORMATION

Company Name: _____			
Name (type or print): _____		Title: _____	
Address: _____			
City: _____		State: _____	ZIP Code: _____
Telephone Number: _____		Fax Number: _____	
E-Mail Address: _____			
<i>By my signature below I certify that the aforementioned statements are true and correct, that I accept the Terms and Conditions as presented in this RFQ, and that I am authorized by the respondent to submit this RFQ on his/her behalf.</i>			
Signature:			
<i>Use Ink Only. Unsigned RFQs will not be considered.</i>			
Business Designation (check one):	Individual [] Partnership []	Sole Proprietorship [] Corporation []	Public Service Corp [] Government/ Nonprofit []

RFQ FORMAT

Any statement in this document that contains the word “**will**”, “**must**” or “**shall**” means that compliance with the intent of the statement is mandatory, and failure by the vendor to satisfy that intent will cause the RFQ to be rejected.

I. INTRODUCTION

Arkansas Rehabilitation Services (ARS), a division of the Department of Career Education, provides opportunities for Arkansans with disabilities to lead productive and independent lives. ARS mission statement and it is the foundation for the programs and comprehensive services that we provide to individuals with disabilities to enable them to prepare for and enter the workforce.

The Community Rehabilitation Program (CRP) Career Pathways Services Training Program will prepare rehabilitation Employment First (E1st) providers to assist individuals referred from ARS to develop an Individual Career Profile, find employment and stay employed.

Training providers will deliver at least two weeks of training a year over a five year timeframe, which will provide services to individuals with disabilities to determine their interests, strengths, likes, dislikes, skills, abilities, types of preferred work environments, supports needed, core soft skills and life skills that will help them understand employers’ expectations and their responsibilities as employees.

II. PURPOSE

The purpose of the Request for Qualifications (RFQ) is to select qualified training providers to instruct E1st providers on how to perform the Discovery Process, develop an Individual Career Profile, career exploration, determine career pathways, develop employment opportunities, work incentives, soft skills, self-advocacy, proper work protocols, employer expectations, and responsibilities as an employee, and independent living. The goal of this provider training is to prepare individuals with disabilities to be successful in the world of work.

III. SCOPE OF SERVICES

The training will take place in at least the four (4) regions in the state of Arkansas yearly.

General Purpose/Outcome

ARS E1st providers of employment related services receive Customized Employment Training in components to develop staff in serving individuals with disabilities.

Services to be provided:

Customized Employment training:

First year: Discovery Process (Three Vocational Themes and a Career Plan)

Second year: Career Exploration, Job Development, and Job Driven Strategies

Third year: Self Employment

Fourth year: Discovery Process (Three Vocational Themes and a Career Plan)

Fifth year: Career Exploration, Job Development, Job Driven Strategies and Self Employment

Required training components:

Overview of Customized Employment

Components of the Discovery Process

Determining Employment Options based on Discovery and Support Needed

Labor Market Job Driven Strategies

How to set Benchmarks, Discovery Reporting and Planning

Implementation of Job Development based on the Plan (Experiential opportunities)

Determining Types of Customized Employment needed (ie. Self Employment)

Employer Engagement

Work Incentives, Soft Skills, Self-Advocacy and Independent Living

IV. PROPOSAL REQUIREMENTS

Interested training providers to be considered must provide the information listed below to receive consideration:

A. Program Description (Maximum 5 pages)

In the program description training providers must include the following information:

1. Training agenda and description of training components based on a five year timeframe.
2. Cost per training session
3. Experience delivering type of training:
 - List of state vocational rehabilitation agencies trained by the vendor
 - List of community rehabilitation providers who have been trained by the vendor.

B. Delivery Requirements

1. ARS requires the training include participatory components in order to be effective. The program should be designed to provide information about each service with skill development, opportunities to practice or discuss each skill.
2. Training providers must describe how the work skills training will be delivered and how the training will incorporate participation.
3. Training providers must describe how they will assure the following outcomes for their training.

C. Trainee Evaluation

Eighty-five percent (85%) of participants must be satisfied with their training experience. (Trainer will supply the survey.)

Failure to achieve this measure will result in the removal of the training provider from any future funding opportunity.

D. Instructor Qualifications

Please describe the trainer's background and experience that qualifies them to deliver this training. Resumes of staff experienced in training on Customized Employment the Discovery Process must be provided.

V. MINIMUM QUALIFICATION

Vendor shall submit with their RFQ satisfactory evidence of continuous operation for the past one (1) year to adequately perform the type, magnitude, and quality of work specified in this RFQ. Satisfactory evidence shall include the following:

- List of state vocational rehabilitation agencies trained by the Vendor.
- Resumes of staff experienced in training on Customized Employment (Specifically: Discovery Process, Job Development, Job Driven Strategies, and Self Employment)
- List of community rehabilitation providers who have been trained by the Vendor.

Vendor is advised the State's intent in having requirements listed above is to ensure that only qualified and reliable Contractors are awarded a contract. ARS/DCE retains the right to request any additional information pertaining to the Vendor's ability, qualifications, and procedures used to accomplish all work under this contract as it deems necessary to ensure quality work.

Note: Failure to meet any of the above qualifications may result in a rejection of the RFQ.

VI. EVALUATION PROCESS AND SELECTION CRITERIA:

ARS intends to award a vendor agreement for the required services to the respondent that most closely meets the specific needs of ARS not solely on the basis of price. Proposals will be evaluated upon a combination of price and qualitative considerations. Qualitative considerations may include curriculum, experience, expertise and other factors. ARS reserves the right to contact and evaluate any respondent's references; contact any respondent to clarify any response; contact any of respondent's current or former clients or solicit information from any available source deemed pertinent to the evaluation process.

<u>CRITERIA</u>	<u>MAXIMUM POINTS</u>
Experience and Qualifications A. Qualifications of the vendor, including but not limited to, its experience and that of staff assigned to the project (5 points) B. Demonstrated experience with projects of comparable nature (5 points)	10
Proposal Content A. Services to be provided (20 points) B. Experience with target population (15) C. Described collaboration with existing programs (10 points) D. Proposed service benchmarks (10 points)	70
Past Performance/References A. Past performance (10 points)	20
M/WBE / Veteran-owned STATUS – 5 points bonus	
TOTAL	100

VII. TERMS AND CONDITIONS

DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION:

A Vendor will not be considered if it is currently debarred, suspended, ineligible or voluntarily excluded from applying for government funds. The selected vendor must sign a form certifying they are NOT currently been debarred, suspended, ineligible or voluntarily excluded by any federal or state agency.

CERTIFICATION REGARDING LOBBYING

Vendors must review the requirements for certification regarding lobbying. The selected vendor must sign a form certifying to comply with the certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying."

GOVERNOR'S EXECUTIVE ORDER 98-04

The selected vendor must complete the Disclosure Form issued with RFQ.

MINORITY BUSINESS POLICY

Minority participation is encouraged in this and in all other procurements by state agencies. Minority is defined by Arkansas Code Annotated § 15-4-303 as a lawful permanent resident of this State who is: African American, Hispanic American, American Indian, Asian American, Pacific Islander American or a Service Disabled Veteran as designated by the United States Department of Veterans Affairs. The Arkansas Economic Development Commission conducts a certification process for minority business.

Check minority type:

African American___ Hispanic American___ American Indian___ Asian American___
 Pacific Islander American___ Service Disabled Veteran___

Arkansas Minority Certification Number_____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

In compliance with Arkansas Code Annotated § 19-11-104, ARS is required to have a copy of the vendor's Equal Opportunity Policy prior to issuing a contract award. EO Policies must be submitted accompanying the RFQ response. The submission is a one-time requirement, but vendors are responsible for providing updates or changes to their respective policies, and for supplying EO policies upon request to other state agencies that must also comply with this statute. Vendors that do not have an established EO policy will not be prohibited from receiving a contract award, but are required to submit a written statement to that effect.

ACT 157 OF 2007 EMPLOYMENT OF ILLEGAL IMMIGRANTS:

Pursuant to Act 157 of 2007, all vendors must certify prior to award of the contract that they do not employ or contract with any illegal immigrants. This form must be submitted accompanying the RFQ response. Vendors shall certify online at: <https://www.ark.org/dfa/immigrant/index.php/disclosure/submit/new>

AWARD RIGHTS:

ARS reserves the right to award or reject any or all line items of the submitted RFQ, if it is in the best interest of the State to do so. RFQs will be rejected for one or more reasons, not limited to the following:

- Failure of the vendor to submit his/her RFQ on or before the deadline established by the issuing office.
- Failure to sign the Vendor Information Form.
- Any wording by the vendor in their response to this RFQ, or in subsequent correspondence, which conflicts with or takes exception to a requirement in the RFQ.
- Failure of any proposed goods or service to meet or exceed the specifications

PROPRIETARY INFORMATION

Proprietary information submitted in response to this RFQ will be processed in accordance with applicable State of Arkansas procurement procedures. Documents pertaining to the RFQ become the property of the State and shall be open to public inspection subsequent to RFQ opening. It is the responsibility of the Vendor to identify all proprietary information. The vendor should submit one complete copy of the response from which any proprietary information has been removed, i.e., a redacted copy. The redacted copy should reflect the same pagination as the original, show the empty space from which information was redacted, and should be submitted on a CD or flash drive. Except for the redacted information, the redacted copy must be identical to the original hard copy. The vendor is responsible for ensuring the redacted copy on CD/flash drive is protected against restoration of redacted data. The redacted copy will be open to public inspection under the Freedom of Information Act (FOIA) without further notice to the vendor. If a redacted copy is not included, the entire RFQ will be open to public inspection with the exception of financial data (other than pricing). If the State of Arkansas deems redacted information to be subject to the FOIA the vendor will be contacted prior to sending out the information.

PUBLICITY

News release(s) by a vendor(s) pertaining to this RFQ or any portion of the project shall not be made without prior written approval of the ARS. Failure to comply with this requirement is deemed to be a valid reason for disqualification of the vendor's RFQ. ARS will not initiate any publicity relating to this procurement action before the contract award is completed.

RECORD RETENTION

The vendor **shall** be required to maintain all pertinent financial and accounting records, including evidence pertaining to the contract in accordance with generally accepted principles of accounting and other procedures specified by the State of Arkansas. Access will be granted upon request, to State or Federal Government entities or any of their duly authorized representatives.

Financial and accounting records **shall** be made available, upon request, to the State of Arkansas' designee(s) at any time during the contract period and any extension thereof, and for five (5) years from expiration date and final payment on the contract or extension thereof.

RESERVATION

This vendor does not commit the State to award a contract(s), to pay costs incurred in the preparation of a RFQ in response to this request, or to procure or contract for commodities or services.

PRIME CONTRACTOR RESPONSIBILITY

The selected vendor **will** be required to assume prime contractor responsibility for the contract and will be the sole point of contact with regard to all services and support. The vendor shall give immediate notice, in writing by certified mail, of any action which, in the opinion of the vendor, may result in litigation related in any way to the contract or the State.

CONDITIONS OF CONTRACT

The successful vendor(s) shall at all times observe and comply with Federal and State laws, local laws, ordinances, orders, and regulations existing at the time of or enacted subsequent to the execution of this contract which in any manner affect the completion of the work. The successful Vendor(s) shall indemnify and save harmless the agency and all its officers, representatives, agents, and employees against any claim or liability arising from or based upon the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the successful Vendor.

STATEMENT OF LIABILITY

The State will demonstrate reasonable care but shall not be liable in the event of loss, destruction, or theft of contractor-owned items to be delivered or to be used in the installation of deliverables. The vendor(s) is required to retain total liability until the deliverables have been accepted by the "authorized agency official." At no time will the State be responsible for or accept liability for any vendor-owned items.

DELEGATION AND/OR ASSIGNMENT

The vendor shall not assign the contract in whole or in part or any payment arising therefrom without the prior written consent of the State Procurement Official. The vendor shall not delegate any duties under this contract to a subcontractor unless ARS has given written consent to the delegation.

STANDARD TERMS AND CONDITIONS

1. **GENERAL:** Any special terms and conditions included in the invitation for RFQ override these standard terms and conditions. The standard terms and conditions and any special terms and conditions become part of any contract entered into if any or all parts of the RFQ are accepted by the State of Arkansas.
2. **ACCEPTANCE AND REJECTION:** The State reserves the right to accept or reject all or any part of a RFQ or any and all RFQs, to waive minor technicalities, and to award the RFQ to best serve the interest of the State.
3. **RFQ SUBMISSION:** RFQ's must be submitted to ARS on this form, with attachments when appropriate, on or before the date and time specified for RFQ opening. If this form is not used, the RFQ may be rejected. The RFQ must be typed or printed in ink. The signature must be in ink. Unsigned RFQs will be disqualified. The person signing the RFQ should show title or authority to bind his firm in a contract. Late RFQs will not be considered under any circumstances.
4. **TAXES AND TRADE DISCOUNTS:** Do not include state or local sales taxes in the RFQ price.
5. **AWARD: Term Contract:** A contract award will be issued to the successful Vendor. It results in a binding obligation without further action by either party.
6. **LENGTH OF CONTRACT:** The invitation for RFQ will show the period of time the term contract will be in effect.
7. **INVOICING:** The contractor shall be paid upon the completion of all of the following: (1) submission of an original and the specified number of copies of a properly itemized invoice showing the RFQ and purchase order numbers, where itemized in the invitation for RFQ, (2) delivery and acceptance of the service and (3) proper and legal processing of the invoice by all necessary state agencies. Invoices must be sent to the "Invoice To" point shown on the purchase order.
8. **PATENTS OR COPYRIGHTS:** The contractor agrees to indemnify and hold the State harmless from all claims, damages and costs including attorneys' fees, arising from infringement of patents or copyrights.
9. **ASSIGNMENT:** Any contract entered into pursuant to this invitation for RFQ is not assignable nor the duties thereunder delegable by either party without the written consent of the other party of the contract.
10. **OTHER REMEDIES:** In addition to the remedies outlined herein, the contractor and the State have the right to pursue any other remedy permitted by law or in equity. However, nothing in any contract shall be deemed or construed as the State's waiver of its right of sovereign immunity.
11. **LACK OF FUNDS:** The State may cancel this contract to the extent funds are no longer legally available for expenditures under this contract. Any delivered but unpaid for goods will be returned in normal condition to the contractor by the State. If the contractor has provided services and there are no longer funds legally available to pay for the services, the contractor may file a claim with the Arkansas Claims Commission.
12. **ANTITRUST ASSIGNMENT:** As part of the consideration for entering into any contract pursuant to this invitation for RFQ, the named on the front of this invitation for RFQ, acting herein by the authorized individual or its duly authorized agent, hereby assigns, sells and transfers to the State of Arkansas all rights, title and interest in and to all causes of action it may have under the antitrust laws of the United States or this state for price fixing, which causes of action have accrued prior to the date of this assignment and which relate solely to the particular goods or services purchased or produced by this State pursuant to this contract.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: Yes No

IS THIS FOR: Goods? Services? Both?

TAXPAYER ID NAME: _____

YOUR LAST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only
Agency Number _____ Agency Name _____ Agency Contact Person _____ Agency Phone No. _____ Contract or Grant No. _____