2801 S. University Ave., Little Rock, AR 72204-1099 | (O) 501.916.3144 | (F) 501.916.3425

UA Little Rock Technical Response Packet FB-24-021

Substance Abuse Prevention – Regional Prevention Provider

CAUTION TO SUPPLIER

Supplier's failure to submit required items and/or information as specified in the solicitation may result in disqualification.

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Solicitation Signature Page

| | | | • |
|--|---|---|---|
| | PROSPECTIVE | SUPPLIER INFORMATION | |
| Company Name: | | | |
| Contact Name: | | Title: | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone Number: | | Fax Number: | |
| E-Mail Address: | | | |
| Business Designation (check one): | IndividualPartnership | Sole ProprietorshipCorporation | Public Service CorpGovernment/ Nonprofit |
| | MINORI | TY BUSINESS STATUS | |
| Check Certification Type: Certification#: | African AmericanAmerican IndianAsian American | Hispanic AmericanPacific Island American | Service Disabled VeteranWoman Owned |
| | CONFIRMAT | TION OF REDACTED COPY | |
| YES, a redacted copy of the submission is enclosed. NO, a redacted copy of submission is <u>not</u> enclosed. I understand that, if requested, a full, non-redacted | | | |

submission will be released.

Note: If a redacted copy is not provided with the packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).

CERTIFICATION AND ACKNOWLEDGEMENT

- By signing and submitting a response to this Solicitation, the Prospective Supplier acknowledges, agrees, and certifies that they do not boycott Israel and, if selected, will not do so during the aggregate term of the contract.
- The Prospective Supplier acknowledges, agrees, and certifies that it is not currently engaged in a boycott of the energy, fossil fuel, firearms and ammunition industries and agrees for the duration of this Agreement that it will not engage in a boycott of the energy, fossil fuel, firearms or ammunition industries.
- The Prospective Supplier agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Supplier certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
- The Prospective Supplier certifies that the government of the People's Republic of China ("PRC") does not wholly own the bidder or hold a majority interest in the bidder. Bidder further certifies that the PRC does not own or hold a majority interest in a for-profit parent company, subsidiary or affiliate of bidder, or in a subcontractor to be employed by bidder.

An official authorized to bind the Prospective Supplier to a resultant contract must sign below. The signature signifies the agreement that any exception in conflict with a solicitation requirement or a Solicitation Standard Term and Condition will disqualify this cubmiccion

| 3451111331011. | | | |
|-----------------------|---------------|--------|--|
| Authorized Signature: | | Title: | |
| • | Use Ink Only. | | |
| Printed/Typed Name: | | Date: | |
| | | | |

Prospective Supplier Checklist

This checklist is provided to ensure all required information and documents are included in the submission packet. All documents must be completed in type or print. Illegible submissions may not be accepted. Recommended documents are not required but their submission is encouraged as they may be necessary for contract negotiations.

Required Submission Documents

- Completed Solicitation Signature Page
- Proposed Subcontractors Form, if applicable
- Exceptions Form, if applicable
- Official Price Sheet, sealed separately
- Indicate Minority Business status, if applicable.
- Specification Sheets for all equipment proposed, please include product lead times
- Warranty and Installation schedule, if applicable
- Flash drive with a PDF copy of all submission documents

Recommended Documents

- Redacted copy of submission.
- Additional terms, contracts, or user agreements
- Voluntary Products Accessibility Template <u>VPAT</u>, if technology related.
- Prospective Supplier's Equal Employment Opportunity Policy, if applicable.
- **Bids over \$20,000**: Completed Contract Grant and Disclosure Form (EO 98-04).

Proposed Subcontractors Form

State of Arkansas Procurement Law requires that subcontractors adhere to, and maintain all certifications, as the primary contractor. All subcontractor certifications must be submitted to the Office of Procurement Services within 30 days after award of the contract, and the contractor is required to maintain the certification on file for the remainder of the term of the contract.

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

CONFIRMATION OF SUBCONTRACTOR USE

- NO, I do not propose the use of a subcontractor to perform services.
- YES, I propose the use of the following subcontractors to provide services or goods.

| SUBCONTRACTOR'S COMPANY NAME | STREET ADDRESS | CITY, STATE, ZIP |
|------------------------------|----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Exceptions Form

Prospective Supplier **shall** document all requested exceptions to requirements outlined in FB-24-021 for Substance Abuse Prevention-Regional Prevention Provider and Standard Solicitation Terms and Conditions.

Responses within the Information for Evaluation and Exceptions sections **must not** contain the prospective supplier's name or any other identifiers, including, without limitation, names of staff members, projects, and addresses.

| REFERENCE (SECTION, PAGE, PARAGRAPH) | DESCRIPTION | PROPOSED LANGUAGE |
|---|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Supplier References

Respondents must provide a minimum of three (3) references, preferably in higher education and for post implementation of Workday services. UA Little Rock reserves the right to contact any references provided to evaluate the level of performance and customer satisfaction

Type or Print the following information

Reference 1:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 2:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 3:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Contract and Grant Disclosure and Certification Form

Failure to complete all of the following information may result in a delay in obtaining, extending, amending, or renewing a contract, lease, purchase agreement or grant award with any State of Arkansas agency. This is for: ☐ Goods □ Services ☐ Both Taxpayer ID Name: First Name: MI: Last Name: Physical Address: ______ State: ______ Zip Code: ______ Country (if outside US): _____ Subcontractor: ☐ Yes □ No Subcontractor Name: 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: Name of Job What is the person(s) name and how are they related to you? Position Held Mark (√) For How Long? [i.e., Jane Q. Public, spouse, John Q. [senator, Position Held representative, Public, Jr., child, etc.] name of board/ From Person's To Current Former commission, data Relation MM/YY MM/YY Name(s) entry, etc.] General Assembly Constitutional Officer State Board or П **Commission Member** State Employee ☐ None of the above applies **FOR BUSINESSES** 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. What is the person(s) name and how Name of Job are they related to you? Position Held Mark (√) For How Long? [i.e., Jane Q. Public, spouse, John Q. [senator, Position Held Public, Jr., child, etc.] representative, name of board/ Person's Current Former commission, data Relation MM/YY MM/YY Name(s) entry, etc.1 **General Assembly** Constitutional Officer State Board or **Commission Member** State Employee \square None of the above applies

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Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any supplier, 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 UA Little Rock.

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

- 1. Before entering into any agreement with any subcontractor, before or after 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, the supplier, enter into 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 UA Little Rock.
- 2. I will include the following language in 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 violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
- 3. No later than **10** standard business days after entering into any agreement with a subcontractor, whether before or after the contract date, I will mail a copy of the subcontractor's Contract and Grant Disclosure Certification Form and a statement containing the dollar amount of the subcontract to UA Little Rock.

Supplier Agreement

| 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: |
| Supplier Contact Name: | Title: | Phone: |
| Office of Procurement Services Use Only | | |
| | Office of Frocurement Services Ose Only | |
| Dept Name: | Contract #: | Grant #: |



Procurement Services

University of Arkansas at Little Rock

ROCK 2801 S. University Ave., Little Rock, AR 72204-1099 | (O) 501.916.3144 | (F) 501.916.3425

Information For Evaluation

Firms must provide the following items and any other items dictated in the RFP. The submitted technical proposal **must not exceed 25 single-sided pages, exclusive of the following**: Proposal Signature Page; All Agreement and Compliance Pages; Proposed Subcontractors Form, if applicable; Signed Addenda, if applicable; E.O. 98-04 – Contract Grant and Disclosure Form; Equal Opportunity Policy; Voluntary Product Accessibility Template (VPAT), if applicable; and Proof of Insurance

- Please provide a response for each item/question in this section. Vendor may expand the space under each item/question to provide a complete response or include it in proposal as attachment.
- Do not include additional information if not pertinent to the itemized request.

The following elements of the RFP are designed to illustrate firm Proposals and abilities in providing the services envisioned under this RFP. Each item should be addressed as written.

The RFP response should present a complete description of the respondent's Proposals to perform and its approach to carry out the requirements as set forth in Section 2.4 Scope of Services. Respondent should address each item listed in the order it was written and label responses in a manner so as to reference the numbering system of this section.

The RFP response should be tabbed and contain a table of contents. Respondents should arrange their proposals in such a way to aid the evaluators in their assessment of the proposal with reference to this RFP document. The response should not exceed 25 pages (excluding forms and attachments). Pages must adhere to one inch margins and must use a 12-point font such as Times New Roman.

The RFP will be evaluated and scored in the following manner (applicants must respond to all part of this section and must also label subsections accordingly):

| | Maximum RAW Score Available |
|---|-----------------------------|
| A. Executive Summary : (Note: The executive summary should not exceed three pages.) Provide an executive summary on the specific region and how your agency will design the overall approach to providing services in the area for which you are applying: | 20 points |
| Meet the general requirements of performing as the RPP for the region (Reference Section 2.5 of RFP) | |
| b. Conduct regional prevention efforts | |
| | |
| c. Collect regional data | |
| d. Provide training to impactors in the region | |

| е | Engage other strategic sectors and the community as a | |
|---------|---|------------|
| | whole in prevention assessment, capacity building, | |
| | planning, and implementation | |
| f. | Evaluate RPP efforts and the selected strategies and programs | |
| g | . Provide prevention services in an equitable way | |
| h | | |
| i. | | |
| B. Resp | ondent's Background, Experience, and Proposals: | 15 points |
| • | de the following for your organization: | · |
| а | | |
| b | · | |
| C. | | |
| d | | |
| u | Sector Represented, Tenure/Term | |
| e | | |
| | | |
| f. | <u> </u> | |
| g | | |
| 0 0 0 | prevention services similar to those described in this RFP | 400 |
| | onal Efforts/Expected Deliverables | 100 points |
| а | The agency must have a physical office (established by | 7 |
| | contract start date) in the region served. Please provide a | |
| | narrative answer as to how the agency will meet the | |
| | following responsibilities (C.b-C.k) that reach the entire | |
| | region | |
| b | Describe how your agency would organize and maintain a | 15 |
| | Regional Prevention Task Force whose purpose is to | |
| | review needs and resource assessment data in the region | |
| | and act in an advisory capacity to provide guidance and | |
| | direction in planning and evaluating RPP efforts. The Task | |
| | Force should include membership from the following | |
| | communities: behavioral health organizations, parents, | |
| | businesses, healthcare professionals, state and local | |
| | agencies, civic and volunteer groups and others unique to | |
| | the community. Task Force members should be | |
| | representative of the counties served by the RPP | 40 |
| C. | • | 10 |
| | awareness of the program and develop a written marketing | |
| | plan for their region and actively market prevention | |
| | messages in their communities through appropriate social | |
| | medial and local media such as radio and television, | |
| | newspapers, magazines, and the internet – or any form of | |
| | communication that will reach or influence people widely. | |
| - | Describe how your agency would meet this deliverable | _ |
| d | | 5 |
| | through Prevention Professionals of Arkansas. Full time | |
| | RPP staff will make an application within 8 months of | |
| | employment and receive CPS credentials within 18 months | |
| | of application date. Describe how your agency would meet this deliverable | |
| | | |

| T. O. II. O. I. D. II. I | 45 |
|--|----------|
| e. Tobacco Compliance Checks: Describe how your agency | 15 |
| would fully coordinate with the UA Little Rock/MidSOUTH | |
| Synar Contractor by supporting the annual Synar research | |
| study by meeting timelines and submitting data of how well | |
| tobacco merchants adhere to state law regarding sales of | |
| tobacco to underage minors. The RPP will also implement | |
| DAABHS identified environmental Synar strategies | |
| i. Include conducting tobacco compliance checks in | |
| counties identified in the random sample that fall | |
| within the assigned region. The RPP will | |
| document the youth inspector's appearance with a | |
| digital photo on each day an inspection is | |
| conducted. These records are to be maintained for | |
| three (3) years. Periodically, as determined by | |
| DAABHS and/or UA Little Rock/MidSOUTH, a | |
| coverage study must be done where all roads | |
| within a census tract are traveled and all | |
| businesses visited to determine the validity of the | |
| list of tobacco merchants | |
| ii. Plans and provides activities to reduce the sale of | |
| tobacco to underage youth (e.g. merchant | |
| education, parent awareness, etc.) | |
| iii. Organizes local groups to assist with community | |
| tobacco prevention activities | |
| f. Special Projects: Describe how your agency would choose | 5 |
| special projects based on needs in the region you are | |
| applying for. Examples of such projects are: Yellow | |
| Ribbon, Fetal Alcohol Spectrum Disorder, Suicide | |
| Prevention, Recovery Month, Red Ribbon Week, Domestic | |
| Violence Month, Great American Smoke-out, Drugged and | |
| Drunk Driving, Gambling, Take Down Tobacco National | |
| Day of Action (formerly known as Kick Butts Day), Child | |
| Abuse Awareness Month, Alcohol Awareness, National | |
| Prevention Week, World No Tobacco Day, and more | |
| g. Clearinghouse | 5 |
| i. Describe how your agency would function as a | <u> </u> |
| regional clearinghouse and library for | |
| dissemination of prevention information and | |
| provide a library of prevention resource materials | |
| for community access as needed and requested | |
| ii. Describe how your agency would follow CSAP | |
| publishing guidelines (for example, no materials | |
| with pictures of people drinking or smoking) for all | |
| prevention materials | |
| iii. Describe how your agency would raise community | |
| | |
| awareness of behavioral health prevention through | |
| media campaigns and public presentations and | |
| dissemination of prevention materials such as | |
| pamphlets and brochures, etc. by promoting and | |
| attending awareness events | |

| iv. Create a prevention website/webpage and/or | |
|---|----|
| social medial page to promote prevention | |
| awareness messaging, resources, trainings, and | |
| events | |
| h. Describe how your agency would provide support for data | 15 |
| collection in the following ways: | |
| i. Arkansas Prevention Needs Assessment (APNA) | |
| Receive updated annual training of RPP | |
| responsibilities with the upcoming APNA | |
| school survey | |
| Recruit and promote retention of | |
| participating entities (Note: The goal is to | |
| recruit all schools in the region, with at | |
| least 80% of the schools within the region | |
| served completing the survey) | |
| 3. Train and provide technical assistance, as | |
| requested, to personnel in survey | |
| administration | |
| Provide technical assistance to schools | |
| and communities in the use of collected | |
| data for prevention planning | |
| 5. Recruit schools and communities to | |
| participate in spring APNA presentations | |
| for survey results | |
| 6. Attend presentations | |
| ii. State Epidemiological Outcomes Workgroup | |
| (SEOW) – be a member of, contribute to and/or | |
| participate in the SEOW meetings, as appropriate | |
| i. Training: Describe how your agency would: | 10 |
| i. Obtain Trainer of Trainers (TOT) certifications as | |
| well as other approved prevention trainings to | |
| become knowledgeable in various prevention | |
| methodologies. All TOTs must be approved by UA | |
| Little Rock/MidSOUTH | |
| ii. Provide training and technical assistance in the | |
| region apply for | |
| iii. Contribute to and participate in Statewide | |
| Prevention Conferences organized by UA Little | |
| Rock/MidSOUTH | |
| iv. Attend other statewide meetings as requested by | |
| DAABHS and UA Little Rock/MidSOUTH | |
| v. Research, select, and be trained in two (2) | |
| evidence-based program training. Training must | |
| be approved by UA Little Rock/MidSOUTH. The contractor's selection should be based on the | |
| regional/community needs | |
| vi. Design and deliver prevention trainings specific to | |
| the needs of community groups | |
| vii. Recruit participants for identified trainings within | |
| the region applying for | |
| the region applying to | |

| viii. | Reach out to underserved groups, including the | |
|-------------------|--|-----------|
| | Arkansas Division of Children and Family Services | |
| | (DCFS) and Arkansas Division of Youth Services | |
| | (DYS) | |
| ix. | Provide training and technical assistance on | |
| | current prevention topics covering the lifespan | |
| | (early childhood, college age, elderly), military, | |
| | LGBTQ+ and, as appropriate, to the developmental | |
| | state and age of the audience | |
| X. | | |
| | national conference so as not to over duplicate | |
| | Arkansas representation at the same conference | |
| | (attendees shall bring back information from | |
| | conferences and share new ideas with other RPPs | |
| | in meetings) | |
| vi | Training newly hired staff in substance abuse | |
| Xi. | prevention | |
| i Coordi | nation and collaboration: | 8 |
| j. Coordii | Describe how your agency would organize | <u> </u> |
| | community collaborations to provide substance | |
| | abuse prevention activities in the region you are | |
| | applying for. Give examples. | |
| ii. | | |
| ". | Describe how your agency would foster | |
| | collaborative efforts with other prevention providers | |
| | or stakeholders within the region such as the | |
| | Partnership for Success (PFS) grantees, Drug Free | |
| | Community Coalitions, healthcare organizations, | |
| | faith-based organizations, methamphetamine | |
| | grantees, youth groups, civic groups, treatment | |
| | centers and providers, mental health centers, HIV | |
| | prevention providers, domestic violence prevention | |
| | providers, Arkansas Department of Health, | |
| | DAABHS providers, Drug and Alcohol Safety and | |
| | Education Programs (DASEP) providers, and | |
| | others in the region | |
| iii. | Describe how your agency would collaborate with | |
| | county coalitions (RPP will encourage the | |
| | community to form one if none exists within a | |
| | county) to create logic models with action plans to | |
| | address identified substance abuse related | |
| | problems in the counties they serve | |
| k. Descrit | be how your agency would participate in monthly | 5 |
| | unication meetings with UA Little Rock/MidSOUTH | |
| | son or virtual) to plan, collaborate, and communicate | |
| | service delivery barriers and service delivery | |
| succes | | |
| D. Evaluation Pla | ın: Evaluation plans include, but are not limited ;to, | 20 points |
| these compone | · | - |
| a. The Pr | ocess Evaluation Plan shall include the following | |
| | How evidence will be gathered to ensure RPPs | |
| | efforts are consistent with the overall prevention | |
| | | |

| | plan. Provide explanation of how this data will be | |
|--------------|--|-----------|
| | used to improve functioning of the RPP | |
| | ii. How the RPP will coordinate county and regional | |
| | plans and report how this information will be used | |
| | to improve the RPP efforts | |
| | iii. How possible barriers of varying RPP efforts will be | |
| | detected and note how this information will be used | |
| | to minimize those barriers | |
| b. T | he Outcome Evaluation (Behavioral Outcomes) Plan shall | |
| ir | clude the following: | |
| | i. Indicate how community level indicators are to be | |
| | used to determine whether the RPP activities | |
| | made a difference. Plans must be specific about | |
| | how and when data will be collected to determine | |
| | whether there is a difference over time (e.g. higher | |
| | APNA participation by schools within the region, | |
| | lowered regional Synar violation rates, etc.) | |
| | ii. Indicate how regional or systems change (e.g. new | |
| | or modified program, policies or practices) will be | |
| | documented to determine whether the environment | |
| | has changed related to the goal. Identifies how | |
| | and where data is to be collected to determine | |
| | whether there is a difference in the rate of | |
| | local/regional or systems change over time | |
| | iii. Indicate how other things occurring in the region | |
| | during the grant period will be documented to | |
| | determine how they may have contributed to the | |
| | observed effects or lack of effects | |
| | iv. Describe the evaluation products that will be | |
| | produced, indicating how often they will be | |
| | produced, to whom they will be shown, and how | |
| | they will be used to ongoing functioning of the RPP | |
| E. Project N | lanagement: Provide a detailed description of your | 15 points |
| proposed | management. Including the following: | |
| a. T | he number of staff that will be committed to the duties as | |
| S | tated in this RFP | |
| b. A | detailed description on how your propose to staff the | |
| р | rogram and the qualifications, education, and experience | |
| n | eeded for each position | |
| c. Ir | ndicate whether or not the proposed positions are to be | |
| fu | ıll-time or part-time employees | |
| d. P | rovide lines of supervision for the staff positions (related | |
| 0 | rganizational chart). Note: MidSOUTH staff and agency | |
| m | nanagement will meet at least once per fiscal year | |
| e. A | 12-month timeline of your proposed regional task force | |
| ir | frastructure in your region such as: task force meetings, | |
| c | ommittee meetings, events, youth activities, etc | |
| F. Monitorii | ng | 10 points |
| a. D | escribe how the applicant will monitor its efforts in | |
| ir | nplementation of the proposed plan(s) | |
| | | |

| | Describe administrative management of the funded | |
|--|---|-----------|
| | program | |
| | Describe oversite in supervision of efforts (Who will | |
| | supervise? How often it will occur?) | |
| G. Reporting: Describe how your agency will meet the following | | 10 points |
| reporting criteria: | | |
| | The contractor will submit required reporting documents to | |
| | UA Little Rock/MidSOUTH in a timely manner and enter all | |
| | appropriate information into the REDCap and/or other data | |
| | collection system/platform selected by UA Little | |
| | Rock/MidSOUTH and DAABHS | |
| b. | The applicant agrees to provide reports as requested by | |
| | UA Little Rock/MidSOUTH to include, but not be limited to | |
| | i. Monthly reports (for the preceding month), due on | |
| | the fifth (5 th) business day of each month | |
| | (succeeding month). | |
| | ii. The contractor will maintain program files/records | |
| | at the RPP program site location. UA Little | |
| | Rock/MidSOUTH will conduct periodic support | |
| | visits to RPP site to provide technical assistance | |
| | (TA) and review progress toward meeting all | |
| | deliverables and will be reviewing files/records at | |
| | this time. | |
| H. Financial Management | | 10 points |
| a. | Provide a detailed description of fiscal oversight of the | |
| | funds allocated for this RFP | |
| b. | Monthly invoices (for the preceding month), due on the 15 th | |
| | of each month (succeeding month) | |
| C. | Describe how your agency will utilize approximately 25% of | |
| | allocated award per quarter | |