**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*



**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |
| --- | --- |
| **RFP Coordinator** | *All communication regarding this RFP must be made through the RFP Coordinator identified below*.  **Name:**  Brandon Martin **Title:** Procurement Administrator  **Contact Information:**  [brandon.martin@maine.gov](mailto:brandon.martin@maine.gov) |
| **Pre-Bidders’ Conference** | **Date:** August 28, 2018 **Time:** 10:00 a.m., local time  **Location:** Burton M. Cross Building, 111 Sewell Street Augusta, ME 04330 – Conference Room 401 |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:*  **Date:** September 4, 2018, no later than 4:00 p.m., local time |
| **Notice of Intent** | *All notices must be received by the RFP Coordinator identified above by:*  **Date:** September 20, 2018, no later than 4:00 p.m., local time |
| **Proposal Submission** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** October 22, 2018, no later than 4:00 p.m., local time  *Proposals must be submitted electronically to the following address:*  **Electronic (email) Submission Address:**  [Proposals@maine.gov](mailto:Proposals@maine.gov) |

TABLE OF CONTENTS

|  |  |  |
| --- | --- | --- |
|  |  | **Page** |
| **PUBLIC NOTICE** |  | 2 |
| **RFP DEFINITIONS/ACRONYMS** | | 3 |
|  |  |  |
| **PART I** | **INTRODUCTION** | 7 |
| A. | PURPOSE AND BACKGROUND | 7 |
| B. | GENERAL PROVISIONS | 7 |
| C. | ELIGIBILITY TO SUBMIT BIDS | 8 |
| D. | CONTRACT TERM | 8 |
| E. | NUMBER OF AWARDS | 8 |
|  |  |  |
| **PART II** | **SCOPE OF SERVICES TO BE PROVIDED** | 9 |
|  |  |  |
| **PART III** | **KEY RFP EVENTS** | 14 |
| A. | PRE-BIDDERS CONFERENCE | 14 |
| B. | QUESTIONS | 14 |
| C. | AMENDMENTS | 14 |
| D. | NOTICE OF INTENT TO BID | 14 |
| E. | SUBMITTING THE PROPOSAL | 15 |
|  |  |  |
| **PART IV** | **PROPOSAL SUBMISSION REQUIREMENTS** | 16 |
| A. | PROPOSAL FORMAT | 16 |
| B. | PROPOSAL CONTENTS | 17 |
| C. | PROPOSAL DEPOSIT | 19 |
|  |  |  |
| **PART V** | **PROPOSAL EVALUATION AND SELECTION** | 21 |
| A. | EVALUATION PROCESS – GENERAL INFORMATION | 21 |
| B. | SCORING WEIGHTS AND PROCESS | 21 |
| C. | SELECTION AND AWARD | 22 |
| D. | APPEAL OF CONTRACT AWARDS | 23 |
|  |  |  |
| **PART VI** | **CONTRACT ADMINISTRATION AND CONDITIONS** | 24 |
| A. | CONTRACT DOCUMENT | 24 |
| B. | STANDARD STATE AGREEMENT PROVISIONS | 25 |
|  |  |  |
| **PART VII** | **RFP APPENDICES AND RELATED DOCUMENTS** | 26 |
|  |  |  |
| APPENDIX A | PROPOSAL COVER PAGE | 27 |
| APPENDIX B | DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION | 28 |
| APPENDIX C | QUALIFICATIONS & EXPERIENCE FORM | 29 |
| APPENDIX D | COST PROPOSAL FORM | 32 |
| APPENDIX E | MAINE BUSINESS AND ECONOMIC IMPACT CONSIDERATION FORM | 33 |
| APPENDIX F | NOTICE OF INTENT FORM | 34 |
| APPENDIX G | SUBMITTED QUESTIONS FORM | 35 |
| APPENDIX H | PROPOSAL DEPOSIT REFUND FORM | 36 |
| APPENDIX I | PERFORMANCE MEASURE REPORT TEMPLATE | 37 |
| APPENDIX J | NEED FOR CHANGE SELF-RATING SCALE | 38 |
| APPENDIX K | COMMITMENT TO CHANGE SELF-RATING SCALE | 39 |
| APPENDIX L | HOMELESSNESS VERIFICATION LETTER | 40 |
| APPENDIX M | QUARTERLY REPORT | 41 |
| APPENDIX N | DELIVERABLE PACKET | 42 |

# **PUBLIC NOTICE**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**State of Maine**

**Department of Health and Human Services**

**Office of Substance Abuse and Mental Health Services**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

The State of Maine is seeking proposals to increase access to services which support stable housing for women who are Homeless.

A copy of the RFP, as well as the Question & Answer Summary and all amendments related to this RFP, can be obtained at the following website: <https://www.maine.gov/dafs/procurementservices/vendors/rfps>.

A Pre-Bidders’ Conference will be held on August 28, 2018 at 10:00 a.m., local time. at the following location: Burton M. Cross Building, 111 Sewell Street Augusta, ME 04330 – Conference Room 401.

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, to the following e-mail address: [Proposals@maine.gov](mailto:Proposals@maine.gov) Proposal submissions must be received no later than 4:00 p.m., local time, on October 22, 2018, when they will be opened. Proposals will be opened at the Burton M. Cross Office Building, 111 Sewall Street - 4th Floor, Augusta, Maine. Proposals not received at the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RFP DEFINITIONS/ACRONYMS**

The following terms and acronyms shall have the meaning indicated below as referenced in this RFP.

|  |  |
| --- | --- |
| **BASIC ACRONYMS** | |
| **Department** | Maine Department of Health and Human Services |
| **HUD** | U.S. Department of Housing and Urban Development |
| **RFP** | Request for Proposals |
| **State** | State of Maine |

* 1. **Behavioral Intervention Training:**

Training approved by the Department’s Division of Licensing and Certification (DLC) designed to facilitate safe and therapeutic interactions between staff and individuals with behavioral impairments, refer to: <http://muskie.usm.maine.edu/cfl/MHRTIAcceptableTraining.html>.

* 1. **Cardio Pulmonary Resuscitation (CPR) Training:**

Hands-on training that teaches lifesaving techniques to revive someone who has suffered cardiac arrest. The list of accepted courses can be found at: <http://muskie.usm.maine.edu/cfl/MHRTICPR1stAid.html>.

* 1. **Casework:**

Any support service provided under this RFP, that is not reimbursable through MaineCare.

* 1. **Chronic Homelessness:**

An individual who has experienced Homelessness for a year or longer, or who has experienced at least four (4) episodes of Homelessness in the last three (3) years and has a disability. The U.S. Department of Housing and Urban Development (HUD) provides additional resources to assist in determining whether someone is chronically homeless at: <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>.

* 1. **Commitment to Change Self-Rating Scale:**

A self-rating scale, provided to consumers who have completed the Need for Change Self-Rating Scale, to rate their level of commitment to change their employment or unemployment status, refer to **Appendix K**. The following link provides instructions on how to complete the Commitment to Change Self-Rating Scale form: [http://www.maineccsm.org/images/stories/Maine\_Can\_Work\_Guide\_Book/May\_2013\_Maine\_Can\_ Work\_.pdf](http://www.maineccsm.org/images/stories/Maine_Can_Work_Guide_Book/May_2013_Maine_Can_Work_.pdf).

* 1. **Co-Occurring Substance Use Disorders (SUD) or Dual Diagnosis:**

Any simultaneous diagnosis made by a Licensed Clinician to an individual of any combination of SUD and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM- 5).

* 1. **Efficiency Apartment:**

An apartment in which one (1) room contains the kitchen, living, and sleeping quarters, with a separate bathroom that provides decent, safe, and sanitary temporary Emergency Shelter beds.

* 1. **Emergency Shelter:**

A facility that provides decent, safe, and sanitary temporary Emergency Shelter beds.

* 1. **First Aid Training:**

Hands-on training that instructs participants on how to provide assistance to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. Online courses are not acceptable, refer to: [http://muskie.usm.maine.edu/cfl/MHRTICPR1stAid.html.](http://muskie.usm.maine.edu/cfl/MHRTICPR1stAid.html)

* 1. **Homeless:**

An individual who lacks housing, including an individual whose primary residence during the night is a supervised public or private facility (e.g., Emergency Shelter) that provides temporary living accommodations.

* 1. **Homeless Management Information System (HMIS):**

Information technology system that is used to collect data on the provision of housing and services to individuals who are Homeless or at risk of becoming Homeless, refer to: [https://www.hudexchange.info/programs/hmis/.](https://www.hudexchange.info/programs/hmis/)

* 1. **Housing First:**

An approach that centers on providing individuals who are Homeless with housing quickly and then providing services as needed.

* 1. **Individual Service Plan (ISP):**

A written document that details the supports, activities and resources that are required for the individual to achieve personal goals. The ISP is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering.

* 1. **In-reach:**

An activity of providing services to individuals who might not otherwise have access to those services within the physical confines of the program facility.

* 1. **Licensed Clinician:**

Includes the following:

1. Licensed Clinical Professional Counselor as defined in 32 M.R.S.A. § 13851(2);
2. Licensed Clinical Professional Counselor-Conditional Clinical as defined in 32 M.R.S.A § 13851(4);
3. Licensed Clinical Social Worker as defined in 32 M.R.S.A. §7001-A (6);
4. Licensed Master Social Worker Conditional as defined in 32 M.R.S.A. § 7053;
5. Physician or Psychiatrist as licensed under 32 M.R.S.A. ch. 48, subch. 2;
6. Advance Practice Registered Nurse Psychiatric and Mental Health Practitioner and Advanced Practice Registered Nurse Psychiatric and Mental Health Clinical Nurse Specialists (as defined in 32 M.R.S.A. § 2102(10) and as certified by specialty by the Maine State Board of Nursing);
7. Physician Assistant as defined in 32 M.R.S.A. § 3270-E; and/or
8. Licensed Psychologist as defined in 32 M.R.S.A. § 3811(2).
   1. **Low Barrier:**

A minimal number of expectations are placed on an individual to reduce obstacles and increase access to services.

* 1. **Medically Needy Deductible (MaineCare Spend Down):**

As defined in 10-144 C.M.R. ch. 332, Part 10, § 3.

* 1. **Mental Health Rehabilitation Technician/Community (MHRT/C):**

A Department-certified individual who works with adults with serious and persistent mental illness, including provisional levels of certification, refer to: <http://muskie.usm.maine.edu/cfl/MHRTCOverview.html>.

* 1. **Mental Health Support Specialists (MHSS):**

A Department-certified individual who provides daily living support and residential services to individuals with mental illness, refer to: <http://muskie.usm.maine.edu/cfl/MHSSOverview.html>.

* 1. **Need for Change Self-Rating Scale:**

A self-assessment form rating the consumer’s own level of satisfaction with their current employment or unemployment, refer to **Appendix J**. The following link provides instructions on how to complete the Need for Change Self-Rating Scale form: [http://www.maineccsm.org/images/stories/Maine\_Can\_Work\_Guide\_Book/May\_2013\_Maine\_Can\_ Work\_.pdf](http://www.maineccsm.org/images/stories/Maine_Can_Work_Guide_Book/May_2013_Maine_Can_Work_.pdf).

* 1. **Outreach:**

An activity of providing services to individuals who might not otherwise have access to those services. A key component of Outreach is that the services are mobile and provided at the locations where those in need are located.

* 1. **Overflow:**

Beds added to accommodate shelter clients when Emergency Shelter beds are full.

1. **Permanent Supportive Housing:**

Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist people who are Homeless with a disability or families with an adult or child member with a disability achieve housing stability, refer to: <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>.

1. **Provisional Mental Health Support Specialist (MHSS):**

An abbreviated version of the full MHSS curriculum designed to teach those competencies needed before beginning to work in residential services, refer to: [http://muskie.usm.maine.edu/cfl/Forms/provomhss.pdf.](http://muskie.usm.maine.edu/cfl/Forms/provomhss.pdf)

1. **Safe Haven Shelter:**

A type of semi-private permanent housing bed within the Homeless shelter for individuals who have been determined to have a disability.

1. **Single Room Occupancy (SRO):**

Housing (consisting of single room dwelling units) that is the primary residence of its occupant or occupants, refer to: https://definitions.uslegal.com/s/single-room-occupancy-sro-housing-hud/

1. **Targeted Case Management:**

As described in the 10-144 C.M.R. ch.101, ch. 2, § 13.

1. **Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT):**

A survey administered both to individuals and families to determine risk and prioritization when providing assistance to Homeless and at-risk of Homelessness persons.

**State of Maine - Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

# **PART I INTRODUCTION**

## Purpose and Background

The Department of Health and Human Services (Department) is seeking proposals to increase access to services which support stable housing for women who are Homeless as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the Provider(s) will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder(s).

The Department provides supportive, preventative, protective and public health and intervention services to preserve public health and assist consumers in meeting their needs where they are. The population of women in the Portland, Maine area, who experience Chronic Homelessness, are among the highest in need to be contacted and served by this service. This RFP is intended to result in the provision of Emergency and Safe Haven Shelter services which are comprised of the following:

* + 1. Support services for twenty-five (25) Emergency Shelter beds;
    2. Support services for fifteen (15) Single Room Occupancy (SRO) Safe Haven Shelter beds;
    3. Support services for twenty-five (25) Efficiency Apartments;
    4. Soup kitchen: three (3) meals a day available to all women within the Emergency Shelter and Safe Haven Shelter;
    5. Crisis intervention and In-reach;
    6. Assessment, Individual Support Plan (ISP), and referrals to appropriate care;
    7. Targeted Case Management available to all women residing within the program; and
    8. Coordination with community case managers to provide Outreach.

## General Provisions

1. From the time this RFP is issued until award notification is made, all contact with the State regarding this RFP must be made through the aforementioned RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding this RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
2. Issuance of this RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to this RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
3. All proposals should adhere to the instructions and format requirements outlined in this RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of this RFP.
4. Bidders shall take careful note that in evaluating a proposal submitted in response to this RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
5. The proposal shall be signed by a person authorized to legally bind the Bidder and shall contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of one hundred eighty (180) days from the date and time of the bid opening.
6. The RFP and the selected Bidder’s proposal, including all appendices or attachments, shall be the basis for the final contract, as determined by the Department.
7. Following announcement of an award decision, all submissions in response to this RFP will be considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) (1 M.R.S. §§ 401 et seq.).

<http://www.mainelegislature.org/legis/statutes/1/title1sec401.html>

1. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to this RFP.
2. The State of Maine Division of Procurement Services reserves the right to authorize other Departments to use the contract(s) resulting from this RFP, if it is deemed to be beneficial for the State to do so.
3. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.

## Eligibility to Submit Bids

All interested parties are invited to submit bids in response to this Request for Proposals.

## Contract Term

The Department is seeking a proposal(s) to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. Please note that the dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with this RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the Initial Period of Performance, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from this RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 1/1/2019 | 12/31/2020 |
| Renewal Period #1 | 1/1/2021 | 12/31/2022 |
| Renewal Period #2 | 1/1/2023 | 12/31/2023 |

## Number of Awards

The Department anticipates making one (1) award as a result of this RFP process.

# **PART II SCOPE OF SERVICES TO BE PROVIDED**

The Department is seeking proposals to provide services which support stable housing for women who are Homeless. The awarded Bidder shall provide a continuum of housing to include an overnight Emergency Shelter and Safe Haven Shelter.

The awarded Bidder shall provide support services for women who are Homeless which includes three (3) meals per day for residents in the Emergency Shelter and Safe Haven Shelter, crisis intervention, assessment, Individual Service Plans, referrals to appropriate care, In-reach, Targeted Case Management, and Casework services.

**Each Bidder must, in their proposal, address all deliverable expectations listed below, including the particular resources and methods/strategies to be utilized upon contract implementation to meet the listed expectations/requirements. Narrative responses must be presented in a format that reflects the respective header titles followed by a detailed description of how the deliverable will be performed or complied with. If subcontractors are involved, the Bidder must clearly identify the work each subcontractor will perform.**

1. **Facility Standards, Facility Operational Requirements, and Facility/Program Licensing**
2. Provide the following services in Portland, Maine, twenty- four (24) hours per day, seven (7) days per week:
   * + 1. Low Barrier access for women to Emergency Shelter services.
          1. Emergency Shelter shall include between ten (10) and twenty-five (25) beds with Overflow available;
       2. Fifteen (15) Single Room Occupancy (SRO) Safe Haven Shelter beds.
3. **Provider Staffing: Position Types, Qualification, and Hiring/Retention Standards**
4. Director of Residential Services who oversees all services provided:
5. Must have experience in working with Homeless populations and in the fields of mental health and substance use; and
6. Must possess a bachelor’s degree in social work or related field of study, or have a comparable combination of education and experience.
7. Program director and supervisor:
8. Must have Mental Health Rehabilitation Technician/Community (MHRT/C) certification;
9. Must have experience working with Homeless populations and mental health and substance use conditions, and
10. Will supervise team leaders and housing support staff who provide support services for persons not eligible, or services not covered by Targeted Case Management, housing navigators or other community case management providers, and provide housing stabilization services which are not covered under those services.
11. Team leaders and housing support staff:
12. Must possess, at minimum, a Provisional Mental Health Support Specialists (MHSS) certification;
13. Within one (1) year of hire, complete the full MHSS course, CPR Training, First Aid Training, and Behavioral Intervention Training; and
14. Within one (1) year of hire, complete substance abuse and Co-Occurring Disorders, harm reduction, community resources, Homelessness and its health and mental health impact, and the Housing First model trainings.
15. **Client Services Eligibility: Clinical/Income/Demographic Requirements to Receive Client Services and Provider Process for Eligibility Determination and Provider Methods for Provider Intake/Outreach**
16. Ensure that all residents of Safe Haven Shelters are women who are verifiably Homeless, and have a disability as defined by the HUD guidelines, refer to: <https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/inhousing>;
17. Must obtain a Homelessness verification letter (**Appendix L**) for each client, providing documentation that the individual is currently Homeless; and
18. Verify each client has a disability by obtaining a signed verification by a Licensed Clinician.
19. Ensure Permanent Supportive Housing Efficiency Apartment tenants are women who are Homeless and:
20. Obtain a Homelessness verification letter (**Appendix L**) for each client as documentation of Chronic Homelessness; and
21. Verify each individual has a disability by obtaining a signed verification by a Licensed Clinician;
22. Verify each individual’s eligibility for Targeted Case Management and ensure that those who are eligible for such services are provided these services in accordance with C.M.R. 10- 144; Ch.101; Section 13.
23. **Client Coverage Screening and Billing Methods: MaineCare and Private Health Insurance**
24. Ensure that, before being provided with Targeted Case Management services (or any other service covered by MaineCare) a determination is made as to whether each individual possesses either private health insurance or is a MaineCare Member. If it is determined that the individual:
25. Is a MaineCare/Medicare Member, then MaineCare/Medicare shall be billed for Targeted Case Management services (or any other service covered by MaineCare/Medicare). Payment for these services shall be subject and limited to the standard terms of MaineCare/Medicare reimbursement;
26. Is a MaineCare Member with a Medically Needy Deductible, then the Recipient of services shall pay for Targeted Case Management services (or any other service covered by MaineCare) until the Medically Needy Deductible is met. Once the Medically Needy Deductible has been met, then MaineCare shall be billed for Targeted Case Management services (or any other service covered by MaineCare). Exceptions to this provision may be granted upon written Department approval. Payment for these services shall be subject and limited to the standard terms of MaineCare reimbursement;
27. Has private health insurance, bill the individual’s health insurance carrier for Targeted Case Management services (or any other service covered by the individual’s health insurance carrier); or
28. Is neither a MaineCare/Medicare Member, nor has private health insurance, is considered uninsured, then the Department shall be billed for all services. Payment by the Department for Targeted Case Management services (or any other service covered by MaineCare) shall otherwise be consistent with the standard terms of MaineCare reimbursement.
29. If an individual receives Targeted Case Management services (or any other service covered by MaineCare) and after receiving the services the individual becomes a MaineCare member, obtain retroactive MaineCare coverage and reimbursement for the services provided and credit any such retroactive reimbursements to the Agreement funds, according to 10- 144 C.M.R. ch. 332, Part 2, § 13.4.
30. Provide assistance to each individual who is found not to have MaineCare, and is receiving services in applying for MaineCare benefits within fourteen (14) days of the date such services are initiated.
31. **Client Services to be Provided to Qualified Clients**

# General Services Provided to All Residents

* 1. Coordinate with community case managers and Outreach workers to ensure that women who are Homeless can easily access shelter, through outreach centers community services provider weekly meetings will be hosted to inform providers in the surrounding area of services that are available to women who are Homeless.
  2. Provide Casework services to all residents who do not qualify for MaineCare Section 13, Targeted Case Management.
  3. Provide a safe place for clients, which includes provision and use of showers, storage facilities, telephones, mailing facilities, and structured groups and activities.
  4. Provide and allow residents use of common areas for educational and social gatherings and meals, a laundry facility, computer access, and a library.
  5. Engage in In-reach at the Emergency Shelter and Safe Haven Shelter to assist residents in meeting their basic needs and locating and maintaining safe and affordable housing.

# Soup Kitchen

* 1. Operate a soup kitchen onsite that provides three (3) meals per day to the residents of the Emergency Shelter and Safe Haven Shelter.

# Assessment, ISPs, and Referrals

* 1. Conduct thorough behavioral health and housing barrier assessments on each resident.
  2. Assess barriers to housing through the VI-SPDAT in line with MaineHousing guidelines. See: <http://www.mainehousing.org/docs/default-source/Housing-Conference/presentations/vi-spdat-analysis-white-paper---leah-bruns.pdf?sfvrsn=2>
  3. Make referrals to providers of domestic abuse and sexual assault services; and provide opportunities for residents to attend groups to enhance the self-esteem and well-being of women who are Homeless.
  4. Develop an ISP, initially and review every ninety (90) days, for all clients receiving Targeted Case Management services under this Agreement, including completing a Need for Change Scale (**Appendix J**). If any answer on the Need for Change Scale is “not sure”, then administer the Commitment to Change Scale (**Appendix K**) to the individual. ISPs shall assist in meeting identified needs and achieve personal goals including: basic life skills education, support to enhance independence, and referrals to volunteer, educational, and employment opportunities.

# Efficiency Apartment Residents

* 1. Ensure that women who have been recently housed in the Efficiency Apartments, receive needed supports and connect them with outside providers and resources.
  2. Provide access to an on-site food pantry, while encouraging and supporting residents of the Efficiency Apartments to cook meals for themselves and/or participate in community meals with staff and other residents, to improve self-sufficiency and to develop independent living skills.
  3. Provide Casework services including Targeted Case Management and make referrals to community case management services on behalf of eligible individuals residing in the Efficiency Apartments. Include follow-up to track the progress of women who have been housed, by ensuring that they remain housed six (6) months after they move into the Efficiency Apartment.

1. **Administrative Services Related to the Provision of Client Services: Recordkeeping, Data Collection/Management, and Supportive Documentation**
2. Comply with the Provider Documentation Requirements for individuals receiving Targeted Case Management services, as stated in 10-144 C.M.R. ch. 101, ch. 2, § 13.07-3.
3. **Performance Measures**
4. The awarded Bidder shall be required to perform all services under the Agreement resulting from this RFP. The awarded Bidder shall achieve all Performance Measures listed within the awarded Bidder Mandatory Performance Measures table directly below. Failure to achieve such Performance Measures may result in the Department withholding Agreement payment(s) to the awarded Bidder, at the discretion of the Department. Data to support Department assessment of the below-listed Performance Measures shall be submitted by the awarded Bidder to the Department in summary form via the quarterly Performance Measure Report (**Appendix I**) or a via third-party data source, as indicated within the Performance Measure Data Source column of the table. The awarded Bidder may also be required to provide additional Supportive Documentation as indicated within the table, for Department validation of the summary data submitted within the Performance Measures Report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AWARDED BIDDER MANDATORY PERFORMANCE MEASURES** | | | | |
|
| **Performance Measure Letter:** | | **Performance Measure** | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source**  (all reports should be listed in the “Reports” section) |
| *Office Goal/Initiative: Reduce recidivism (In this context, not repeating same level of care when the goal is to be referred to the next level of care on the Continuum of Care.)* | | | | |
| a. | Ninety percent (90%) or more of women who are housed in Efficiency Apartments, do not return to Emergency Shelter or Safe Haven Shelter | | Quarterly | Supportive Documentation: Quarterly Report  Performance Measures Report |
| *Office Goal/Initiative: Improve Housing Situations for Consumers* | | | | |
| b. | One hundred percent (100%) of women who are Homeless and receiving services will be offered housing resources | | Quarterly | Supportive Documentation: Quarterly Report  Performance Measures Report |
| *Office Goal/Initiative: Ensure Consumers have Timely Access to Client Services* | | | | |
| c. | One hundred percent (100%) of women receiving services will be assisted with applying for MaineCare within fourteen (14) days of receiving services, if applicable | | Quarterly | Supportive Documentation: Quarterly Report  Performance Measures Report |
| *Office Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment* | | | | |
| d. | One hundred percent (100%) of women receiving Targeted Case Management will have the Need for Change Scale administered (**Appendix J**). | | Quarterly | Supportive Documentation: Quarterly Report  Performance Measures Report |

# **Reports**

* 1. The awarded Bidder shall track and record all data/information necessary to complete the required reports listed in the table below:

|  |  |  |
| --- | --- | --- |
|  | **Name of Report or On-Site Visit** | **Description or Appendix #** |
| a. | Quarterly Report | **Appendix M** |
| b. | Performance Measures Report | **Appendix I** |
| c. | Delivery Provider Packet | **Appendix N** |
| d. | Quarterly Report of Revenue and Expenses | Located at: [http://www.maine.gov/dhhs/contracts/contract-](http://www.maine.gov/dhhs/contracts/contract-2019/ContractDocs.html) [2019/ContractDocs.html](http://www.maine.gov/dhhs/contracts/contract-2019/ContractDocs.html) |
| e. | Agreement Closeout Report | Located at: [http://www.maine.gov/dhhs/contracts/contract-](http://www.maine.gov/dhhs/contracts/contract-2019/ContractDocs.html) [2019/ContractDocs.html](http://www.maine.gov/dhhs/contracts/contract-2019/ContractDocs.html) |

# The awarded Bidder shall submit all of the required reports listed in the table below to the Department in accordance with the deadlines established within the table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Report or On-Site Visit:** | **Period Captured by Report or on-site visit:** (“*Each year/quarter/month/week”)* | **Due Date:** *(“ # days af t er each*  *year / quar t er /m ont h/w eek”)* |
| a. | Quarterly Report | Each quarter | Within fifteen (15) days after each quarter. Only email to: [SAMHSReporting.DHHS@maine.gov](mailto:SAMHSReporting.DHHS@maine.gov) |
| b. | Performance Measures Report | Each quarter | Within fifteen (15) days after each quarter. Only email to: [SAMHS.PMR@maine.gov.](mailto:SAMHS.PMR@maine.gov) |
| c. | Deliverable Provider Packet | Each quarter | Within fifteen (15) days after each quarter. Only email to: [SAMHSReporting.DHHS@maine.gov](mailto:SAMHSReporting.DHHS@maine.gov) |
| d. | Quarterly Report of Revenue and Expenses | Each quarter | Thirty (30) days after each quarter |
| e. | Agreement Closeout Report | Entire Agreement period | Sixty (60) days following the close of the Agreement period. |

# **PART III KEY RFP EVENTS**

## Pre-Bidders Conference

The Department will sponsor a Pre-Bidders’ Conference concerning this RFP beginning at the date, time, and location shown on the RFP cover page. The purpose of the Pre-Bidders’ Conference is to field questions which will clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Pre-Bidders’ Conference is not mandatory, it is encouraged that interested Bidders attend.

## Questions

* 1. **General Instructions**

It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.

All interested parties should use **Appendix G** – Submitted Questions Form – for submission of questions.

1. The Submitted Questions Form should be submitted by e-mail and received by the RFP Coordinator, identified on the cover page of this RFP, as soon as possible but no later than the date and time specified on the RFP cover page.
2. Submitted Questions should include the RFP Number and Title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
   1. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the following website no later than seven (7) calendar days prior to the proposal due date: <https://www.maine.gov/dafs/procurementservices/vendors/rfps>. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## Amendments

All amendments released in regard to this RFP will also be posted on the following website: <https://www.maine.gov/dafs/procurementservices/vendors/rfps>. It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Notice of Intent to Bid

1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit a Notice of Intent to Bid using **Appendix F**. Notices of Intent must be submitted and received by the RFP Coordinator listed on the cover page of this RFP document as soon as possible but no later than the date and time specified in the timeline above.

Please note: Failure to submit a Notice of Intent to Bid by this deadline will automatically result in disqualification from the bidding process. The Department will not accept proposals from Bidders unless they have submitted a Notice of Intent.

1. **Content:** The notice must be submitted using **Appendix F** and shall include the following:
2. RFP number, RFP title and specific service area;
3. Legal business name of the bidding organization;
4. Complete mailing address;
5. Chief Executive and Contact Person;
6. Telephone and fax numbers and e-mail addresses for persons listed above;
7. Brief description of Bidder’s experience and ability to perform work required; and
8. Signature of a person authorized to enter into contractual agreements with the Department on behalf of the organization (i.e., a chief executive, as identified above).
9. **Submission:** Notices of Intent may be sent to the RFP Coordinator listed on the cover page of this RFP document. Bidders are responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

## Submitting the Proposal

1. **Proposals Due:** Proposals must be received no later than 4:00 p.m. local time, on the date listed on the cover page of this RFP, at which point they will be opened. Proposals received **after** the 4:00 p.m. deadline will be **rejected** without exception.
2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services, via e-mail, to the e-mail address provided on the RFP Cover Page.

Only proposals received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.

1. Bidders are to insert the following into the subject line of their e-mail submission: “**RFP# 201807152 Proposal Submission**”
2. Bidder’s proposals are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

- **File 1**: *PDF format preferred*

Completed - Proposal Cover Page (**Appendix A**)

Debarment, Performance and Non-Collusion Certification (**Appendix B**)

Proposal Deposit Refund Form (**Appendix H**)

- **File 2**: *PDF format preferred*

Organization Qualifications and Experience (**Appendix C** and all related/required attachments stated in PART IV, B., Section I.)

- **File 3**: *PDF format preferred*

Proposed Services (and all related/required attachments stated in PART IV, B., Section II.)

- **File 4**: *Excel format preferred*

Cost Proposal (**Appendix D** and all related/required attachments stated in PART IV, B., Section III.)

- **File 5**: *PDF format preferred*

Maine Business and Economic Impact Consideration (**Appendix E**)

# **PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Bidder’s proposal must follow the outline used below, including the numbering and section and sub-section headings as they appear here. Failure to use the outline specified in this section, or to respond to all questions and instructions throughout this document, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team for this RFP, has sole discretion to determine whether a variance from the RFP specifications should result in either disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in this RFP will, at best, be considered minimally responsive. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s experience and ability to perform the requirements specified throughout this document.

## Proposal Format

* 1. All pages of a Bidder’s proposal should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Bidder’s name should appear on every page, including Attachments. Each Attachment must reference the section or subsection number to which it corresponds.
  2. Bidders are asked to be brief and concise in responding to the RFP questions and instructions.
  3. All electronic documents should be formatted for printing as formatting will not be adjusted prior to printing and reviewing these documents.
  4. The Bidder may not provide additional attachments beyond those specified in the RFP for the purpose of extending their response. **The narrative response to Proposed Services (see Part IV.B - Section II) must be limited to a maximum total of thirty (30) pages.** Appendices and attachments are not considered part of the page limit. Additional materials not requested will not be considered part of the proposal and will not be evaluated.
  5. Include any forms provided in the proposal package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in the RFP.
  6. Any documents, templates, or samples created or incorporated into the proposal should be representative of the quality of the work that can be expected of the Bidder’s staff and its sub-contractors during any contract resulting from this RFP.
  7. It is the responsibility of the Bidder to provide all information requested in the RFP package at the time of submission. Failure to provide information requested in this RFP may, at the discretion of the Department’s evaluation review team, result in a lower rating for the incomplete sections and may result in the proposal being disqualified for consideration.
  8. Bidders should complete and submit the “Proposal Cover Page” provided in **Appendix A** of this RFP and provide it with the Bidder’s proposal. The cover page must be the first page of the proposal package. It is important that the cover page show the specific information requested, including Bidder address(es) and other details listed. The proposal cover page shall be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.
  9. Bidders must complete and submit the “Debarment, Performance and Non-Collusion Certification Form” provided in **Appendix B** of this RFP. Failure to provide this certification may result in the disqualification of the Bidder’s proposal, at the discretion of the Department.

## Proposal Contents

**Section I Organization Qualifications and Experience**

1. **Overview of the Organization**

Bidders are to complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in this RFP. Bidders are also to include three (3) examples of projects, within the past five (5) years, which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Organizational Chart**

Provide an organizational chart of the Bidder’s organization. The organization chart must include the project being proposed. The organization chart must include the project being proposed.  Each position must be identified by position title and corresponding to the below job descriptions and staff resumes.

* 1. **Job Descriptions**

Provide job descriptions for all staff assigned to the project being proposed including minimum qualifications. If the Bidder’s organization administers programs other than the one being proposed in this RFP, include job descriptions of the Executive Director and chief fiscal officer and any other key management staff who will be responsible for carrying out the objectives of the project being proposed.

* 1. **Staff Resumes**

Provide up-to-date resumes of current staff members which correspond with the above job descriptions. Position titles must be the same as the position titles the above organizational chart and job descriptions.

**6. Litigation**

Attach a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation will be included, write “none” on submitted attachment.

1. **Financial** **Viability**

Bidders are to provide a current copy of their Dun & Bradstreet Comprehensive Insight Plus Report.

* 1. **Licensure/Certification**

Provide documentation of any applicable licensure/certification or any specific credentials required of the Bidder, its proposed staff and/or subcontractors who will be providing the proposed services.

* 1. **Certificate of Insurance**

Provide a certificate of insurance on a standard Acord form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

**Required Attachments Related to Organization Qualifications and Experience**

The following documents must be attached to the back of each Bidder’s proposal in the order as numbered below. The required documents will be reviewed and rated by the Department’s evaluation team under the Organization Qualifications and Experience section.

|  |  |
| --- | --- |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractors |
| Three (3) | Organizational Chart |
| Four (4) | Job Descriptions |
| Five (5) | Staff Resumes |
| Six (6) | Litigation |
| Seven (7) | Financial Viability |
| Eight (8) | Licensure/Certification |
| Nine (9) | Certificate of Insurance |

**Section II Proposed Services**

* 1. **Services to be Provided**

Address the Scope of Services to be Provided in Part II of this RFP and what the Bidder will offer. Specifically, the Bidder must address all deliverable expectations, including the particular resources and methods/strategies to be utilized upon contract implementation to meet the listed expectations/requirements. Also, describe how you will ensure expectations and/or desired outcomes as a result of these services will be achieved. If subcontractors are involved, clearly identify the work each will perform.

* 1. **Implementation - Work Plan**

Provide a realistic work plan for the implementation of the program through the first contract period. Display the work plan in a timeline chart. Concisely describe each program development and implementation task, the month it will be carried out and the person or position responsible for each task. If applicable, make note of all tasks to be delegated to subcontractors.

**Required Attachments Related to Proposed Services**

The following documents must be attached to the scope of work narrative section of the Bidder’s proposal in the order as numbered below. The required documents will be reviewed and rated by the Department’s evaluation team under the proposed services section.

|  |  |
| --- | --- |
| **Attachment #:** | **Attachment Name:** |
| Ten (10) | Work Plan |

**Section III Cost Proposal**

1. **General Instructions**
2. The Bidder must submit a cost proposal that covers the entire period of the initial contract. Please use the expected “Initial Period of Performance” dates stated in PART I, D.
3. The cost proposal shall include the costs necessary for the Bidder to fully comply with the contract terms and conditions and RFP requirements.
4. No costs related to the preparation of the proposal for this RFP or to the negotiation of the contract with the Department may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
5. **Cost Proposal Form and Budget Narrative** 
   1. The Bidder should fill out **Appendix D** (Cost Proposal Form), following the instructions detailed in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.
   2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. (Please note: The budget narrative will not count against the narrative page limit.)

**Section IV Maine Business and Economic Impact Consideration**

Using **Appendix E** (Maine Business and Economic Impact Consideration Form), the Bidder (Bidder identified on the “Proposal Cover Page” of proposal submission - **Appendix A**) is required to describe the Bidder’s investment in the State of Maine. Consideration of this information in making contract award decisions is required in accordance with Executive Order 2017-003, which states “Evaluators of competitive bids for goods and services shall give consideration to the investment in the State by business enterprises as a best-value criterion”. The State reserves the right to verify this information at any time during the evaluation process or after.

## Proposal Deposit

Each Bidder must submit a Proposal Deposit in the amount of $10,000.00 to be eligible to have their proposal considered for award of the contract.  The Proposal Deposit must be submitted to the Division of Procurement Services as described below.

The State of Maine will accept the following methods of Proposal Deposit payment: ACH-Debit, Credit/Debit Card and by check.

* + - **ACH-Debit or Credit / Debit Card.** To submit a Proposal Deposit via ACH-Debit or Credit/Debit Card, Bidders are to go to [www.PayMaine.gov](http://www.PayMaine.gov).  Bidders are to select the Department Name “Division of Procurement Services” and then select the Product “Proposal Deposit”.  When completing information in the Select Products stage, Bidders are to complete their payment information and include “RFP 201807152” in the ‘Reference’ field.  When completing information in the Customer Information stage, Bidders are to include the Bidder’s name in the ‘Company Name’ field. If a Bidder’s bank account maintains a debit block, please call 207-624-7340 for instructions.
    - **Check.** To submit a Proposal Deposit by check, the check is to be made out to “Treasurer of the State of Maine” with RFP 201807152 included on the memo line of the check. Bidders choosing this payment method must mail the check and a copy of the completed **Appendix H** (Proposal Deposit Refund Form) with their proposal submission to the Division of Procurement Services. Proposal Deposit checks must be received by the Division of Procurement Services on or before the Proposal Submission Deadline on the cover page of this RFP.

Bidders sending Proposal Deposits via the **U.S. Postal Service** are to use the following mailing address:

State of Maine

DAFS/Division of Procurement Services

Attn: Special Project/RFP Unit (RFP# 201807152)

9 State House Station

Augusta, Maine 04333-0009

Bidders using **FedEx**, **UPS** or a similar type courier are to use the following mailing address:

State of Maine

DAFS/Division of Procurement Services

Attn: Special Project/RFP Unit (RFP# 201807152)

111 Sewell Street

Burton M. Cross Building, 4th Floor

Augusta, Maine 04330

1. **Refunds**

The process to refund Proposal Deposits, for those Bidders who do not request an appeal hearing, will be initiated at the conclusion of the appeal request period (See PART V, D – Appeal of Contract Awards). Proposal Deposits submitted via Credit/Debit Card will be refunded less any transaction fees assessed to the State of Maine in processing the Proposal Deposit payment.

Any Bidder who requests and is granted an appeal and does not prevail, will be returned the Proposal Deposit less expenses incurred in processing the appeal, at the conclusion of the appeal process. Any Bidder who requests and is granted an appeal, and prevails, will be returned the Proposal Deposit in full at the conclusion of the appeal process.

To ensure Proposal Deposit refunds are sent to the correct location, the Bidder is to complete **Appendix G** (Proposal Deposit Refund Form) and include that form in the proposal submission.

# **PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals shall be accomplished as follows:

## Evaluation Process - General Information

* + - 1. An evaluation team, comprised of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP, and in accordance with the most advantageous financial considerations (where applicable) for the State.
      2. Officials responsible for making decisions on the selection of a contractor shall ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
      3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders if needed to obtain clarification of information contained in the proposals received, and the Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. Interviews/presentations are not required, and changes to proposals will not be permitted during any interview/presentation process. Therefore, Bidders should submit proposals that present their rates and other requested information as clearly and completely as possible.

## Scoring Weights and Process

1. **Scoring Weights:** The score will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria.

**Section I. Organization Qualifications and Experience (25 points)**

Includes all elements addressed above in Part IV, B, Section I.

**Section II. Specifications of Work to be Performed (35 points)**

Includes all elements addressed above in Part IV, B, Section II.

**Section III. Cost Proposal (30 points)**

Includes all elements addressed above in Part IV, B, Section III.

* 1. Cost Proposal (25 points)
  2. Budget Narrative (5 Points)

**Section IV. Maine Business and Economic Impact Consideration (10 points)**

Includes all elements addressed above in PART IV, B, Section IV.

1. **Scoring Process:** The review team will use a consensus approach to evaluate and score Sections I & II above. Members of the review team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Sections III & IV, the Cost Proposal and Maine Business and Economic Impact Consideration sections, will be scored as described below.
2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in this RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 25 = pro-rated score

No Best and Final Offers: The State of Maine will not seek a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

The remaining five (5) points allocated to the Cost Proposal will be used to evaluate the responsiveness of the narrative material and supporting documentation contained with this section including: accuracy and reasonableness (assumptions used in calculating the costs), budget and financial stability (see **Appendix D**).

1. **Scoring the Maine Business and Economic Impact Consideration:** The Maine Business and Economic Impact Consideration for this RFP will be scored based on the information provided by Bidders in **Appendix E** (Maine Business and Economic Impact Consideration Form) compared to the point allocations below:

|  |  |
| --- | --- |
| **Maine Business Analysis** | **Points** |
| Average Percentage of Maine Business Impact - 1 to 74% | 2 points |
| Average Percentage of Maine Business Impact - 75 to 100% | 4 points |

|  |  |
| --- | --- |
| **Maine Economic Impact** | **Points** |
| Sum of Maine Economic Analysis - $1 to $1,000,000 | 2 points |
| Sum of Maine Economic Analysis - $1,000,001 to $10,000,000 | 4 points |
| Sum of Maine Economic Analysis - over $10,000,000 | 6 points |

1. **Negotiations:** The Department reserves the right to negotiate with the successful Bidder to finalize a contract at the same rate or cost of service as presented in the selected proposal. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposals to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with a selected respondent who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

## Selection and Award

* + - 1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.

1. Notification of contractor selection or non-selection will be made in writing by the Department.
2. Issuance of this RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
3. The Department reserves the right to reject any and all proposals or to make multiple awards.

## Appeal of Contract Awards

Any person aggrieved by the award decision that results from this RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120 (found here: <https://www.maine.gov/dafs/procurementservices/policies-procedures/chapter-120>).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within fifteen (15) calendar days of receipt of notification of contract award.

# **PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

## Contract Document

* 1. The awarded Bidder will be required to execute a contract in the form of a State of Maine Agreement to Purchase Services (BP54). A list of applicable Riders is as follows:

Rider A: Specification of Work to be Performed

Rider B: Method of Payment and Other Provisions

Exceptions Rider

Rider D: (Optional; for use by Department)

Rider G: Identification of Country in Which Contracted Work Will Be Performed

The complete set of standard BP54 contract documents may be found on the Division of Procurement Services website at the following link: <https://www.maine.gov/dafs/procurementservices/sites/maine.gov.dafs.procurementservices/files/inline-files/BP54revised1017.doc>.

Other forms and contract documents commonly used by the State can be found on the Division of Procurement Services website at the following link: <https://www.maine.gov/dafs/procurementservices/forms>.

Other forms and contract documents commonly used by the Department can be found on the Department website at the following link: <http://www.maine.gov/dhhs/contracts/contract-2019/ContractDocs.html>.

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, Chapter 110, § 3(B)(i):

<https://www.maine.gov/dafs/procurementservices/policies-procedures/chapter-110>.

This provision means that a contract cannot be effective until at least fourteen (14) days after award notification.

* + - 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in this RFP may need to be adjusted, if necessary, to comply with mandated requirements.
      2. In providing services and performing under the contract, the awarded Bidder(s) shall act as an independent contractor and not as an agent of the State of Maine.

## Standard State Agreement Provisions

* + - 1. Agreement Administration
         1. Following the award, an Agreement Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.
         2. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.
  1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net thirty (30) payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from this RFP.

# **PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

1. **Appendix A** – Proposal Cover Page
2. **Appendix B** – Debarment, Performance and Non-Collusion Certification
3. **Appendix C** – Qualifications and Experience Form
4. **Appendix D** – Cost Proposal Form and Budget Narrative
5. **Appendix E** – Maine Business and Economic Impact Consideration
6. **Appendix F** – Notice of Intent Form
7. **Appendix G** – Submitted Questions Form
8. **Appendix H** – Proposal Deposit Refund Form
9. **Appendix I** – Performance Measure Report Template
10. **Appendix J** – Need for Change Self-Rating Scale
11. **Appendix K** – Commitment to Change Self-Rating Scale
12. **Appendix L** – Homelessness Verification Letter
13. **Appendix M –** Quarterly Report
14. **Appendix N** – Deliverable Packet

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

## PROPOSAL COVER PAGE

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | |
| **Chief Executive - Name/Title:** | |  | | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |
| ***(Provide information requested below if different from above)*** | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |

* This proposal and the pricing structure contained herein will remain firm for a period of one hundred eighty (180) days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
   3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
   4. *Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Bidder’s proposal, at the discretion of the Department.**

|  |  |
| --- | --- |
| Name (Print): | Title: |
| Authorized Signature: | Date: |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

## QUALIFICATIONS & EXPERIENCE FORM

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications, including any applicable licensure and/or certification. Describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

**APPENDIX C (continued)**

|  |
| --- |
| **Provide a description of projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in the “Scope of Services” portion of this RFP. For each of the project examples provided, a contact person from the organization involved should be listed, along with that person’s telephone number and email address. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.**  *If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder’s general capabilities.* |

|  |  |
| --- | --- |
| **Project One** | |
| **Client Name:** |  |
| **Client Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

|  |  |
| --- | --- |
| **Project Two** | |
| **Client Name:** |  |
| **Client Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

**APPENDIX C (continued)**

|  |  |
| --- | --- |
| **Project Three** | |
| **Client Name:** |  |
| **Client Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

## COST PROPOSAL FORM AND BUDGET NARRATIVE

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Cost:** | **$** |

**Instructions:** Bidders are to complete and submit budget forms to provide a detailed breakdown of expenses in performing the services as described in this RFP and in the Bidder’s proposal. The budget forms can be found below:

**Budget Form – Cost Settled: The Cost Settled Budget form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**Budget Form – Cost Settled Instructions: The Cost Settled Budget form instructions may be obtained in a Portable Document Format (.pdf) by double clicking on the document icon below.**



**Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. (Please note: The budget narrative will not count against the narrative page limit.)

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services***Office of Substance Abuse and Mental Health Services*

**MAINE BUSINESS AND ECONOMIC IMPACT CONSIDERATION FORM**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

**Instructions**

Each Bidder is to complete the table in the excel spreadsheet below to quantify the Bidder’s investment in the State of Maine. Consideration of this information in making contract award decisions is required in accordance with Executive Order 2017-003, which states “Evaluators of competitive bids for goods and services shall give consideration to the investment in the State by business enterprises as a best-value criterion. **The Maine Business and Economic Impact form below may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**NOTICE OF INTENT TO BID**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bidder’s Legal Organization Name:** | |  | | | |
| **Chief Executive - Name/Title:** | |  | | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| ***(Provide information requested below if different from above)*** | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | | |  | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| **Signature of person authorized to enter into contractual agreements with the Department:** | | | **Print name of person authorized to enter into contractual agreements with the Department:** | | |
|  | | |  | | |

|  |
| --- |
| **Please provide a brief narrative describing Bidder’s experience and ability to perform the work required within the RFP.** |
|  |

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*\* If a question is not related to any section of the RFP, state “N/A” under “RFP Section & Page Number”.*

*\*\* Add additional rows, if necessary.*

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**PROPOSAL DEPOSIT REFUND FORM**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**Instructions**

Bidders must identify the chosen method of payment for the proposal deposit as well as an address the proposal deposit refund is to be sent to. Bidders are to check the appropriate box below to indicate the payment method and complete the subsequent section for a proposal deposit refund address.

For Bidders who submit proposal deposits by check, a copy of this completed form must be included with the proposal deposit check that is mailed to the Division of Procurement Services (See PART IV, C. of this RFP for mailing instructions). The RFP number must be written on the memo line of the submitted proposal deposit check.

Payment by:

ACH-Debit Credit/Debit Card Check

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | | |  | | | | |
| **Attention to:** | |  | | | | | |
| **Mailing Address (Street or P.O. Box):** | | | |  | | | |
| **City:** |  | | | **State:** |  | **Zip Code:** |  |

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**NEED FOR CHANGE SELF-RATING SCALE**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in Word format by double clicking on the document icon below.**



**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**COMMITMENT TO CHANGE SELF-RATING SCALE**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in Word format by double clicking on the document icon below.**



**APPENDIX L**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**HOMELESSNESS VERIFICATION LETTER**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in Word format by double clicking on the document icon below.**



**APPENDIX M**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**QUARTERLY REPORT**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in Word format by double clicking on the document icon below.**



**APPENDIX N**

**State of Maine**

**Department of Health and Human Services**

*Office of Substance Abuse and Mental Health Services*

**DELIVERABLE PACKET**

**RFP# 201807152**

**Emergency and Safe Haven Shelter for Women**

**The performance measure report template below may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

