



State of Arkansas  
Arkansas Department of Health  
4815 West Markham Street  
Little Rock, AR 72205

# **APPLICATION PACKET**

## **DH-22-0021**

### **Request for Application**

**Applications Must be Submitted by Mail or In-Person No Later Than  
Thursday, July 21, 2022, by 3:00PM Central Time To The Issuing Officers**

*Arkansas Department of Health*

*ATTN: Steve McDonald*

*4815 W. Markham Street Slot 58*

*Little Rock, AR 72205*

***Purpose of Sub-Grant: Oral Health Consultant***

## APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Fiscal Year:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Intergovernmental			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Hanan Malak	Title:	Issuing Officer	
Phone:	501-661-2569	Alternate Phone:	501-280-4594	
Email:	Hanan.Malak@arkansas.gov			
Alternate Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				
_____ _____ _____				

**An official authorized to bind the prospective recipient to a resultant contract shall sign below.**

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Use Ink Only.

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Agreement and Compliance

### CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
  - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
  - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
  - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

**Authorized Signature:** \_\_\_\_\_

*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PROPOSED SUBCONTRACTORS FORM

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

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

*Type or Print the following information*

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

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

## INFORMATION FOR EVALUATION

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

		<b>Maximum Raw Score Available</b>
<b>E.1</b>	<b>Communication Skills</b>	
1.	What content do you feel is vital in the development of a topical fluoride presentation?	5 Points
2.	Please describe your experience with public speaking and group presentations.	5 Points
<b>E.2</b>	<b>Organization</b>	
1.	Do you anticipate any conflicts with the work requirements of 16 hours per week for this program?	5 Points
2.	Please describe your ability to develop spreadsheets and proficiency using Excel.	5 Points
<b>E.3</b>	<b>Subject Knowledge</b>	
1.	Please explain your understanding and importance of topical fluoride varnish.	5 Points
2.	Explain your background and use of billing codes.	5 Points
3.	Explain your process for finding new prospects.	5 Points
<b>E.4</b>	<b>Past Experience</b>	
1.	Do you have experience in a self-paced environment? If so, please describe.	5 Points
2.	Describe your experience providing expense reports.	5 Points
3.	Explain your process of contact management, follow-up call tracking and further development.	5 Points