



State of Arkansas  
ARKANSAS DEPARTMENT OF HEALTH  
4815 West Markham  
Little Rock, Arkansas 72205

***TECHNICAL PROPOSAL PACKET***  
***DH-18-0018***

## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
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	
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>	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.  <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

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

<ul style="list-style-type: none"> <li>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.</li> <li><b>Do not</b> include additional information if not pertinent to the itemized request.</li> </ul>	<b>Maximum RAW Score Available</b>
<b>E.1 BACKGROUND, QUALIFICATIONS, &amp; STAFFING</b>	
1. Provide a brief description of your pharmacy school and its mission and commitment to tobacco cessation and education.	5 points
2. Describe your experience incorporating the clinical practice guidelines on treating tobacco use and dependence strategies into the pharmacy and other professional curriculums.	5 points
3. Describe the level of expertise include education and experience of each individual that will provide services for this contract as outlined in this RFP.	5 points
4. Describe your experience in delivering tobacco cessation programs including demonstrated successful experience with comprehensive evidence-based tobacco cessation screening and counseling within communities and with pharmacies.	5 points
<b>E.2 APPROACH &amp; METHODOLOGY</b>	
1. Describe how the pharmacist providing counseling will be qualified and trained to address issues related to tobacco dependence, including the use of motivational interviewing, proactive cessation counseling, pharmacological cessation therapies, and treatment for special populations; such as, smokeless tobacco users, pregnant women, and senior adults.	5 points
2. Explain how you will ensure required data is accurate and collected from pharmacists and delivered to the evaluator.	5 points
3. Describe the method and criteria for selecting pharmacies to participate in this project.	5 points
4. Describe the minimum qualifications of pharmacists and the orientation and continuing education protocols that they must complete.	5 points
5. Explain how you will ensure that all participating pharmacists follow the same order of care.	5 points
6. Describe any challenges you foresee in meeting the requirements of the contract and explain how you will overcome them.	5 points
<b>E.3 PROJECT ORGANIZATION &amp; MANAGEMENT</b>	
1. Provide a detailed timeline for all phases of the project including all major activities and milestones.	5 points
2. Provide a quality assurance plan including the following: <ul style="list-style-type: none"> <li>Oversee the content and delivery of counseling session</li> <li>Work with pharmacist to improve their clinical strengths in the areas of behavior modification and addiction treatment</li> <li>How information will be used to maintain the quality of services and improve services as necessary</li> <li>Provide complete and accurate information on session content and NRT delivery</li> </ul>	5 points
3. The bidder should describe how (including the process involved) the specifications will be fulfilled by the proposed pharmacies, and to what degree the specifications are met and/or exceeded. This description should also include where appropriate by whom, when, with what, why, where, to what degree etc., the requirements will be satisfied as well as listing any limitations, or constraints pertaining to the product(s), service(s), capabilities, and other offerings.	5 points
4. Explain your understanding of the HIPAA regulations and the impact on this project especially in the area of security.	5 points
5. Provide details of intended project management and project control methods. Include an explanation as to how you propose to manage the project, control activities, report progress, ensure required staffing, and coordinate with all associated parties.	5 points
6. Demonstrate your financial and administrative capacity to manage the pilot project and the technical expertise to successfully implement the full range of activities by providing the following: <ul style="list-style-type: none"> <li>Most recent independent audit report and notes</li> <li>Current financial statement</li> </ul>	5 points

**Vendor Agreement and Compliance**

CERTIFICATION REGARDING TOBACCO

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

I, \_\_\_\_\_ (*Printed/Typed Name*) on behalf of \_\_\_\_\_  
(*Name of Pharmacy School*) do not receive from or have an affiliation (membership, ownership, contractual, or other) with any organization, including subsidiaries, foundations or other related parties of such organizations, that has any interest in the production, manufacture, marketing, distribution, sale or continued use of tobacco, including Electronic Nicotine Delivery Systems (E.N.D.S.).

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 the Arkansas Department of Health, Tobacco Prevention and Cessation Program.

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.*

**Date:** \_\_\_\_\_