

TECHNICAL PROPOSAL PACKET
SP-23-020 CERTIFIED TUMOR REGISTRAR
EDUCATION AND TRAINING SERVICES

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 rejected.

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 **shall** complete and submit the *Proposed Subcontractors Form* in the *Technical Proposal Packet*.
 - Additional subcontractor information may be required or requested in the following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
 - The utilization of any proposed subcontractor is subject to approval by the State agency.

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.

| | | Maximum Raw Score Available |
|------------|---|------------------------------------|
| E.1 | Minimum Vendor Qualifications | 25 Points |
| | a. Demonstrate vendor certification for minimum of five (5) years is met. b. Demonstrate vendor experience in population-based central cancer registry preferred within the past five (5) years. c. Demonstrate vendor experience in designing and developing a training program within the last five (5) years is met. d. Demonstrate vendor experience in implementing and managing a training program within the last five (5) years is met. e. Demonstrate vendor references are met. | |
| E.2 | Statewide Education and Training Program | 25 Points |
| | a. Describe methodology and vision for creating a statewide education and training program. b. Describe methodology for implementing a statewide education and training program. c. Describe methodology for managing a statewide education and training program. d. Describe methodology for monitoring and managing an annual training schedule. e. Describe methodology for evaluating strengths and weaknesses of an implemented statewide education and training program. | |
| E.3 | Professional Services and Reports | 25 Points |
| | a. Describe methodology for networking and establishing contacts. b. Describe methodology for managing travel for attendance in-person and virtual. c. Describe methodology for providing guidance and feedback within one (1) business day of request. d. Describe methodology for tracking education and training program and providing consistent reports to ACCR. e. Describe methodology for managing report requirements and budget. | |
| | Total Points | 75 Points |