



**Solicitation Information
September 26, 2014**

RFP# 7549036

TITLE: The Senior Resiliency Project

Submission Deadline: October 28, 2014 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than, **October 8, 2014 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), Climate Change Program, is soliciting proposals from qualified firms to assist long-term care facilities, assisted living residences, and independent living senior housing complexes to prepare for climate-related disasters and power outages through intensive and site-specific energy resiliency audits and the development of all-hazard emergency plans that emphasize sheltering in place. The work is to be done in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.us.

The initial contract period will begin approximately January 1, 2015 through December 31, 2015. This contract may be renewed for two (2) additional twelve (12) month periods pending vendor performance and availability of funds.

The Climate Change Program intends to fund one vendor for the scope of work described below.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA

protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement,

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

The Rhode Island Department of Health (HEALTH), Climate Change Program, works with community, state, and federal partners to address the health impacts associated with climate change and to identify those populations most vulnerable to climate-related exposures. Past experience and research has shown that the elderly are some of the most vulnerable to these impacts. Through The Senior Resiliency Project, HEALTH will work with a team of partners, stakeholders, and a qualified vendor to assist long-term care facilities, assisted living facilities, and independent living senior housing complexes to prepare for disasters through intensive and site-specific energy resiliency audits and the development of all-hazards emergency plans that emphasize sheltering in place.

Since 2010, Rhode Island has faced four presidentially declared disasters. These events, along with other extreme weather events, have challenged communities and made it clear throughout Rhode Island that there is a need to better prepare the most vulnerable populations for floods, hurricanes, blizzards, heat waves, extreme cold, and power outages. Superstorm Sandy drastically impacted Rhode Island’s elderly community. Twenty three long-term care facilities were without commercial grid power, some for as many as five days, and one facility was forced to evacuate. Residents in assisted living residences and senior housing complexes also found themselves without power or support to keep them safe. During Winter Storm Nemo, 29 nursing homes and 15 assisted living residences lost commercial grid power.

During any climate-related disaster, access to energy is crucial for elderly populations, as they often have unique power-related needs (such as power-dependent durable medical equipment) and a heightened requirement for power to prevent injury and death (lighting to prevent falls and heat to prevent cold exposure, for example). While many facilities housing these populations have generators, many still need additional generator support, training, or other assistance to ensure they can sustain their minimum energy requirements during a power outage. To illustrate the present gaps in training and preparedness, several of the facilities that do maintain generators do not link HVAC systems (controlling heating and cooling within the facility) to the generator, which limits the ability of these facilities to shelter in place for long periods of time during generator operation. Both the independent elderly and long-term care communities in Rhode Island have acknowledged the need for support and training to better prepare their facilities for climate-related disasters, and they are eager to explore options to mitigate these threats.

Many of Rhode Island’s long-term care facilities are currently participating in a Long-Term Care Mutual Aid Plan, which is coordinated through HEALTH’s Center for Emergency Preparedness and

Response. However, this plan is focused largely on evacuation, not sheltering in place. Studies across the nation have shown that evacuations can contribute to an increase in morbidity and mortality in elderly populations. In certain events, evacuation is absolutely necessary; however, sheltering in place safely is ultimately the best option when possible. Many facilities in Rhode Island have requested further guidance and support in developing plans that will guide them to perform this function effectively and safely.

The Senior Resiliency Project will help the State of Rhode Island meet these needs.

SECTION 3: SCOPE OF WORK

General Scope of Work

The Senior Resiliency Project will focus on three high-priority pilot sites in Washington County that were directly impacted by Hurricane Irene, Superstorm Sandy, and Winter Storm Nemo. These pilot sites will include one nursing home, one assisted living facility, and one senior housing complex. Working closely with these facilities, the vendor will assist each in creating a site-specific energy resiliency audit and plan, as well as an all-hazard shelter in place plan. Through this process, the vendor will create templates for the development of energy plans and sheltering in place plans for each of the three types of facilities. Staff- or resident-specific training will be offered to the three pilot sites. Training sessions for use of the templates will be provided to similar facilities within Rhode Island.

Specific Activities / Tasks

The vendor will develop tools and guides for the creation of plans that assist facilities to shelter in place. These resources will have an all-hazard orientation and will underscore the sustainment of critical resident services, such as food supply, medical supply, potable water, HVAC needs, generator assessment and operation training, etc. The emergency plans will include job action sheets and guides to assist facilities to respond quickly. Individual facilities will be led through the process of developing their own internal plans and working with their staff and/or community partners to ensure that the facilities are engaged and prepared to implement the plans if necessary. The vendor will provide staff training and exercises to help with this process.

1. The vendor will complete in depth, preliminary evaluations with each of the three pilot sites to identify their current practices and potential needs for energy resiliency and emergency preparedness. These evaluations will include interviews with management, various staff, and/or residents. The vendor will complete analyses to identify strengths, weaknesses, and areas of opportunity. Additional methods of collecting this data may be necessary.
2. The vendor will create energy audit templates to examine power needs, generator access and capacity, fuel supply, system risks, training needs, capacity for implementation, etc. The audits will be used by the facilities to assess their energy resiliency and highlight areas for improvement.
3. Energy resiliency plans will be created for each of the three pilot sites. The vendor will work with the facilities to develop these plans based off of their completed audits. Plans may include other options for energy resiliency, such as renewables or microgrids

combined with backup or distributed renewable generation. The vendor will look into opportunities to collaborate with the RI Office of Energy Resources, National Grid, and other potential partners.

4. Basic generator training will be offered to the appropriate individuals at each site and opened up to other facility managers to attend as well. The vendor will schedule and coordinate these trainings.
5. The vendor will develop shelter in place planning templates and assist the pilot sites in developing and completing their plans. These resources will have an all-hazard orientation and will underscore the sustainment of critical resident services, such as food supply, medical supply, potable water, HVAC needs, generator assessment and operation training, etc. The emergency plans will include job action sheets and guides to assist facilities and/or residents to respond quickly. The pilot sites will be led through the process of developing their own internal plans and working with their staff and/or community partners to ensure that the facilities are engaged and prepared to implement the plans if necessary. The vendor will be expected to have worked with the pilot sites to complete their emergency plans by the end of the pilot.
6. The vendor will coordinate and provide staff and/or residents specific training for the shelter in place plan at each of the three pilot sites. These trainings may include discussion-based tabletop exercises, or other options may be proposed.
7. Once the three pilots have been completed, the energy resiliency audit and emergency plan templates will be presented in three separate workshops to groups of like facilities (e.g., nursing home-specific, assisted living residence-specific, and independent senior housing-specific templates) to help guide them through the process of developing their own detailed site-specific plans. These facilities will be invited to tour the pilot sites and receive training on template application. The vendor will be available to support these facilities as they conduct their audits and develop plans. The most appropriate method for providing this support will be identified.
8. The vendor will be responsible for scheduling and planning the three template training sessions and site tours (one for each pilot site category: nursing homes, assisted living, and independent elderly housing).
9. The vendor will deliver two draft reports on (6/15/15) —one regarding energy resiliency and one for sheltering in place —and the two final reports on (9/15/15). The reports will include three separate sections for the three pilot sites, each section including the methodologies used, successes, limitations, lessons learned, templates, training materials, action sheets, guides, etc.
10. Product Specifications - All products shall be provided to the Grantor's representative at least 10 working days prior to their general public/pilot site release. Products such as questionnaires, templates, reports, and studies must be furnished in electronic format. Electronic copies must include editable files of templates, reports, and studies. Two printed and bound copies of all final report type products must be submitted. All interim and final products (templates, reports, maps, data, etc.) supported by this agreement shall be public documents, pursuant to R.I. General Law.

11. The vendor will be responsible for all costs associated with printing, material development, meetings, and all of the other activities included in accomplishing the scope of work.
12. The vendor must have sufficient liability insurance coverage and/or be bonded.
13. Cancellation Clause: With a sixty (60) day the HEALTH-SHL may cancel the contract for cause. The Vendor must perform for the duration of the contract.

CLAS Language:

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S.

Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following:
 - 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.

3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post

signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*** Mandates**

11-28-11

SECTION 4: REQUIREMENTS / REPORTING

Specific Requirements

The vendor must possess extensive prior experience in working with elderly housing facilities and emergency preparedness. Experience should include emergency preparedness assessments and planning, hands-on training, evaluation, procedure and template development, and experience with generator assessments and operation training.

Requirements

To ensure compliance, the Department of Health shall regularly monitor the activities under this contract. The contractor must provide access to any and all materials relevant to the evaluation and monitoring activities and requirements described herein. The contractor will be responsible for supervision, performance and adherence to contractual language of all its subcontractors. The State will retain total discretion of all administrative decisions regarding the management and billing of and/or receipt of payments for services rendered. The contractor must have sufficient liability insurance coverage and/or be bonded.

Reporting

The contractor will be required to submit a monthly activity report to reflect activities conducted by the 10th of each month following the delivery of services. The activity report is to be accompanied by a monthly invoice and appropriate supporting documentation. As stated above, the two reports will be delivered in draft form on 6/15/15 and in final form on 9/15/15.

SECTION 5: TECHNICAL PROPOSAL

The Technical Proposal is limited to six (6) pages (this excludes any appendices).

Narrative and format:

The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications - For key staff who will be involved in this project, provide resumes/CV and describe their qualifications and experience, especially regarding their experience in the field of elderly housing and emergency preparedness. Also include the availability of these key staff and indicate the name of a designated contact for this proposal.
2. Capability, Capacity, and Qualifications of the Vendor - Provide a detailed description of the vendor's experience in this field. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. Approach and Quality of Work Plan and Methodologies - Describe in detail your work plan and the framework within which requested activities will be performed. The following elements must be included: 1) methods used to identify the individual needs of the facilities; 2) methods for working directly with the facilities to assess and develop plans; 3) methods

used to develop templates for each of the three types of facilities; 4) a structure for training other facilities on the templates and providing support to those facilities for implementation; and 5) a system for evaluation to identify challenges, areas for opportunity, and for the pilot sites to provide feedback to the vendor and for the vendor to provide feedback to HEALTH.

4. Timeline – Provide a draft timeline to accomplish the goals and scope outline above. The work would begin approximately January 2015 and must be completed within 12 months.

SECTION 6: COST PROPOSAL

Detailed Budget and Budget Narrative

The vendor must prepare a cost proposal for the first year reflecting the proposed scope of services.

Fiscal Capacity

1. Applying organization must be fiscally solvent.
2. Vendor must employ or plan to hire a fiscal staff member with a proven record of responsible budget management. This staff member will be responsible for invoicing and tracking expenditures.

Vendor must clearly identify a cost-effective budget (**Appendix A - Annual Budget Report Form**). Line items are to be accurate, and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

In the Budget Narrative, detail the need for proposed expenses for Year One. Also, complete an itemized budget with expenses corresponding to each budget category consistent with objectives and program activities.

Allowable Expenses

Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the hourly rate and the total annual salary.

Fringe Benefits: Include those benefits normally provided by an organization. Percent and detail breakdown of each benefit is required, such as FICA, unemployment, workers compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.

Consultants: List each consultant individually, specifying the hourly rate and anticipated annual cost. Only expenses for functions related to this project may be included.

In-State Travel: Reimbursement for mileage expenses is not to exceed \$0.56/mile. Reimbursement of travel expenses is allowed for activities related to this project only.

Out of State Travel: If relative to activities of this project only.

Printing / Copying: Include the cost of duplicating materials, bulletins and flyers as relative to the goals of the project.

Supplies: List office and program supplies allocated to the project. Refreshments are not an allowable expense.

Telephone/Internet: Include telephone and internet expenses associated with the project.

Educational/Resource Materials: List brochures or other resource materials to be purchased for the project.

Postage: Indicate postage expenses allocated to the project.

Other: Please include any proposed stipends, incentives, or additional fees.

Indirect / Administrative Cost: Expenditures may not exceed 10% of direct costs, excluding consultants. This includes cost of office space, rental space, utilities, computer access for data management, etc.

Funds may **not** be used for capital expenses.

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award.

Duplication of Services/Cost Avoidance

Applicants must be certain to assure HEALTH that the funds to be utilized associated with this scope of work are not duplicated in other areas of their agency. These funds are specific to the agreed upon scope of work via this contract and therefore should be utilized to meet the deliverables articulated in the RFP.

SECTION 7: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies.

To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 55 out of a maximum of 70 technical points. Any technical proposals scoring less than 55 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 55 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Vendor	25 Points
Approach and Quality of Work Plan and Methodologies	25 Points
Timeline	5 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the Offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 8: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation.

Please reference RFP # 7549036 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to

provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP # 7549036 Senior Resiliency Project**" to:

RI Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed **four-page R.I.V.I.P generated bidder certification cover sheet** (included with the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed **W-9** (included with the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. A **Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described in Sections 3 and 4 of this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. A **separate, signed and sealed Cost Proposal** using Appendix A: Budget Report Form reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL:
<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX A

BUDGET REPORT FORM

PROPOSED CONTRACT PERIOD: January 1, 2015 - December 31, 2015 (12-month)

PROJECT: The Senior Resiliency Project

AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ FEIN #: _____

EXPENSE CATEGORY	EXPENSE COST
Personnel	\$
Fringe Benefits	\$
Consultants	\$
In-State Travel	\$
Out-of-State Travel	\$
Printing / Copying	
Supplies	
Telephone / Internet	
Educational / Resource Materials	
Postage	
Other/Specify	\$
Indirect/Administrative Cost	\$
TOTAL REQUEST	\$

PLEASE SUBMIT SEALED BUDGET PROPOSAL SEPARATE FROM TECHNICAL PROPOSAL