

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

TECHNICAL PROPOSAL

MAXIMUM SCORE: 30 Points

DO NOT INCLUDE ANY COSTS OF ANY KIND IN THE TECHNICAL PROPOSAL AND/OR ON DISCS CONTAINING TECHNICAL PROPOSAL.

NOTES:

1. Technical Proposals must be submitted in a sealed envelope(s) or box(es) with the Responder's name and labeled "Request for Proposals No. 17-500453 for Neighborhood Senior Center Management" on the outside of each envelope or box.

2. Responders shall complete Attachment B, Proposal Cover Sheet, and include this as the first page of the technical proposal.

3. Technical Approach

A. Responders are required to describe the procedures and methods that will achieve the required outcome of the project as specified in the scope of work. Specifically, the technical proposal should include the following items:

- a. Describe how daily management services for each facility will be provided;
- b. Describe the process to be used to develop and implement programming for each facility;
- c. Describe staff scheduling process and describe method for handling alternate scheduling needs to maintain service delivery in the event of expected or unexpected staff absences;
- d. Describe Responder's policies and procedures that ensure services will be delivered in accordance with client service plans;
- e. Describe how Responder will resolve client issues effectively and in a timely manner;
- f. Describe any special materials or techniques Responder has developed to serve special populations;
- g. Describe methods to be used to provide services to clients with Limited English Proficiency/Sensory Impairment (LEP/SI);
- h. Identify any proposed subcontractors. Indicate the exact nature of work, amount of work, and cost of work to be done by each proposed subcontractor. Include a statement from each proposed subcontractor, signed by an individual authorized to legally bind the subcontractor, and stating:
 - i. The general scope of work to be performed by the subcontractor;
 - ii. The subcontractor's willingness to perform the work indicated; and
 - iii. That the subcontractor does not discriminate in its employment practices with regard to race, religion, age (except as provided by law), sex, marital status, sexual orientation, political affiliation, national origin, or disability.

B. Special Initiatives, Innovations, or Collaborations

Responders must provide a detailed narrative that addresses the following:

- a. Describe any special initiatives or innovations that will enhance Responder's program in the community;
- b. Describe any new or ongoing plans to obtain additional financial support or resources for this program;
- c. Describe any partnerships or collaborations with other community organizations or private businesses that will strengthen the services provided by the Responder.

C. Technology

Responders must provide a detailed narrative that addresses the following:

- a. Responders must have staffs that are proficient with Microsoft Software, and Myseniorcenter database (County will provide training, if necessary).
- b. Responders will be required to comply with all DeKalb County Government technology policies and procedures.
- c. Responders must demonstrate knowledge of EPHI (Electric Protected Health Information) as well as knowledge of HIPPA regulations.

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

PROJECT MANAGEMENT

Responders must provide a detailed narrative that addresses the following:

- a. Submit resumes of each key team member;
- b. Describe how Responder will provide new staff orientation, training, and provide an outline of the orientation schedule and topics;
- c. Describe Responder's plan for conducting ongoing staff training including topics and number of training sessions to be held;
- d. Describe method Responder will use to determine the training needs of staff and/or volunteers;
- e. Describe the agency's staff recruiting practices and retention strategies. Indicate the annual staff turnover rate from the most recent fiscal year;
- f. Describe Responder's policy or procedures concerning client confidentiality;
- g. Describe how Responder will ensure the quality of the programming within the neighborhood senior center to clients;
- h. Describe how Responder will determine the consumer satisfaction with services.

MAXIMUM SCORE: 10 Points

NOTES:

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

PERSONNEL

Responders must provide a detailed narrative that addresses the following:

- a. Identify the number of paid full time equivalents (FTEs) by job titles that will be devoted to this project;
- b. Provide an organizational chart which clearly identifies current staffing;
- c. Describe Responder's policy regarding criminal background checks and drug screening of new and current employees;
- d. Provide Responder's administrative office hours and location(s);
- e. State when (days and hours of operation) client services will be provided;
- f. Provide any other pertinent information regarding administrative and service delivery site(s).

MAXIMUM SCORE: 10 Points

NOTES:

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

ORGANIZATIONAL QUALIFICATIONS

Responders must provide a detailed narrative that addresses the following:

- a. Describe the qualifications and capability of staff to provide effective services that will meet all the program standards;
- c. Outline Responder's background and capacity to provide senior center management services responsibly and effectively. Address sustainability and the qualifications of Responder's organization and staff to provide services as proposed;
- d. Describe how Responder will interface with the DeKalb County Office of Senior Affairs/or Atlanta Regional Commission to effectively resolve issues related to service delivery and clients.
- e. State whether Responder is a DeKalb County Firm.
yes _____ or no _____

MAXIMUM SCORE: 20 Points

NOTES:

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

FINANCIALS (FINANCE DEPT. TO REVIEW AND PROVIDE COMMENTS)

Responders must provide financial statements for the last three (3) years that evidences the Responder's financial capabilities to perform the statement of work. (Audited statements are preferable but a minimum of balance sheet, income statement and cash flow statement may be accepted.) Provide year of incorporation.

MAXIMUM SCORE: 5 Points

NOTES:

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

REFERENCES (CHAIRPERSON TO CHECK REFERENCES AND PROVIDE COMMENTS)

Responders must provide a detailed narrative that addresses the following:

- a. Responder shall provide three (3) references for projects similar in size and scope to the project specified herein using the Reference and Release Form attached hereto as Attachment C.
- b. Provide three (3) references for each subcontractor proposed as a part of the project team. The references shall be for the same or similar types of services to be performed by the subcontractor (including LSBE-DeKalb and LSBE-MSA firms) on projects similar in size and scope to the project outlined in this RFP. Use Attachment D, Subcontractor Reference and Release Form. Make additional copies as needed.

MAXIMUM SCORE: 5 Points

NOTES:

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

PROVISIONS OF DEKALB FIRST LOCAL SMALL BUSINESS ENTERPRISE (LSBE) ORDINANCE
(CHAIRPERSON TO VERIFY PROPOSAL AND PROVIDE COMMENTS)

SCORE: 2, 5 or 10 Points

Percentage of LSBE Participation Required: 20% of Total Award

NOTES:

Certification Designation Request for Proposals (RFP)
IF LSBE Within DeKalb (LSBE-DeKalb) - 10 Points
IF LSBE Outside DeKalb (LSBE-MSA) - 5 Points
IF Demonstrated GFE - 2 Points

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

**COST PROPOSAL (TO BE DETERMINED BASED ON FORMULA)
(LOWEST COST / NEXT LOWEST COST) X 10**

MAXIMUM SCORE: 10 Points

1. The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and labeled "Cost Proposal for Request for Proposals No. 17-500453 for Neighborhood Senior Center Management" on the outside of the envelope.
2. The sealed envelope containing the cost proposal is requested to be included in the sealed package containing the technical proposal.
3. DO NOT INCLUDE FEES OR COSTS IN ANY AREA OUTSIDE OF THIS COST PROPOSAL AND/OR ON DISCS CONTAINING TECHNICAL PROPOSAL. Including fees in any area outside of the Cost Proposal in its separate, sealed envelope may result in Responder's proposal being deemed non-responsive.
4. Responders are required to submit their costs on Attachment A, Cost Proposal Form. Responder shall not alter the cost proposal form.

NOTES:

NOTE: The Respondent with the lowest total cost will receive the full points allocated for cost in this RFP. For Respondents with second, third, fourth, etc., their total costs will be divided by the lowest cost and multiplied by the full points allocated for cost in this RFP.

EVALUATOR NAME: _____ DATE: _____ RESPONDER NAME: _____

OPTIONAL INTERVIEW

Interview Questions:

MAXIMUM SCORE: 10 Points

NOTES:

CUMULATIVE SCORE SHEET

RFP No.: 17-500430

RFP Title: Case Mangement & In-Home Service Delivery for Seniors (Multiyear Contract)

RFP Due Date & Time: June 01, 2017 @ 3:00p.m.

Procurement Agent: Phyllis A. Head

Criteria	Maximum Score Points	Help At Home, LLC	Jewish Family & Career Services	Visiting Nurse Health System	Senior Connections
Technical Proposal	25	20.6	22.6	22	21
Organizational Qualifications	15	11.4	12.2	13	12
Project Management	10	7.8	9	9	9
Personnel	15	13.2	13.8	13	12
References	5	5	5	5	5
Financials	5	5	0	5	5
LSBE Participation Required: 20% of Total Cost (LSBE-DeKalb = 10; LSBE-MSA = 5; GFE = 2)	2, 5 or 10	2	5	2	2
Cost	15	15	15	12	13
Interview Bonus Points	10	9.25	8.125	9	7
Total Score Points	110	89	91	89	86

Recommend award to the two highest scoring proposals:

In-Home Delivery Services:

Help At Home, LLC
770 Greison Trail
Suite B
Coweta, GA 30263

Case Management:

Jewish Family Career Services
4549 Chamblee Dunwoody Road
Atlanta, GA 30038

