

## ATTACHMENT 1: PROPOSAL EVALUATION FORM

All proposals shall be reviewed for responsiveness and then evaluated using the criteria set out herein.

Offeror Name: \_\_\_\_\_  
Evaluator Name: \_\_\_\_\_  
Date of Review: \_\_\_\_\_  
RFP Number: 200000060

### EVALUATION CRITERIA AND SCORING

THE TOTAL NUMBER OF POINTS USED TO SCORE THIS PROPOSAL IS **100**

#### 5.01 Understanding of the project

**Maximum Point Value for this Section - 5 Points**

**100 Points x 5 Percent = 5 Points**

**Proposals shall be evaluated against the questions set out below.**

- 1) How well has the offeror demonstrated a thorough understanding of the purpose and scope of the project?

NOTES

- 2) Has the offeror indicated the level of their ability to expand services to additional locations should the need arise?

NOTES:

- 3) How well has the offeror identified pertinent issues and potential problems related to the project?

NOTES:

- 4) Is the organization of the project team clear?

NOTES:

- 5) To what degree has the offeror demonstrated an understanding of the deliverables the state expects it to provide?

NOTES:

**EVALUATOR'S POINT TOTAL FOR 5.01: \_\_\_\_\_**

**5.02 Methodology Used for the Project—5 Percent**

**Maximum Point Value for this Section - 5 Points**

**100 Points x 5 Percent = 5 Points**

**Proposals shall be evaluated against the questions set out below.**

- 1) How comprehensive is the methodology and does it depict a logical approach to fulfilling the requirements of the RFP?

NOTES:

- 2) How well does the methodology match and achieve the objectives set out in the RFP?

NOTES:

- 3) Does the methodology interface with the time schedule in the proposal?

NOTES:

**EVALUATOR'S POINT TOTAL FOR 5.02:** \_\_\_\_\_

**5.03 Management Plan for the Project—20 Percent**

**Maximum Point Value for this Section - 20 Points**

**100 Points x 20 Percent = 20 Points**

**Proposals shall be evaluated against the questions set out below.**

- 1) How well does the management plan support all the project requirements and logically lead to the deliverables required in the RFP?

NOTES:

- 2) How well is accountability completely and clearly defined?

NOTES:

- 3) Is the organization of the project team clear?

NOTES:

- 4) How well does the management plan illustrate the lines of authority and communication?

NOTES:

- 5) To what extent does the offeror already have the hardware, software, equipment, and licenses necessary to perform the contract?

NOTES:

6) Does it appear that the offeror can meet the schedule set out in the RFP?

NOTES:

7) Has the offeror gone beyond the minimum tasks necessary to meet the objectives of the RFP?

NOTES:

8) To what degree is the proposal practical and feasible?

NOTES:

9) To what extent has the offeror identified potential problems?

NOTES:

**EVALUATOR'S POINT TOTAL FOR 5.03: \_\_\_\_\_**

**5.04 Experience and Qualifications—15 Percent**

**Maximum Point Value for this Section - 15 Points**

**100 Points x 5 Percent = 15 Points**

**Proposals shall be evaluated against the questions set out below.**

**1) Questions regarding the personnel.**

- a) Do the individuals assigned to the project have experience on similar projects?

NOTES:

- b) Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the work the RFP requires?

NOTES:

- c) How extensive is the applicable education and experience of the personnel designated to work on the project?

NOTES:

- d) Is the list of references current and sufficient to confirm experience?

NOTES:

- e) How successful is the general history of the contractor regarding ability to maintain available staffing to meet service provisions requests, and doing so timely?

NOTES:

**2) Questions regarding the firm.**

- a) Has the firm demonstrated experience in completing similar projects on time and within budget?

NOTES:

- b) How successful is the general history of the firm regarding timely and successful completion of projects?

NOTES:

- c) Has the firm provided letters of reference from previous clients?

NOTES:

- d) If a subcontractor shall perform work on the project, how well do they measure up to the evaluation used for the contractor?

NOTES:

EVALUATOR'S POINT TOTAL FOR 5.04: \_\_\_\_\_

EVALUATOR'S COMBINED POINT TOTAL FOR ALL EVALUATED SECTIONS: \_\_\_\_\_

**5.05 Contract Cost — 45 PERCENT**

**Maximum Point Value for this Section —45 Points**

**100 Points x 45 PERCENT = 45 Points**

Overall, a minimum of **45** percent of the total evaluation points shall be assigned to cost. The cost amount used for evaluation may be affected by one or more of the preferences referenced under **SECTION 6.11**.

**Converting Cost to Points**

The lowest cost proposal shall receive the maximum number of points allocated to cost. The point allocations for cost on the other proposals shall be determined through the method set out in **SECTION 6.15**.

**5.06 Alaska Offeror Preference — 10 Percent****Point Value for this Section — 10 Points****100 Points x 10 Percent = 10 Points**

If a contractor qualifies for the Alaska Bidder Preference, the contractor shall receive an Alaska Offeror Preference. The preference shall be 10 percent of the total available points. This amount shall be added to the overall evaluation score of each Alaskan contractor.

## Attachment 2

# COST PROPOSAL FORM

## Nurse Relief Services, Statewide

**RFP # 200000060**

**IMPORTANT NOTE:** Offerors must use this form to enter data that will be utilized to determine the proposed hourly rate costs for provision of services. Do not alter this form or add additional information as it is used for evaluation purposes to convert the costs to points. Rates shall not exceed the tenth decimal place. See section 4.06 Cost Proposal for further information.

The "Hourly Rate" shall be the resulting contract rate. The 'Total Annual cost's is for evaluation purposes only.

Registered Nurse	rate per hour
Regular rate per hour, RN	\$
Overtime rate per hour, RN	\$
Licensed Practical Nurse	rate per hour
Regular rate per hour, LPN	\$
Overtime rate per hour, LPN	\$
Certified Nursing Assistant	rate per hour
Regular rate per hour, CNA	\$
Overtime rate per hour, CNA	\$
<b><i>TOTAL – for evaluation purposes</i></b>	<b>\$</b>

Additional Information:

Per information in RFP Sec. 4.07, the rates proposed on this form include all direct and indirect expenses associated with provision of the services indicated. (Exception: Applicable reimbursable non-local travel-related expenses are excluded from the hourly rates.)

Overtime hours will not be considered “overtime” by the Department for payment at a higher “overtime rate” until the contractor’s relief employee has worked 40 hours in one week on assignment with the department. For purposes of calculating overtime, one week is defined as 12:01 AM Monday through midnight the following Sunday.

**Vendor:**

Submitted by: \_\_\_\_\_  
*authorized signature* *date*

**Print Name/Title:** \_\_\_\_\_

### OFFEROR INFORMATION AND ASSURANCE FORM

- A. Offeror's (Agency or Individual) Name: \_\_\_\_\_
- B. Offeror's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
- C. Status: For Profit: \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Other: \_\_\_\_\_
- D. Alaska Business License Number: \_\_\_\_\_
- E. Internal Revenue or Social Security Number: \_\_\_\_\_
- F. Professional Registration Number (if applicable): \_\_\_\_\_
- G. Recipient Contact Person: \_\_\_\_\_
- H. Authorized Representative: \_\_\_\_\_
- I. TERMS AND CONDITIONS: By signature on this page, the Offeror certifies that it is complying with all terms and conditions set out in this RFP.
- J. The Offeror(s), by execution of the **Offeror Information & Assurance Form**, agrees to be bound by the terms of the RFP and proposal for a period of not less than ninety (90) days after the proposal due date.
- K. By signature of this page the offeror(s) certifies that it meets the Minimum Requirements per RFP section 2.08 Prior Experience.

\_\_\_\_\_  
Offeror's Authorized Signature and Title\*  
(must be sworn before a notary public)

\_\_\_\_\_  
Date (Month, Day and Year)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires:

\* Proposals must be signed by an individual authorized to bind the offeror to its provisions, see section 1.08.

## **CERTIFICATION OF ENTITLEMENT TO THE ALASKA BIDDER PREFERENCE**

I am the offeror or a duly authorized agent of the offeror, and I certify that the offeror is entitled to the Alaska Bidder Preference. I know and understand that the Alaska Bidder Preference provides for substantial benefits which could be favorable to the offeror and which could affect the award of the Request for Proposals to the offeror's benefit. I am aware that falsely claiming the Alaska Bidder Preference is a violation of the State of Alaska Procurement Code (AS 36.30) and may be cause for felony prosecution and conviction.

I offer the following evidence or statements in support of my Certification of Entitlement to the Alaska Bidder Preference:

1. As of the deadline for receipt of the proposals, the offeror possesses a valid Alaska business license in any one of the following forms:
  - a copy of an Alaska business license;
  - certification on the proposal that the offeror has a valid Alaska business license and has included the license number in the proposal;
  - a canceled check for the Alaska business license fee;
  - a copy of the Alaska business license application with a receipt stamp from the state's occupational licensing office; *OR*
  - a sworn notarized affidavit that the offeror has applied and paid for the Alaska business license.
2. In addition to holding a current Alaska business license prior to the deadline for receipt of proposals, the offeror:
  - (a) is submitting a proposal for goods or services under the name appearing on the offeror's current Alaska business license;
  - (b) has maintained a place of business within the state staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal;
  - (c) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship, and the proprietor is a resident of the state, is a limited liability company\* (LLC) organized under AS 10.50 and all members are residents of the state, or is a partnership\* under AS 32.06 or AS 32.11 and all partners are residents of the state; *AND*
  - (d) if a joint venture\*, is composed entirely of ventures that qualify under items (a)-(c) of this subsection.

\_\_\_\_\_  
**Signature of Offeror or Offeror's Authorized Agent**

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

\_\_\_\_\_  
**Printed Name**

*\* See additional required information at RFP section 6.13 Alaska Bidder Preference*

State of Alaska  
Department of Corrections  
**REQUEST FOR CLEARANCE**  
for  
Contractor/Contract Staff Background Checks

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

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of this check: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_

Alaska driver's license #: \_\_\_\_\_

Other states applicant has resided in and the dates: \_\_\_\_\_

Prior criminal history (including the state the offense occurred in) \_\_\_\_\_

Is applicant currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does applicant have any relatives or acquaintances presently incarcerated in Alaska or under the Dept. of Corrections supervision? \_\_\_\_\_ If yes, state the person's name/location: \_\_\_\_\_

Clearance requested by (Contractor): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information that I have provided is true and accurate to the best of my knowledge. I authorize the Department of Corrections to perform a background investigation for any and all prior convictions or current warrants.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Use Only**

\* \* \* \* \*

APSIN/WANTS: Clear: \_\_\_\_\_ Wants: \_\_\_\_\_ See Attached: \_\_\_\_\_

NCIC/WANTS: Clear: \_\_\_\_\_ Wants: \_\_\_\_\_ See Attached: \_\_\_\_\_

Criminal History Check (Alaska) No record found: \_\_\_\_\_ See Attached: \_\_\_\_\_

Criminal History Check (other states) No record found: \_\_\_\_\_ See Attached: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Contract Oversight Officer/Superintendent,  
Division of Institutions

Request Granted: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

DOC Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_



## PREA Employment Disclosure

**\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\***

\_\_\_\_\_  
Name

\_\_\_\_\_  
PCN #

\_\_\_\_\_  
Date

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in a prison, jail, lockup, community confinement facility, juvenile facility or other facilities in which you provided care or treatment for the mentally ill, disabled or mentally challenged, chronically ill, or handicapped, residential care or treatment facilities for juveniles; facility that provided skilled nursing, short or long-term care or custodial or residential care?

☐ Yes – Specify all

☐ No

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: \_\_\_\_\_



## PREA Employment Disclosure

**\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\***

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete      Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete      Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete      Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete      Date completed: \_\_\_\_\_

### Acknowledgment and Release

I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application and removal of my name for consideration for employment with the Department of Corrections. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
PCN #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Institutional Employment / Service Disclosure

*\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\**

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

**Applicant Name:** \_\_\_\_\_ **PCN #:** \_\_\_\_\_

**Verification completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FACILITY:</b>	<b>CONTACT PERSON:</b>
------------------	------------------------

**Question 1:** Are you aware of whether or not this person engaged in sexual abuse of an offender, detainee, or resident while employed at your facility? If **yes**, please elaborate (e.g. outcomes, determinations, description of allegation)

- ☐ Yes  
☐ No

Comments:

**Question 2:** Are you aware of whether or not this person has ever been the subject of an investigation for engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

- ☐ Yes  
☐ No

Comments:

**Question 3:** Are you aware of whether or not this person has ever been civilly or administratively adjudicated to have engaged in the activity described in the prior questions above related to sexual abuse or sexual activity?

- ☐ Yes  
☐ No

Comments:



## Institutional Employment / Service Disclosure

*\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\**

\_\_\_\_\_  
Name PCN # Date

**Question 4:** Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse of an offender, detainee, or resident?

☐ Yes

☐ No

Comments:

Employer Attempts	Method	Date	Comments
1 <sup>st</sup> Attempt			
2 <sup>nd</sup> Attempt			
3 <sup>rd</sup> Attempt			



## Department of Corrections – Background Information

**Applicant Name:** \_\_\_\_\_ **PCN #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Completed by:** ☐ Employee  
☐ Hiring Manager

**Question 1:** Please select each state or territory in which you have ever lived:

- |  |   |
|--|---|
| <input type="checkbox"/> I have never lived in the United States or one of its territories | <input type="checkbox"/> Nevada               |
| <input type="checkbox"/> Alabama   | <input type="checkbox"/> New Hampshire        |
| <input type="checkbox"/> Alaska  | <input type="checkbox"/> New Jersey           |
| <input type="checkbox"/> Arizona   | <input type="checkbox"/> New Mexico           |
| <input type="checkbox"/> Arkansas  | <input type="checkbox"/> New York             |
| <input type="checkbox"/> California  | <input type="checkbox"/> North Carolina       |
| <input type="checkbox"/> Colorado  | <input type="checkbox"/> North Dakota         |
| <input type="checkbox"/> Delaware  | <input type="checkbox"/> Ohio                 |
| <input type="checkbox"/> Florida   | <input type="checkbox"/> Oklahoma             |
| <input type="checkbox"/> Georgia   | <input type="checkbox"/> Oregon               |
| <input type="checkbox"/> Hawaii  | <input type="checkbox"/> Pennsylvania         |
| <input type="checkbox"/> Idaho   | <input type="checkbox"/> Rhode Island         |
| <input type="checkbox"/> Illinois  | <input type="checkbox"/> South Carolina       |
| <input type="checkbox"/> Indiana   | <input type="checkbox"/> South Dakota         |
| <input type="checkbox"/> Iowa  | <input type="checkbox"/> Tennessee            |
| <input type="checkbox"/> Kansas  | <input type="checkbox"/> Texas                |
| <input type="checkbox"/> Kentucky  | <input type="checkbox"/> Utah                 |
| <input type="checkbox"/> Louisiana   | <input type="checkbox"/> Vermont              |
| <input type="checkbox"/> Maine   | <input type="checkbox"/> Virginia             |
| <input type="checkbox"/> Maryland  | <input type="checkbox"/> Washington           |
| <input type="checkbox"/> Massachusetts   | <input type="checkbox"/> West Virginia        |
| <input type="checkbox"/> Michigan  | <input type="checkbox"/> Wisconsin            |
| <input type="checkbox"/> Minnesota   | <input type="checkbox"/> Wyoming              |
| <input type="checkbox"/> Mississippi   | <input type="checkbox"/> District of Columbia |
| <input type="checkbox"/> Missouri  | <input type="checkbox"/> American Samoa       |
| <input type="checkbox"/> Montana   | <input type="checkbox"/> Guam                 |
| <input type="checkbox"/> Nebraska  | <input type="checkbox"/> Puerto Rico          |
|  | <input type="checkbox"/> U.S. Virgin Islands  |