



ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
RFP Number: 2017-100-01	RFP Title: <i>Family Service Centers</i>
Proposal Due Date and Time: <i>Thursday, April 27, 2017 12:00 p.m., Central Time</i>	Number of Pages: 40
Procurement Officer: Vicki Cooper-Robinson, Procurement Manager Phone: (334) 353-2471 E-mail Address: vicki.robinson@dhr.alabama.gov Website: http://www.dhr.alabama.gov	Issue Date: <i>Thursday, April 27, 2017</i>
	Issuing Division: <i>Family Services</i>
INSTRUCTIONS TO VENDORS	
Submit Proposal to: Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2344 50 Ripley Street Montgomery, AL 36130-4000	Label Envelope/Package: RFP Title/Number: <i>Family Service Centers /2017-100-01</i> Proposal Due Date: <i>Thursday, April 27, 2017</i>
	Special Instructions:

VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
Vendor Name/Address:	Authorized Vendor Signatory:
DUNS NUMBER: _____	(Please print name and sign in ink)
Vendor Phone Number: ()	Vendor FAX Number: ()
Vendor Federal I.D. Number:	Vendor E-mail Address:
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
Total number of proposal pages: _____	
Trade Secret Declarations: (<u>reference section/page(s) of trade secret declarations</u>)	

APPENDIX C: TRADE SECRET AFFIDAVIT

Alabama Department of Human Resources

AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY

DEPARTMENT OF _____)

)ss.

County of _____)

_____ (Affiant), being first duly sworn under oath, and representing
_____ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of _____, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # _____. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
- (b) information requested by the Department to establish vendor responsibility unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are

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solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its contents cannot be returned to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

Affiant's Signature

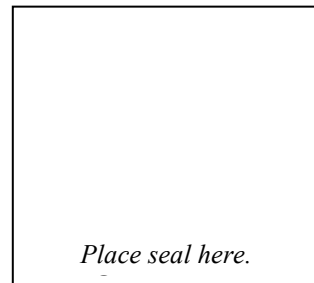
Signed and sworn to before me on _____ (date) by _____

(Affiant's name).

Name of Notary Public: _____ for the

Department of: _____

My Commission Expires: _____



APPENDIX D: IMMIGRATION AFFIDAVIT

FORM FOR SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b)

AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER /CONTRACTOR

(To be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees)

State of _____

County of _____

Before me, a notary public, personally appeared _____ (print name) who, being duly sworn, says as follows:

As a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees, I hereby attest that in my capacity as _____ (state position) for _____ (state business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

I further attest that said business entity/employer/contractor is enrolled in the E-Verify program.
(ATTACH DOCUMENTATION ESTABLISHING THAT BUSINESS ENTITY/EMPLOYER/CONTRACTOR IS ENROLLED IN THE E-VERIFY PROGRAM)

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 2____.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public

APPENDIX E: BUDGET FORMS

Contract Number:		Taxpayer ID#:	
Agency:			
Address:			
Project Title:			
Budget Period:	October 01, 2017	to	September 30, 2018
		Fiscal Year:	

BUDGET ITEMS				TOTAL COST	
1. PERSONNEL					
2. SUBCONTRACTS					
3. TRAVEL					
4. SPACE					
5. SUPPLIES					
6. EQUIPMENT					
7. OTHER					
8. TOTAL PROJECT FUNDING <i>(sum lines 1 through 7)</i>					
9. Local Share <i>(Itemize the sources and amounts under COMMENTS below)</i>					
10. Other Federal Share <i>(Itemize the sources and amounts under COMMENTS below)</i>					
11. MAXIMUM DHR SHARE <i>(line 8 minus lines 9 and 10)</i>				>>>>>>>>	
12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING <i>(Line 11 divided by line 8)</i>					

COMMENTS *(In addition to itemizing the sources and amounts of local and other non-DHR funding, include, as applicable, a brief description of the nature of each income-generating activity planned):*

NOTE: ON THE FOLLOWING PAGES, DESIGNATE CLEARLY ALL BUDGET LINE ITEMS THAT REPRESENT COSTS IN WHICH DHR WILL NOT PARTICIPATE IN WHOLE OR IN PART, I.E., IN-KIND COSTS, UNALLOWABLE COSTS, ETC. ALL COSTS FOR THE LINE ITEMS SO DESIGNATED MUST BE PAID IN FULL WITH NON-DHR FUNDS.

APPENDIX E: BUDGET FORMS

DHR USE ONLY					
Approved for Mathematical Accuracy:					
Assistance Payments, Finance Division				Date:	
Contract Number:			Fiscal Year:		
1. PERSONNEL: Group those Position Descriptions having identical salary details.					
A. Number of Persons (annotate if position is currently vacant)	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Cost (AxCxDxE)
Subtotal Salaries:					
FRINGE BENEFITS:					
FICA					
Workman's Compensation					
Health Insurance					
Other (specify)					
Subtotal Fringe Benefits:					
TOTAL PERSONNEL:					
2. SUBCONTRACTS: Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.					
TOTAL SUBCONTRACTS:					
Contract Number:			Fiscal Year:		
3. TRAVEL: All out-of-state travel requires the Department's prior written approval.					
In-state					
Out-of-state					
TOTAL TRAVEL:					

APPENDIX E: BUDGET FORMS

4. SPACE: <i>All repairs to facilities, regardless of the cost, require the Department's prior written approval.</i>					
Telephone					
Rent/Lease					
Use Allowance <i>(requires an FM-05 "USE ALLOWANCE – SPACE" form)</i>					
Utilities					
Upkeep <i>(buildings/grounds)</i>					
Other <i>(specify)</i>					
TOTAL SPACE:					
5. SUPPLIES: <i>Competitive bids may apply.</i>					
Office Supplies					
Custodial Supplies					
Other <i>(itemize and be specific -- attach a separate listing if needed)</i>					
TOTAL SUPPLIES:					
6. EQUIPMENT: <i>Itemize (attach a separate listing if needed).</i>					
Rental/Lease					
Use Allowance <i>(requires FM-06 "USE ALLOWANCE – EQUIPMENT" form)</i>					
Depreciation <i>(supporting documentation required -- see instructions)</i>					
Repairs					
Other <i>(specify)</i>					
TOTAL EQUIPMENT:					
7. OTHER					
Liability Insurance					
Vehicle Maintenance, such as gas, oil, etc.					
Printing					
Indirect Cost <i>(rate must be approved by the Department)</i>					
Other <i>(specify)</i>					
TOTAL OTHER:					

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BUDGET ITEMS				TOTAL COST	
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2. SUBCONTRACTS					
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7. OTHER					
8. TOTAL PROJECT FUNDING (sum lines 1 through 7)					
9. Local Share (Itemize the sources and amounts under COMMENTS below)					
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11. MAXIMUM DHR SHARE (line 8 minus lines 9 and 10)				>>>>>>>>	
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Approved for Mathematical Accuracy:	
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FRINGE BENEFITS:								
FICA								
Workman's Compensation								
Health Insurance								
Other (specify)								
Subtotal Fringe Benefits:								
TOTAL PERSONNEL:								
2. SUBCONTRACTS: Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.								
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Out-of-state								
TOTAL TRAVEL:								
4. SPACE: All repairs to facilities, regardless of the cost, require the Department's prior written approval.								
Telephone								

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Use Allowance (<i>requires an FM-05 "USE ALLOWANCE – SPACE" form</i>)					
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Upkeep (<i>buildings/grounds</i>)					
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5. SUPPLIES: <i>Competitive bids may apply.</i>					
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Depreciation (<i>supporting documentation required -- see instructions</i>)					
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TOTAL EQUIPMENT:					
7. OTHER					
Liability Insurance					
Vehicle Maintenance, such as gas, oil, etc.					
Printing					
Indirect Cost (<i>rate must be approved by the Department</i>)					
Other (<i>specify</i>)					
TOTAL OTHER:					