



# ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
<b>RFP Number:</b> 2015-300-02	<b>RFP Title:</b> <i>Integrated Work Support Programs-Extended</i>
<b>Proposal Due Date and Time:</b> <i>Thursday, September 03, 2015</i> 12:00 p.m., Central Time	<b>Number of Pages:</b> 46
<b>Procurement Officer:</b> Vicki Cooper-Robinson, Procurement Manager Phone: (334) 353-2471 E-mail Address: vicki.robinson@dhr.alabama.gov Website: http://www.dhr.alabama.gov	<b>Issue Date:</b> <i>Thursday, June 04, 2015</i>
	<b>Issuing Division:</b> <i>Family Assistance Division</i>

INSTRUCTIONS TO VENDORS	
<b>Submit Proposal to:</b> Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2153 50 Ripley Street Montgomery, AL 36130-4000	<b>Label Envelope/Package:</b> <b>RFP Title/Number:</b> Integrated Work Support Programs-Extended/2015-300-02 <b>Proposal Due Date:</b> <i>Thursday, September 03, 2015</i>
	<b>Special Instructions:</b>

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

**Trade Secret Declarations: (reference section/page(s) of trade secret declarations)**



**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

**APPENDIX C: TRADE SECRET AFFIDAVIT**

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.

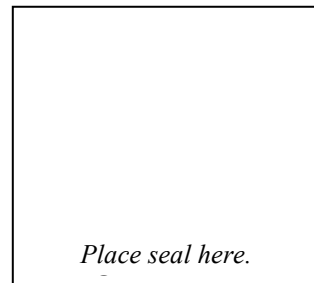
\_\_\_\_\_  
Affiant's Signature

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: CERTIFICATE OF COMPLIANCE**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

**DATE:** \_\_\_\_\_

**RE Contract/Grant/Incentive (describe by number or subject):**

\_\_\_\_\_ **by and between**  
\_\_\_\_\_ **(Contractor/Grantee) and**  
\_\_\_\_\_ **(State Agency, Department or**  
**Public Entity)**

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER.** Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

\_\_\_\_\_(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

\_\_\_\_\_(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

**APPENDIX D: CERTIFICATE OF COMPLIANCE**

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient

By: \_\_\_\_\_

Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

**APPENDIX E: COST REIMBURSEMENT BUDGET FORM**

<b>Contract Number:</b>		<b>DHR USE ONLY</b>	<b>Taxpayer ID#:</b>
<b>Agency:</b>			
<b>Address:</b>			
<b>Project Title:</b>			
<b>Budget Period:</b>	<b>October 01, 2015</b>	<b>to</b>	<b>September 30, 2016</b>

<b>BUDGET ITEMS</b>	<b>TOTAL DHR SHARE</b>
<b>1. PERSONNEL</b>	\$
<b>2. SUBCONTRACTS</b>	\$
<b>3. TRAVEL</b>	\$
<b>4. SPACE</b>	\$
<b>5. SUPPLIES</b>	\$
<b>6. EQUIPMENT</b>	\$
<b>7. OTHER</b>	\$
<b>8. BUDGET TOTAL</b>	\$

**Itemize the sources of ALL non-departmental funds:**

			<b>Total Non-DHR \$ Funding:</b>

**DHR USE ONLY**

**Approved for Mathematical Accuracy:**

<b>Assistance Payments, Finance Division</b>	<b>Date</b>
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APPENDIX E: COST REIMBURSEMENT BUDGET FORM

					\$
					\$
					\$
					\$
					\$
				<b>TOTAL SUBCONTRACTS:</b>	\$
<b>3. TRAVEL</b>	<b>Out-of-state travel is not allowed.</b>				<b>TOTAL DHR SHARE</b>
				<b>Within project coverage area</b>	\$
				<b>In-state (out-of-coverage area)</b>	\$
					\$
				<b>Board Members - Within project coverage area</b>	\$
				<b>Board Members - In-state (out-of-coverage area)</b>	\$
					\$
				<b>TOTAL TRAVEL:</b>	\$
<b>4. SPACE</b>	<b>All repairs to facilities, regardless of the cost, require the Department's prior written approval.</b>				<b>TOTAL DHR SHARE</b>
				<b>Basic Local Phone Service</b>	\$
				<b>Long Distance</b>	\$
				<b>Rent/Lease</b>	\$
				<b>Use Allowance</b>	\$
				<b>Utilities</b>	\$
				<b>Upkeep (buildings/grounds)</b>	\$
				<b>Minor Repairs</b>	\$
				<b>Other (specify)</b>	\$
					\$
				<b>TOTAL SPACE:</b>	\$
<b>5. SUPPLIES</b>					<b>TOTAL DHR SHARE</b>
				<b>Office Supplies</b>	\$
				<b>Computer-related Supplies</b>	\$
				<b>Custodial Supplies</b>	\$

**APPENDIX G: FIXED RATE BUDGET FORM**

				<b>Other (specify)</b>	\$
				<b>TOTAL SUPPLIES:</b>	\$
<b>6. EQUIPMENT</b>	<b>The Department's prior written approval is required for all property items having a total unit or individual cost of \$100 or greater.</b>				<b>TOTAL DHR SHARE</b>
				<b>Purchase</b>	\$
				<b>Rental/Lease</b>	\$
				<b>Repairs</b>	\$
				<b>Maintenance Agreements</b>	\$
				<b>Use Allowance</b>	\$
				<b>Office Furniture</b>	\$
				<b>Office Furnishings</b>	\$
				<b>Other (specify)</b>	\$
				<b>TOTAL EQUIPMENT:</b>	\$
<b>7. OTHER</b>					<b>TOTAL DHR SHARE</b>
				<b>Membership Dues (itemize and attach a separate listing)</b>	\$
				<b>Subscriptions (itemize and attach a separate listing)</b>	\$
				<b>A-133 Audit</b>	\$
				<b>Liability Insurance</b>	\$
				<b>Attorney (Legal) Fees</b>	\$
				<b>Other (specify)</b>	\$
				<b>TOTAL OTHER:</b>	\$

**APPENDIX G: FIXED RATE BUDGET FORM**

Contract Number: \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Project Title: \_\_\_\_\_

Budget Period: October 01, 2015 to September 30, 2016

A	B	C	D
SERVICE DESCRIPTION	RATE PER UNIT	NUMBER OF UNITS (as applicable)	TOTAL COST (as applicable)
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=

**MAXIMUM DHR FUNDING FOR BUDGET PERIOD (sum of column D or overall total, as applicable)** \_\_\_\_\_

**DHR USE ONLY**

Approved for  
 Mathematical  
 Accuracy:

\_\_\_\_\_  
 Assistance Payments, Finance Division

\_\_\_\_\_  
 Date

**APPENDIX I: USE ALLOWANCE – EQUIPMENT FORM**

Project  
 Title: \_\_\_\_\_

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

No.	Item of Equipment	Date Acquired	Cost (Excluding Federal Funds)	Rate	% of Use By Project	Annual Allowance
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
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			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
Total Use Allowance Attributable to Project:						\$

I hereby certify that the information contained on this form as to the cost of equipment (excluding federal funds) is true and correct to the best of my knowledge.  
 Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**APPENDIX K: USE ALLOWANCE - SPACE**

Project Name and Location  
 Title: \_\_\_\_\_ of Building: \_\_\_\_\_

Type Construction	Date Acquired	Cost (Excluding Land & Federal Funds)	Rate	Annual Allowance
			2%	\$

Other Expenses Applicable to Entire Building (Specify Nature):

	\$	
	\$	
	\$	
	\$	\$
Total Expenses Applicable to Entire Building:		\$

**Total usable square feet:** \_\_\_\_\_

Annual cost per square foot (divide total expense  
 by total square feet) \_\_\_\_\_

Square feet to be used by project (details below) \_\_\_\_\_

Pro rata annual cost to project (annual cost per square foot X square feet  
 Occupied by project) \$ \_\_\_\_\_

Percent of time chargeable to this project: \_\_\_\_\_ x \_\_\_\_\_ %

**TOTAL COST APPLICABLE TO PROJECT:** \$ \_\_\_\_\_

**SQUARE FEET TO BE USED BY PROJECT:**

<u>Number and Type of Rooms</u>	<u>Size</u>	<u>Square Feet</u>
<b>TOTAL SQUARE FEET:</b>		

I hereby certify that the information shown in detail above as to the cost of the building (excluding land and federal funds) and any other cost applicable to the building is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**APPENDIX L: INSTRUCTIONS FOR STATEMENT OF COMPARABLE RENT  
FORM**

**STATEMENT OF COMPARABLE RENT – NON-PUBLIC BUILDING**

This form is to be completed by programs occupying space in private (non-public) buildings. Rent cannot be paid on publicly owned buildings.

Contractors are to have three (3) statements completed by realtors or bank officials submitted with the FM-02 (Cost Reimbursement Budget) form. The title and qualifications of persons making such estimates should be included.

Public contractors are to have three comparable rent statements completed and submitted with form FM-05 (Use Allowance – Space) and Form FM-02 (Cost Reimbursement Budget).

Persons completing this form must have no financial interest in the building to be occupied.

**APPENDIX M: STATEMENT OF COMPARABLE RENT**

**STATEMENT OF COMPARABLE RENT**

The monthly charge for service and maintenance cost is not in excess of rent for comparable space and facilities in this community, and in support of this is given below a statement to this effect:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
(Realtor, Bank Official, Individual familiar with Rental Rates)

**STATEMENT**

TO: ALABAMA DEPARTMENT OF HUMAN RESOURCES

I have examined the space occupied by the \_\_\_\_\_  
(Project Name)  
\_\_\_\_\_ or am acquainted with the space from personal knowledge, and it is my opinion that current rental in this community for similar space with comparable services and facilities (as set forth below) in a privately owned building would be at a cost per month of \$ \_\_\_\_\_. (Please provide a monthly cost.)

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

Space occupied (excluding halls and rest rooms): \_\_\_\_\_ square feet.

Facilities furnished: \_\_\_\_\_