

Template A

Cover Letter and Executive Summary

Including Response Template

Instructions for RFP Response

RFP #: 03410-128-14

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1. Submission Cover Letter

The Vendor must include a cover letter and executive summary stating the Vendor’s intent to bid for this RFP. The Vendor’s response must include a transmittal (cover) letter; table of contents; executive summary; Vendor contact information and locations.

Instructions: The Vendor must include the following cover letter provided and, an individual authorized to legally bind the Vendor must sign the cover letter in ink and include it in the labeled “Original Proposal.”

Provide the following information regarding the person responsible for the completion of the Vendor response. This person should also be the person the Department of Vermont Health Access (DVHA) should contact for questions and/or clarifications.

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	E-mail	_____
	_____		_____

Subject to acceptance by the State, the Vendor acknowledges that by submitting a response AND signing in the space indicated below, the Vendor is submitting a formal offer to meet the requirements and intent of the Request for Proposal (RFP) and should a contract result of this RFP with said Vendor, the Vendor shall be contractually obligated to comply with all items in this RFP, including Vermont Agency of Human Services (AHS) Attachments C, E, F. While the Vendor is directed to list exceptions on the Exception Summary form in Template B, all such exceptions shall be subject to State acceptance and/or further negotiation. If no exceptions are noted, none will apply. Vendors who sign below may not later take exception to any point during contract negotiations.

Failure to sign the Submission Cover Sheet or signing it with a false statement shall void the submitted response or any resulting contracts.

_____/_____
Original signature of individual authorized to legally bind the Company / Date

Name (typed or printed)

Title _____

Company name _____

Physical address _____

State of Incorporation _____

By signature hereon, the Vendor certifies that:

1. All statements and information prepared and submitted in response to this RFP are current, complete and accurate.
2. Proposed solution for the Project meets all the requirements of this RFP.
3. The Vendor will comply with all federal and state laws, rules, and regulations that are in force currently or anytime during the term of a resulting Contract.
4. The company represented here is an authorized dealer in good standing of the products/services included in this response.
5. The Vendor and its principals are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state or local governmental entity and that Respondent is in compliance with the State of Vermont statutes and rules relating to procurement and that Vendor is not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

2. Submission Cover Sheet

Instructions: Along with the Cover Sheet, the Vendor must also provide the following information:

- A statement regarding the Vendor's legal structure, federal tax identification number, and principal place of business and attach applicable W-9 forms (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- A list of the people who prepared the Vendor's Proposal, including their titles
- A list of all subcontractors, if any, that the Vendor will use on the Project, if the State selects the Vendor to do the work
 - For each proposed subcontractor, the Vendor must attach a letter from the subcontractor, signed by an individual authorized to legally bind the subcontractor, with the following included in the letter:
 - The subcontractor's legal status, tax identification number, and principal place of business address
 - The name, phone number, fax number, email address, and mailing address of a person who is authorized to legally bind the subcontractor to contractual obligations
 - A description of the work the subcontractor will do
 - A commitment by the subcontractor to do the work if the Vendor is selected
 - A statement that the subcontractor has read and understood the RFP and will comply with the requirements of the RFP
 - A statement that the subcontract will maintain any permits, licenses, and certifications requirements to perform its portion of the work

<Response>

3. Table of Contents

Instructions: This section must contain a Table of Contents. This should include all parts of the Proposal, including response forms and attachments, and should be identified by volume and page number. The Table of Contents should identify all sections, figures, charts, graphs, etc.

<Response>

4. Executive Summary

Instructions: This section should be a brief (three- (3) to five- (5) page) summary of the key aspects of the Vendor's Technical Proposal. The Executive Summary should include an overview of the Vendor's qualifications, approach to deliver the services described in the Request for Proposals (RFP), time frame to deliver the services, proposed team, and advantage of this Proposal to the State.

<Response>

5. Vendor Contact Information

Instructions: Complete the following information regarding the Vendor’s headquarters, primary contact for any questions pertaining to the Vendor’s responses to this RFP, payment address to which the State should send payments under the Contract, and Legal Notice Address to which the State should send legal notices under the Contract.

Respondents are not to change any of the completed cells in the following Table 1. Any changes to the completed cells in the following table could lead to the disqualification of a respondent.

Table 1 Vendor Contact Information

COMPANY HEADQUARTERS INFORMATION:	
Company Name:	
Address:	
City, State & Zip Code:	
Company Type (Check One):	<input type="checkbox"/> Private <input type="checkbox"/> Public
Company Size:	(Total Number of Employees)
Annual Revenue:	

PRIMARY CONTACT INFORMATION:			
Name:		Title:	
Address:			
City, State & Zip Code:			
Phone:		Fax:	
E-mail:			

REGIONAL OR LOCAL OFFICE INFORMATION:			
Company Name:			
Region Name:			
Address:			
City, State & Zip Code:			
Primary Contact:			
Phone:		Fax:	
E-mail:			

5.1 Subcontractor Contact Information (If applicable)

Instructions: Complete the following information regarding the Subcontractor’s contact information. If more than one Subcontractor is proposed, add more pages as necessary.

Respondents are not to change any of the completed cells in the following Table 2. Any changes to the completed cells in the following table could lead to the disqualification of a respondent.

Table 2 Subcontractor Contact Information

COMPANY INFORMATION:	
Company Name:	
Address:	
City, State & Zip Code:	
Company Type (Check One):	<input type="checkbox"/> Private <input type="checkbox"/> Public
Company Size:	(Total Number of Employees)
Annual Revenue:	

PRIMARY CONTACT INFORMATION:			
Name:		Title:	
Address:			
City, State & Zip Code:			
Phone:		Fax:	
E-mail:			

6. Minimum Mandatory Qualifications

Instructions: Complete the following information regarding the Vendor’s ability to meet the Minimum Mandatory Qualifications. The State reserves the right to ask for any additional clarification relating to the minimum requirements.

Respondents are not to change any of the completed cells in the following Table 3. Any changes to the completed cells in the following table could lead to the disqualification of a respondent.

The Vendor agrees to meet the following Minimum Mandatory Qualifications.

Table 3 Minimum Qualifications

#	QUALIFICATION ITEM	VENDOR AGREES TO MEET?		REFERENCE TO PROPOSAL RESPONSE SECTION
1	The Vendor must have at least five (5) years’ experience with projects of similar size and scope to the State’s that include design, configuration, implementation, and operation of a Care Management solution in the healthcare or behavioral health domain in compliance with all federal and state regulations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2	The Vendor (Prime only) must submit at least three (3) references using Template C to verify that Vendor has experience in the design, development and implementation of at least three (3) solutions similar in size, complexity and scope to this procurement in the past five (5) years.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3	The Care Management Solution proposed by the Vendor must have been previously implemented successfully in a State environment. A successful implementation is defined as one in which the Care Management Solution provides risk stratification, nationally recognized screening and assessment tools, evidence-based plan of care, and robust reporting and shared analytics capabilities successfully.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4	The Vendor’s Care Management Solution must be able to function independently from the MMIS, interface with the current MMIS system, and interface with the new Core MMIS system chosen at a later date based on the technical standards provided in the RFP (See Template H Non-Functional Requirements)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	