**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP)**

**Support Services**

|  |  |
| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Informational Meeting** | **Date:** March 18, 2024 **Time:** 10:00 a.m., local time  **Location:** ZOOM Meeting Link: [Web Link for RFP 202402036](https://mainestate.zoom.us/j/84744930964?pwd=TkkwUVRvTU1qcXBHalh6WERzeE1kQT09) Meeting ID: 847 4493 0964, or by phone 1-646-876-9923 using the Meeting ID provided. |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:*  **Date:** March 19, 2024, no later than 11:59 p.m., local time |
| **Notice of Intent to Bid** | *All notice of intents must be received by the RFP Coordinator identified above by:*  **Date:** April 5, 2024, no later than 11:59 p.m., local time |
| **Proposal Submission**  **Deadline** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** April 12, 2024, no later than 11:59 p.m., local time.  *Proposals must be submitted electronically to*:[Proposals@maine.gov](mailto:Proposals@maine.gov) |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

The State of Maine is seeking proposals for Driver Education and Evaluation Programs (DEEP) support services.

A copy of the RFP, as well as the Question & Answer Summary and all amendments related to the RFP, can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

An Informational Meeting will be held on March 18, 2024 at 10:00 a.m., local time at the following location: <https://mainestate.zoom.us/j/84744930964?pwd=TkkwUVRvTU1qcXBHalh6WERzeE1kQT09> Meeting ID: 847 4493 0964, or by phone 1-646-876-9923 using the Meeting ID provided.

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on April 12, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, shall have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Alcohol-related or Other Drug-related Motor Vehicle Incident** | A conviction or administrative action resulting in the suspension of a motor vehicle operator's license for a violation under [29-A M.R.S.A.](https://legislature.maine.gov/statutes/29-A/title29-A.pdf) [§1253](https://legislature.maine.gov/statutes/29-A/title29-Asec1253.pdf); [§2411](https://legislature.maine.gov/statutes/29-A/title29-Asec2411.pdf); [§2453](https://legislature.maine.gov/statutes/29-A/title29-Asec2453.pdf); [§2453-A](https://legislature.maine.gov/statutes/29-A/title29-Asec2453-A.pdf); [§2454](https://legislature.maine.gov/statutes/29-A/title29-Asec2454.pdf); [§2455](https://legislature.maine.gov/statutes/29-A/title29-Asec2455.pdf); [§2456](https://legislature.maine.gov/statutes/29-A/title29-Asec2456.pdf); [§2457](https://legislature.maine.gov/statutes/29-A/title29-Asec2457.pdf); [§2472(3) & (3-A)](https://legislature.maine.gov/statutes/29-A/title29-Asec2472.html); [§2503](https://legislature.maine.gov/statutes/29-A/title29-Asec2503.pdf); [§2521](https://legislature.maine.gov/statutes/29-A/title29-Asec2521.pdf); [§2523](https://legislature.maine.gov/statutes/29-A/title29-Asec2523.pdf); [§2525](https://legislature.maine.gov/statutes/29-A/title29-Asec2525.pdf); and/or [29-250 C.M.R. Ch. 6](https://www.maine.gov/sos/cec/rules/29/250/250c006.doc). |
| **Business Day** | Monday through Friday, 8:00 a.m. through 5:00 p.m., excluding [State holidays](https://www.maine.gov/bhr/state-employees/2024-holiday-schedule) and administrative closings. |
| **Client** | A person who is required by the court to complete a Driver Education and Evaluation Program (DEEP) for an Alcohol-related or Other Drug-related Motor Vehicle Incident, due to an Operating Under the Influence (OUI) conviction as defined by [29-A M.R.S.A. §2401(8) and (13)](https://legislature.maine.gov/statutes/29-A/title29-Asec2401.pdf), and has completed a DEEP registration. |
| **Department** | Department of Health and Human Services |
| [**Driver Education and Evaluation Programs (DEEP)**](https://www.maine.gov/dhhs/obh/support-services/impaired-driving) | A Legislatively mandated ([5 M.R.S.A. Ch. 521, Subchapter 5](https://legislature.maine.gov/statutes/5/title5ch521.pdf)) OUI countermeasure program. The goal of the DEEP is to reduce the incidences of injury, disability, and fatality that result from alcohol and other drug related motor vehicle crashes, and to reduce the risk of an OUI re-offense. DEEP provides effective, efficient, and meaningful interventions such as education, treatment, and counseling services. |
| **HIPAA** | [Health Insurance Portability and Accountability Act of 1996](https://www.govinfo.gov/app/details/PLAW-104publ191#:~:text=An%20act%20to%20amend%20the,access%20to%20long%2Dterm%20care) |
| [**Juvenile Automated Substance Abuse Evaluation (JASAE) Assessment**](https://adeincorp.com/jasae.html) | A computer assisted self-assessment instrument for assessing adolescent alochol and other drug use behavior, this is utilized for Clients in the PFL® Under 21 Program. |
| [**NEEDS Assessment**](https://adeincorp.com/needs.html) | A psychosocial self-assessment of an individual’s needs, in order to determine best resources and services to meet those needs, this is utilized for Clients in the PFL**®** Risk Reduction Program (RRP). |
| [**OBH**](https://www.maine.gov/dhhs/obh) | The Department’s Office of Behavioral Health |
| **PFL® Instructor** | An individual responsible for instructing the PFL**®** Under 21 and/or Risk Reduction Program (RRP), trained and certified as an Instructor through PFL**®**. |
| **PFL® Risk Reduction Program (RRP)** | [A twenty (20) hour program](https://www.maine.gov/dhhs/obh/support-services/impaired-driving/the-risk-reduction-program) that consists of an educational component, Preliminary Self-Assessment, referral for evaluation, and, if necessary, treatment. First and multiple OUI offenders must be twenty-one (21) years of age or older in order to register for the PFL**®** RRP. |
| **PFL® Under 21 Program** | An evidence-based program developed by the Prevention Research Institute, Inc. (PRI) designed to empower youth to make healthy decisions and reduce risk for problems. The program focuses on two (2) measurable behavioral prevention goals: reduce risk of alcohol and drug problems throughout their lifetime and reduce high-risk choices. The intervention is designed to influence behaviors using a research-based persuasion protocol. The PFL® Under 21 program is taught by trained and certified PFL**®** Instructors.  [This sixteen (16) hour program](https://www.maine.gov/dhhs/obh/support-services/impaired-driving/the-risk-reduction-program#under21-schedule) is for first and multiple offenders who have not attained twenty-one (21) years of age at the time they register for the PFL® Under 21 Program. The PFL® Under 21 Program consists of education and the JASAE Assessment and may result in a referral for evaluation, and if necessary, treatment. |
| **PHI** | Protected Health Information |
| [**Prime For Life® (PFL®)**](https://www.primeforlife.org/programs/prime_for_life_prevention) | An evidence-based motivational prevention, intervention, and pre-treatment program developed by the Prevention Research Institute, specifically designed for individuals who might be making high-risk choices. |
| **Quick Response (QR) Code** | A type of two-dimensional (2D) bar code that is used to provide easy access to online information through the digital camera on a smartphone or tablet. |
| **RFP** | Request for Proposal |
| **State** | State of Maine |

**State of Maine - Department of Health and Human Services**

*Office of Behavioral Health*

**RFP# 020402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Driver Education and Evaluation Programs (DEEP) Support Services as defined in this Request for Proposal (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine residents. The mission of the Department’s Office of Behavioral Health (OBH) is to ensure all Maine residents with mental health, substance use, and co-occurring disorders are not just managing symptoms but living lives of dignity, hope, and meaning as independently as possible. OBH is responsible for ensuring individuals convicted of Operating Under the Influence (OUI) have access to legislatively mandated DEEP, pursuant to [5 M.R.S.A. Chapter 521, Subchapter 5](https://legislature.maine.gov/statutes/5/title5ch521sec0.html), which are the OUI countermeasure programs in the State. OBH is committed to supporting a complete and coordinated behavioral health continuum of care that serves the whole person, the whole community.

The goal of DEEP is to lessen the incidence of injury, disability, and fatality that results from Alcohol-Related or Other Drug-related Motor Vehicle Incidents, and to reduce the risk of recidivism for OUI. DEEP is offered to individuals with one (1) or more Alcohol-Related or Other Drug-related Motor Vehicle Incidents. On average, the Department receives one thousand two-hundred fifty (1,250) calls each month from individuals inquiring about DEEP.

As a result of this RFP, the awarded Bidder shall provide supportive services to the Department related to Statewide DEEP using the Prime For Life® (PFL®) curricula for Clients convicted of OUI. Exhibit 1 depicts the approximate number of Clients to be serviced monthly and annually.

|  |  |  |
| --- | --- | --- |
| **Exhibit 1: Anticipated Client Participation in DEEP** | | |
| **Age of Client** | **Approximate # of Clients per month** | **Approximate # of Clients per year** |
| Ages 20 and below | 20 | 250 |
| Ages 21 and above | 300 | 3,600 |
| **Totals** | **320** | **3,850** |

1. **General Provisions**
   1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
   2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
   3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
   4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
   5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
   6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
   7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
   8. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
   9. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Contract Term**

The Department is seeking a cost-efficient proposal to provide services, as defined in the RFP, for the anticipated contract period defined in the table below. Please note, the dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 7/1/2024 | 6/30/2026 |
| Renewal Period #1 | 7/1/2026 | 6/30/2028 |
| Renewal Period #2 | 7/1/2028 | 6/30/2029 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of the RFP process.

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Services to be Provided.**

1. **DEEP Provided to Clients**
   * + 1. Provide an adequate number of Driver Education and Evaluation Programs (DEEP) courses Statewide each month, both in-person and virtually, to Department-identified-Clients, specifically:
          1. Three hundred fifty (350) adult PFL® RRP Clients; and
          2. Thirty (30) Clients under the age of twenty-one (21).
       2. Ensure all in-person locations provide adequate space for meetings with a maximum of thirty-five (35) individuals in attendance.
       3. Provide a Department-approved virtual learning platform link within five (5) calendar days prior to the beginning of each course.
       4. Disseminate and collect a mandatory NEEDS Assessment from each PFL® RRP Client after completion of each DEEP course to determine if additional evaluation and/or treatment of the Client is required.
          1. Clients shall not receive a certificate of DEEP completion unless the Needs Assessment is completed.
          2. For in-person courses, the NEEDS Assessment shall be handed out at end of the last class of the course.
          3. For virtual courses, a link to the NEEDS Assessment shall be distributed at the end of the last class of the course.
          4. Provide all completed NEEDS Assessments to the Department within seven (7) calendar days of completion.
       5. Disseminate and collect a mandatory Juvenile Automated Substance Abuse Evaluation (JASAE) Assessment from each PFL® Under 21 Program Client after completion of each DEEP course to determine if additional evaluation and/or treatment of the Client is required.
          1. Clients shall not receive a certificate of DEEP completion unless the JASAE Assessment is completed.
          2. After completion of the course, a link to the JASAE Assessment shall be distributed at the end of the last class of the course.
          3. Provide all completed JASAE Assessments to the Department within seven (7) calendar days of completion.
       6. Maintain all Client records for each DEEP training for, at minimum, one (1) year following submission of documentation to the Department.
          1. Ensure all records are digital and maintained in compliance with Federal HIPAA regulations.
2. **Administrative Requirements** 
   * + 1. Comply with all language access, accessibility, and effective communication requirements, including all relevant regulations of the [Civil Rights Act](https://www.archives.gov/milestone-documents/civil-rights-act), [Americans with Disabilities Act](https://www.ada.gov/), [Section 504, Rehabilitation Act](https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973) of 1973, and [Section 1557 of the Patient Protection and Affordable Care Act](https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html), including, but not limited to:
          1. Scheduling and coordinating interpreting services, or auxiliary aids and services necessary to ensure language access and effective communication.

Ensure the utilized interpreting services meet the terms of the [applicable Statewide Interpreter Services Agreement](https://www.maine.gov/dafs/bbm/procurementservices/reports/statewide-contracts/in-person-spoken-language-interpreting), or has been approved by the Department in writing prior to execution.

Determine the primary language of the individual requesting services and ensure that information and/or services are provided with a qualified interpreter when English is not the primary language.

Determine whether the individual requesting services is deaf, late-deafened, hard of hearing, non-verbal, or has a disability affecting communication and ensure the necessary auxiliary aids or services are provided for effective communication.

1. Comply with the current Department’s Office of Behavioral Health [DEEP Procedures Manual](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/DEEPChapter2-July12007.pdf), including but not limited to, Section C.1.a.-b. and Section D.1.a.-b.
2. Implement a Department-approved ninety (90) calendar day course schedule.
   * + - 1. Submit a quarterly course schedule to the Department for review and approval, as outlined in **Table 1**.
         2. Ensure all quarterly course schedules are approved by the Department prior to implementation.

|  |  |
| --- | --- |
| **Table 1: Schedule of DEEP courses to be submitted** | |
| **Submission Date** | **Months Covered** |
| First Business Day of January | April, May, June |
| First Business Day of April | July August, September |
| First Business Day of July | October, November, December |
| First Business Day of October | January, February, March |

1. **Confidentiality of Protected Health Information (PHI)**
2. Ensure all PHI or other individually identifiable information provided by the Department or received or acquired from any individual as a part of DEEP or through any other method, is regarded as confidential information.
   1. Ensure all confidential information in any format is safeguarded consistent with the terms of the Department’s [Business Associate Agreement](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/baa-contract-rider.pdf) and any other applicable State and federal confidentiality laws, regulations, and or rules.
3. Comply with the terms of Maine’s Notice of Risk to Personal Data Act, [10 M.R.S.A. §§ 1346-1350-B](http://www.mainelegislature.org/legis/statutes/10/title10ch210-Bsec0.html), and other applicable privacy and security laws, rules, and regulations.
4. Notify the Department immediately in the event of a breach or potential breach of confidentiality.
5. Investigate, document, and otherwise respond to any actual or potential breach of confidential information, as guided by the Department.
   1. When an actual or potential breach of confidential information occurs, notify the Department within twenty-four (24) hours for consult and guidance on appropriate protocol.
6. **Administrative Staff and PFL**® **Instructors Requirements** 
   * + 1. Ensure, at minimum, one (1) dedicated administrative staff person is available during the Business Day.
          1. Provide administrative staff coverage to meet the needs of DEEP Clients with consistent availability at reduced hours for weekend coverage.
       2. Hire and/or maintain PFL® Instructors to provide courses to Department-identified-Clients utilizing only PFL® curriculum, specifically:
          1. PFL® Risk Reduction Program (RRP); and
          2. PFL® Under 21 Program.
       3. Ensure PFL® Instructors are trained and certified in [PFL® curriculum](https://www.primeforlife.org/programs/prime_for_life_prevention).
          1. Ensure all PFL® Instructors maintain PFL® certification and training requirements.
7. All PFL® Instructors must have two (2) years of experience as a trainer and educator in the substance use treatment and/or prevention field.
8. Provide oversight of PFL® Instructors.
9. **Quality Assurance and Quality Review Plan** 
   * + 1. Provide each Client with the opportunity to complete an anonymous Department-approved quality assessment survey at the conclusion of each DEEP course.
          1. The quality assessment survey shall include a question as to the effectiveness/knowledge of the Certified PFL® Instructor.
          2. The quality assessment survey shall not be distributed via a Quick Response (QR) Code.
       2. Conduct a quarterly review, analysis, and reporting of the Department-approved quality review plan and quality assessment survey data which provides the Department with recommendations for program improvement.
10. **Performance Measures**
11. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
    1. Submit data to support the performance measure utilizing **Appendix H** (Performance Measure Report Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Provide quality DEEP courses to reduce recidivism.* | | | |
| **a.** | Ensure a ninety-five percent (95%) response rate of the anonymous provider quality assessment survey. | Quarterly | Performance Measures Report |
| **b.** | Ninety-five percent (95%) of PFL® Instructors receive an equivalent of "B" or above when asked “Was the PFL® Instructor knowledgeable and well prepared?” upon completion of an anonymous provider quality assessment survey. | Quarterly | Performance Measures Report |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports/on-site visit listed in **Table 2**:

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Narrative Report | Address progress on deliverables and quality assurance to maintain fidelity of the program and PFL® Instructors performance. |
| **b.** | Data Report | Report the number of PFL® RRP (adult) and Under 21 Programs offered, the location, number of Clients enrolled, number of Clients that attended each location, number of Clients that fully completed each DEEP course, the number of instructors that taught, and the training events offered. |
| **c.** | Course Roster Report | Report the results of Client participation for each DEEP course, including: course identification number, course type, class dates and locations, class instructor(s), total number of Clients that attended each day, number of Clients that fully completed the DEEP course, Client name and identification number, date of birth, needs score, session number, blood alcohol/drug score/refusal, phone number, email, mailing address and any other additional comments. |
| **d.** | Performance Measures Report | **Appendix H** |
| **e.** | Department On-Site Visit | An on-site review conducted by the Department at the awarded Bidder’s location to review the following:PFL® Instructor certification/recertification records; andAnonymous training evaluations. |
| **f.** | Quarterly Report of Revenue and Expenses | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **g.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html). |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report or On-Site Visit** | | **Period Captured by Report or On-Site Visit** | **Due Date** |
| **a.** | Narrative Report | Each quarter | Within fifteen (15) calendar days after the end of each quarter |
| **b.** | Data Report | Each quarter | Within fifteen (15) calendar days after the end of each quarter |
| **c.** | Course Roster Report | Each DEEP course | Within seven (7) calendar days after completion of each DEEP course |
| **d.** | Performance Measures Report | Each quarter | Within fifteen (15) calendar days after the end of each quarter |
| **e.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **f.** | Quarterly Report of Revenue and Expenses | Each quarter | Within thirty (30) calendar days after the end of each quarter |
| **g.** | Contract Closeout Report | Entire contract period | Within sixty (60) calendar days following the close of the contract period |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix J** (Submitted Questions Form) for submission of questions. The form is to be submitted as a WORD document.
      2. The Submitted Questions Form must be submitted, by e-mail, and received by the RFP Coordinator, identified on the cover page of the RFP, as soon as possible but no later than the date and time specified on the RFP cover page.
      3. Submitted questions must include the RFP number and title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Division of Procurement Services’ Request for Proposals (RFP) website page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

All amendments released in regard to the RFP will be posted on the State’s [Division of Procurement Services’ Request for Proposals (RFP) website page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Notice of Intent to Bid

* + - 1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix I** (Notice of Intent) by the date and time specified on this RFP’s cover page.

Failure to submit a Notice of Intent by this deadline will automatically result in a Bidder’s proposal being disqualified from the evaluation process.

* + - 1. **Submission:** Notices of Intent are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.

1. **Submitting the Proposal**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
      5. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202402036 Proposal Submission – [Bidder’s Name]”**
      6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Debarment, Performance and Non-Collusion Certification)

All required information and attachments stated in PART IV, Section I.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

**Appendix C** (Organization Qualifications and Experience Form)

**Appendix D** (Subcontractors Form), if applicable

**Appendix E** (Litigation Form)

All required information and attachments stated in PART IV, Section II.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix F** (Response to Proposed Services Form)

All required information and attachments stated in PART IV, Section III.

* **File 4 [Bidder’s Name] – Cost Proposal:**

*Excel PDF format preferred*

**Appendix G** (Cost Proposal Form)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

The Bidder’s proposal must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Debarment, Performance and Non-Collusion Certification**

Bidders must complete **Appendix B** (Debarment, Performance and Non-Collusion Certification Form). The Debarment, Performance and Non-Collusion Certification Form must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, demonstrating their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix D** (Subcontractors Form) by providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Organizational Chart**

Bidders must provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix E** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix E** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractors Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation Form |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix F** (Response to Proposed Services Form) by providing a detailed response to the requirements outlined in this RFP.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Sample 90-day Training Schedule |
| Eight (8) | Course Cancellation and Rescheduling Plan Outline |
| Nine (9) | Quality Review Plan |
| Ten (10) | Job Descriptions |
| Eleven (11) | Staffing Plan |
| Twelve (12) | Implementation - Work Plan |

Attachments 7 – 12, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 12 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the initial period of performance, starting 7/1/2024 and ending on 6/30/2026.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
   1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
   2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
   3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. Changes to proposals, including updating or adding information, will not be permitted during any interview/presentation process and, therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
   1. **Scoring Weights:** The score will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria.

**Section I. Preliminary Information (No Points)**

Includes all elements addressed above in Part IV, Section I.

**Section II. Organization Qualifications and Experience (30 points)**

Includes all elements addressed above in Part IV, Section II.

**Section III. Proposed Services (40 points)**

Includes all elements addressed above in Part IV, Section III.

**Section IV. Cost Proposal (30 points)**

Includes all elements addressed above in Part IV, Section IV.

* 1. Cost Proposal (25 points)
  2. Budget Narrative (5 Points)
  3. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  4. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 25 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are to provide their best value pricing with the submission of their proposal.

The remaining five (5) points allocated to the Cost Proposal (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
   1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least fourteen (14) calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net thirty (30) payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Debarment, Performance, and Non-Collusion Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractors Form

**Appendix E** – Litigation Form

**Appendix F** – Response to Proposed Services Form

**Appendix G** – Cost Proposal Form

**Appendix H** – Performance Measure Report Template

**Appendix I** – Notice of Intent to Bid Form

**Appendix J** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | | | |
| **Vendor Customer Code**  (for current State of Maine vendors)**:** | | | | | VC | |
| **Chief Executive - Name/Title:** | |  | | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Headquarters Street Address:** | |  | | | | |
| **Headquarters City/State/Zip:** | |  | | | | |
| ***(Provide information requested below if different from above)*** | | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Street Address:** | |  | | | | |
| **City/State/Zip:** | |  | | | | |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**DEBARMENT, PERFORMANCE, and NON-COLLUSION CERTIFICATION**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications, including any applicable licensure and/or certification. Describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

|  |
| --- |
| **Provide a description of projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.**  *If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder’s general capabilities.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project One** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## SUBCONTRACTORS FORM

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders should add additional Subcontractors/Consultants as needed.** |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## LITIGATION FORM

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”** |

|  |  |
| --- | --- |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**

****

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**COST PROPOSAL AND BUDGET NARRATIVE FORM**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Cost:** | **$** |

**Instructions:** The Bidder must complete and submit budget forms providing a detailed breakdown of expenses in performing the services for the initial period of performance as described in this RFP and in the Bidder’s proposal. The total expenses amount on Form 2 Expense Summary is the proposed cost to be used in the scoring cost formula for evaluation purposes.

**The Budget Form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below. The budget forms include separate activities for Bidders to provide the proposed cost for both:**

* 1. Providing support services for Statewide DEEP educational courses; and
  2. Training and certification/recertification of PFL® Instructors.



**The Budget Form Instructions may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**



|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. |
|  |

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

**The performance measure report template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | |
| **Chief Executive - Name/Title:** | |  | | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |
| ***(Provide information requested below if different from above)*** | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Street Address:** | |  | | |
| **City/State/Zip:** | |  | | |

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| **Provide a brief description of the Bidder’s experience and ability to perform the work required within this RFP.** |
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| --- | --- |
| **Signature of person authorized to enter into the contract with the Department:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202402036**

**Driver Education and Evaluation Programs (DEEP) Support Services**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.Submit this document in WORD format, not PDF.

|  |  |
| --- | --- |
| **Organization Name:** |  |

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| --- | --- |
| **RFP Section & Page Number** | **Question** |
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