

**ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT**

INVITATION TO BID NO. 21-DHS-RFP-598

ADDENDUM NO. 02

Arlington County Invitation to RFP No. 21-DHS-RFP-598 for DDS Group-Supported Employment Program is amended as follows:

1. **Incorporation of COVID 19 Vaccination Policy for Contractors:** Clause Number 51. COVID-19 Vaccination Policy for Contractors is hereby added to **Section VI. Contract Terms and Conditions.**

51. COVID 19 VACCINATION POLICY FOR CONTRACTORS

Due to the COVID-19 pandemic, the County has taken various steps to protect the welfare, health, safety and comfort of the workforce and public at large. As part of these steps, the County has implemented various requirements with respect to health and safety including policies with respect to social distancing, the use of face-coverings and vaccine mandates. All County Contractors, entering County owned, controlled, or leased facilities or facilities operated by a contractor if the services provided at that location are exclusive to Arlington County Government or contractors with public facing responsibilities must adopt these policies for implementation with their employees and subcontractors working on County contracts.

Contractors are required to obtain and maintain the COVID-19 vaccine status of employees or subcontractors, require any unvaccinated or not fully vaccinated employees to follow a weekly testing protocol established by the Contractor to submit to weekly testing, and provide any accommodations as required by law. Contractor should submit the certification of compliance to the Purchasing Agent within five working days of the end of each quarter (see Exhibit E). In addition, all Contractor and subcontractor employees subject to the requirements of this section must also comply with the County COVID-19 masking and social distancing protocols, as signed at each County location.

It is recognized that the COVID-19 pandemic is an ongoing health crisis. As such, requirements with respect to health and safety, including vaccines and face-coverings may change over time. Contractors are expected to adhere to the County requirements as they evolve in response to the crisis.

2. **Proposal Form is hereby replaced in its entirety with the Revised Proposal Form.** Proposal responses **Must** be on the **“Revised Proposal Form”**.

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Tomeka Price, VCO, VCA
Procurement Officer
tprice@arlingtonva.us

RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR PROPOSAL:

OFFEROR ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 2.

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

ARLINGTON COUNTY, VIRGINIA
REQUEST FOR PROPOSALS NO. 21-DHS-RFP-598

REVISED PROPOSAL FORM

ELECTRONIC SEALED PROPOSALS WILL BE RECEIVED BY ARLINGTON COUNTY VIA VENDOR REGISTRY,
UNTIL 4:00 P.M. ON THE 7th DAY OF JUNE 2021 AS THE FIRST DEADLINE

FOR PROVIDING DAY SUPPORT, HABILITATION, AND EMPLOYMENT SERVICES PER THE SOLICITATION.

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS PROPOSAL MUST BE WRITTEN IN THE SPACE BELOW. THIS PROPOSAL FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE OFFEROR, OR THE PROPOSAL MAY BE REJECTED.

SUBMITTED BY:

(legal name of entity)

AUTHORIZED SIGNATURE:

PRINT NAME AND TITLE:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE NO.:

E-MAIL
ADDRESS:

THIS ENTITY IS INCORPORATED
IN:

THIS ENTITY IS A:

*(check the applicable
option)*

CORPORATION

LIMITED PARTNERSHIP

GENERAL PARTNERSHIP

UNINCORPORATED ASSOCIATION

LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP

IS OFFEROR AUTHORIZED TO TRANSACT BUSINESS IN THE
COMMONWEALTH OF VIRGINIA?

YES NO

IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE
SCC:

Any Offeror exempt from Virginia State Corporation Commission (SCC) authorization requirement must include a statement with its proposal explaining why it is not required to be so authorized.

ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: *(if available)*

HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED
FROM SUBMITTING PROPOSALS TO ARLINGTON COUNTY,
VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION

YES NO

WITHIN THE PAST THREE YEARS?

OFFEROR STATUS: MINORITY OWNED: WOMAN OWNED: NEITHER:

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLOWING:

THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE VENDOR REGISTRY WEBSITE AT:

[HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLIST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088](https://vrapp.vendorregistry.com/bids/view/bidslst?buyerid=A596C7C4-0123-4202-BF15-3583300EE088).

POTENTIAL OFFERORS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.

1. OFFEROR MUST SUBMIT: ONE ELECTRONIC COMPLETE SIGNED PROPOSAL THAT INCLUDES AS ITS FIRST PAGE THIS PROPOSAL FORM.
2. INDICATE THE NAME AND CONTACT INFORMATION OF THE PERSON WHO CAN RESPOND AUTHORITATIVELY TO QUESTIONS REGARDING THIS PROPOSAL.

NAME (PRINTED): _____ TITLE: _____

E-MAIL ADDRESS: _____ TEL. NO.: _____

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by an Offeror in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, an Offeror seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

- No, the proposal that I have submitted does not contain any trade secrets and/or proprietary information.
- Yes, the proposal that I have submitted does contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected and list all applicable page numbers, sections, and paragraphs, of the proposal that contain such data or materials:

State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the proposal will be open for public inspection consistent with applicable law.

CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this proposal is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq.*) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq.*).

CERTIFICATION OF COMPLIANCE WITH THE COVID-19 VACCINATION POLICY FOR CONTRACTORS: The undersigned certifies that it will comply with the COVID-19 Vaccination Policy for Contractors as a condition of contract award which requires that all contractor employees or subcontractors assigned to the contract must be vaccinated or undergo weekly testing pursuant to the Contract Terms and Conditions.

CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

NAME: _____

ADDRESS: _____

E-MAIL: _____

OFFEROR'S PRINTED NAME: _____

CONFLICT OF INTEREST STATEMENT

I, whose name is subscribed below, a duly authorized representative and agent of the entity submitting this proposal to Arlington County in response to its Request for Proposal No. 21-DHS-RFP-598 and on behalf of the Offeror certify that:

1. Neither the Offeror nor any affiliated entity has, within the past five years, been employed by or represented a deliverer of services that reasonably could be expected to be considered for purchase by the County as a result of this solicitation.
2. if the Offeror is awarded a contract under this solicitation and during the term of that contract prepares an invitation to bid or request for proposal for or on behalf of the County, the Offeror must not (i) submit a bid or proposal for that procurement or any portion thereof or (ii) disclose to any potential bidder or offeror information concerning the procurement that is not available to the public.
3. The Offeror will not solicit or accept any commissions or fees from vendors who ultimately furnish services to the County as a result of any contract award made as a result of this solicitation.

OFFEROR'S NAME: _____

SIGNED BY: _____

PRINTED NAME/TITLE: _____

DATE: _____

NOTARY STATEMENT

COMMONWEALTH OF VIRGINIA/STATE OF _____)

CITY/COUNTY OF _____) to wit:

_____ personally appeared before me this _____ day of _____, 20____ the undersigned a Notary Public in and for the State and County of aforesaid, _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument as an agent of the Offeror and acknowledged that he/she has executed the same for the purposes therein contained.

(Seal)

Notary registration number: _____

My commission expires: _____

**CERTIFICATION OF
CONTRACTOR COMPLIANCE WITH COUNTY COVID-19 VACCINATION POLICY**

I, _____ (hereinafter referred to as "Offeror"), certify that I will comply with the COVID-19 Vaccination Policy as a condition of contract award which requires that all contractor employees or subcontractors assigned to the contract must be vaccinated or undergo weekly testing pursuant to the Contract Terms and Conditions.

Signed: _____ **Date:** _____

Name of Bidder: _____

Attachment A
Rate Proposal Worksheet

Please enter the proposed rate for each Unit of Type of Service. If you are not proposing a Type of Service listed, please enter "N/A" in the Rate column.

| Type of Service | Unit | Rate |
|---|------|------|
| <p>Group Day Support- Structured program provided in groups of no more than one (1) staff member to seven (7) participants. The program must provide opportunities for peer interactions, community integration, career planning, and enhancement of social networks. Support may also be provided to ensure a participant’s health and safety. Support services must be provided in accordance with the participant’s ISP.</p> | Day | |
| <p>Virtual Group Day Support - Structured group day support activities that are provided via a virtual platform (i.e., Microsoft TEAMS, Zoom, Go-to-Meeting, etc.) in groups no more than one (1) staff member to five (5) participants. Activities assist with the acquisition and retention of, and improvement in, self-help, socialization, and adaptive skills. This service helps to mitigate the risks that participants may face from social isolation. Activities must be person-centered and take into consideration each participant’s’ personal interests and needs. A staff member must be assigned to this service and always present on the virtual platform during active programming. Center-based group day support staff may not overlap or provide programming during this service.</p> | Day | |
| <p>One-to-One Group Day Support - Structured services that assign one (1) staff person to one (1) participant to provide individualized support and supervision as outlined Section a., Group Day Support. The assigned Contractor staff is responsible for the participants’ safety and well-being while participating in day support activities. The staff member must be “within arm’s reach” of the assigned participants at all times due to the complex behavioral or medical support needs that constitute the basis for one-to-one staff support. This service will be time-limited, and a plan to reduce or fade the service should be discussed and developed at the start of services. The Contractor must review with the Project Officer and DDS Support Coordinator the need for this service every ninety (90) days.</p> | Day | |
| <p>Community Engagement - Services that are provided in groups of no more than one (1) staff to three (3) participants. Community Engagement fosters the ability of the participants to acquire, retain, or improve skills</p> | Day | |

| | | |
|--|------|--|
| necessary to build positive social behavior, interpersonal competence, greater independence, employability, and personal choice necessary to access typical activities in community life, such as those chosen by the individuals in the general population. | | |
| Community Coaching - Services designed for participants who need one-on-one support in order build a specific skill or set of skills to address a barrier(s) preventing the participant from accessing Community Engagement. Community Coaching services are approved in ninety (90) day increments and must be re-evaluated at the end of the service period. The services may be renewed for an additional ninety (90) days if deemed necessary. | Day | |
| Group Supported Employment - Structured programs that provide work to a group of three (3) to eight (8) participants at a job site integrated into the community. Group sizes may vary to accommodate the different needs and abilities of participants in this program. The Group Supported Employment (GSE) program should provide participants with the opportunity to interact and have regular contact with employees/co-workers who do not have a disability and are performing the same or similar job tasks. Participants must be employed and compensated by either the employer/business or the Contractor. Participants must be compensated at or above Virginia's minimum wage unless the Contractor has permission from the Department of Labor to pay subminimum wages. Ongoing employment supports, such as job training/re-training, life skills training, transportation management and mediation between participant and supervisory staff, must be provided by the Contractor's onsite employment specialist. The Contractor must provide support services in accordance with the participant's 's ISP. | Day | |
| Individual Supported Employment - T These services are provided one-on-one by an employment specialist in a setting that meets the participant's personal and career goals, either as a single participant in an integrated employment situation making at or above minimum wage or in a self-employment situation. On-going support services may include one or more of the following activities: travel training, job-site training, advocacy and other support needed to ensure the individual's success at his/her job and that he/she remains employed. The Contractor must provide support services in accordance with the participant's ISP. | Hour | |
| Workplace Assistance - A one-to-one service provided to participants who have completed job development but | Hour | |

| | | |
|--|------|--|
| <p>require more than typical job coaching services to maintain stabilization in employment. Workplace Assistance services supplement the employment specialist service. The employment specialist will continue providing professional oversight and coaching.</p> | | |
| <p>Customized Employment- A structured program that provides a flexible process designed to personalize the employment relationship between a job candidate and an employer to meet the needs of both parties. The service must include a “job discovery” process that identifies the strengths, functional skills, and interests of the individual. The information gathered during the job discovery phase is used in combination with the identified business needs to create a customized position that is beneficial for both the individual and the business. Information pertaining to customized employment can be found here: https://www.dol.gov/agencies/odep/topics/customized-employment. The Contractor must be certified by the Virginia Department of Rehabilitative Services (DARS) to offer this service. Information pertaining to Virginia DARS can be found here: https://www.vadars.org/essp/.</p> | Hour | |
| <p>Transportation - In conjunction with providing one or more of the services described in Sections I.7. a, c, d and e, the Contractor must provide transportation of a participant from his/her residence to the program location. The service can be provided in a staff member’s privately-owned vehicle, if permitted by the Contractor, or a company-owned vehicle. Transportation costs for Day Support services may be invoiced to the County if the participant is not eligible to receive transportation services under DMAS. The County will not reimburse for transportation related to Employment Services described in Sections I.7. f, g, h and i.</p> | Day | |
| <p>Travel Training - Provides one-to-one training for people with disabilities to obtain the skills required to travel safely and independently on fixed-route public transportation. This service will primarily be for individuals engaged in Group Supported Employment or Individual Supported Employment.</p> | Hour | |