



ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VA 22201
(703) 228-3410

REQUEST FOR PROPOSALS NO. 24-DHS-RFP-301

ELECTRONIC SEALED PROPOSALS WILL BE RECEIVED BY ARLINGTON COUNTY VIA VENDOR REGISTRY, UNTIL 4:00 P.M. ON THE 15TH DAY OF APRIL 2024 FOR:

A CLOUD-BASED COMMERCIAL OFF THE SHELF AND HIGHLY CONFIGURABLE CUSTOMER SERVICE AND CASE MANAGEMENT SYSTEM (CSMS) AND A HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

VENDORS ARE REQUIRED TO REGISTER ON VENDOR REGISTRY IN ORDER TO SUBMIT A RESPONSE TO THIS REQUEST FOR PROPOSAL. NO RESPONSES WILL BE ACCEPTED AFTER THE PROPOSAL DUE DATE AND TIME.

Proposals will not be publicly opened.

NOTICE: ANY OFFEROR ORGANIZED AS A STOCK OR NONSTOCK CORPORATION, LIMITED LIABILITY COMPANY, BUSINESS TRUST OR LIMITED PARTNERSHIP, OR REGISTERED AS A LIMITED LIABILITY PARTNERSHIP, MUST BE AUTHORIZED TO TRANSACT BUSINESS IN THE COMMONWEALTH OF VIRGINIA BEFORE CONTRACT AWARD (REFER TO AUTHORITY TO TRANSACT BUSINESS SECTION OF THE SOLICITATION FOR FURTHER INFORMATION).

PREPROPOSAL CONFERENCE

A virtual preproposal conference will be held at 11:00 a.m., February 22, 2024, on Microsoft Teams to allow potential Offerors an opportunity to obtain clarification of the specifications and requirements of the solicitation. To join the meeting, please click the following [Click here to join the meeting](#), or join by dialing +1 347-973-6905, and enter Conference ID 672 013 064#. ATTENDANCE AT THE PREPROPOSAL CONFERENCE IS OPTIONAL. Minutes of the preproposal conference will be recorded by the County and may be incorporated into the solicitation documents through an Addendum. Interested Offerors are, however, urged to attend.

Arlington County reserves the right to reject any and all proposals, cancel this solicitation, and waive any informalities as defined in the Arlington County Purchasing Resolution.

Arlington County, Virginia
Office of the Purchasing Agent
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I. INTRODUCTION TO EVALUATION PROCESS

Arlington County, Virginia, is soliciting proposals from Offerors having experience and abilities in the areas identified in this solicitation. Each proposal must contain evidence of the Offeror's qualifications in the specified areas and in other disciplines directly related to the proposed work. Offerors might also be required to submit profiles and resumes of the staff to be assigned to the project, references, examples of similar work performed and other information that will clearly demonstrate the Offeror's relevant expertise, as specified in the solicitation.

A County Selection Advisory Committee ("SAC") will review and evaluate all written proposals based on the criteria identified in this solicitation. Subsequent evaluations, such as to select firms for negotiation, may include, but are not limited to, review of more detailed proposals and/or oral presentations. Any such subsequent evaluations will be based on the same criteria.

The County reserves the right to accept or reject and to waive any informalities or irregularities in the proposals and to contract as the best interests of the County require in order to obtain the services described in this RFP. Selection of an Offeror's proposal does not mean that all aspects of the proposal are acceptable to the County. The County reserves the right to negotiate terms and conditions with the selected Offeror before executing a contract.

MANDATORY REQUIREMENTS

Note that this solicitation contains qualification requirements that are mandatory for all Offerors. Refer to the Proposal Submittal Elements section of this document for details.

II. INFORMATION FOR OFFERORS

1. SOLICITATION SCHEDULE

RFP No. 24-DHS-RFP-301 – TENTATIVE SCHEDULE

RFP ISSUANCE	February 12, 2024
QUESTION DEADLINE	March 7, 2024 at 5:00 p.m.
ADDENDUM ISSUANCE (if applicable)	March 12, 2024
PROPOSALS DUE	April 15, 2024 at 4:00 p.m.
CONTRACT AWARD	TBD

2. QUESTIONS AND ADDENDA

OFFERORS MUST BE REGISTERED IN VENDOR REGISTRY TO SUBMIT A QUESTION FOR THIS REQUEST FOR PROPOSALS.

All communications relating to this solicitation must be submitted online using Vendor Registry. For a question to be considered, the question must be entered in the Question Section of the **RFP No.24-DHS-RFP-301**. Prior to the award of a contract resulting from this solicitation, Offerors are prohibited from contacting any County staff other than those assigned to the Office of the Purchasing Agent.

QUESTIONS REGARDING THE ORIGINAL SOLICITATION MUST BE SUBMITTED BY MARCH 12, 2024, AT 5:00 P.M. EASTERN TIME TO BE CONSIDERED FOR ADDENDUM. ALL QUESTIONS RECEIVED BY THE QUESTION DEADLINE WILL BE RESPONDED TO WITHIN VENDOR REGISTRY AND POSTED FOR ALL OFFERORS. THE SYSTEM WILL NOT ACCEPT ANY QUESTIONS AFTER THIS DATE AND TIME.

If any questions or responses require revisions to this solicitation, such revisions will be by formal Addendum only. Offerors are cautioned not to rely on any written, electronic, or oral representations made by any County representative or other person, including the County’s technical contact, that appear to change any portion of the solicitation, unless the change is ratified by a written Addendum to this solicitation issued by the Office of the Purchasing Agent.

3. OFFERORS’ RESPONSIBILITY TO INVESTIGATE

Before submitting a proposal, each Offeror must make all investigations necessary to ascertain all conditions and requirements affecting the full performance of the contract and to verify any representations made by the County upon which the Offeror will rely. No pleas of ignorance of such conditions and requirements will relieve the successful Offeror from its obligation to comply in every detail with all provisions and requirements of the contract or will be accepted as a basis for any claim for any monetary consideration on the part of the successful Offeror.

4. INTEREST IN MORE THAN ONE PROPOSAL, AND COLLUSION

Reasonable grounds for believing that an Offeror is interested in more than one proposal for a solicitation, including both as an Offeror and as a subcontractor for another Offeror, or that collusion exists between two or more Offerors, will result in rejection of all affected proposals. However, an individual or entity acting only as a subcontractor may be included as a subcontractor on two or more different Offerors’ proposals. Offerors rejected under the above provision will also be disqualified if they respond to a re-solicitation for the same work.

5. COMPETITIVE NEGOTIATION FOR NON-PROFESSIONAL SERVICES

This solicitation is a competitive negotiation for goods and services, as defined in the Arlington County Purchasing Resolution. The content of the proposals and the identity of the offerors are not public record until a Notice of Decision to Award has been issued. The opening of proposals is therefore not public.

6. NOTICE OF DECISION TO AWARD

When the County has made a decision to award a contract, the County will post an Award Notice or Intent to Award to Vendor Registry.

This solicitation may result in the issuance of multiple awards. The County reserves the right to award the contract in its entirety or by system as deemed in the County's best interest.

7. TRADE SECRETS OR PROPRIETARY INFORMATION

Trade secrets or proprietary information that an Offeror submits in connection with a procurement transaction may be exempted from public disclosure under the Virginia Freedom of Information Act ("VFOIA"). However, the Offeror must invoke VFOIA protection clearly and in writing on the Proposal Form for County review. The Proposal Form must include at least the following: (1) the data or other materials sought to be protected and (2) specific reasons why the material is confidential or proprietary. It is the Offeror's sole responsibility to defend such exemptions if challenged in a court of competent jurisdiction.

8. FINANCIAL STATEMENT

If requested by the County, an Offeror must submit its most recent independent certified public accountant's audit of its finances, including the management letter and other ancillary audit components. If the audited financial statement is not available, the Offeror must submit a written statement explaining the statement's absence and provide other documents (e.g., tax returns) that enable the County to assess the Offeror's financial condition. Failure to submit a financial statement upon request will be grounds for immediate disqualification. If the financial statement is not for the identical organization submitting the offer, the Offeror must submit a written explanation of the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

The County will return the financial statement at the conclusion of the award process only upon receipt of a written request signed by an officer of the organization or the same person who signed the original Proposal Form. The County considers a non-public financial statement submitted pursuant to this paragraph to be proprietary information that is not subject to disclosure under VFOIA.

9. DEBARMENT STATUS

The Offeror must indicate on the Proposal Form whether it or any of its principals is currently debarred, enjoined, or suspended from submitting proposals to the County or to any other state or political subdivision and whether the Offeror is an agent of any person or entity that is currently debarred, enjoined or suspended from submitting proposals to the County or to any other state or political subdivision. An affirmative response may be considered grounds for rejection of the proposal.

10. CONFLICT OF INTEREST STATEMENT

The Offeror must provide a statement regarding any potential conflict of interest, with the notarized signature of a principal of the Offeror, on the form provided in this solicitation.

11. EQUIVALENT EXPERIENCE AND REFERENCES

If an Offeror is unable to meet the experience and/or reference requirements of this solicitation, the Offeror may submit a resume indicating the qualifying experience and references for previous work by the proposed project manager. The Project Manager’s resume must include a description of the previous project(s) and contact information for the previous employer(s), the project owner(s) and a verifying reference, if different.

Arlington County may request additional information and will determine whether the project manager’s experience is an acceptable substitute for all or part of the experience and/or reference requirements of the solicitation.

If a contract is awarded based on documents and information submitted pursuant to this section, the Offeror may not change the named project manager for the duration of the contract unless the County approves a substitute project manager with equivalent qualifications.

12. REPLACEMENT OR AUGMENTATION OF KEY PERSONNEL OR SUBCONTRACTORS

The key personnel and subcontractors in an Offeror’s proposal are considered essential to the Offeror’s qualifications and may not be replaced or substituted, nor may additional personnel or subcontractors be added, after qualification of the Offeror’s proposal unless the County approves the changes in advance in writing.

13. AUTHORITY TO TRANSACT BUSINESS

Any Offeror organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership must be authorized to transact business in the Commonwealth of Virginia as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia, or as otherwise required by law. The proper and full legal name of the entity and the identification number issued to the Offeror by the Virginia State Corporation Commission must be included on the Proposal Form. Any Offeror that is not required to be authorized to transact business in the Commonwealth must include in its proposal a statement describing why the Offeror is not required to be so authorized. The County may require an Offeror to provide documentation that 1) clearly identifies the complete name and legal form of the entity and 2) establishes that the entity is authorized by the State Corporation Commission to transact business in the Commonwealth of Virginia. Failure of an Offeror to provide such documentation will be a ground for rejection of the proposal or cancellation of any award. For further information refer to the Commonwealth of Virginia State Corporation Commission website at: www.scc.virginia.gov.

The County reserves the right to waive this requirement at any time, for any reason.

14. EXCEPTIONS TO TERMS AND CONDITIONS

The attached draft Contract Terms and Conditions contain a number of mandatory terms, which are marked with an asterisk. Those terms are not negotiable. If an Offeror objects to a mandatory term, the County will consider the proposal non-responsive.

The Offeror must state whether it requests revisions to any of the remaining, non-mandatory terms and, if so, must explain the reason for the request(s) and propose alternative language. An Offeror who does not request a revision in its proposal may not object or request revisions to any contract terms during the

negotiation process. This requirement does not apply to contract provisions concerning liability, to which a successful Offeror may note exception at the beginning of contract negotiations.

The County will review any request for revisions to non-mandatory terms after the selection of finalists for negotiation. Such requests will not factor into the evaluation of proposals.

15. INSURANCE REQUIREMENTS

Each Offeror must be able to demonstrate proof of the specific coverage requirements and limits applicable to this solicitation. If the Offeror is not able to do so, it may propose alternate insurance coverage in its exceptions to the County's Terms and Conditions.

16. ARLINGTON COUNTY BUSINESS LICENSES

The successful Offeror must comply with the provisions of Chapter 11 ("Licenses") of the Arlington County Code, if applicable. For information on the provisions of that Chapter and its applicability to this solicitation, contact the Arlington County Business License Division, Office of the Commissioner of the Revenue, at 2100 Clarendon Blvd., Suite 200, Arlington, Virginia, 22201, tel. (703) 228-3060, or e-mail business@arlingtonva.us.

17. ESTIMATED QUANTITIES/NON-EXCLUSIVITY OF CONTRACTOR

The contract that will result from this solicitation will not obligate the County to purchase a specific quantity of items or services during the Contract Term. Any quantities that are included in the contract documents are the present expectations of the County for the period of the contract, and the County is under no obligation to buy that, or any, amount as a result of having provided this estimate or of having had any normal or otherwise measurable requirement in the past. The County may require more goods and/or services than the estimated annual amount, and any such additional quantities will not give rise to any claim for compensation other than at the unit prices and/or rates specified in the contract.

The items or services covered by this contract may be or become available under other County contract(s), and the County may determine that it is in its best interest to procure the items or services through such other contract(s). The County does not guarantee that the selected contractor will be the exclusive provider of the goods or services covered by the resulting contract.

RIDER CLAUSE

Offerors will have the option to extend any contract resulting from this solicitation as follows:

A. Extension to Other Jurisdictions

The County extends the resultant contract(s), including pricing, terms and conditions, to all public entities under the jurisdiction of the United States of America and its territories.

B. Inclusion of Governmental & Nonprofit Participants

Eligible entities include but are not limited to private schools, parochial schools, non-public schools such as charter schools, special districts, intermediate units, non-profit agencies providing services on behalf of government, and/or state, community and/or private colleges/universities.

C. Contract Agreement

The contractor may be required by a using jurisdiction to enter into a separate contract containing general terms and conditions unique to that jurisdiction.

18. ELECTRONIC SIGNATURE

If awarded, the Offeror may be required to accept an agreement and sign electronically through the County's e-signature solution, DocuSign.

III. INTRODUCTION TO REQUEST FOR PROPOSAL NO 24-DHS-RFP-301

BACKGROUND/PURPOSE OF SOLICITATION

The purpose of this solicitation and subsequent agreement is to secure the services of a contractor for the provision of two configurable, commercial off the shelf (COTS), cloud-based packages (together the “System”). The Customer Service and Case Management System (CSMS) will be the first COTS package, covering all present and future needs of the County (as detailed in Attachments B and C) for customer service, client intake, client program participation, and client case management. The second COTS package will consist of a Homeless Management Information System (HMIS) that adheres to the current and future requirements from the County and Housing and Urban Development (HUD) (as detailed in Attachment E - Homeless Management System (HMIS) Technical and Functional Requirements).

Offerors may choose to submit proposals for the following categories:

- Category A: System set up, configuration, training, production implementation, on-going maintenance, and support of a HMIS that adheres to the HUD requirements.
- Category B: System set up, configuration, training, production implementation, on-going maintenance, and support of a CSMS that supports requirements of customer service, client program participation, intake, and case management non-Homeless programs.
- Category C: A System with functionality as described in Category A and B with real time bidirectional integration or interface between the two.

Offerors must indicate in their proposal the category for which they are submitting a proposal. The County may select one vendor who is able to provide both Systems or two separate vendors, one for each system.

The System offered shall be a COTS software with embedded expertise and demonstrated success - preferably in the human services areas. The County will require implementation services, but the Systems must be solutions that, once implemented in a live environment, can be maintained, and configured by County staff without further services for configuration. System expansion must be available by way of configuration.

INTRODUCTION TO ARLINGTON COUNTY

Arlington County is in Northern Virginia at the south bank of the Potomac River directly across from Washington, D.C. Arlington is also bordered by Fairfax County and the City of Falls Church to the northwest, west and southwest, and the City of Alexandria to the southeast. With a land area of 26 square miles (67km²), Arlington is the geographically smallest self-governing County in the United States. In January 2020, the County’s population was estimated at 228,400, which would make it the fourth-largest city in the Commonwealth if it were incorporated as such, and due to state law regarding population density, has no other incorporated towns within its borders.

The Department of Human Services (DHS) promotes the health, safety, and economic stability of Arlington residents. It is the largest department in the County, providing services to more than 58,000 clients per year, more than 700 staff, and about 140 programs. As an integrated agency with public assistance, social service, behavioral healthcare, housing, public health, adult and aging services, and employment

programs under one department, DHS is well-equipped to meet the complex needs of at-risk clients and. DHS monitors and assesses the full realm of human needs in the County, facilitates services by the private sector, and provides services directly. DHS serves as a problem identifier and catalyst for community action, working toward greater community collaboration.

DHS operates on the premise that racial inequities persist in every system across the United States, including health, education, employment, criminal/legal justice, and more, and is committed to leading with race in its service delivery across all programs.

(<https://www.arlingtonva.us/Government/Departments/DHS/DHS-Vision-Mission-and-Values-Centering-Race>)

Within DHS, the Economic Independence Division (EID) coordinates and oversees services in housing, employment, and public financial assistance for low-income Arlington residents by partnering with federal, state, local, and community organizations. The Division has approximately 140 employees with an annual budget of over \$40 million.

The Division serves approximately 23,000 unduplicated households. EID is the largest division within the County's largest department. The Division is composed of five separate functional Bureaus, each with its own focus on enabling clients to achieve economic self-sufficiency. The Bureaus are:

1. Arlington Employment Center – which assists individuals and employers with workforce needs.
2. Community Assistance Bureau - which responds to needs of newly arrived immigrants and low-income clients through a social work unit, five satellite centers, and a volunteerism program.
3. Customer Service Center – which is the “no wrong door” point of entry for most EID services.
4. Housing Assistance Bureau – which assists the homeless population and individuals with emergency housing needs, both short/long term, and contains the Section 8 program.
5. Public Assistance Bureau - which administers the Medicaid, Temporary Assistance for Needed Families (TANF), and Supplemental Nutrition Assistance Program (SNAP) programs.

IV. SCOPE OF SERVICES

A. GENERAL REQUIREMENTS

In addition to the General Requirements listed below, specific functional requirements for each system are listed in **Attachment B**: CSMS Functional Requirements, **Attachment C**: CSMS Functional Requirements Forms-Assessments-Reports and **Attachment E**: HMIS Functional Requirements.

1. TECHNICAL REQUIREMENTS (APPLY TO BOTH HMIS AND CSMS)

The County expects Contractors to clearly describe in **Attachment D** CSMS Conformance and Capability Matrix, and **Attachment F** HMIS Conformance and Capability Matrix the following topics, along with any restrictions/limitations that might apply.

- 1.1 Uptime – The System must meet the 99.9% uptime requirements during the County's core hours of operations.
- 1.2 Hosting location – The System must be cloud-based and hosted by the selected Contractor or another secure location (preferably Cloud-native SaaS).
- 1.3 Outages – The Contractor must have plans in place to manage outages to ensure that there is no major disruption to the services. Outages or other technical difficulties must be communicated with the County Project Officer immediately upon knowledge about the outage/difficulty.
- 1.4 Maintenance windows – The Contractor must have plans in place to manage expected and unexpected maintenance windows.
- 1.5 The Contractor must have a communication plan if site access is unavailable. The plan must include specific procedures for how and when the County would be immediately notified.
- 1.6 Remote access – The System must allow for secure access from any location with an Internet/broadband connection.
- 1.7 Data Access – The System should have capability to download and access copies of the application database for reporting and data ownership.
- 1.8 Security – The Contractor must have security measures in place to prevent unauthorized access to client data.
- 1.9 Audit – The Contractor must conduct external annual auditing of the hosting environment (for example SAS 70, SSAE 16, Cloud Based Security Control Auditing, etc.) and provide results and reports as requested by the County.
- 1.10 Other parties – The Contractor must disclose any other parties involved with delivering the proposed System, for example, in the production environment. If applicable, third parties must sign the County's Non-Disclosure form.

- 1.11 Backup and archives – The Contractor must ensure business continuity and must have procedures and processes in place for operating the System including back-ups and archives.
- 1.12 Disaster recovery – The Contractor must have processes in place for disaster recovery to ensure the application will continue to operate or will be restored as quickly as possible.
- 1.13 Concurrent users – The Contractor should have a concurrent user licensing model.
- 1.14 Additional environments for testing and training – The Contractor must supply, at a minimum, a total of three separate and distinct environments: production, testing and training. The test environment must be separate from the production environment. This will be used to test changes to the System, System upgrades, etc. The third environment must support end-user training. The following should be supported:
 - 1.14.1 Data scrubbing – data scrubbing tools that are available to ensure that test/ training sites do not break confidentiality and protect Personally identifiable information (PII).
 - 1.14.2 Change management control – used for implementation and rollbacks.
- 1.15 Workstation requirements – The Contractor must coordinate with County staff to address technical requirements for workstations (e.g., installed components, processors, memory, storage, etc.), including supported browsers along with minimum requirements for various platforms such as desktop, laptop, tablets, smart phones, etc.
- 1.16 Load – The Contractor must demonstrate that the System can manage Arlington County’s user load, volume, and capacity and identify the bottlenecks that appear under stressful scenarios, like too many concurrent users, etc.
- 1.17 Federated access – The System must support federated access through an integration with Microsoft Active Directory (i.e., authentication only, association with active directory groups, etc.).
- 1.18 Supported browsers – The System must be able to support current versions of multiple web browsers that may be used in Arlington County (Microsoft Edge, Mozilla Firefox, Google Chrome, and Safari).
- 1.19 Interface with other Systems – The System must utilize Web Services and other methods to receive and transmit data integrations (e.g., FTP, SFTP, SSH, HTTP, HTTPS, etc.).
- 1.20 Data dictionary and schema – The System must have a data dictionary and database schema.

- 1.21 Reporting – The System must have reporting capabilities and a custom report-writing engine available to users.
- 1.22 County staff should be able to make changes to screen and other System configurations without requiring the selected Contractor’s interaction.
- 1.23 Software Upgrades: The Contractor must describe how software upgrades and patches are managed, including how often they are done and if they require additional cost.
- 1.24 Application security – The System must allow County to set up users with role-based security including:
 - a. All current and future HIPAA, CFR 42, and other privacy standards.
 - b. Tracking all security activity (e.g., user logins, logouts, changes, etc.) and supply an audit log.
 - c. Encrypting data send over unsecure connections.
 - d. Allowing access to records outside of standard “need to know,” such as “Break the Glass” access and notification.
 - e. Staff Management: Add, update, or remove user access to the System.
- 1.25 Security Management – The System must provide a System Administrator’s Utility that:
 - a. Manages access to specific areas of the System based on staff profile.
 - b. Restricts functionality of the System based on staff profile.
 - c. Tracks activity of users and screen access
 - d. Creates new or manage already existing security profiles.
- 1.26 Mobile access – The System must support mobile access. It should also have the capability to capture signatures. Provide screenshot samples of the signature page.
- 1.27 Peripherals – The System should be able to support the following: printers, scanners, fax servers, smart phones, signature pads, mobile devices.
- 1.28 Microsoft Outlook/Exchange – The System must be able to integrate with MS Outlook/Exchange in an Office 365 environment for, but not limited to, internal and external messaging capabilities.
- 1.29 Administration tools – The Contractor’s security administration System features, and functionality must include System-level administration, database administration, and user level security options.

2. FUNCTIONAL REQUIREMENTS

Specific Functional Requirements for HMIS, and CSMS are listed in Attachment B, CSMS Functional Requirements, Attachment C, CSMS Functional Requirements Forms-Assessments-Reports. And Attachment E HMIS Functional Requirements.

3. CONVERSION REQUIREMENTS

The Contractor must convert demographics, assessments, referrals, program enrollment, and case management data existing in County's current configured HMIS and Client Services Management System and provide a Conversion Strategy that includes description of the process for extraction, scrubbing, transformation, validation and loading of legacy data into the new System.

4. INTEGRATION/INTERFACE REQUIREMENTS

The System should provide native functionality to cross talk between CSMS and HMIS solutions and document management integration that allows uploading and attaching client's documents, including signed forms, whether forms are static or editable, and bidirectional interface with DHS data warehouse.

Alternatively, the System should have open interfaces that provide either batch or real time functionality listed above and open interface to other systems used by DHS, such as Adobe Pro, Signup Genius, and DocuSign.

4.1 INTEGRATION - CSMS AND HMIS

The System should provide native functionality or seamless interface to:

- a. Allow users view basic demographic information and program enrollment of clients participating either in CSMS and HMIS programs.
- b. Allow users to import basic client information from CSMS to HMIS and vice versa into client demographic tables or fields once client is determined, by the user, to be a match. Fields to include in the import/export functionality are:
 - Name
 - Date of birth
 - SSN
 - Name of program (s) actively enrolled.
 - Date of last program enrollment
- c. Allow updates to imported data and record insertion according to program configuration rules of the receiving system.

4.2 DOCUMENT MANAGEMENT INTEGRATION – ONLY APPLIES TO CSMS

The CSMS System should provide native functionality to:

- a. Allow scanning, storing, and indexing documents received from the client.
- b. Allow clients to fill out information requested in a document or form.
- c. Allow clients to sign documents online.
- d. Allow clients to upload documents into the System.
- e. Attach documents to client records.

Alternatively, the System should provide seamless interface to DocuSign, Signup Genius, and or Adobe Pro.

4.3 DHS DATA WAREHOUSE INTERFACE

Both Systems must include a bidirectional (import and export) batch transfer of client and program enrollment data from and to DHS Data Warehouse, HMIS and CSMS. This interface must run unattended and on a nightly basis to ensure client and program data is up to date as per previous business day and ready for production use on the next business day.

- a. **Import** – The import process must bring the following data from DHS data warehouse into the System.
 - Client Demographic data
 - Program enrollment data from data warehouse into System
- b. **Export** - The export process must bring **new** DHS clients demographic and program enrollment data as well as updated program participation of DHS clients **known** to the DHS Data Warehouse.

For New and Existing DHS clients:

- New Demographic records
- New Program participation records

After the Export, the acquired (unique DHS Data Warehouse client record identifier (DHS ID)) must be populated into the System client screen. The DHS ID will link the System and Data Warehouse back-end tables and tie records to warehouse data added as new to the System.

5. PRODUCT UPGRADES

The Contractor will also, at no charge to Arlington County, provide the latest version of its product as released for general production use. If the Contractor implements a newer version of its product within one year of the contract award, the Contractor will provide the latest version to the County at no additional cost.

6. CUSTOMIZATION DEVELOPMENT

The Systems must be configurable. The Contractor's product for the County must include any customizations developed to satisfy the requirements of the County, and such modifications must also be maintained and supported in subsequent products and/or system upgrades.

7. INDEPENDENT VERIFICATION/VALIDATION (IVV)

At its choice, the County may procure IVV services from a third party to perform independent verification and validation. The County will validate the findings, if any, and the Contractor must address any issues deemed material by the third party in a timely fashion. The Contractor must work cooperatively with the County-selected third party to provide access to the System and data and to address any questions that may arise.

B. IMPLEMENTATION

The Contractor must develop management plans, management processes, and project planning artifacts that adhere to the County's approved project management approach, as described below. These planning documents must be submitted within the first 90 days of start of the contract and will serve as a framework for all activities and deliverables leading to the System implementation and on-going production support.

PROJECT MANAGEMENT

To ensure consistency in the management of the project, the County anticipates collaboration on the selection of resources assigned to key project management positions and expects the Contractor's project manager to remain in place for the contract execution until production implementation.

1. PROJECT PLANNING

The Contractor's project manager must:

- 1.1 Prepare a Project Management Plan that describes the scope, objectives, assumptions, constraints, risks, issues, resources, key deliverables, milestones, budget, project team, stakeholders, change control and roles and responsibilities that will guide the management of the project.
- 1.2 Provide a Project Work Plan in Microsoft Project format that identifies the baseline and adjusted tasks, deliverables, resources, tasks dependencies and work schedule of the project. This Project Work Plan will be revised after completion of the requirements analysis and will serve as the road map for the course of the contract. The schedule must include all Contractor, subcontractors, and County personnel with the project tasks.
- 1.3 Configuration Management: The Contractor must develop a configuration management planning document for the project, obtain County Project Officer approval and perform configuration management activities throughout the term of the contract.
- 1.4 Provide a system migration strategy that identifies the best approach to implementation and rollout. The strategy must include a recommended phasing of processes and modules and the timing for implementation.
- 1.5 Provide a Decision Log - A simple project journal with a chronological identification of all business requirement decisions made by County or Contractor personnel for the duration of the project (scope changes, interpretations of the requirements, etc.).

2. PROJECT CONTROL

The Contractor's project manager must:

- 2.1 Maintain a detailed project schedule using Microsoft Project.
- 2.2 Maintain a Decision Log throughout the duration of the project.

- 2.3 Report on the status of the project to the County Project Officer 1) in a County-standard written format that includes tasks status and timeline of completion on a County-defined regular intervals, at a minimum bi-weekly, and 2) orally at biweekly meetings with business owners.
- 2.4 Identify, track, prioritize and resolve or mitigate all project-related risks and issues.
- 2.5 For the duration of the project, maintain County-specific documentation in Microsoft Office products (e.g.: project plans, status reports, business process maps, business rules, implementation blueprint, test plans) accessible to County project staff at any given time.
- 2.6 Address immediately any issues identified by the County Project Officer regarding performance of any Contractor employee and obtain written approval of the proposed resolution from the County's Project Officer, leading to replacement of staff, if necessary, within 15 calendar days.

3. ANALYZE AND VALIDATE REQUIREMENTS

- 3.1 Analyze and validate workflows and functional, technical, and operational requirements based on agreed implementation options to arrive at the optimal configuration of the System.
- 3.2 Provide a Requirements Traceability Matrix that enables mapping of project deliverables back through testing and specifications to the originally documented and approved requirements.
- 3.3 Provide a Gap Analysis Report that identifies requirements that are not met with the standard functionality and will require customization or business process change.

4. DEVELOP IMPLEMENTATION APPROACH

- 4.1 Understand and correlate the County's requirements with a System configuration to accomplish the services required.
- 4.2 In collaboration with the County Project Officer, determine the best approach for meeting the County's requirements.
- 4.3 Provide an Application Configuration Document (Implementation Blueprint) that describes how the System will be configured to meet the County's requirements. This includes: 1) revised screen mock-ups, report mock-ups, reference table values, user security profile set-up, configuration settings, templates, etc. and 2) descriptions of integration with any third-party products, if applicable. Documents must be maintained throughout implementation to reflect the current and final configuration settings. The Blueprint must be approved by the Project Officer.
- 4.4 Provide Interface Design and Specifications that enable DHS technical staff to build data extract and data import to/from the DHS existing external systems.
- 4.5 Provide Data Model Specifications that describe necessary changes to the data model to support the functional requirements and enable data exchanges with existing external systems.

5. SYSTEM CONFIGURATION

- 5.1 Configure the System, based on the agreed implementation option and Implementation Blueprint, and if applicable, integrate any necessary third-party products to meet the County's requirements.
- 5.2 Provide an Application Platform that includes environments for development, test, training, and production. Install, configure, and tune the computer hardware required for implementing the System and, if applicable, any third-party applications. Install the baseline application in all environments.
- 5.3 Provide Application Installation Scripts, step by step instructions on how the application can be re-installed/migrated to a different environment.
- 5.4 Grant access to System Users to the County Configured Application on the three environments: test, training and production. Develop and install all software modifications required within the System and any third- party applications to meet the County's requirements.
- 5.5 Provide all fully developed System Interfaces to allow data import/export from external data sources required to implement the County's requirements as described (e.g., HMIS, CSMS systems, County DHS data warehouse, DocuSign, Adobe Pro).

6. DATA CONVERSION

- 6.1 Map, transform, and load all County-designated current and historical required data from the County's legacy systems to the System.
- 6.2 Provide a Data Conversion Strategy that establishes the approach to data conversion, including the amount of historical data to be converted, the sources of data, the approach for data scrubbing and mapping of data elements from the legacy system(s) to the System, the approach to constructing new data if no legacy data source exists, the approach for manual data conversion and the approach for reconciliation of conflicting sources of information.
- 6.3 Provide Data Conversion Scripts that describe the step-by-step process for data extraction, transformation, and loading into the System.
- 6.4 Provide Data Validation Reports that include record counts, sample data, and error reports.
- 6.5 Complete all activities related to Extract, Transform and Load (ETL) of data existing in the legacy system(s) for testing, validation, scrubbing, and final conversion prior to going live.

7. SYSTEM TESTING

- 7.1 Develop a testing Strategy – The strategy and detailed testing plan must include unit tests, System tests, System stress tests, regression tests, integration tests, user acceptance tests, parallel tests, and any other tests deemed appropriate and necessary.
- 7.2 Conduct the tests, document the test results, make necessary repairs, and retest the System. At a minimum, one iteration of the test procedures must be done on the converted data.

- 7.3 Provide Test Results – Detailed results from individual tests showing pass/fail, remediation and regression tests performed, and summarized results showing the number of fatal, serious, work-around, and cosmetic flaws.
- 7.4 Present the final test plan once the Contractor is satisfied that the System performs according to the requirements and obtain final test approval from the County Project Officer.
- 7.5 Provide access to System users to a tested System – software certified by the Contractor as meeting the County’s requirements.

8. SYSTEM ACCEPTANCE TESTING

- 8.1 Demonstrate through an acceptance process and stress test that the System performs as required in the County’s technical environments according to County technical specifications, from various remote facilities, and that the System meets or exceeds the County’s functional requirements. The County will form a testing group composed of County staff who will work with Contractor personnel in planning and executing User Acceptance Testing (UAT).
- 8.2 Develop with the County’s Project Officer specific written criteria for user acceptance testing that objectively measures each functional requirement. User Acceptance Testing will include:
 - a. Testing all functionality and components using County converted data.
 - b. Testing of configuration features, reports, letters, assessments, and form generation.
 - c. Testing of interfaces.
 - d. Testing of back-up/recover and failover features.Failure of any specific portion of the test will require that the entire test be re-run, not just the failed portion of the test. The System is accepted only when the County Project Officer agrees that the full test was successful and has certified in writing the final acceptance of the System. No warranty period shall begin until such certification of successful user acceptance testing has been issued.
- 8.3 Provide certification of the System as ready for UAT to the County Project Officer.
- 8.4 Grant access to members of the UAT team to test the County’s configured System.
- 8.5 Provide troubleshooting support and system fixes during execution of UAT activities. The System must pass the County's User Acceptance Test criteria before is approved for production implementation.

9. SYSTEM DOCUMENTATION

- 9.1 Prepare the documentation necessary to allow end users, system administrators, and technical staff to understand the functions and features of the applications and how to operate and monitor the System processes. All documentation must be tailored to County’s configured System and be written in clear, concise, easily understood and in grammatically correct English. Narrative documentation and diagrams must be provided in Microsoft Office format. All documentation must be provided in electronic format to the Project Officer.

- 9.2 Provide user instruction documentation sufficient to enable a new user to navigate the System screens; to create, update and delete System records; and to run reports and queries. User instruction documentation must include a section on frequently asked questions.
- 9.3 Provide application administrator documentation sufficient to provide the application administrator with the understanding and knowledge to effect business rule changes to the System through revisions to the contents of the reference tables, to establish and revise user security profiles, and to confirm successful completion of interfaces and processes.
- 9.4 Provide technical documentation sufficient to allow system administrators to make configuration changes, troubleshoot problems, or plan and execute changes to the System. At a minimum, this will include the final data models and the identification of all components/files/modules and their functional role in the application as configured for County use. The documentation must provide a clear understanding of all components in a professional Microsoft Word document with appropriate graphical aids; not a bound manual documenting every line of code and extensive System charting.
- 9.5 Provide installation instructions, simple but complete written instructions for installing the baseline and customized applications in the Arlington County environment.
- 9.6 Provide technical configuration documentation, including a list of all external dependencies of the System (e.g., DNS entries, database System settings, open firewall ports, sftp, etc.).

10. PROVIDE SYSTEM TRAINING

- 10.1 Develop and implement a training plan to ensure that the project team, users, system, and database administrators are knowledgeable about the County Configured System and prepared to perform their duties associated with the on-going business and support operations in relation to the System.
- 10.2 Provide System knowledge transfer throughout the implementation to County Functional and Technical staff. The knowledge transfer should encompass, but is not limited to, configuration, trouble shooting, system administration, configuration management, data management, security administration, database administration, the development and maintenance of System interfaces, and version maintenance of the System after deployment. This training is to be distinct from and in addition to end user training on the System use.
- 10.3 The Contractor must provide end user training using a train-the-trainer model. User training may not start before UAT has been successfully conducted and the System has been certified as ready for cut over to production and not sooner than 30 days prior to go live.
- 10.4 Provide a training plan that identifies the approach, type of training, course outlines and course schedules for the categories of users identified (e.g., end users, System administrators, database administrator). The Project Officer must approve the training plan prior to implementation.

- 10.5 Provide training courses and user manuals that reflect the course content as identified in the training plan.
- 10.6 Certify that all County-referred staff and contractors have completed their assigned training. The County will provide a complete list of trainees.

11. PROVIDE GO LIVE SUPPORT AND POST IMPLEMENTATION SUPPORT

- 11.1 Provide support in planning and executing cut-over activities leading to a successful production implementation of the System.
- 11.2 Provide access to an operational system in accordance with the system implementation strategy that includes converted data per the data conversion plan, trained users, a full set of documentation and a fully functional System that meets the County's requirements.
- 11.3 Provide cut-over and post-production implementation support from a qualified member of the Contractor project team who is familiar with County's configured System, available as needed during production cut-over and for a period of three months after System implementation. During this three-month period, the Contractor must respond to functional and operational problems that arise, provide knowledge transfer to users and administration personnel, ensure system stability, and provide prompt problem resolution to minimize disruptions in the County's business operations.

C. ON-GOING SUPPORT (CSMS)

1. ON-GOING PRODUCTION MAINTENANCE AND SUPPORT

- 1.1 Provide a troubleshooting support plan that describes and establishes procedures to obtain problem resolution in case of System malfunction.
- 1.2 Provide on-going maintenance support to ensure that future upgrades to the System or operating system changes do not negatively impact the County's configured System.
- 1.3 Provide on-going troubleshooting support and ensure prompt problem resolution to avoid or minimize disruptions in the County's operations due to System malfunction.

D. ON-GOING SUPPORT (HMIS)

1. ON-GOING PRODUCTION MAINTENANCE AND TROUBLESHOOTING SUPPORT

- 1.1. Provide a troubleshooting support plan that describes and establishes procedures to obtain problem resolution in case of System malfunction.
- 1.2. Provide on-going maintenance support to ensure that future upgrades to the System or operating system changes do not negatively impact the County's configured System.
- 1.3. Provide on-going troubleshooting support and ensure prompt problem resolution to avoid or minimize disruptions in the County's operations due to System malfunction.

2. END USER ON-GOING SUPPORT

- 2.1 Establish a ticketing system to receive, review, prioritize, respond to, and document all user tickets, including HUD-defined report failures as submitted by HMIS Administrators.
- 2.2 Review daily open support tickets and responded to within two business days. Enterprise-wide failures must be prioritized.
- 2.3 Provide HMIS system administrators weekly updates with the status of all outstanding tickets and deadlines for problem resolution or completion of deliverables. The format of the updates will be coordinated between the County and the Contractor.

3. CUSTOM ON-GOING TECHNICAL SUPPORT

- 3.1 Provide on-going custom technical support to HMIS Lead Administrators. Custom support is technical assistance outside of bug fixes or broken functionality of the County's configured System, or maintenance to comply with HUD-mandated changes.
- 3.2 Provide a custom on-going technical support plan.
- 3.3 Provide additional technical support at the HMIS lead administrator's request.
- 3.4 Assist in managing Continuum of Care (CoC) HMIS data performance requirements, CoC standard evaluation across all HMIS projects, and monitoring/managing error rates per program.
- 3.5 Assist with Built for Zero (BFZ) monthly aggregator submission, consolidating data submissions for CoC report card, State of Virginia SAGE, and HUD HDX portal submissions.
- 3.6 Address upcoming HUD and/or State of Virginia changes and verify data preparation and reporting requirements.
- 3.7 Analyze HMIS data sets to ensure HUD and/or State of Virginia requirements are met, review system configuration, and facilitate end user testing for data validation and correction.
- 3.8 Work with the County's HMIS lead administrator to ensure all HUD requirements are complete and accurate and assist in addressing any duplicates or data errors.
- 3.9 Analyze, test, and validate all data requirements prior to releasing HUD and/or Commonwealth of Virginia reports to the County for use.
- 3.10 Generate data readiness reports for HMIS lead administrator review and error correction prior to data extract for submission.
- 3.11 Participate in technical sessions, at the system administrator's request, to review the status of all requests submitted by the lead HMIS administrator.
- 3.12 Maintain an implementation plan to ensure timely completion of HUD deliverables. The plan must include time for development and end user data quality testing.
- 3.13 Identify a liaison to participate as requested by HMIS lead administrators in monthly Data & Evaluation Sub-Committee meetings where HMIS-related agenda items are discussed including but not limited to:

- a. Monthly and quarterly system performance metrics for the group's discussion and interpretation
- b. HUD specification updates
- c. HMIS product enhancements

4. ON-GOING TRAINING

- 4.1 Provide regular, up to date user training including both live and recorded training materials for basic and advanced HMIS-user functionality.
- 4.2 Provide annual refresher training for staff and system administrators.
- 4.3 Coordinate with the HMIS lead administrator on the provision of annual refresher training for staff and agency administrators.
- 4.4 Provide up to date guidebooks and training materials for the System, as configured for County use, including recorded/online options for new staff training/HMIS on-boarding and staff and administrator-level reporting.
- 4.5 Provide annual HMIS-focused Point in Time (PIT)/ Housing Inventory Count (HIC) training for sheltered projects.
- 4.6 Provide training videos for staff and administrator-level reporting.
- 4.7 Provide training for the HMIS lead administrator and HMIS analyst on building custom reports.

V. PROPOSAL REQUIREMENTS

1. GENERAL

FAILURE TO SUBMIT A PROPOSAL WITH A FULLY COMPLETED PROPOSAL FORM USING THE PROPOSAL FORM PROVIDED IN THIS SOLICITATION MAY BE CAUSE FOR REJECTION OF THE PROPOSAL. THE PROPOSAL FORM MUST BE SIGNED BY A PERSON LEGALLY AUTHORIZED TO BIND THE OFFEROR.

The Offeror's proposal must address the Proposal Submittal Elements below, in the order listed, and must not exceed the stated page limitations. The proposal must be on 8 ½" x 11" paper, single-spaced, and the type size must not be less than 10-point.

Proposals and all documents related to this solicitation become the property of the County upon receipt.

2. PROPOSAL SUBMISSION

The submitted Proposal Form must be signed and fully executed. The Proposal Form must be submitted electronically via Vendor Registry no later than the date and time specified in this solicitation. The Vendor Registry system will not accept responses after the close date and time. The County will not accept emailed or faxed proposals.

The Offeror name on the electronic proposal submittal shall be the same as the Contractor/Vendor name as the registration in Vendor Registry for the upload to be considered a valid response. **ONLY ELECTRONIC SUBMISSION IS ALLOWED, NO PROPOSAL SUBMITTED OTHER THAN A VENDOR REGISTRY ELECTRONIC UPLOAD WILL BE ACCEPTED. Arlington County is not responsible for late submissions, missed Addendums, or questions not submitted before the end date and time.**

Timely submission is solely the responsibility of the Offeror. The Vendor Registry System will not accept applications after the publicly posted date and time. A proposal may be rejected if the Proposal Form is not signed in the designated space by a person authorized to legally bind the Offeror.

Proposals and all documents uploaded/submitted to Arlington County by an Offeror become the property of the County upon receipt.

The County may reject any proposal that modifies or supplements the solicitation requirements.

3. OFFEROR'S RESPONSIBILITY FOR ERRORS OR OMISSIONS IN DOCUMENTS

Each Offeror is responsible for having determined the accuracy and/or completeness of the solicitation documents, including electronic documents, upon which it relied in making its proposal and has an affirmative obligation to notify the Arlington County Purchasing Agent immediately upon discovery of an apparent inaccuracy or error in or omission from the solicitation documents.

If the successful Offeror is aware of such an error or omission and has not notified the County Purchasing Agent, the Offeror must perform any work described in such incomplete or missing documents at no additional cost to the County.

4. PROPOSAL STANDARDS

Proposals submitted in response to this solicitation should be accurate and grammatically correct and should not contain spelling errors.

5. EXPENSES INCURRED IN PREPARING PROPOSAL

The County accepts no responsibility for any expense incurred by any Offeror in the preparation or presentation of a proposal or related in any way to an offer.

6. PROPOSAL EVALUATION CRITERIA AND WEIGHTS

The County will evaluate proposals that meet the above-stated requirements using the following criteria:

Evaluation Criteria	Points
Experience and Qualifications	10
Capability and Experience of the Project Team	10
Implementation Approach	30
System Technical and Functional Capabilities	40
Support Services and Training	10
Total	100

7. PROPOSAL SUBMITTAL ELEMENTS

The County may not evaluate proposals that do not contain all requested content. Each of the proposal elements should be provided in the order listed below.

1. EXECUTED FORMS

- a. Proposal Form: original as detailed above.
- b. Conflict of Interest Statement: included in the RFP document.
- c. Addendum Acknowledgment Form(s): provided with any RFP addendum(s).

2. MANDATORY REQUIREMENTS

The following requirements are mandatory. If the County concludes after its initial review of a submitted proposal that the Mandatory Requirements are not met, the proposal will be considered non-responsive and will not be evaluated further.

The Offeror may not take exceptions to mandatory provisions of the draft Contract Terms and Conditions that are attached to this solicitation. Mandatory provisions are marked with an asterisk. This requirement does not apply to contract provisions concerning liability, to which a successful Offeror may note exception at the beginning of contract negotiations.

Compliance with this mandatory requirement will be verified against the Offeror's exceptions, if any, to the County's draft Terms and Conditions.

A. EXPERIENCE AND QUALIFICATIONS

Provide the following information:

- a. **Executive Summary**: Summarize your firm's qualifications and experience as it relates to the Scope of Work. Include your firm's total years in business.

- b. Provide the number of years your firm has performed the type of services stated in this Scope of Work.
- c. List three organizations for which your firm completed a similar scope of work within the last five years. Specify all local and/or state governments, comparable to Arlington's Department of Human Services, for which you have provided similar services and have successfully implemented of a Customer Service and Case Management System. Include the following information for each agency/facility:
 - Entity Name
 - Entity Size
 - Point of contact name, phone number and email address
 - Description of services
 - Proposed and actual number of days for completion, including reason(s) for variances between the proposed and actual schedule.
- d. Provide a firm overview, including staff size and U.S.-based support vs. off-shore support. Include a structure/organization chart.
- e. Briefly describe your product roadmap, showing the current focus of your system and how you intend to evolve it over time.

B. CAPABILITY AND EXPERIENCE OF THE PROJECT TEAM

Provide the following information, at minimum, regarding the proposed project team:

1. Propose a Project Manager who will serve as the day-to-day lead throughout the project. Submit a detailed resume for the Project Manager and describe why he or she is qualified to serve in this capacity.
2. Propose a project team and staff roles ("Contractor Project Team"). Submit detailed resumes for the project team and describe their qualifications to serve in their roles.
3. Provide assumptions for estimating the Contractor and County staff resources necessary to meet the needs of the project. Define what type of staff the County is expected to assign to the project, and outline their roles, responsibilities, and expected time commitment during the project.

C. IMPLEMENTATION APPROACH

1. Describe how you will implement the system/complete the project including:
 - a. How you intend to deliver the required services, including proposed plans, methods, tools, and techniques to facilitate implementation.
 - b. How you will respond to additional tasks or requirements not reflected in the Scope of Work that the Contractor deems essential for the successful completion of the project.

2. Describe the management strategy for this project:
 - a. Project Management functions: Tasks execution, schedule and overseeing completion of detailed work.
 - b. Project governance functions: Guidance and resolution on issues related to scope, time, or costs.
3. Include a proposed implementation schedule with milestones and start and end dates for all major tasks. Any dependencies, such as tasks requiring County effort, must be identified.
4. Identify significant known risks to the project's success, including risks to functionality, performance, schedule, and cost, and approaches to mitigate those risks.
5. Include your standard Software License Agreement. Indicate if you require that this Agreement be signed in addition to the Arlington County contract.
6. Include a description of any innovations or novel approaches that you envision for the Project.
7. Describe your training model for:
 - a. System and database administrators to ensure knowledge transfer and ability to support the System once in a production environment.
 - b. End users to ensure they will know how to use the System. Include examples of training and training materials, such as online training, self-paced or in-person training, training materials available online, etc. The training descriptions must be specific to the system/s you are proposing.

D. SYSTEM TECHNICAL AND FUNCTIONAL CAPACITIES

The Offeror must complete and submit Attachment D: CSMS Conformance and Capability Matrix and Attachment F: HMIS Conformance and Capability Matrix, as part of its proposal.

E. SUPPORT SERVICES AND TRAINING

Describe how you plan to provide on-going maintenance support and training. The narrative must include description for the following:

For CSMS

1. On-going maintenance and troubleshooting support
2. Troubleshooting support for product upgrades and/or system releases

For HMIS

1. On-going Maintenance and Troubleshooting Support
2. Troubleshooting support for product upgrades and/or system releases

3. Custom on-going End User Support
4. Custom on-going Technical Support
5. On-going Training

3. EXCEPTIONS TO THE COUNTY'S NON-MANDATORY CONTRACT TERMS AND CONDITIONS, if any

4. COST PROPOSAL

The Offerors must use the Cost Proposal Spreadsheet included in this solicitation as Attachment A to provide pricing proposals.

VI. CONTRACT TERMS AND CONDITIONS

THE FOLLOWING AGREEMENT WILL BE EXECUTED BY THE COUNTY AND THE SUCCESSFUL OFFEROR. BLANKS WILL BE COMPLETED DURING CONTRACT NEGOTIATIONS. NON-NEGOTIABLE PROVISIONS THAT ARE REQUIRED BY VIRGINIA LAW OR BY THE ARLINGTON COUNTY PURCHASING RESOLUTION ARE INDICATED BY AN ASTERISK (*). THIS AGREEMENT IS SUBJECT TO REVIEW BY THE COUNTY ATTORNEY BEFORE BEING SUBMITTED TO THE SUCCESSFUL OFFEROR FOR SIGNATURE.



**ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
SUITE 500, 2100 CLARENDON BOULEVARD
ARLINGTON, VA 22201**

AGREEMENT NO. 24-DHS-RFP-301

THIS AGREEMENT is made, on _____, between Contractor's name,
Contractor's address ("Contractor") a name of state type of entity
authorized to do business in the Commonwealth of Virginia, and the County Board of Arlington County, Virginia ("County"). The County and the Contractor, for the consideration hereinafter specified, agree as follows:

1. CONTRACT DOCUMENTS

The "Contract Documents" consist of:

- This Agreement
- Exhibit A – Scope of Work
- Exhibit B – Contract Pricing
- Exhibit C – Business Associate Agreement
- Exhibit D – County Nondisclosure and Data Security Agreement (Contractor)
- Exhibit E – County Nondisclosure and Data Security Agreement (Individual)
- Exhibit F – Contractor Performance Evaluation Form

Where the terms and provisions of this Agreement vary from the terms and provisions of the other Contract Documents, the terms and provisions of this Agreement will prevail over the other Contract Documents, and the remaining Contract Documents will be complementary to each other. If there are any conflicts, the most stringent terms or provisions will prevail.

The Contract Documents set forth the entire agreement between the County and the Contractor. The County and the Contractor agree that no representative or agent of either party has made any

representation or promise with respect to the parties' agreement that is not contained in the Contract Documents. The Contract Documents may be referred to below as the "Contract" or the "Agreement".

2. SCOPE OF WORK

The Contractor agrees to perform the services described in the Contract Documents (the "Work"). As detailed in the "Scope of Work" (Exhibit A), the primary purpose of the Work is to provide a cloud-based commercial off the shelf and, highly configurable customer service and case management system (CSMS) and homeless management information system (HMIS). It will be the Contractor's responsibility, at its sole cost, to provide the specific services set forth in the Contract Documents and sufficient services to fulfill the purposes of the Work. Nothing in the Contract Documents limits the Contractor's responsibility to manage the details and execution of the Work.

3. PROJECT OFFICER

The performance of the Contractor is subject to the review and approval of the County Project Officer, who will be appointed by the Director of the Arlington County department or agency requesting the Work under this Contract.

4. CONTRACT TERM

Time is of the essence. The Work will commence on _____, 20__ and must be completed no later than _____ 20__ ("Initial Contract Term"), subject to any modifications provided in the Contract Documents. Upon satisfactory performance by the Contractor the County may, through issuance of a bilateral Notice of Renewal, authorize continuation of the Agreement under the same contract prices for not more than nine additional 12-month periods, from _____, 20__ to _____, 20__ (each a "Subsequent Contract Term"). The Initial Contract Term and any Subsequent Contract Term(s) are together the "Contract Term".

5. CONTRACT AMOUNT

The County will pay the Contractor in accordance with the terms of the Payment section below and of Exhibit B for the Contractor's completion of the Work as required by the Contract Documents. The Contractor will complete the Work for the total amount specified in this section ("Contract Amount").

The County will not compensate the Contractor for any goods or services beyond those included in Exhibit A unless those additional goods or services are covered by a fully executed amendment to this Contract. Additional services will be billed at the rates set forth in Exhibit B unless otherwise agreed by the parties in writing.

6. CONTRACT PRICE ADJUSTMENTS

The Contract Amount/unit price(s) will remain firm until _____ ("Price Adjustment Date"). To request a price adjustment, the Contractor or the County must submit a written request to the other party not less than 90 days before the Price Adjustment Date. Adjustments to the Contract Amount/unit price(s) will not exceed the percentage of change in the U.S. Department of Labor Consumer Price Index, All Items, Unadjusted, Urban Areas ("CPI-U") for the 12 months of statistics available at the time of the Contract's renewal.

Any Contract Amount/unit price(s) that result from this provision will become effective the day after the Price Adjustment Date and will be binding for 12 months. The new Price Adjustment Date will be 12 months after the price adjustment.

If the Contractor and the County have not agreed on a requested adjustment by 30 days before the Price Adjustment Date, the County may not renew the Contract, whether or not the County has previously elected to renew the Contract's term.

7. PAYMENT

The Contractor must submit invoices to the County's Project Officer, who will either approve the invoice or require corrections. The County will pay the Contractor within forty-five (45) days after receipt of an invoice for completed work that is reasonable and allocable to the Contract and that has been performed to the satisfaction of the Project Officer. All payments will be made from the County to the Contractor via ACH. The number of the County Purchase Order pursuant to which goods, services, or milestones have been delivered or performed must appear on all invoices.

The Contractor also must submit to the County's Project Officer its W-9 Form, which will include its Federal Employer Identification Number ("FEIN") or Social Security Number ("SSN"), whichever is applicable, before the County can process payment to the Contractor under the Contract.

8. REIMBURSABLE EXPENSES

The County will not reimburse the Contractor for any expenses under this Contract. The amount in Exhibit B includes all costs and expenses of providing the services described in this Contract.

9. * PAYMENT OF SUBCONTRACTORS

The Contractor is obligated to take one of the two following actions within seven days after receipt of payment by the County for work performed by any subcontractor under this Contract:

- a. Pay the subcontractor for the proportionate share of the total payment received from the County attributable to the work performed by the subcontractor under this Contract; or
- b. Notify the County and the subcontractor, in writing, of the Contractor's intention to withhold all or a part of the subcontractor's payment, with the reason for nonpayment.

The Contractor is obligated to pay interest to the subcontractor on all amounts owed by the Contractor to the subcontractor that remain unpaid after seven days following receipt by the Contractor of payment from the County for work performed by the subcontractor under this Contract, except for amounts withheld as allowed in subsection b., above. Unless otherwise provided under the terms of this Contract, interest will accrue at the rate of 1% per month.

The Contractor must include in each of its subcontracts, if any are permitted, a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements with respect to each lower-tier subcontractor.

The Contractor's obligation to pay an interest charge to a subcontractor pursuant to this section may not be construed to be an obligation of the County. A Contract modification may not be made for the purpose of providing reimbursement for such interest charge. A cost reimbursement claim may not include any amount for reimbursement for such interest charge.

10. NO WAIVER OF RIGHTS

The County's approval or acceptance of or payment for any goods or services under this Contract will not waive any rights or causes of action arising out of the Contract.

11. * NON-APPROPRIATION

All payments by the County to the Contractor pursuant to this Contract are subject to the availability of an annual appropriation for this purpose by the County Board of Arlington County, Virginia ("Board"). In the event that the Board does not appropriate funds for the goods or services provided under this Contract, the County will terminate the Contract, without termination charge or other liability to the County, on the last day of the fiscal year or when the previous appropriation has been spent, whichever event occurs first.

12. ESTIMATED QUANTITIES/NON-EXCLUSIVITY OF CONTRACTOR

This Contract does not obligate the County to purchase a specific quantity of items or services during the Contract Term. Any quantities that are included in the Contract Documents are the present expectations of the County for the period of the Contract; and the County is under no obligation to buy that or any amount as a result of having provided this estimate or of having had any normal or otherwise measurable requirement in the past. The County may require more goods and/or services than the estimated annual quantities, and any such additional quantities will not give rise to any claim for compensation other than at the unit prices and/or rates in the Contract.

The County does not guarantee that the Contractor will be the exclusive provider of the goods or services covered by this Contract. The items or services covered by this Contract may be or become available under other County contract(s), and the County may determine that it is in its best interest to procure the items or services through those contract(s).

13. * COUNTY PURCHASE ORDER REQUIREMENT

County purchases are authorized only if the County issues a Purchase Order in advance of the transaction, indicating that the ordering County agency has sufficient funds available to pay for the purchase. If the Contractor provides goods or services without a signed County Purchase Order, it does so at its own risk and expense. The County will not be liable for payment for any purchases made by its employees that are not authorized by the County Purchasing Agent.

14. BACKGROUND CHECK

The Contractor will be responsible for completing a criminal background check and a Virginia Central Registry Check for all employees or subcontractors whom the Contractor assigns to work on this Contract. Any findings may result in the immediate removal of the individual from the contract.

15. REPLACEMENT OF PERSONNEL AND SUBCONTRACTORS

The County has the right reasonably to reject staff or subcontractors whom the Contractor assigns to the project. The Contractor must then provide replacement staff or subcontractors satisfactory to the County in a timely manner and at no additional cost to the County. The day-to-day supervision and control of the Contractor's and its subcontractors' employees is the sole responsibility of the Contractor.

The Contractor may not replace key personnel or subcontractors identified in its proposal, including the approved Project Manager, without the County's written approval. The Contractor must submit any request to remove or replace key personnel or subcontractors to the County Project Officer at least 15 calendar days in advance of the proposed action. The request must contain a detailed justification, including identification of the proposed replacement and his or her qualifications.

If the approved Project Manager must be absent for an extended period, the Contractor must provide an interim Project Manager, subject to the County's written approval.

If the approved Project Manager resigns or is terminated by the Contractor, the Contractor will replace the Project Manager with an individual with similar qualifications and experience, subject to the County's written approval.

16. * EMPLOYMENT DISCRIMINATION BY CONTRACTOR PROHIBITED

During the performance of its work pursuant to this Contract:

- A. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability or on any other basis prohibited by state law. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- B. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation will be deemed sufficient for meeting the requirements of this section.
- C. The Contractor will state in all solicitations or advertisements for employees that it places or causes to be placed that such Contractor is an Equal Opportunity Employer.
- D. The Contractor will comply with the provisions of the Americans with Disabilities Act of 1990 ("ADA"), which prohibits discrimination against individuals with disabilities in employment and mandates that disabled individuals be provided access to publicly and privately provided services and activities.
- E. The Contractor must include the provisions of the foregoing paragraphs in every subcontract or purchase order of more than \$10,000.00 relating to this Contract so that the provisions will be binding upon each subcontractor or vendor.

17. * EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED

In accordance with §2.2-4311.1 of the Code of Virginia, as amended, the Contractor must not during the performance of this Contract knowingly employ an unauthorized alien, as that term is defined in the federal Immigration Reform and Control Act of 1986.

18. * DRUG-FREE WORKPLACE TO BE MAINTAINED BY CONTRACTOR

During the performance of this Contract, the Contractor must: (i) provide a drug-free workplace for its employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violating such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of more than \$10,000.00 relating to this Contract so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "workplace" means the site(s) for the performance of the work required by this Contract.

19. * SEXUAL HARASSMENT POLICY

If the Contractor employs more than five employees, the Contractor shall (i) provide annual training on the Contractor's sexual harassment policy to all supervisors and employees providing services in the Commonwealth, except such supervisors or employees that are required to complete sexual harassment training provided by the Department of Human Resource Management, and (ii) post the Contractor's sexual harassment policy in (a) a conspicuous public place in each building located in the Commonwealth that the Contractor owns or leases for business purposes and (b) the Contractor's employee handbook.

20. SAFETY

The Contractor must ensure that it and its employees and subcontractors comply with all applicable local, state and federal policies, regulations and standards relating to safety and health, including the standards of the Virginia Occupational Safety and Health program of the Department of Labor and Industry for General Industry and for the Construction Industry and the applicable Federal Environmental Protection Agency and Virginia Department of Environmental Quality standards.

21. TERMINATION

The County may terminate this Contract at any time as follows: (1) for cause, if, as determined by the County, the Contractor is in breach or default or has failed to perform the Work satisfactorily; or (2) for the convenience of the County.

Upon receipt of a notice of termination, the Contractor must not place any further orders or subcontracts for materials, services or facilities; must terminate all vendors and subcontracts, except as are necessary for the completion of any portion of the Work that the County did not terminate; and must immediately deliver all documents related to the terminated Work to the County.

Any purchases that the Contractor makes after the notice of termination will be the sole responsibility of the Contractor, unless the County has approved the purchases in writing as necessary for completion of any portion of the Work that the County did not terminate.

If any court of competent jurisdiction finds a termination for cause by the County to be improper, then the termination will be deemed a termination for convenience.

A. TERMINATION FOR CAUSE, INCLUDING BREACH AND DEFAULT; CURE

1. Termination for Unsatisfactory Performance. If the County determines that the Contractor has failed to perform satisfactorily, then the County will give the Contractor written notice of such failure(s) and the opportunity to cure them within 15 days or any other period specified by the County ("Cure Period"). If the Contractor fails to cure within the Cure Period, the County may terminate the Contract for failure to provide satisfactory performance by providing written notice with a termination date. The Contractor must submit any request for termination costs, with all supporting documentation, to the County Project Officer within 30 days after the expiration of the Cure Period. The County may accept or reject the request for termination costs, in whole or in part, and may notify the Contractor of its decision within a reasonable time.

In the event of termination by the County for failure to perform satisfactorily, the Contractor must continue to provide its services as previously scheduled through the termination date,

and the County must continue to pay all fees and charges incurred through the termination date.

2. Termination for Breach or Default. If the County terminates the Contract for default or breach of any Contract provision or condition, then the termination will be immediate after notice of termination to the Contractor (unless the County provides for an opportunity to cure), and the Contractor will not be permitted to seek termination costs.

Upon any termination pursuant to this section, the Contractor will be liable to the County for costs that the County must expend to complete the Work, including costs resulting from any related delays and from unsatisfactory or non-compliant work performed by the Contractor or its subcontractors. The County will deduct such costs from any amount due to the Contractor; or if the County does not owe the Contractor, the Contractor must promptly pay the costs within 15 days of a demand by the County. This section does not limit the County's recovery of any other damages to which it is entitled by law.

Except as otherwise directed by the County, the Contractor must stop work on the date of receipt the notice of the termination.

B. TERMINATION FOR THE CONVENIENCE OF THE COUNTY

The County may terminate this Contract in whole or in part whenever the Purchasing Agent determines that termination is in the County's best interest. The County will give the Contractor at least 15 days' notice in writing. The notice must specify the extent to which the Contract is terminated and the effective termination date. The Contractor will be entitled to termination costs, plus any other reasonable amounts that the parties might negotiate; but no amount will be allowed for anticipatory profits.

Except as otherwise directed by the County, the Contractor must stop work on the date of receipt of the notice of the termination.

22. INDEMNIFICATION (Note: Virginia law does not permit the County to indemnify others; cross indemnity provisions are not acceptable to the County)

The Contractor covenants for itself, its employees and its subcontractors to save, hold harmless and indemnify the County and all of its elected and appointed officials, officers, current and former employees, agents, departments, agencies, boards and commissions (collectively the "County Indemnitees") from and against any and all claims made by third parties for any and all losses, damages, injuries, fines, penalties, costs (including court costs and attorneys' fees), charges, liability, demands or exposure resulting from, arising out of or in any way connected with the Contractor's negligent acts, errors, or omissions, including the negligent acts, errors, or omissions of its employees and/or subcontractors, in performance or nonperformance of the Contract. This duty to save, hold harmless and indemnify will survive the termination of this Contract. If the Contractor fails or refuses to fulfill its obligations contained in this section, the Contractor must reimburse the County for any and all resulting payments and expenses, including reasonable attorneys' fees. The Contractor must pay such expenses upon demand by the County, and failure to do so may result in the County withholding such amounts from any payments to the Contractor under this Contract.

23. INTELLECTUAL PROPERTY INDEMNIFICATION

The Contractor warrants and guarantees that in providing services under this Contract neither the Contractor nor any subcontractor is infringing on the intellectual property rights (including, but not limited to, copyright, patent, mask and trademark) of third parties.

If the Contractor or any of its employees or subcontractors uses any design, device, work or material that is covered by patent or copyright, it is understood that the Contract Amount includes all royalties, licensing fees, and any other costs arising from such use in connection with the Work under this Contract.

The Contractor covenants for itself, its employees and its subcontractors to save, hold harmless, and indemnify the County Indemnitees, as defined above, from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorneys' fees), charges, liability or exposure for infringement of or on account of any trademark, copyright, patented or unpatented invention, process or article manufactured or used in the performance of this Contract. This duty to save, hold harmless and indemnify will survive the termination of this Contract. If the Contractor fails or refuses to fulfill its obligations contained in this section, the Contractor must reimburse the County for any and all resulting payments and expenses, including reasonable attorneys' fees. The Contractor must pay such expenses upon demand by the County, and failure to do so may result in the County withholding such amounts from any payments to the Contractor under this Contract.

24. COPYRIGHT

By this Contract, the Contractor irrevocably transfers, assigns, sets over and conveys to the County all rights, title and interest, including the sole exclusive and complete copyright interest, in any and all copyrightable works created pursuant to this Contract. The Contractor will execute any documents that the County requests to formalize such transfer or assignment.

The rights granted to the County by this section are irrevocable and may not be rescinded or modified, including in connection with or as a result of the termination of or a dispute concerning this Contract.

The Contractor may not use subcontractors or third parties to develop or provide input into any copyrightable materials produced pursuant to this Contract without the County's advance written approval and unless the Contractor includes this Copyright provision in any contract or agreement with such subcontractors or third parties related to this Contract.

25. OWNERSHIP OF WORK PRODUCT

This Contract does not confer on the Contractor any ownership rights or rights to use or disclose the County's data or inputs.

All work product, in any form, that results from this Contract is the property of the County and must be provided or returned to the County upon completion, termination, or cancellation of this Contract. The Contractor will not use or allow others to use the work product for any purpose other than performance of this Contract without the written consent of the County.

The work product is confidential, and the Contractor may neither release the work product nor share its contents. The Contractor will refer all inquiries regarding the status of any work product to the Project Officer or to his or her designee. At the County's request, the Contractor will deliver all work product, including hard copies of electronic files, to the Project Officer and will destroy all electronic files.

The Contractor must include the provisions of this section as part of any contract or agreement related to this Contract into which it enters with subcontractors or other third parties.

The provisions of this section will survive any termination or cancellation of this Contract.

26. CONFIDENTIAL INFORMATION

The Contractor and its employees, agents and subcontractors will hold as confidential all County information obtained under this Contract. Confidential information includes, but is not limited to, nonpublic personal information; personal health information (PHI); social security numbers; addresses; dates of birth; other contact information or medical information about a person; and information pertaining to products, operations, systems, customers, prospective customers, techniques, intentions, processes, plans and expertise. The Contractor must take reasonable measures to ensure that all of its employees, agents and subcontractors are informed of and abide by this requirement.

27. DATA SECURITY AND PROTECTION

The Contractor will hold County Information, as defined below, in the strictest confidence and will comply with all applicable County security and network resources policies, as well as all local, state and federal laws and regulatory requirements concerning data privacy and security. The Contractor must develop, implement, maintain, continually monitor and use appropriate administrative, technical and physical security measures to control access to and to preserve the confidentiality, privacy, integrity and availability of all electronically maintained or transmitted information received from or created or maintained on behalf of the County. For purposes of this provision, and as more fully described in this Contract and in the County's Non-Disclosure and Data Security Agreement (NDA), "County Information" includes, but is not limited to, electronic information; documents; data; images; financial records; personally identifiable information; personal health information (PHI); personnel, educational, voting, registration, tax and assessment records; information related to public safety; County networked resources; and County databases, software and security measures that are created, maintained, transmitted or accessed to perform the Work under this Contract.

- (a) **County's Non-Disclosure and Data Security Agreement.** The Contractor and its Designees (Contractor Designees shall include, but shall not be limited to, all Contractor-controlled agents or subcontractors working on-site at County facilities or otherwise performing any work under this Contract) must sign the NDA (Exhibit E) before performing any work or obtaining or permitting access to County networked resources, application systems or databases. The Contractor will make copies of the signed NDAs available to the County Project Officer upon request.
- (b) **Use of Data.** The Contractor will ensure against any unauthorized use, distribution or disclosure of or access to County Information and County networked resources by itself or its Designees. Use of County Information other than as specifically outlined in the Contract Documents is strictly prohibited. The Contractor will be solely responsible for any unauthorized use, reuse, distribution, transmission, manipulation, copying, modification, access to or disclosure of County Information and for any non-compliance with this provision by itself or by its Designees.
- (c) **Data Protection.** The Contractor will protect the County's Information according to standards established by federal law and Commonwealth of Virginia statutes including but not limited to the Government Data Collection and Dissemination Practices Act, Chapter 38 of Title 2.2 of the Code of Virginia (§ 2.2-3800 and 2.2-3803), Administration of systems including personal information; Internet privacy policy; exceptions, Code of Virginia, § 2.2-3803, and the Virginia Freedom of

Information Act § 2.2-3700, et seq., and will adhere to industry best practices including the National Institute of Standards and Technology (NIST) SP 800-53 Security and Privacy Controls for Information Systems and Organizations and the Payment Card Industry Data Security Standard (PCI DSS), as applicable, and no less rigorously than it protects its own data and proprietary or confidential information. The Contractor must provide to the County a copy of its data security policy and procedures for securing County Information and a copy of its disaster recovery plan(s). If requested by the County, the Contractor must also provide annually the results of an internal Information Security Risk Assessment provided by an outside firm.

- (d) **Security Requirements.** The Contractor must maintain the most up-to-date anti-virus programs, industry-accepted firewalls and other protections on its systems and networking equipment. The Contractor certifies that all systems and networking equipment that support, interact with or store County Information meet the above standards and industry best practices for physical, network and system security requirements. Devices (laptops, mobile phones, printers, copiers, fax machines, or similar) that store County Data utilize encryption. The County's Chief Information Security Officer or designee must approve any deviation from these standards. The downloading of County information onto devices, other portable storage media or services such as personal e-mail, Dropbox etc. is prohibited without the written authorization of the County's Chief Information Security Officer or designee.
- (e) **Conclusion of Contract.** Within 30 days after the termination, cancellation, expiration or other conclusion of the Contract, the Contractor must, at no cost to the County, return all County Information to the County in a format defined by the County Project Officer. The County may request that the Information be destroyed. The Contractor is responsible for ensuring the return and/or destruction of all Information that is in the possession of its subcontractors or agents. The Contractor must certify completion of this task in writing to the County Project Officer.
- (f) **Notification of Security Incidents.** The Contractor must notify the County Chief Information Officer and County Project Officer within 24 hours of the discovery of any intended or unintended access to or use or disclosure of County Information.
- (g) **Subcontractors.** If subcontractors are permitted under this Contract, the requirements of this entire section must be incorporated into any agreement between the Contractor and the subcontractor. If the subcontractor will have access to County Information, each subcontractor must provide to the Contractor a copy of its data security policy and procedures for securing County Information and a copy of its disaster recovery plan(s).

28. * ETHICS IN PUBLIC CONTRACTING

This Contract incorporates by reference Article 9 of the Arlington County Purchasing Resolution, as well as all state and federal laws related to ethics, conflicts of interest or bribery, including the State and Local Government Conflict of Interests Act (Code of Virginia § 2.2-3100 et seq.), the Virginia Governmental Frauds Act (Code of Virginia § 18.2-498.1 et seq.) and Articles 2 and 3 of Chapter 10 of Title 18.2 of the Code of Virginia, as amended (§ 18.2-438 et seq.). The Contractor certifies that its proposal was made without collusion or fraud; that it has not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor; and that it has not conferred on any public employee having official responsibility for this procurement any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

29. * COUNTY EMPLOYEES

No Arlington County employee may share in any part of this Contract or receive any benefit from the Contract that is not available to the general public.

30. FORCE MAJEURE

Neither party will be held responsible for failure to perform the duties and responsibilities imposed by this Contract if such failure is due to a fire, riot, rebellion, natural disaster, war, act of terrorism or act of God that is beyond the control of the party and that makes performance impossible or illegal, unless otherwise specified in the Contract, provided that the affected party gives notice to the other party as soon as practicable after the force majeure event, including reasonable detail and the expected duration of the event's effect on the party.

31. * AUTHORITY TO TRANSACT BUSINESS

The Contractor must, pursuant to Code of Virginia § 2.2-4311.2, be and remain authorized to transact business in the Commonwealth of Virginia during the entire term of this Contract. Otherwise, the Contract is voidable at the sole option of and with no expense to the County.

32. * RELATION TO COUNTY

The Contractor is an independent contractor, and neither the Contractor nor its employees or subcontractors will be considered employees, servants or agents of the County. The County will not be responsible for any negligence or other wrongdoing by the Contractor or its employees, servants or agents. The County will not withhold payments to the Contractor for any federal or state unemployment taxes, federal or state income taxes or Social Security tax or for any other benefits. The County will not provide to the Contractor any insurance coverage or other benefits, including workers' compensation.

33. ANTITRUST

The Contractor conveys, sells, assigns and transfers to the County all rights, title and interest in and to all causes of action under state or federal antitrust laws that the Contractor may have relating to this Contract.

34. REPORT STANDARDS

The Contractor must submit all written reports required by this Contract for advance review in a format approved by the Project Officer. Reports must be accurate and grammatically correct and should not contain spelling errors. The Contractor will bear the cost of correcting grammatical or spelling errors and inaccurate report data and of other revisions that are required to bring the report(s) into compliance with this section.

35. AUDIT

The Contractor must retain all books, records and other documents related to this Contract for at least five years, or such period of time required by the County's funding partner(s), if any, whichever is greater, after the final payment and must allow the County or its authorized agents to examine the documents during this period and during the Contract Term. The Contractor must provide any requested documents to the County for examination within 15 days of the request, at the Contractor's expense. Should the County's examination reveal any overcharging by the Contractor, the Contractor must, within 30 days of County's request, reimburse the County for the overcharges and for the reasonable costs of the County's examination, including, but not limited to, the services of external audit firm and attorney's fees; or the County may deduct the overcharges and examination costs from any amount that the County owes to the Contractor. If the Contractor wishes to destroy or dispose of any records related to this Contract (including

confidential records to which the County does not have ready access) within five years after the final payment, or such period of time required by the County's funding partner(s), if any, whichever is greater, the Contractor must give the County at least 30 days' notice and must not dispose of the documents if the County objects.

The Purchasing Agent may require the Contractor to demonstrate that it has the necessary facilities, ability, and financial resources to comply with the Contract and furnish the service, material or goods specified herein in a satisfactory manner at any time during the term of this Contract.

36. ASSIGNMENT

The Contractor may not assign, transfer, convey or otherwise dispose of any award or any of its rights, obligations or interests under this Contract without the prior written consent of the County.

37. AMENDMENTS

This Contract may not be modified except by written amendment executed by persons duly authorized to bind the Contractor and the County.

38. * ARLINGTON COUNTY PURCHASING RESOLUTION AND COUNTY POLICIES

Nothing in this Contract waives any provision of the Arlington County Purchasing Resolution, which is incorporated herein by reference, or any applicable County policy.

39. * DISPUTE RESOLUTION

All disputes arising under this Agreement or concerning its interpretation, whether involving law or fact and including but not limited to claims for additional work, compensation or time, and all claims for alleged breach of contract must be submitted in writing to the Project Officer as soon as the basis for the claim arises. In accordance with the Arlington County Purchasing Resolution, claims denied by the Project Officer may be submitted to the County Manager in writing no later than 60 days after the final payment. The time limit for a final written decision by the County Manager is 30 days. Procedures concerning contractual claims, disputes, administrative appeals and protests are contained in the Arlington County Purchasing Resolution. The Contractor must continue to work as scheduled pending a decision of the Project Officer, County Manager, County Board or a court of law.

40. * APPLICABLE LAW, FORUM, VENUE AND JURISDICTION

This Contract is governed in all respects by the laws of the Commonwealth of Virginia; and the jurisdiction, forum and venue for any litigation concerning the Contract or the Work is in the Circuit Court for Arlington County, Virginia, and in no other court.

41. ARBITRATION

No claim arising under or related to this Contract may be subject to arbitration.

42. NONEXCLUSIVITY OF REMEDIES

All remedies available to the County under this Contract are cumulative, and no remedy will be exclusive of any other at law or in equity.

43. NO WAIVER

The failure to exercise a right provided for in this Contract will not be a subsequent waiver of the same right or of any other right.

44. SEVERABILITY

The sections, paragraphs, clauses, sentences, and phrases of this Contract are severable; and if any section, paragraph, clause, sentence or phrase of this Contract is declared invalid by a court of competent jurisdiction, the rest of the Contract will remain in effect.

45. * ATTORNEY'S FEES

In the event that the County prevails in any legal action or proceeding brought by the County to enforce any provision of this Contract, the Contractor will pay the County's reasonable attorney's fees and expenses.

46. SURVIVAL OF TERMS

In addition to any statement that a specific term or paragraph survives the expiration or termination of this Contract, the following sections also survive: INDEMNIFICATION; INTELLECTUAL PROPERTY INDEMNIFICATION; RELATION TO COUNTY; OWNERSHIP OF WORK PRODUCT; AUDIT; COPYRIGHT; DISPUTE RESOLUTION; APPLICABLE LAW AND JURISDICTION; ATTORNEY'S FEES, AND DATA SECURITY AND PROTECTION.

47. HEADINGS

The section headings in this Contract are inserted only for convenience and do not affect the substance of the Contract or limit the sections' scope.

48. AMBIGUITIES

The parties and their counsel have participated fully in the drafting of this Agreement; and any rule that ambiguities are to be resolved against the drafting party does not apply. The language in this Agreement is to be interpreted as to its plain meaning and not strictly for or against any party.

49. NOTICES

Unless otherwise provided in writing, all written notices and other communications required by this Contract are deemed to have been given when either (a) delivered in person; (b) delivered by an agent, such as a delivery service; or (c) deposited in the United States mail, postage prepaid, certified or registered and addressed as follows:

TO THE CONTRACTOR:

TO THE COUNTY:

_____, Project Officer

AND

Dr. Sharon T. Lewis, LL.M, MPS, VCO, CPPB
Purchasing Agent
Arlington County, Virginia

2100 Clarendon Boulevard, Suite 500
Arlington, Virginia 22201
Phone: (703) 228-3294
Email: slewis1@arlingtonva.us

TO COUNTY MANAGER'S OFFICE (FOR PROJECT CLAIMS):

Mark Schwartz, County Manager
Arlington County, Virginia
2100 Clarendon Boulevard, Suite 318
Arlington, Virginia 22201

50. ARLINGTON COUNTY BUSINESS LICENSES

The Contractor must comply with the provisions of Chapter 11 ("Licenses") of the Arlington County Code, if applicable. For information on the provisions of that Chapter and its applicability to this Contract, the Contractor must contact the Arlington County Business License Division, Office of the Commissioner of the Revenue, 2100 Clarendon Blvd., Suite 200, Arlington, Virginia, 22201, telephone number (703) 228-3060, or e-mail business@arlingtonva.us.

51. * NON-DISCRIMINATION NOTICE

Arlington County does not discriminate against faith-based organizations.

52. LIMITED ENGLISH PROFICIENCY

The Contractor must comply with Executive Order 13166, Title VI of the Civil Rights Act of 1964 and make reasonable efforts to ensure that as part of the services that it provides, adequate communication services, including interpretation and translation, are available to persons who have limited English proficiency. If such services are not included in the Contract's scope of services and pricing, the Contractor will use a County-contracted service provider, and the County will make arrangements with a County-contracted service provider and pay the fees.

53. HIPAA COMPLIANCE

The Contractor must comply with the privacy, security and electronic transaction components of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). Pursuant to 45 C.F.R. §164.502(e) and §164.504(e), the Contractor is designated a Business Associate for purposes of this Contract and must execute the attached Arlington County Business Associate Agreement (Exhibit D). Pursuant to 45 C.F.R. § 164.308(b)(1) and the Health Information Technology for Economic and Clinic Health Act ("HITECH"), § 13401, the Contractor must also enter into an agreement with any subcontractors that, in a form approved by the County, requires the subcontractor to protect PHI to the same extent as the Arlington County Business Associate Agreement. The Contractor must ensure that its subcontractors notify the Contractor immediately of any breaches in security regarding PHI. Software and platforms used in performance of this Contract must be HIPAA compliant.

The Contractor takes full responsibility for HIPAA compliance, for any failure to execute the appropriate agreements with its subcontractors and for any failure of its subcontractors to comply with the existing or future regulations of HIPAA and/or HITECH. The Contractor will indemnify the County for any and all

losses, fines, damages, liability, exposure or costs that arise from any failure to comply with this paragraph.

54. ACCESSIBILITY OF WEB SITE

If any work performed under this Contract results in the design, development or maintenance of or responsibility for the content or format of any County web sites or for the County's presence on third-party web sites, the Contractor must perform such work in compliance with ADA.

55. ADA COMPLIANCE

The Contractor is solely responsible for its compliance with the ADA and must defend and hold the County harmless from any expense or liability arising from the Contractor's non-compliance. The Contractor also must respond promptly to and cooperate fully with all inquiries from the U.S. Department of Labor.

The Contractor's responsibilities related to ADA compliance include, but are not limited to, the following:

- a. Access to Programs, Services and Facilities: The Contractor must ensure that its programs, services and facilities are accessible to persons with disabilities. If a particular facility or program is not accessible, the Contractor must provide equivalent services in an accessible alternate location or manner.
- b. Effective Communication: Upon request, the Contractor, must provide appropriate communication aids and services so that qualified persons with disabilities can participate equally in the Contractor's programs, services and activities. Communication aids and services can include, but are not limited to, qualified sign language interpreters, Braille documents and other means of facilitating communications with people who have speech, hearing or vision impairments.
- c. Modifications to Policies and Procedures: The Contractor must modify its policies and procedures as necessary to ensure that people with disabilities have an equal opportunity to enjoy the Contractor's programs, services and activities. For example, individuals' service animals must be allowed in the Contractor's offices or facilities, even if pets are generally prohibited.
- d. No Extra Charges: The Contractor may not charge a person with a disability or any group of individuals with disabilities to cover the cost of providing aids or services or of reasonable modifications to policies and procedures.

56. INSURANCE REQUIREMENTS

Before beginning work under the Contract or any extension, the Contractor must provide to the County Purchasing Agent a Certificate of Insurance indicating that the Contractor has in force at a minimum the coverage below. The Contractor must maintain this coverage until the completion of the Contract or as otherwise stated in the Contract Documents. All required insurance coverage must be acquired from insurers that are authorized to do business in the Commonwealth of Virginia, with a rating of "A-" or better and a financial size of "Class VII" or better in the latest edition of the A.M. Best Co. Guides.

- a. Workers Compensation - Virginia statutory workers compensation (W/C) coverage, including Virginia benefits and employer's liability with limits of \$500,000/500,000/500,000. The County will not accept W/C coverage issued by the Injured Worker's Insurance Fund, Towson, MD.

- b. Commercial General Liability - \$1,000,000 per occurrence, with \$2,000,000 annual aggregate covering all premises and operations and including personal injury, completed operations, contractual liability, independent contractors, and products liability. The general aggregate limit must apply to this Contract. Evidence of contractual liability coverage must be provided with the certificate.
- c. Business Automobile Liability - \$1,000,000 combined single-limit (owned, non-owned and hired).
- d. Errors and Omissions - The Contractor shall carry Errors and Omissions or Professional Liability insurance which will pay for damages arising out of errors or omissions in the rendering, or failure to render services or perform Work under the contract, in the amount of \$2,000,000.
- e. Cyber Risk Exposure - Contractor shall maintain Cyber Risk and/or Technology Errors and Omissions Insurance coverage for itself and on behalf of its Personnel as set forth according to the following requirements. Cyber Risk Insurance with a minimum limit of liability of not less than Two Million Dollars (\$2,000,000) per occurrence. Such insurance shall cover Arlington County and its Agencies, and subsidiaries, and their respective Board members, officials, directors, managers, employees, agents and assigns as additional insureds for cyber-related incidents resulting in loss or damage arising out of Contractor's equipment, products, Services, or software under this RFP. In the event such policy is written on a claims-made basis then: (i) Contractor shall maintain such policy in effect for a period of not less than four (4) years after the last date that equipment, products, Services, or software are provided by Contractor under this RFP or the applicable warranty period, whichever is longer; and (ii) such policy shall include a retro-active coverage date preceding the first date that any equipment, products, Services or software are provided under this Agreement. At a minimum, such insurance shall extend the following coverages to the benefit of Arlington County and its Agencies: (a) privacy breaches (liability arising from the loss of, unauthorized access to or disclosure of confidential information); (b) network or system breach; (c) denial or loss of service; (d) introduction, implantation or spread of malicious software code, including specifically ransomware coverage; (e) unauthorized access to or use of computer systems, and no exclusion/restriction for unencrypted portable devices/media may be on the policy; (f) indirect and consequential damages arising out of a cyber-related event; and (g) the first party losses of Arlington to cover the cost of forensic and/or technical teams hired to investigate any security incident, attorney's fees, the cost of preparing and distributing a notification to affected individuals, the cost of running a centralized call center, the cost of two years of credit monitoring services for impacted individuals, and the cost of preparing and filing all required notices with governmental authorities, agencies, or interested parties globally.
- f. Additional Insured – The County and its officers, elected and appointed officials, employees and agents must be listed as additional insureds on all policies except workers compensation and automotive and professional liability; and the additional insured endorsement must be provided with the certificate.
- g. Cancellation - If there is a material change or reduction in or cancellation of any of the above coverages during the Contract Term, the Contractor must notify the Purchasing Agent

immediately and must, with no lapse in coverage, obtain replacement coverage that is consistent with the terms of this Contract. Not having the required insurance throughout the Contract Term is grounds for termination of the Contract.

- h. Claims-Made Coverage - Any “claims made” policy must remain in force, or the Contractor must obtain an extended reporting endorsement, until the applicable statute of limitations for any claims has expired.
- i. Contract Identification - All insurance certificates must state this Contract's number and title.

The Contractor must disclose to the County the amount of any deductible or self-insurance component of any of the required policies. With the County’s approval, the Contractor may satisfy its obligations under this section by self-insurance for all or any part of the insurance required, provided that the Contractor can demonstrate sufficient financial capacity. In order to do so, the Contractor must provide the County with its most recent actuarial report and a copy of its self-insurance resolution.

The County may request additional information to determine if the Contractor has the financial capacity to meet its obligations under a deductible and may require a lower deductible; that funds equal to the deductible be placed in escrow; a certificate of self-insurance; collateral; or another mechanism to guarantee the amount of the deductible and ensure protection for the County.

The County’s acceptance or approval of any insurance will not relieve the Contractor from any liability or obligation imposed by the Contract Documents.

The Contractor is responsible for the Work and for all materials, tools, equipment, appliances and property used in connection with the Work. The Contractor assumes all risks for direct and indirect damage or injury to the property used or persons employed in connection with the Work and for of all damage or injury to any person or property, wherever located, resulting from any action, omission, commission or operation under the Contract or in connection in any way whatsoever with the Work. The Contractor’s insurance shall be the primary non-contributory insurance for any work performed under this Contract.

The Contractor is as fully responsible to the County for the acts and omissions of its subcontractors and of persons employed by them as it is for acts and omissions of persons whom the Contractor employs directly.

57. CONTRACTOR PERFORMANCE EVALUATION

Arlington County will perform written evaluations of the Contractor’s performance 90 days before each 12-month contract renewal period to align with the Price Adjustment Date. The evaluations will address, at a minimum, the Contractor’s work/performance, quality, cost controls, schedule, timeliness, and sub-contractor management. The Project Officer shall be responsible for completing the evaluations and providing a copy to the Contractor and County Procurement Officer.

58. COUNTERPARTS

This Agreement may be executed in one or more counterparts and all of such counterparts shall together constitute one and the same instrument. Original signatures transmitted and received via facsimile or

other electronic transmission (e.g., PDF or similar format) are true and valid signatures for all purposes hereunder and shall be effective as delivery of a manually executed original counterpart.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

CONTRACTOR

AUTHORIZED
SIGNATURE: _____

AUTHORIZED
SIGNATURE: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

EXHIBIT C
VII. BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is hereby entered into between _____ (hereafter referred to as "Business Associate") and the County Board of Arlington County, Virginia (hereafter referred to as "Covered Entity" or "County") (collectively "the parties") and is hereby made a part of any Underlying Agreement for goods or services entered into between the parties.

Recitals

The County provides services to its residents and employees which may cause it or others under its direction or control to serve as covered entities for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The County, in its capacity as a covered entity, may provide Business Associate with certain information that may include Protected Health Information (PHI), so that Business Associate may perform its responsibilities pursuant to its Underlying Agreement(s) with and on behalf of County.

Covered Entity and Business Associate intend to protect the privacy of PHI and provide for the security of any electronic PHI received by Business Associate from Covered Entity, or created or received by Business Associate on behalf of Covered Entity in compliance with HIPAA; in compliance with regulations promulgated pursuant to HIPAA, at 45 CFR Parts 160 and Part 164; and in compliance with applicable provisions of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 (the "HITECH Act") and any applicable regulations and/or guidance issued by the U.S. Department of Health and Human Services ("DHHS") with respect to the HITECH Act (collectively "federal law").

WHEREAS, federal law and the specific regulations promulgated pursuant to HIPAA at 45 CFR § 164.314, 45 CFR § 164-502(e) and 45 CFR § 164.504(e) require a Covered Entity to enter into written agreements with all Business Associates (hereinafter "Business Associate Agreement");

WHEREAS, the parties desire to comply with HIPAA and desire to secure and protect such PHI from unauthorized disclosure;

THEREFORE, **Business Associate** and **Covered Entity**, intending to be legally bound, agree as follows. The obligations, responsibilities and definitions may be changed from time to time as determined by federal law and such changes are incorporated herein as if set forth in full text:

1) Definitions

The capitalized terms used in this Business Associate Agreement shall have the meaning set out below:

- a) **Accounting.** "Accounting" means a record of disclosures of protected health information made by the Business Associate.
- b) **Breach.** "Breach" means the acquisition, access, use, or disclosure of protected health information in a manner not permitted by this Business Associate Agreement and/or by HIPAA,

which compromises the security or privacy of the protected health information. For purposes of this Business Associate Agreement, any unauthorized acquisition, access, use, or disclosure of protected health information shall be presumed to be a breach.

- c) **Business Associate.** “Business Associate” means a person who creates, receives, maintains, or transmits protected health information on behalf of a Covered Entity to accomplish a task regulated by HIPAA and not as a member of the Covered Entity's workforce. A Business Associate shall include, but is not limited to, a non-workforce person/entity who performs data processing/analysis/transmission, billing, benefit management, quality assurance, legal, actuarial, accounting, administrative and/or financial services on behalf of the Covered Entity involving protected health information. A Business Associate also includes a subcontractor.
- d) **Covered Entity.** “Covered Entity” means a health plan, a health care clearinghouse, and/or a health care provider who transmits any health information in electronic form in connection with an activity regulated by HIPAA.
- e) **Data Aggregation.** "Data Aggregation" means, with respect to PHI created or received by Business Associate in its capacity as the Business Associate of Covered Entity, the combining of such PHI by the Business Associate with the PHI received by the Business Associate in its capacity as a Business Associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- f) **Designated Record Set.** “Designated Record Set” means all records, including medical, enrollment, billing, payment, claims, and/or case management maintained by and/or for a Covered Entity.
- g) **Discovery.** "Discovery" shall mean the first day an unauthorized use or disclosure is known or reasonably should have been known by Business Associate, including when it is or should have been known by any person other than the person who engaged in the unauthorized use/disclosure who is an employee, officer, or agent of Business Associate.
- h) **Electronic Protected Health Information.** “Electronic Protected Health Information” means individually identifiable health information that is transmitted by or maintained in electronic media.
- i) **HIPAA.** “HIPAA” means the Health Insurance Portability and Accountability Act of 1996 as in effect and/or as amended.
- j) **HITECH Act.** “HITECH Act” means the portions of the Health Information Technology for Economic and Clinical Health Act which serve as amendments to HIPAA. HITECH is included within the definition of HIPAA unless stated separately.
- k) **Individual.** “Individual” means the person who is the subject of protected health information and/or a person who would qualify as a personal representative of the person who is the subject of protected health information.
- l) **Protected Health Information.** “Protected Health Information” or “PHI” means individually identifiable health information transmitted and/or maintained in any form.

- m) **Remuneration.** "Remuneration" means direct or indirect payment from or on behalf of a third party.
- n) **Required By Law.** "Required By Law" means an activity which Business Associate is required to do or perform based on the provisions of state and/or federal law.
- o) **Secretary.** "Secretary" means the Secretary of the Department of Health and Human Services or the Secretary's designee.
- p) **Security Incident.** "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with the system operations in an information system.
- q) **Underlying Agreement.** "Underlying Agreement" means the County contract for goods or services made through the County's procurement office which the parties have entered into and which the County has determined requires the execution of this Business Associate Agreement.
- r) **Unsecured Protected Health Information.** "Unsecured Protected Health Information" means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology approved by the Secretary.

2) **Obligations and Activities of Business Associate**

- a) Business Associate acknowledges and agrees that it is obligated by law (or upon the effective date of any portion thereof shall be obligated) to meet the applicable provisions of HIPAA and such provisions are incorporated herein and made a part of this Business Associate Agreement. Covered Entity and Business Associate agree that any regulations and/or guidance issued by DHHS with respect to HIPAA that relate to the obligations of business associates shall be deemed incorporated into and made a part of this Business Associate Agreement.
- b) In accordance with 45 CFR §164.502(a)(3), Business Associate agrees not to use or disclose PHI other than as permitted or required by this Business Associate Agreement or as Required by Law.
- c) Business Associate agrees to develop, implement, maintain and use appropriate administrative, technical, and physical safeguards that reasonably prevent the use or disclosure of PHI other than as provided for by this Business Associate Agreement, in accordance with 45 CFR §§164.306, 310 and 312. Business Associate agrees to develop, implement, maintain and use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PHI, in accordance with 45 CFR §§164.306, 308, 310, and 312. In accordance with 45 CFR §164.316, Business Associate shall also develop and implement policies and procedures and meet the documentation requirements as and at such time as may be required by HIPAA.
- d) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate, of a use or disclosure of PHI by Business Associate in violation of the requirements of this Business Associate Agreement.

- e) In accordance with 45 CFR §§164.308, 314 and 502, Business Associate will ensure that any workforce member or agent, including a vendor or subcontractor, whom Business Associate engages to create, receive, maintain, or transmit PHI on Business Associate's behalf, agrees to the same restrictions and conditions that apply through this Business Associate Agreement to Business Associate with respect to such information, including minimum necessary limitations. Business Associate will ensure that any workforce member or agent, including a vendor or subcontractor, whom Business Associate engages to create, receive, maintain, or transmit PHI on Business Associate's behalf, agrees to implement reasonable and appropriate safeguards to ensure the confidentiality, integrity, and availability of the PHI.
- f) At the request of Covered Entity, Business Associate will provide Covered Entity, or as directed by Covered Entity, an Individual, access to PHI maintained in a Designated Record Set in a time and manner that is sufficient to meet the requirements of 45 CFR § 164.524, and, where required by HIPAA, shall make such information available in an electronic format where directed by the Covered Entity.
- g) At the written request of Covered Entity, (or if so directed by Covered Entity, at the written request of an Individual), Business Associate agrees to make any amendment to PHI in a Designated Record Set, in a time and manner that is sufficient to meet the requirements of 45 CFR § 164.526.
- h) In accordance with 45 CFR §164.504(e)(2), Business Associate agrees to make its internal practices, books, and records, including policies and procedures, and any PHI, relating to the use and disclosure of PHI, available to Covered Entity or to the Secretary for purposes of determining compliance with applicable law. To the extent permitted by law, said disclosures shall be held in strictest confidence by the Covered Entity. Business Associate will provide such access in a time and manner that is sufficient to meet any applicable requirements of applicable law.
- i) Business Associate agrees to document and maintain a record of disclosures of PHI and information related to such disclosures, including the date, recipient and purpose of such disclosures, in a manner that is sufficient for Covered Entity or Business Associate to respond to a request by Covered Entity or an Individual for an Accounting of disclosures of PHI and in accordance with 45 CFR § 164.528. Business Associate further shall provide any additional information where required by HIPAA and any implementing regulations. Unless otherwise provided under HIPAA, Business Associate will maintain the Accounting with respect to each disclosure for at least six years following the date of the disclosure.
- j) Business Associate agrees to provide to Covered Entity upon written request, or, as directed by Covered Entity, to an Individual, an Accounting of disclosures in a time and manner that is sufficient to meet the requirements of HIPAA, in accordance with 45 CFR §164.528. In addition, where Business Associate is contacted directly by an Individual based upon information provided to the Individual by Covered Entity and where so required by HIPAA and/or any implementing regulations, Business Associate shall make such Accounting available directly to the Individual.
- k) In accordance with 45 CFR §164.502(b), Business Associate agrees to make reasonable efforts to limit use, disclosure, and/or requests for PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Where required by HIPAA, Business Associate

shall determine (in its reasonable judgment) what constitutes the minimum necessary to accomplish the intended purpose of a disclosure.

- l) In accordance with 45 CFR §502(a)(5), Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual, except with the express written pre-approval of Covered Entity.
- m) To the extent Business Associate is to carry out one or more obligation(s) of the Covered Entity's under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).
- n) In accordance with 45 CFR §164.314(a)(1)(i)(C), Business Associate agrees to promptly report to Covered Entity any Security Incident of which Business Associate becomes aware.
- o) In accordance with 45 CFR §164.410 and the provisions of this Business Associate Agreement, Business Associate will report to Covered Entity, following Discovery and without unreasonable delay, but in no event later than five business days following Discovery, any Breach of Unsecured Protected Health Information. Business Associate shall cooperate with Covered Entity in investigating the Breach and in meeting Covered Entity's obligations under HIPAA and any other applicable security breach notification laws, including, but not limited to, providing Covered Entity with such information in addition to Business Associate's report as Covered Entity may reasonably request, e.g., for purposes of Covered Entity making an assessment as to whether/what Breach Notification is required.

Business Associate's report under this subsection shall, to the extent available at the time the initial report is required, or as promptly thereafter as such information becomes available but no later than 30 days from discovery, include:

1. The identification (if known) of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Breach;
2. A description of the nature of the unauthorized acquisition, access, use, or disclosure, including the date of the Breach and the date of discovery of the Breach;
3. A description of the type of Unsecured PHI acquired, accessed, used or disclosed in the Breach (e.g., full name, Social Security number, date of birth, etc.);
4. The identity of the individual(s) who made and who received the unauthorized acquisition, access, use or disclosure;
5. A description of what Business Associate is doing to investigate the Breach, to mitigate losses, and to protect against any further breaches; and
6. Contact information for Business Associate's representatives knowledgeable about the Breach.

- p) Business Associate shall maintain for a period of six years all information required to be reported under paragraph "o". This records retention requirement does not in any manner change the obligation to timely disclose all required information relating to a non-permitted acquisition, access, use or disclosure of Protected Health Information to the County Privacy Officer and the County Project Officer or designee five business days following Discovery.

3) Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Business Associate Agreement, Business Associate may use or disclose PHI, consistent with HIPAA, as follows:

- a) Business Associate may use or disclose PHI as necessary to perform functions, activities, or services to or on behalf of Covered Entity under any service agreement(s) with Covered Entity, including Data Aggregation services related to the health care operations of Covered Entity, if called for in the Underlying Agreement, if Business Associate's use or disclosure of PHI would not violate HIPAA if done by Covered Entity.
- b) Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
- c) Business Associate may disclose PHI for the proper management and administration of Business Associate if:
 - 1. Disclosure is Required by Law;
 - 2. Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that the PHI will remain confidential, and will be used or further disclosed only as Required By Law or for the purpose for which it was disclosed, and the person agrees to promptly notify Business Associate of any known breaches of the PHI's confidentiality;
or
 - 3. Disclosure is pursuant to an order of a Court or Agency having jurisdiction over said information.
- d) Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

4) Obligations of Covered Entity

- a) Covered Entity will notify Business Associate of any limitations on uses or disclosures described in its Notice of Privacy Practices (NOPP).
- b) Covered Entity will notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes or revocation may affect Business Associate's use or disclosure of PHI.
- c) Covered Entity will notify Business Associate of any restriction of the use or disclosure of PHI, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

- d) Covered Entity will notify Business Associate of any alternative means or locations for receipt of communications by an Individual which must be accommodated or permitted by Covered Entity, to the extent that such alternative means or locations may affect Business Associate's use or disclosure of PHI.
- e) Except as otherwise provided in this Business Associate Agreement, Covered Entity will not ask Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA if such use and/or disclosure was made by Covered Entity.

5) Term, Termination and Breach

- a) This Business Associate Agreement is effective when fully executed and will terminate when all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, including any material provided to subcontractors. If it is infeasible to return or destroy all PHI, protections are extended to such information, in accordance with the Section 5(d) and 5(e) below.
- b) Upon Covered Entity's determination that Business Associate has committed a violation or material breach of this Business Associate Agreement, and in Covered Entity's sole discretion, Covered Entity may take any one or more of the following steps:
 - 1. Provide an opportunity for Business Associate to cure the breach or end the violation, and if Business Associate does not cure the Breach or end the violation within a reasonable time specified by Covered Entity, terminate this Business Associate Agreement;
 - 2. Immediately terminate this Business Associate Agreement if Business Associate has committed a material breach of this Business Associate Agreement and cure of the material breach is not feasible; or,
 - 3. If neither termination nor cure is feasible, elect to continue this Business Associate Agreement and report the violation or material breach to the Secretary.
- c) If Business Associate believes Covered Entity has failed to fulfill any of its duties under this Business Associate Agreement, Business Associate will promptly notify Covered Entity as to same and Covered Entity shall promptly address the matter with Business Associate.
- d) Except as provided in Section 5(e) upon termination of this Business Associate Agreement for any reason, Business Associate will return or destroy, at the discretion of Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity. This provision will also apply to PHI that is in the possession of workforce members, subcontractors, or agents of Business Associate. Neither Business Associate, nor any workforce member, subcontractor, or agent of Business Associate, will retain copies of the PHI.
- e) If Business Associate determines that returning or destroying all or part of the PHI received or created by and/or on behalf of Covered Entity is not feasible, Business Associate will notify Covered Entity of the circumstances making return or destruction infeasible. If Covered Entity agrees that return or destruction is infeasible, then Business Associate will extend the protections of this Business Associate Agreement to such PHI and limit further uses and disclosures of such

PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. Business Associate further agrees to retain the minimum necessary PHI to accomplish those tasks/responsibilities which make return and/or destruction infeasible.

6) Miscellaneous

- a) Covered Entity and Business Associate agree to take any action necessary to amend this Business Associate Agreement from time to time as may be necessary for Covered Entity or Business Associate to comply with the requirements of HIPAA, and/or any other implementing regulations or guidance.
- b) Notwithstanding the expiration or termination of this Business Associate Agreement or any Underlying Agreement, it is acknowledged and agreed that those rights and obligations of Business Associate which by their nature are intended to survive such expiration or termination shall survive, including, but not limited to, Sections 5(d) and 5(e) herein.
- c) In the event the terms of this Business Associate Agreement conflict with the terms of any other agreement between Covered Entity and Business Associate or the Underlying Agreement, then the terms of this Business Associate Agreement shall control.
- d) Notices and requests provided for under this Business Associate Agreement will be made in writing to Covered Entity, delivered by hand-delivery, overnight mail or first-class mail, postage prepaid at:

(1) Marcy Foster,
Arlington County Privacy Officer
2100 Clarendon Blvd., Suite 511
Arlington, Virginia 22201

(2) MinhChau Corr
County Attorney
2100 Clarendon Blvd., Suite 511
Arlington, Virginia 22201

(3) County Project Officer

Notice and requests provided for under this Business Associate Agreement will be made in writing in the manner described above to Business Associate at:

Attn: _____

- e) Covered Entity will have the right to inspect any records of Business Associate or to audit Business Associate to determine whether Business Associate is in compliance with the terms of this

Business Associate Agreement. However, this provision does not create any obligation on the part of Covered Entity to conduct any inspection or audit.

- f) Nothing in this Business Associate Agreement shall be construed to create a partnership, joint venture, or other joint business relationship between the parties or any of their affiliates, or a relationship of employer and employee between the parties. Rather, it is the intention of the parties that Business Associate shall be an independent contractor.
- g) Nothing in this Business Associate Agreement provides or is intended to provide any benefit to any third party.
- h) The Business Associate will indemnify and hold harmless Arlington County, its elected officials, officers, directors, employees and/or agents from and against any employee, federal administrative action or third party claim or liability, including attorneys' fees and costs, arising out of or in connection with the Business Associate's violation (or alleged violation) and/or any violation and/or alleged violation by Business Associate's workforce, agent/s, or subcontractor/s of the terms of this Business Associate Agreement, federal law, HIPAA, the HITECH Act, and/or other implementing regulations or guidance or any associated audit or investigation.

The obligation to provide indemnification under this Business Associate Agreement shall be contingent upon the party seeking indemnification providing the indemnifying party with written notice of any claim for which indemnification is sought. Any limitation of liability provisions contained in the Underlying Agreement do not supersede, pre-empt, or nullify this provision or the Business Associate Agreement generally.

This indemnification shall survive the expiration or termination of this Business Associate Agreement or the Underlying Agreement.

- i) Any ambiguity in this Business Associate Agreement shall be resolved to permit the parties to comply with HIPAA, its implementing regulations, and associated guidance. The sections, paragraphs, sentences, clauses and phrases of this Business Associate agreement are severable. If any phrase, clause, sentence, paragraph or section of this Business Associate Agreement is declared invalid by a court of competent jurisdiction, such invalidity shall not affect any of the remaining phrases, clauses, sentences and sections of this Business Associate Agreement.
- j) If any dispute or claim arises between the parties with respect to this Business Associate Agreement, the parties will make a good faith effort to resolve such matters informally, it being the intention of the parties to reasonably cooperate with each other in the performance of the obligations set forth in this Business Associate Agreement. The Dispute Resolution clause of the Underlying Agreement ultimately governs if good faith efforts are unsuccessful.
- k) A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any other right or remedy as to any subsequent events.
- l) Neither party may assign any of its rights or obligations under this Business Associate Agreement without the prior written consent of the other party.

- m) This Business Associate Agreement and the rights and obligations of the parties hereunder shall be construed, interpreted, and enforced with, and shall be governed by, the laws of the Commonwealth of Virginia and the United States of America.
- n) This Business Associate Agreement shall remain in effect for the duration of the Underlying Agreement between the parties, any renewals, extension or continuations thereof, and until such time as all PHI in the possession or control of the Business Associate has been returned to the Covered Entity and/or destroyed. If such return or destruction is not feasible, the Business Associate shall use such PHI only for such limited purposes that make such return or destruction not feasible, and the provision of this Business Associate Agreement shall survive with respect to such PHI.
- o) The Business Associate shall be deemed to be in violation of this Business Associate Agreement if it knew of, or with the exercise of reasonable diligence or oversight should have known of, a pattern of activity or practice of any subcontractor, subsidiary, affiliate, agent or workforce member that constitutes a material violation of that entity's obligations in regard to PHI unless the Business Associate took prompt and reasonable steps to cure the breach or end the violation, as applicable, and if such steps were unsuccessful, terminated the contract or arrangement with such entity, if feasible.
- p) Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or any change in applicable federal law including revisions to HIPAA; upon publication of any decision of a court of the United States or of the Commonwealth of Virginia, relating to PHI or applicable federal law; upon the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of PHI disclosures or applicable federal law, the County reserves the right, upon written notice to the Business Associate, to amend this Business Associate Agreement as the County determines is necessary to comply with such change, law or regulation. If the Business Associate disagrees with any such amendment, it shall so notify the County in writing within thirty (30) days of the County's notice. In case of disagreement, the parties agree to negotiate in good faith the appropriate amendment(s) to give effect to such revised obligation. In the County's discretion, the failure to enter into an amendment shall be deemed to be a default and good cause for termination of the Underlying Agreement.
- q) The County makes no warranty or representation that compliance by the Business Associate with this Business Associate Agreement, HIPAA, the HITECH Act, federal law or the regulations promulgated thereunder will be adequate or satisfactory for the Business Associate's own purposes or to ensure its compliance with the above. The Business Associate is solely responsible for all decisions made by it, its workforce members, agents, employees, subsidiaries and subcontractors regarding the safeguarding of PHI and compliance with federal law.
- r) The Business Associate agrees that its workforce members, agents, employees, subsidiaries and subcontractors shall be bound by the confidentiality requirements herein and the provisions of this Business Associate Agreement shall be incorporated into any training or contracts with the same.
- s) This Business Associate Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document.

- t) This Business Associate Agreement shall replace and supersede any prior Business Associate Agreement entered between the parties.

IN WITNESS WHEREOF, each party hereto has executed this Business Associate Agreement in duplicate originals on the date below written:

Arlington County, Virginia

Business Associate

By: _____
(Signature)

By: _____
(Signature)

Name: _____

Name: _____

Title: County Privacy Officer

Title: _____

Date: _____

Date: _____

EXHIBIT D
NONDISCLOSURE AND DATA SECURITY AGREEMENT
(CONTRACTOR)

The undersigned, an authorized agent of the Contractor and on behalf of _____ (“Contractor”), hereby agrees that the Contractor will hold County-provided information, documents, data, images, records and the like confidential and secure and protect them against loss, misuse, alteration, destruction or disclosure. This includes, but is not limited to, the information of the County, its employees, contractors, residents, clients, patients, taxpayers and property as well as information that the County shares with the Contractor for testing, support, conversion or other services provided under Arlington County Agreement No.24-DHS-RFP-301 (the “Project” or “Main Agreement”) or that may be accessed through other County-owned or -controlled databases (all of the above collectively referred to as “County Information” or “Information”).

In addition to the DATA SECURITY obligations set in the County Agreement, the Contractor agrees that it will maintain the privacy and security of County Information, control and limit internal access and authorization for access to such Information and not divulge or allow or facilitate access to County Information for any purpose or by anyone unless expressly authorized. This includes, but is not limited to, any County Information that in any manner describes, locates or indexes anything about an individual, including, but not limited to, his/her (“his”) Personal Health Information, treatment, disability, services eligibility, services provided, investigations, real or personal property holdings and his education, financial transactions, medical history, ancestry, religion, political ideology, criminal or employment record, social security number, tax status or payments, date of birth, address, phone number or anything that affords a basis for inferring personal characteristics, such as finger and voice prints, photographs, or things done by or to such individual, or the record of his presence, registration, or membership in an organization or activity, or admission to an institution.

Contractor also agrees that it will not directly or indirectly use or facilitate the use or dissemination of County information (whether intentionally or by inadvertence, negligence or omission and whether verbally, electronically, through paper transmission or otherwise) for any purpose other than that directly associated with its work under the Project. The Contractor acknowledges that any unauthorized use, dissemination or disclosure of County Information is prohibited and may also constitute a violation of Virginia or federal laws, subjecting it or its employees to civil and/or criminal penalties.

Contractor agrees that it will not divulge or otherwise facilitate the disclosure, dissemination or access to or by any unauthorized person, for any purpose, of any Information obtained directly, or indirectly, as a result of its work on the Project. The Contractor shall coordinate closely with the County Project Officer to ensure that its authorization to its employees or approved subcontractors is appropriate and tightly controlled and that such person/s also maintain the security and privacy of County Information and the integrity of County-networked resources.

Contractor agrees to take strict security measures to ensure that County Information is kept secure; is properly stored in accordance with industry best practices, and if stored is encrypted; and is otherwise protected from retrieval or access by unauthorized persons or for unauthorized purposes. Any device or media on which County Information is stored, even temporarily, will have strict encryption, security, and access control. Any County Information that is accessible will not leave Contractor’s work site or the County’s physical facility, if the Contractor is working onsite, without written authorization of the County

Project Officer. If remote access or other media storage is authorized, the Contractor is responsible for the security of such storage device or paper files.

Contractor will ensure that any laptops, PDAs, netbooks, tablets, thumb drives or other media storage devices, as approved by the County and connected to the County network, are secure and free of all computer viruses, and running the latest version of an industry-standard virus protection program. The Contractor will ensure that all user accounts and passwords used by its employees or subcontractors are robust, protected and not shared. The Contractor will not download any County Information except as agreed to by the parties and then only onto a County-approved device. The Contractor understands that downloading onto a personally owned device or service, such as personal e-mail, Dropbox, etc., is prohibited.

Contractor agrees that it will notify the County Project Officer immediately upon discovery or becoming aware or suspicious of any unauthorized disclosure of County Information, security breach, hacking or other breach of this agreement, the County's or Contractor's security policies, or any other breach of Project protocols concerning data security or County Information. The Contractor will fully cooperate with the County to regain possession of any Information and to prevent its further disclosure, use or dissemination. The Contractor also agrees to promptly notify others of a suspected or actual breach if requested.

The Contractor agrees that all duties and obligations enumerated in this Agreement also extend to its employees, agents or subcontractors who are given access to County information. Breach of any of the above conditions by Contractor's employees, agents or subcontractors shall be treated as a breach by the Contractor. The Contractor agrees that it shall take all reasonable measures to ensure that its employees, agents and subcontractors are aware of and abide by the terms and conditions of this agreement and related data security provisions in the Main Agreement.

It is the intent of this *NonDisclosure and Data Security Agreement* to ensure that the Contractor has the highest level of administrative safeguards, information security, disaster recovery and other best practices in place to ensure confidentiality, protection, privacy and security of County information and County-networked resources and to ensure compliance with all applicable local, state and federal laws or regulatory requirements. Therefore, to the extent that this *NonDisclosure and Data Security Agreement* conflicts with the Main Agreement or with any applicable local, state, or federal law, regulation or provision, the more stringent requirement, law, regulation or provision controls.

At the conclusion of the Project, the Contractor agrees to return all County Information to the County Project Officer. These obligations remain in full force and effect throughout the Project and shall survive any termination of the Main Agreement.

Authorized Signature: _____

Printed Name and Title: _____

Date: _____

EXHIBIT E

**NONDISCLOSURE AND DATA SECURITY AGREEMENT
(INDIVIDUAL)**

I, the undersigned, agree that I will hold County-provided information, documents, data, images, records and the like confidential and secure and protect it against loss, misuse, alteration, destruction, or disclosure. This includes, but is not limited to, the information of the County, its employees, contractors, residents, clients, patients, taxpayers, and property as well as information that the County shares with my employer or prime contractor for testing, support, conversion or the provision of other services under Arlington County Agreement No. 24-DHS-RFP-301(the "Project" or "Main Agreement") or which may be accessed through County-owned or -controlled databases (all of the above collectively referred to as "County Information" or "Information").

I agree that I will maintain the privacy and security of County Information and will not divulge or allow or facilitate access to County Information for any purpose or by anyone unless expressly authorized to do so by the County Project Officer. This includes, but is not limited to, any County Information that in any manner describes, locates or indexes anything about an individual including, but not limited to, his/her ("his") Personal Health Information, treatment, disability, services eligibility, services provided, investigations, real or personal property holdings, education, financial transactions, medical history, ancestry, religion, political ideology, criminal or employment record, social security number, tax status or payments, date of birth, or that otherwise affords a basis for inferring personal characteristics, such as finger and voice prints, photographs, or things done by or to such individual, or the record of his presence, registration, or membership in an organization or activity, or admission to an institution.

I agree that I will not directly or indirectly use or facilitate the use or dissemination of information (whether intentionally or by inadvertence, negligence, or omission and whether verbally, electronically, through paper transmission or otherwise) for any purpose other than that directly authorized and associated with my designated duties on the Project. I understand and agree that any unauthorized use, dissemination or disclosure of County Information is prohibited and may also constitute a violation of Virginia or federal law/s, subjecting me and/or my employer to civil and/or criminal penalties.

I also agree that I will not divulge or otherwise facilitate the disclosure, dissemination or access to or by any unauthorized person for any purpose of the Information obtained directly, or indirectly, as a result of my work on the Project. I agree to view, retrieve or access County Information only to the extent concomitant with my assigned duties on the Project and only in accordance with the County's and my employer's access and security policies or protocols.

I agree that I will take strict security measures to ensure that County Information is kept secure; is properly stored in accordance with industry best practices, and if stored is encrypted; and is otherwise protected from retrieval or access by unauthorized persons or for unauthorized purposes. I will also ensure that any device or media on which County Information is stored, even temporarily, will have strict encryption, security, and access control and that I will not remove, facilitate the removal of or cause any Information to be removed from my employer's worksite or the County's physical facility without written authorization of the County Project Officer. If so authorized, I understand that I am responsible for the security of the electronic equipment or paper files on which the Information is stored and agree to promptly return such Information upon request.

I will not use any devices, laptops, PDAs, netbooks, tablets, thumb drives or other media storage devices (“Device”) during my work on the Project without pre-approval. I will ensure that any Device connected to the County network is free of all computer viruses and running the latest version of an industry-standard virus protection program. I will also ensure that my user account and password, if any, is robust, protected and not shared. I will not download any County Information except as authorized by the County Project Officer and then only onto a County-approved Device. I understand that downloading onto a personally-owned Device or service, such as personal e-mail, Dropbox etc., is prohibited.

I agree that I will notify the County Project Officer immediately upon discovery or becoming aware or suspicious of any unauthorized disclosure of County Information, security breach, hacking or other breach of this agreement, the County’s or Contractor’s security policies, or any other breach of Project protocols concerning data security or County Information. I will fully cooperate with the County to help regain possession of any County Information and to prevent its further disclosure, use or dissemination.

It is the intent of this *NonDisclosure and Data Security Agreement* to ensure that the highest level of administrative safeguards, information security, and other best practices are in place to ensure confidentiality, protection, privacy and security of County Information and County-networked resources and to ensure compliance with all applicable local, state and federal laws or regulatory requirements. Therefore, to the extent that this *Nondisclosure and Data Security Agreement* conflicts with the underlying Main Agreement or any local, state or federal law, regulation or provision, the more stringent requirement, law, regulation or provision controls.

Upon completion or termination of my work on the Project, I agree to return all County Information to the County Project Officer. I understand that this agreement remains in full force and effect throughout my work on the Project and shall survive my reassignment from the Project, termination of the above referenced Project or my departure from my current employer.

Signed: _____

Printed Name: _____

Date: _____

Witnessed:

Contractor’s Project Manager: _____

Printed Name: _____

Date: _____

TO BE COMPLETED PRIOR TO BEGINNING WORK ON THE PROJECT

EXHIBIT F

CONTRACTOR PERFORMANCE EVALUATION FORM

ARLINGTON COUNTY GOVERNMENT

Contractor Performance Evaluation Form

Contractor Name: _____ Contract No.: _____

Date: _____ Project/Contract Name: _____

Interim Evaluation ____ Final Evaluation ____

Scope of Work/Services Provided:

Contract Start Date: ____/____/____ Contract End Date: ____/____/____ Actual Completion Date: ____/____/____

Please rate the effectiveness of the Contractor's performance on the Contract/Project across the following dimensions:

Evaluation Criteria: Unacceptable Poor Satisfactory Excellent

Written comments to explain assigned ratings are required for any performance ratings below "satisfactory" or an "excellent" in any category.

Evaluation Questions

1. Quality of Workmanship

Rate the quality of the Contractor's workmanship. Were there quality-related or workmanship problems on the Contract? Was the Contractor responsive to remedial work required?

Unacceptable Poor Satisfactory Excellent N/A

2. Problem Solving and Decision Making

Rate the Contractor's ability to provide effective and creative problem solving, coordination and fair decision making on Contract/Project.

Unacceptable Poor Satisfactory Excellent N/A

3. Project Schedule

Rate the Contractor's performance with regard to adhering to contract schedules. Did the Contractor meet the contract schedule, or the schedule as revised by approved change orders? If not was the delay attributable to the Contractor?

Unacceptable Poor Satisfactory Excellent N/A

4. Subcontractor Management

Rate the Contractor’s ability, effort and success in managing and coordinating subcontractors (if no subcontractors rate the Contractor’s overall project management). Was the Contractor able to effectively resolve problems?

- Unacceptable Poor Satisfactory Excellent N/A

5. Safety

Rate the Contractor’s safety procedures on this Contract/Project? Were there any OSHA violations or serious safety accidents?

- Unacceptable Poor Satisfactory Excellent N/A

6. Environmental Compliance

Did the Contractor comply with local, state, and federal environmental standards in the performance of the Contract? Did the Contractor comply in good faith with local erosion and sedimentation control requirements and/or any Stormwater Pollution Prevention Plan?

- Unacceptable Poor Satisfactory Excellent N/A

7. Change Orders

Did the Contractor unreasonably claim change orders or extras? Were the Contractor’s prices on change orders and extra work reasonable?

- Unacceptable Poor Satisfactory Excellent N/A

8. Paperwork Processing

Rate this Contractor’s performance in completing and submitting required project paperwork (i.e. change orders, submittal, drawings, invoices, workforce reports, etc.) Did the Contractor submit the required paperwork promptly and in proper form?

- Unacceptable Poor Satisfactory Excellent N/A

9. Supervisory Personnel

Rate the general performance of this Contractor’s supervisory personnel. Did they have the knowledge, management skills and experience to run a project of this size and scope?

- Unacceptable Poor Satisfactory Excellent N/A

10. Expertise, Knowledge and Experience

Rate this Contractor’s personnel. Were they dedicated, experienced and qualified for the duration of project.

- Unacceptable Poor Satisfactory Excellent N/A

11. Project/Contract Closeout

Rate the Contractor’s performance on timeliness and quality of closeout deliverables such as As-Built Drawings, Operation and Maintenance Manuals, and training. Did the Contractor complete the tasks or Project on schedule; was the punch list completed within the allotted time?

- Unacceptable Poor Satisfactory Excellent N/A

12. Level of Overall Performance

Unacceptable Poor Satisfactory Excellent N/A

Based on these comments, would you recommend this Contractor for comparable work in the future?

Yes No

Please provide any comments regarding the Contractor’s performance or the quality of its work. The Contractor can also provide any comments or clarification on the evaluation in the box below.

(Project Officer or Contractor, use additional sheets, if Necessary):

Signatures and Certifications:

1. The information contained in this evaluation form represents, to the best of my knowledge, a true and accurate analysis of the Contractor’s performance record on this Contract; and,
2. The contents on the evaluation form and the ratings were not negotiated with the Contractor or its representative for any reason.

Evaluator’s Signature: _____ Date: _____

Evaluator’s (PjO) Printed Name _____ Evaluator’s Title: _____

Contractor’s signature below acknowledges receipt and the opportunity to respond:

Contractor Signature: _____ Date: _____

Contractor Printed Name: _____ Title: _____

EVALUATION RATINGS DEFINITIONS

Rating	Definition	Notes
Excellent	Performance meets contractual requirements and exceeds many to the County's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.	To justify an Exceptional rating, identify multiple significant events and state how they were of benefit to the County. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
Satisfactory	Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract/order. There should have been NO significant weaknesses identified. A fundamental principle of assigning ratings is that contractors will not be evaluated with a rating lower than Satisfactory solely for not performing beyond the requirements of the contract/order.
Poor	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	To justify poor performance, identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the County. A poor rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., management, quality, safety, or environmental deficiency report or letter).
Unacceptable	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.	To justify an Unsatisfactory rating, identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the County. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g., management, quality, safety, or environmental deficiency reports, or letters).
Not Applicable (N/A)	N/A (not applicable) should be used if the ratings are not going to be applied to a particular area for evaluation.	

END

ATTACHMENTS AND FORMS

ARLINGTON COUNTY, VIRGINIA
REQUEST FOR PROPOSALS NO. 24-DHS-RFP-301

PROPOSAL FORM

ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY
NOT LATER THAN 4:00 P.M., APRIL 15, 2024.

A CLOUD-BASED COMMERCIAL OFF THE SHELF AND HIGHLY CONFIGURABLE CUSTOMER SERVICE AND CASE MANAGEMENT SYSTEM (CSMS) AND A HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

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, ENJOINED, OR SUSPENDED FROM SUBMITTING PROPOSALS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?

YES NO

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/BIDSLST?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 4-112 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 specific data or materials to be protected and state the reasons why protection is necessary. Please note that designation of an entire bid, proposal, or prequalification application or of line-item prices or the total bid amount is prohibited.

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.

PROPOSAL FORM, PAGE 3 OF 4

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.*).

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. **24-DHS-RFP-301** 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: _____

ATTACHMENT B
CSMS FUNCTIONAL REQUIREMENTS

The System must have the following functionalities:

1. Maintenance of unique client's index in conjunction with County's Department of Human Services (DHS) data warehouse master client's index.
 - Support real-time search that includes clients from COUNTY'S-Department of Human Services (DHS) data warehouse.
 - Prioritize search results to highlight clients existing in the COTS System
2. Management of contacts/visits and scheduling functions. It is desirable that the System also supports:
 - Functionality of Self-service kiosks
 - Functionality for self-check-in for appointments, or group functions (e.g.: Workforce area)
3. End user System configuration to create new programs, services, forms, and reports with similar functionality as existing ones.
4. Web portals for clients to access and upload documents requested by programs they are enrolled in.
5. Application tracking functionality that uniquely identifies each application and captures the status of each processing step of the application processing cycle.
6. Automation and management of configurable workflows regarding: Intake, Referral, Program participation, and Services provided.
7. Flexibility on case management functionality to create, manage and track assessments, activities, and outcomes against service plans.
8. Tracking of structured data related to important common program areas, particular recording changes over time- not just current value – in areas such as address, housing situation, and disability.
9. Capability to create and manage forms, assessments, letters, and reports containing structured data elements (both pre-populated and captured) and unstructured data both with options to print on demand and by batch.
10. Support interaction with applications used by the DHS (e.g., HMIS and CSMS systems, DHS data warehouse, DocuSign, Adobe Pro, Signup Genius)
11. Provide Americans Disability Act (ADA) accessibility functionality according to Web Content Accessibility Guidelines (WCAG), version 2.1 or higher, for further reference visit: [Web Content Accessibility Guidelines \(WCAG\) 2.1 \(w3.org\)](https://www.w3.org/WAI/WCAG21/) or be compatible with assistive software for public facing Web sites. WCAG functionality or support of WCAG assistive software must, at a minimum, allows the use of screen readers, alt text for non-text content, captions for videos, operation of keyboard commands, options to adjust font, and color contrast to accommodate the visually or auditorily impaired.

**CUSTOMER SERVICES AND CASE MANAGEMENT PROGRAMS
(CSMS)**

GENERAL VISITS AND CLIENT CHECK-IN

These functions involve accounting for each time a citizen contacts DHS looking for services provided by the department or external entities with a recording in the system for each client visit.

The System must support the following functions:

1. Allow the following information to be captured:
 - a. Client's name
 - b. Reason(s) for visit – Configurable using conditional logic based on departmental division or program
 - c. System date and timestamp
 - d. Name of staff entering the visit

2. Record information about documents submitted by client:
 - a. Client's name
 - b. Number of documents
 - c. System date and timestamp (back end)
 - d. Where the documents were received—Configurable using conditional logic based on departmental division, program, or floor (e.g., front desk, information desk, concierge desk, screener box, client portal)
 - e. Name of staff receiving document(s) (back end)
 - f. Program/Staff the documents are for – Configurable using conditional logic based on departmental division or program

3. Record application information:
 - a. System generated application number that is unique and searchable to track application status
 - b. Client's name
 - c. System date and timestamp with ability for user to overwrite (e.g., application received on holiday and user need to enter another date)
 - d. Staff receiving the application.
 - e. Type of application
 - f. Program/Staff the application was forwarded to
 - g. How the application was received (e.g., mail, drop-off, email, fax, online)
 - h. Where the application was received (e.g., front desk, information desk, concierge desk, screener box, client portal)
 - i. State tracking number
 - j. Application status (multiple-based on stage of application processing)
 - k. Ability to change/edit information previously entered.

4. Provide a Reporting utility that generates Client and Management Reports based on user-defined criteria – See Attachment C -- Reports

ARLINGTON EMPLOYMENT RESOURCE CENTER, AEC, REQUIREMENTS

Functionality described below will be used by visitors of the AEC. A visitor will sign in each time he/she comes to the Resource Center and enter the service they will use.

The System must:

1. Allow staff to create a user profile in the System to allow visitor to sign in to use the Resource Center
2. Allow user or staff to reset password
3. Allow a visitor to sign in using kiosk/portal
4. Display on kiosk/portal information related only to AEC
5. After user logs in, display the Client's name as entered in the main database
6. Record if visitor is a new or repeat customer based on their login
7. Timestamp every client login
8. Capture services (multi select) visitor will use each time he/she visits the AEC
9. Ability to edit or create new list of services based on program offerings
10. Generate a report to display by date range:
 - a. Total number of visitors
 - b. Total number of unduplicated visitors
 - c. Total number of first-time visitors
 - d. Age group
 - e. Details/count of services provided/used
 - f. Total services provided

CLIENT CHECK-IN – KIOSKS

The System must have a kiosk for clients to check-in or obtain information on available services.

The kiosk must support the following functions:

1. Record the following client information:
 - a. Client's name
 - b. Arrival date and time
 - c. Reason(s) for visit
 - d. Calculate client's wait time from check-in to when client is assisted by front desk staff
 - e. Calculate client's time spent with front desk staff
 - f. Calculate client's wait time from check-in to when client left without being seen
2. Support self-service kiosk set up(s) for clients to conduct activities such as: self-check in, self-referrals, and retrieval of program/services information.
3. Support mobile technology (e.g., smart phones or tablet-like devices such as iPads) with an appropriately designed interface and functionality for the device.
4. Generate and assign a "waiting queue" number for onsite clients.

5. Assign a “waiting queue” number for the visitor/client once they have completed checking in through the kiosk.
6. Allow front desk staff to see what number in the “waiting queue” is next, the reason for the visitor/client’s visit and then call the client’s name.
7. Display the number currently being served so waiting clients know how far they are in queue.
8. Send notifications via email alerts to management staff when a client’s wait time exceeds allocated time for the task (amount of time customizable by management staff)
9. Display information below based on date range:
 - a. Number of clients signed in
 - b. Number of clients waiting
 - c. Length of client’s wait time before being seen by the Front Desk
 - d. Length of client’s wait time who left before being seen by Front Desk
 - e. Average wait time client waited before leaving.

CLIENT PORTAL

The System must have a client portal for clients to access their case file. The client portal must support the following functions:

1. Allow clients to access the portal from their iPhone/Android smart phone, computer, or tablet.
2. Allow clients to upload documents to their case file.
3. Notify case worker when documents are uploaded.
4. Allow clients to view, schedule, or cancel their upcoming appointments based on program requirements.
5. Allow clients to view the name of assigned Case Manager, Employment Services Specialist, etc., based on programs.
6. Provide hyper link functionality for email addresses so user can click on link to send an email to his/her case worker or case worker can email the client.

CLIENT REGISTRATION

Workflow for Client Registration varies according to program registration processes. The System must be flexible to accommodate multiple workflows.

For these functions, the System must:

1. Allow searches for a client, regardless of whether the client is the head of household or another adult/child living in the household, using at a minimum any of the following: full or partial name, phonetic search, social security number, date of birth, phone number or any combination thereof.

2. Allow data import from other external sources to manage client searches:
 - a. Real time **OR**
 - b. Nightly Import (loading about 30,000 records)
3. Allow client data import from DHS DATA WAREHOUSE into client demographic tables or fields once client is determined, by user, to be a match.
4. Provide a distinct highlight or view of client's record search results created in the System (i.e., entered manually by a user as a client record in the System, or inserted from search results) to distinguish them from interfaced/imported records ("only") used for searching.
5. Retrieve potential matches and perform validation of key fields to avoid record duplication (e.g., social security number, name and dob, or any other combination)
6. Allow updates to client record if client is determined to be known to the System.
7. Register a new client, using proper name formatting (upper and lower case), by collecting client's demographic Information. Some fields may be optional based on program needs:
 - a. Last name (any government issued ID) – *mandatory field*.
 - b. First name (any government issued ID) – *mandatory field*.
 - c. Middle name
 - d. Aliases
 - e. Address (field formatted: house / apt number, street name, city, state, zip)
 - f. Preferred phone number
 - g. Opt-In for "okay to text"
 - h. Email
 - i. Date of birth (specify month/date/year) – *mandatory field*.
 - j. Social Security Number for applicant
 - k. Temporary Identification Number (Tin #)
 - l. Gender
 - m. Race
 - n. Ethnic Origin
 - o. Hispanic/Latino (Y/N)
 - p. Relationship role
 - q. Primary language spoken
 - r. Record contact information (full 10-digit phone number(s) and e-mail)
 - s. Household composition
 - t. Related/Unrelated
 - u. Other household members
 - v. HIPAA release
 - Signed (Y/N)
 - Attached (Y/N)
 - w. VDSS consent
 - Yes

- No
 - Not Asked
- x. Release of information Confidentiality
- Signed (Y/N)
 - Attached (Y/N)
8. Indicate client's identity as verified, and record name of worker who verified the information, as well as date and time.
 9. Allow recording of external system client ids (e.g., system client id of other systems used by DHS)
 10. Allow staff to generate log-in credentials (user-id and password) for clients who want to utilize Resource Center
 11. Obtain picture of client and attach it to client record.

REQUIREMENTS FOR AGING, BLIND, DISABLED (ABD) APPLICATION ASSIGNMENT

The System must:

1. Have ability for a user to choose from multiple selections if client application is related to Long-term care or other Public Assistance Programs (e.g., Medicaid, LTC, SNAP, GR, LIS, AG, Other)
2. Provide a free text comment box.
3. Have ability to record applicant name, date of application, type of services, and comments.
4. Display a list of workers available to be assigned to the ABD application based on the date range and select the next Eligibility worker based on their assigned workload.
 - a. Assignment of an ABD application should be based on how many LTC applications vs. regular MED applications the worker has already been assigned for a given date range.
 - b. Calculate total of Medicaid application by worker for given date range
 - c. Calculate total of LTC applications by Intake worker for given date range. The totals for LTC (Long Term Care) applications should be multiplied by 2.
5. Display a detailed record of the assignment that includes the assigned worker, type of application, date of assignment, client name, and any comments sorted by worker.
6. Display by date range a detailed record of the assignment by the user that includes the assigned worker, type of application, date of assignment, client name, and any comments.
7. Display on demand the following information:
 - a. Date
 - b. Assigned Worker
 - c. Application Type

8. Display both detailed and aggregated data of the applications assigned. The staff with appropriate security should have the ability to select/deselect the workers to be included.
9. Have ability for user with proper security to edit and delete assignments.

CLIENT INTAKE

Client Intake entails taking client's service requests, identifying client needs through interviews or assessments, determining eligibility for services and programs, scheduling the client to meet with a Case Worker/Consultant for further assessment and case management, and possibly making internal and/or external referrals.

The System must:

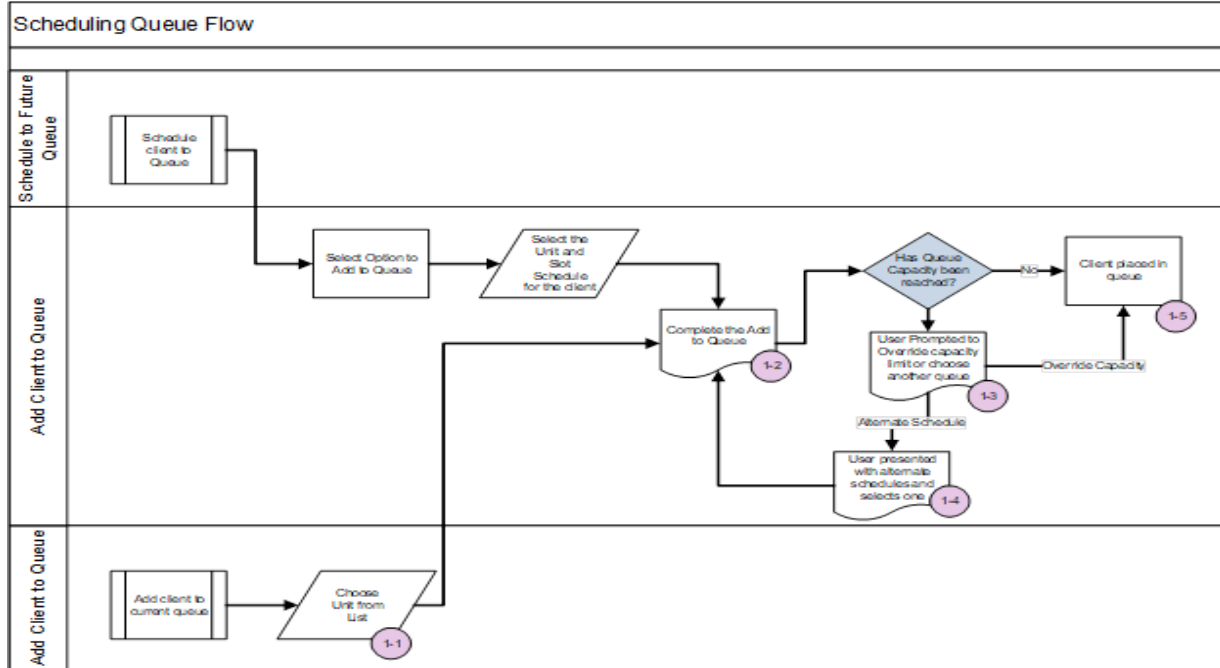
1. Record client's stated and assessed needs based on configurable program specific templates (e.g., Customer Service, Community Assistance, Employment, Clinical Coordination). These Intake/assessment templates should contain pre-populated data, and program specific questions with comment areas for each, pre-set quantifiable fields, and user input fields.
2. Record special needs: language, pregnancy, physical barriers, legal provisions, or alerts as it relates to the need for accommodations, or if there could be a potential issue – age or mental health concerns, based on program requirements.
3. Display list of services the client is currently receiving or has received from the department.
4. Record program participation outside Arlington
5. Record Point of Contact (POC) Information
6. Maintain history of client information
7. Record Client Household information
8. Record Client Income, Asset, and Expenses Information and populate data onto State required forms.
9. Have ability to calculate client's pro-rated income and expenses with the option for user to override.
10. Allow categorization of assessment instruments by type (e.g., intake, generic, shelter, employment programs, case record instruments)
11. Record needs, services requested and provided.
12. Record services status (e.g., pending, open, close, unknown) and dates.

13. Load and update Standard Occupational Classification system (SOC) codes to be used by Employment Programs
14. Date and time stamp screening or assessments
15. Capture name and phone number of the worker who completed the intake.
16. Have ability to show warning before exiting intake assessment (do you want to exit before saving) or Auto-Save while conducting intake assessment
17. Have ability to update an old screening/assessment and save it as a new assessment.
18. Have ability to keep history of screening/assessments.
19. Generate forms that can:
 - a. Pre-populate data already collected such as: client's demographics, income and assets, household information, household income and assets, client expenses and deductions.
 - b. Do basic arithmetic operations (e.g., to calculate client's monthly income, total client's income and assets, total household income, total household assets) and populate totals onto the forms.
 - c. Allow to select or deselect data to be used in tabulations or calculations.
 - d. Allow updates and data input in user defined fields.
 - e. Capture updated data fields only at the form level.
 - f. Save, date, and attach forms and/ or assessments to client record once determined to be complete.
 - g. Populate name of worker completing the information onto the form
20. Allow printing of forms, reports, and letters (on demand and batch)
21. Support the use of signature pads to capture client's signature needed in forms electronically.
22. Send e-mail notifications, including attachments, to internal staff.
23. Provide a utility that allow users to generate additional forms, assessment templates, client and Management Reports based on program needs and or user defined criteria.
24. Have ability to upload, categorize, index, and attach documents to the client case file (e.g., ID, SS card, birth certificate, etc.)

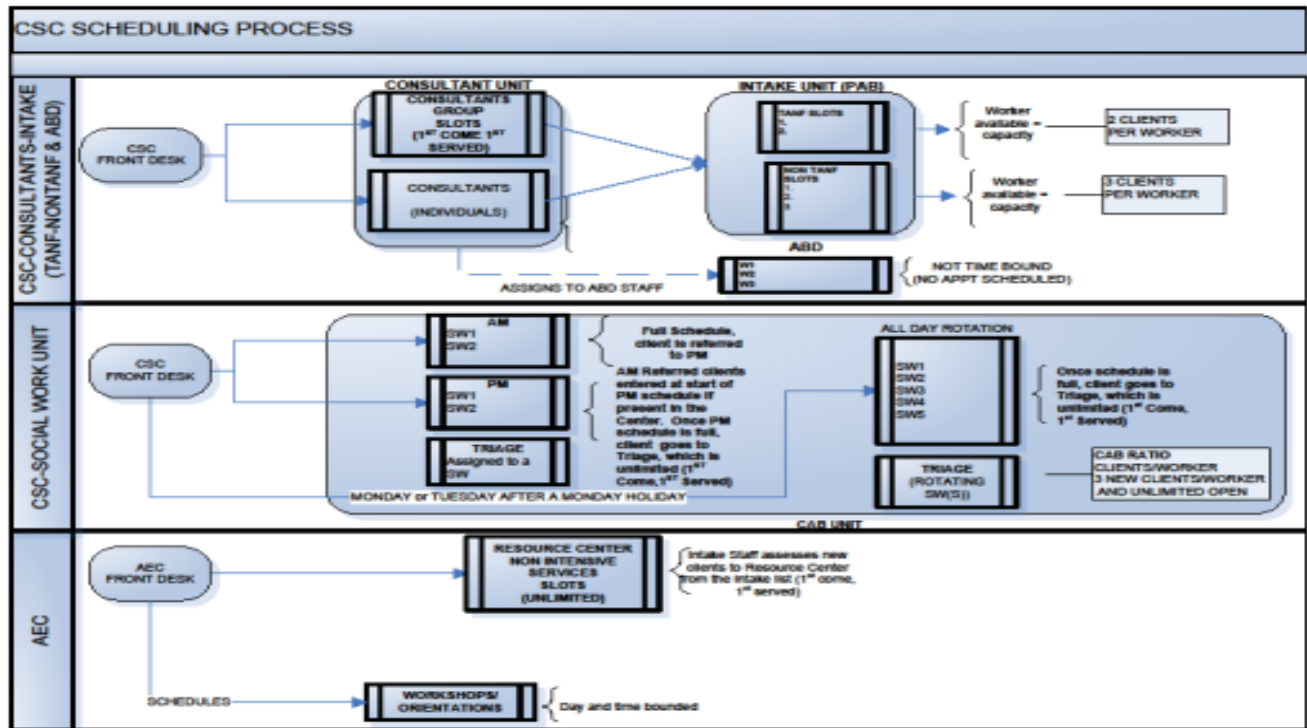
Note: Please see Attachment C – Assessments

SCHEDULING

Client scheduling entails setting up appointments to meet with Eligibility or Case Workers, and scheduling clients for orientation sessions and workshops. The diagram below illustrates the scheduling queue flow as an example only:



As an example, only of scheduling needs, please see the Visio diagram below:



GENERAL SCHEDULING REQUIREMENTS

The System must have:

1. Ability to search the System for an existing participant record.
2. Ability to add the participant to a Program and its associated schedule/queue.
3. Record type of appointment (walk in/phone/virtual)
4. Ability to re-activate the participant in the program if their record exists but is not active.
5. Ability to view TANF, ABD, Non-TANF, and any other queues based on program and user rights and allow user to select a daily and a weekly view.
6. Ability to view the participants added to the queue for a particular day.
7. Ability to view the slots highlighted as overcapacity and remove the highlights in cases when the slot becomes available.
8. Before the participant is added to the queue, the System should allow the user to:

- a. Select/change a Queue/slot.
 - b. Flag visit as an emergency visit or not
 - c. Flag the appointment as a phone call or not
 - d. Record appointment date and time as per program requirements
 - e. Display System time stamp when participant was added to the queue for the same day service based on program requirements
 - f. Select an Assigned Worker, Rotation Worker, or no worker as per program requirements
 - g. Select a language
 - h. Select one or more services from a multiselect list
 - i. Select the status of the participant who was placed in a queue as new, open, closed in last 30 days as per program requirements
9. Add participant to the appropriate queue.
10. After adding participant to the queue, have ability for the user to view queue details that include the following information:
- a. Participant name
 - b. Time placed on queue if the appointment wasn't scheduled in advance.
 - c. Time they are in
 - d. Time called for services.
 - e. Time when services completed.
 - f. Worker name
 - g. Status (Waiting, In-Progress, Complete, and Left)
 - h. Services
 - i. Spanish (Yes /No)
 - j. Phone appointment (check box)
11. Allow updating details of the queue based on user security rights.
- a. View/Update schedule slots
 - b. Update details of appointments occurred in the past.
 - c. Removing someone from a queue
 - d. Updating status where the participant is in the scheduling process.
 - e. Time stamping and display each change in the status field (e.g., time in, time waiting, time spent with the worker and when they left without been seen)
12. Ability to override the capacity rules for a queue or select another queue before a participant is added in cases where the capacity has already been exceeded, allowing participant to move from one queue to another.
13. Ability for a user, with proper security, to set-up and update program queues that includes the following functions:
- a. Set up schedule slots based on program rules.
 - b. Set up capacity rules.
 - c. Include services provided for each queue.
 - d. Add staff members associated to each queue.

- e. Ability to set up queue based on program needs.
- f. Set up queue statuses (e.g., waiting, in progress, complete, left without been seen, scheduled)

SPECIFIC SCHEDULING REQUIREMENTS:

The System must:

1. Allow development of weekly, daily, and hourly schedules based on available slots
2. Provide real time updates of daily and weekly schedules of available slots.
3. Allow creation of separate schedules (queues) based on program requirements.
4. Ability to set up daily threshold of available slots and allow adjustment of that threshold in real time.
5. Display available slots per day, and per week; based on a pre-determined threshold.
6. Display a warning but allow override of daily threshold by adding another participant to be seen on that day.
7. Send automated future appointment reminders via call or text to the participant provided they have given the consent and per program needs.
8. Send a meeting invite to worker's county e-mail, based on program requirements, when a participant is assigned for an intake with the worker. It should be on case worker's dashboard if they have an appointment.
9. When participant is added to the queue, calculate the average wait time (to advise participants of their estimated wait time based on predetermined calculations, prior to being seen by staff)
10. Adding or removing of participants from the schedule and allow re-scheduling of their appointments and generate letter for the participant with updated information.
11. Allow viewing of multiple schedules at once
12. Select one or multiple categories of services being requested for each available slot.
13. Display history of participant case workers with date/time of appointments
14. Ability to select type of appointment/queue based on program configuration options.
15. Record length of participant's wait time before being seen by the worker, and time spent with the worker.
16. Record when participant left without being seen and calculate average time they waited before they left.

17. Notification/alert to management when time exceeds XX minutes past scheduled appointment and/or more than XX minutes waiting to see a participant. Amount of time must be customizable by management staff. The alert should include:
 - a. Unit/Program
 - b. Participant name
 - c. Time of appointment
 - d. Services requested

SCHEDULING – CLIENT ORIENTATIONS, WORKSHOPS AND OPEN EVENTS

The System must have automated scheduling functions to allow:

1. Creation of schedules for orientation sessions and workshops
2. Set up number of seats available for each workshop and orientation session
 - a. Location of Workshop/Class in person/virtual
 - b. Workshop/Class name
 - c. Date of the Workshop/Class
 - d. Duration – Hours/minutes
 - e. Number of participants
3. Adjust seats available as participants sign up or drop from orientation sessions or workshops
4. Ability to record name of the volunteer/presenter and their respective hours for event or workshop/class
5. Record and populate the participant record with information regarding enrollment, attendances, and absences from orientations and/or workshops
6. Add/Remove participants from the calendar and/or reschedule them to a different day
7. Ability to capture data related to open events to include:
 - a. Location of the event
 - b. Event name
 - c. Date/Time of the Event
 - d. Number of participants

CLIENT CASE MANAGEMENT, PROGRAMS AND SERVICE PLANS

Case Management functions are linked to assessments and eligibility to a program. Case Management entails setting up short-term and long-term goals for the client, developing service plans based on assessment needs, and tracking outcomes of activities completed by client or worker.

The System must:

1. Allow setting up Case Management plans that include short-term and long-term goals for the client
2. Record date and time when a Case Management plan was established

3. Generate, notify staff, and maintain up-to-date weekly and monthly ticklers of upcoming due dates (e.g., assessments, follow ups, reviews)
4. Evaluate and track progress on client's short-term and long-term goals
5. Record date, time and the name of the worker setting up the service plan
6. Generate and categorize program specific service plans (e.g., Employment Services, Community Assistance, Community Outreach) that list needs and activities to be completed by client or worker
7. Allow selection of funding source(s) that will pay for such activity(s)
8. Record review dates for tasks and activities to be completed.
9. Record results of tests and skills/interest assessment(s)
10. Adjust activities, and service plans as needed.
11. Maintain statuses of activities from initial request to closure.
12. Record and maintain quantitative and qualitative outcomes of services, appointments, tasks, and activities.
13. Record improvement of employment readiness during client contact to include:
 - a. Purpose of contact (drop down options)
 - b. Date of contact
 - c. Method of contact (drop down options)
 - d. Time Spent
 - e. Case Notes
14. Maintain history of services provided, tasks and activities in a service plan.
15. Create and maintain snap shots of client situation at specific intervals of Case Management continuum.
16. Allow client to participate in multiple services plans, receive services from multiple funding sources (programs)
17. Record termination of services and termination from a program, including reasons and dates
18. For Employment programs:
 - a. Track and record placement information (e.g., placement date, position type, job category, wage, etc.)
 - b. Record if the placement is training related (Y/N)

- c. Set up tickler for follow up after existing program to record employment status, wages and hours increase.
 - d. Track and record Measurable Skill Gain information (e.g., post-secondary transcript, skills progression, date skill attained, type of achievement, etc.)
 - e. Provide open text box for staff to include any additional case notes achievement obtained
19. Provide a reporting utility to generate management reports based on user defined criteria (e.g., date ranges, programs outcomes, subset of clients, or any of their combination)
 20. Record results of the client's visit/meeting with worker (e.g., no show, next visit scheduled, completed as scheduled, other)
 21. Notification/alert to other business units (e.g., BET (Business Engagement Unit) staff) when a client's assessment is updated
 22. Notification/alert to the Case worker when a client in their case load has a projected training activity start or end date that is about to occur in XX days. Amount of time must be customizable by management staff.

CLIENT AND PROGRAM OUTCOMES

The department is interested in assessing the effectiveness of programs and the client's improvement in targeted areas.

To support these functions, the System must:

1. Allow setting target areas of evaluation based on programs or population (e.g., Employment, Housing, Life skills, Income, Gender, Ethnicity, Age)
2. Identify goals for each target area in quantitative or qualitative language (e.g., short term, intermediate, long term)
3. Set up scales/indicators that evaluate client's progress toward identified goals in targeted areas.
4. Allow setting up specific data collection points (e.g., beginning/end of a program, after 3 months, 6 months, a year)
5. Generate ticklers for workers to measure client's progress at specific data collection points.
6. Generate customer surveys to gather information on quality of services provided and suggestions.
7. Provide a reporting utility to generate management reports based on user defined criteria (e.g., date ranges, programs outcomes, subset of clients, group of clients by worker and funding source, or any of their combination)

BUSINESS/EMPLOYMENT DEVELOPMENT

For Employment Development, workers and business developers conduct field visits to identify potential outside business partners.

To support these functions, the System must:

1. Provide a report utility that will generate client and management reports based on a user specified criterion.

Note: Please see Attachment C – Forms

CLIENT TRAINING AND FINANCIAL ASSISTANCE TRACKING

The System must:

1. Track cost of activities provided, date of activities and funding source(s) (e. g., Virginia Initiative for Employment not Welfare (VIEW), Workforce Innovation and Opportunity Act (WIOA), SNAPET, Back2Work)
2. Maintain client’s record of payments.
3. Maintain records of any financial item distributed to client, including cost and funding source paying for such item (e.g., transportation passes, gas cards)
4. Provide a reporting utility that generates client and management reports based on user specified criteria (e.g., dates, client counts, funding source, type of services, costs, or any of their combination)

WORKFLOW/NOTIFICATIONS

The System workflow/notification functionality must include:

1. Ability to create and display information about staff status for respective shift, their phone number, and whether onsite or teleworking.
2. Notification to the worker via Outlook email when a client is assigned to him/her for an intake based on program requirements.
3. Send automated appointment reminders via call or text to clients who have consented.
4. Track the recipient responses from the automated reminders.
5. Collect date and time spent from beginning to end of the following:
 - a. Client’s waiting time before seen by staff
 - b. Intake/Registration
 - c. Screening/Assessment process
 - d. Referrals received/made and completed
 - e. Service requested and provided
 - f. Meetings with case worker

6. Track task status throughout its duration:
 - a. Waiting
 - b. In-process
 - c. Complete
 - d. Left
7. Track appointments by unit to include in-person, phone, and no-show percentages.
8. Set up ticklers to remind workers of due tasks (e.g., appointments, reviews, follow-ups)
9. Send an email notification to the staff person when the item is due. The email will contain:
 - a. Program name
 - b. Client first and last name
 - c. Due task names
 - d. Task due date
10. Alert specific program managers and supervisors of tasks exceeding processing time threshold level for check-in.
11. Alert case worker and/or management when the client's profile has been inactive for more than xx days based on program requirements.
12. Alert Business Engagement Unit workers and Employment Services Specialists when client in their case load has a projected training activity start date/end date that is about to occur in XX days. Time must be customizable by management staff.
13. Send an alert to Business Engagement Unit staff when employment related fields such as: Skills, Work Experience and SOC code are updated in AEC client intake assessment.
14. Ability to send an alert to client case workers who are actively working with the client, when fields such as: Address, Household Composition, Income, Housing Status are updated in Intake forms and Assessments based on program requirements.
15. Alert active Case Workers when forms/documents are added for active clients.
16. Ability to set alerts, if needed, when clients exceed the number of slots available for an employment workshop or orientation.
17. Track client time slot availability for orientations and workshops related to employment.
18. Track number of client visits, date, time, and type of visit
19. Provide a reporting utility that generates reports based on user defined criteria (e.g., date, count of clients seen, left without been seen, departmental units, counts of completed and

outstanding tasks by worker, by service requests, service type, by program, processing time, or any of their combination)

Note: Please see Attachment C – Reports

REFERRALS

Clients can be referred to other internal DHS divisions or to external agencies. Referrals are linked to a client record and to service requests. Referrals can be done independent from case/program enrollment or program specific service plans.

To support these functions, the System must:

1. Allow staff to create a referral for a client to other DHS programs and to external organizations.
2. Record if the referral is incoming (Referred from) or External (Referred to)
3. Record service/referral type (e.g., Housing, employment, Public Service Program (PSP)) and services requested.
4. Record date and time when referral is received or made.
5. Record name or agency to where the referral is going to or coming from
6. Allow generation of multiple referrals for a client
7. Notify staff via email about incoming internal referrals.
8. Send e-mails to workers about internal referrals, including attachments.
9. Record acknowledgment of referral (yes/no/unknown)
10. Record name of staff acknowledging incoming referral
11. Record referral outcome
12. Maintain history and status of referrals done by or for a client.
13. Record feedback from service provider referrals
14. Allow on demand and batch printing of referrals.
15. Provide a Reporting utility that generates Client and Management Reports based on user-defined criteria.

Note: Please see Attachment C-Reports

USER SECURITY

The System must:

1. Support single sign-on using county active directory.
2. Provide a login process using a user-id and password for users outside the county network.
3. Prevent unauthorized access to data, ensure data confidentiality and at the same time be flexible to grant appropriate access based on staff functional roles.
4. Supply a simple Graphical User Interface (GUI) to set up and administer security options.
5. Allow setting of different levels of System access based on security groups (e.g., customer services staff, case workers, managers, supervisors, System administrators, etc.)
6. Grant or restrict access to functions within a security group.
7. Allow view, updates, and deletions of security groups.
8. Ability to assign staff to one or more security groups.
9. Have clear definitions of security statuses (e.g., allow, deny, etc.)
10. Have clear definitions of user actions (e.g., add, edit, delete, read only, etc.)
11. Maintain and provide access to System log(s) containing user's name, date, time, and type of updates to client records.
12. Have a System time out capability that signs off users after inactivity.

ATTACHMENT C

CSMS FUNCTIONAL REQUIREMENTS **FORMS, LETTERS, ASSESSMENTS and REPORTS**

Forms, letters, and assessment instruments will contain structured data (System, user-defined data fields) and unstructured data (text, images)

The System must:

1. Generate and populate, in real time, client documents (forms, letters, assessments) using data already collected in the System (e.g., name, address, client id, income data)
2. Allow user updates (e.g., fill out, select, and deselect items)
3. Do basic arithmetical operations.
4. Record, on the form or letter, results of calculations
5. Have a save, print, and cancel option.
6. Incorporate County's letterhead on printed documents.
7. Display and print client's identifier and demographic information on documents.
8. Attach documents to client's record.
9. Secure forms so only staff with appropriate security rights can view and/or update client's documents.
10. Have a lock feature by which no further updates are allowed to the documents.
11. Date and timestamp complete/locked documents
12. Save electronic copies of client's documents once they are locked.
13. Group form, assessment and service plan templates by departmental units and programs/funding sources (e.g., Customer Service, Community Assistance, Employment Center)
14. Allow capture of client and worker's signatures
15. Allow on demand and batch printing of forms and letters.
16. Provide users with a utility that allows copying and modifying existing forms, letters, and assessments to generate new ones with same functionality, but different contents or layouts.

FORM and LETTER TYPES AND ILLUSTRATIVE SAMPLES

The System must support several form and letter types:

1. Forms and letters with pre-populated System data and standard text
2. Forms and letters with pre-populated System data, standard text, user input, and user selection options (residing only on the form - not stored back into the database)
3. Forms and letters with pre-populated data, standard text, user selection options, and user structured data input - stored back into the database.
4. Forms and letters with pre-populated data, user selection options, user structured and unstructured data input, and basic computation (results of computation will reside only on the specific form)
5. Forms and letters with pre-populated data, user selection options, basic computation, and user structured (e.g., date form completed), and unstructured data input (e.g., text)
6. System must be able to print forms and or letters in Spanish, based on language selected by user. System default is English.

FORMS AND LETTERS SAMPLES

SAMPLE TYPES

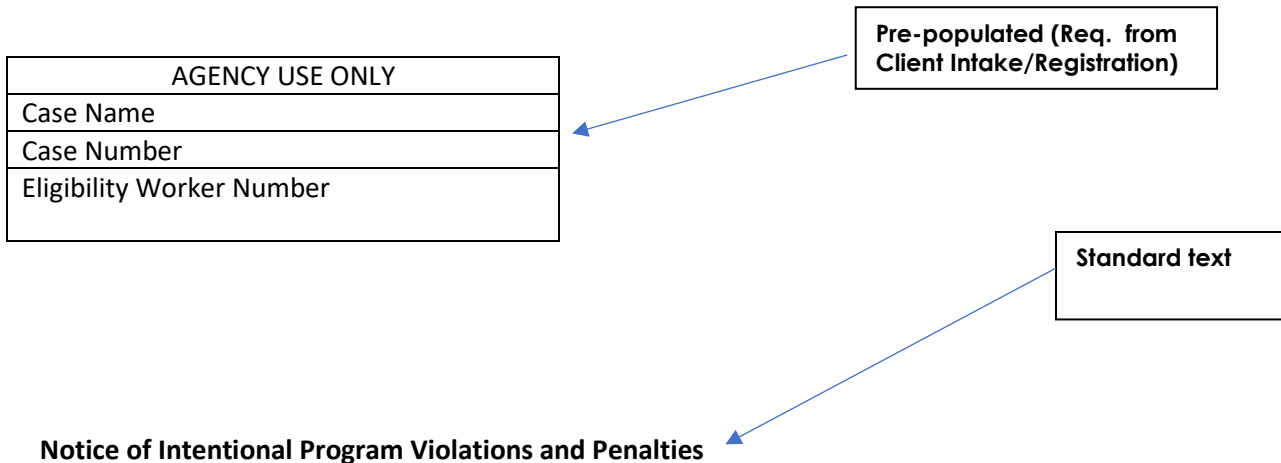
The sample forms and letters below are indicative of the structured information requirements in this area, both for data input and output information management capabilities of the System.

The System must include:

- a. Data that is part of the standard configuration/off-the-shelf components of the System
- b. Data that is fixed in structure in the System (e.g., a key field, required field)
- c. Data field and/or values (selections) must be configurable.
- d. Data that is typically calculated, derived, or generated based on other information in the standard configuration.
- e. Standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
- f. Data that is simply open text (in standard configuration)

TYPE 1. FORMS WITH PRE-POPULATED SYSTEM DATA and STANDARD TEXT

**Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families**



Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until

the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. Income changes
3. Rent changes

4. Resource changes
5. Changes in household members
6. An eligible child leaves your home.
7. Changes that may affect VIEW participation, including changes in the need for transportation, childcare, or any other supportive services.
8. Income for each household is driven by the number of people in the Household and based on Gross income limits (monthly, weekly, every two weeks, twice a month).

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature _____ Date _____

Worker Signature _____ Date _____

Capture signatures and dates

List of forms in this category not included in the samples:

EMPLOYMENT AND EARNINGS VERIFICATION
SCHOOL ATTENDANCE VERIFICATION
CONSENT RELEASE FORM
HIPPA FORM
NOTICE OF INTENTIONAL PROGRAM VIOLATION
TIME AND ATTENDANCE RECORD
STATEMENT OF REQUIRED PRESENCE OF CAREGIVER
SHELTER AND RESIDENCE EXPENSE VERIFICATION
GENERAL RELEASE FORM
Total 9

TYPE 2. FORMS WITH PREPOPULATED SYSTEM DATA, STANDARD TEXT, USER INPUT, AND USER SELECTION OPTIONS

CSC Intake Checklist

INTAKE CHECKLIST

AGENCY'S ROLE:

- Time limit to act on application: SNAP: 7/30 TANF: 30 GR/Med: 45 Application Date: 01/26/2023
- Eligibility requirements; Verification
- SNAP budget computation; EBT; Maximum resources: Testing Testng
- Medical coverage; Assignment of Rights
- TANF flat allowance _____; Budget computation; TANF payment options: Debit card/Direct deposit/Check
- Services: Eligibility/CAB Social Worker/AEC Case Manager; SNAP-ET; Time limited TANF/VIEW benefit
- Confidentiality
- Case review and recertification; Interim Reporting; Quality Control
- Notification of action; Right to appeal; Voter Registration
- DHS check cashing ID (2100 Washington Blvd, 1st Floor; after Refugee or G.R. approval, if receiving checks)
- Diversionary Assistance; Emergency needs; Referrals _____

APPLICANT'S ROLE:

Depending on the types of assistance you receive, you must report changes listed below for everyone in your household to the Department of Human Services within 10 days of the date you become aware of the change. You can report in person, by mail, by fax 703-228-1011, or call 703-228-

SNAP (Food Stamps)	TANF	MEDICAID & FAMIS	HOUSING GRANTS	GENERAL RELIEF & OTHER
Income that puts your household above 130% of the federal poverty level	All changes in address	All changes in address	All changes in address	All changes in address
Change in job hours that lowers hours below 20 hours per week	Income that puts your household above 130% of the federal poverty level	All income changes	All income changes	All income changes
	An eligible child or parent of eligible child leaves the home or enters the home	An eligible child leaves the home	All resource changes	All resource changes
	Changes affecting VIEW participation	If you are age 65 or older or permanently disabled, all resource changes	All changes in household members	All changes in household members
			All rent changes	

Failure to report changes, withholding information, or providing incomplete or misleading information in order to receive or continue to receive benefits to which you are not entitled may be considered welfare fraud.

Mail Card/PIN
 Vault EBT Card*
 Applicant Already Has Card

*Vault EBT cards are issued only to ensure timely receipt of Food Stamp benefits. If you are picking up a Vault EBT card, your Eligibility Worker will tell you what day to pick it up. You must present ID to pick up a Vault EBT card at the Customer Service Center, 2100 Washington Blvd, 1st Floor. Business hours are 8:00 – 5:00 Monday through Friday or call 703-228-1350. Your Authorized Representative is not permitted to pick up your Vault EBT card.

My rights and responsibilities have been explained to me. I understand the need to report required changes in my situation within 10 days of the date I become aware of the change. I understand that my application will be denied if all information required is not received by the date indicated below. I have had an opportunity to ask and receive answers to any questions I may have had regarding my rights and responsibilities.

Capture the User and Worker Input and Signature:

Applicant Signature _____	Date _____	Spouse Signature _____	Date _____
	Hernandez, Johanna	(703) 228-1023	02/06/2023
Worker Signature _____	Print name	Phone	Date

In order to complete your application, please bring or mail in the following within 10 days - by 02/15/2023

If you need help in providing this information, contact your Eligibility Worker.



2100 Washington Blvd., 1st Floor
 Arlington, Virginia 22204
 (703)228-1350 . FAX (703)228-1011
 TTY (703)228-1398

DEPARTMENT OF
 HUMAN SERVICES

Thursday, April 14, 2011

Dear: Customer Service Form

Pre-populated (Required from Client Intake & Registration)

We have scheduled an appointment for you on Wednesday, April 27, 2011

- at this office - 1st floor (703) 228-1350 at 9:30:00 AM
- on the phone - your worker will call you at

User selects or adds requirements prior to printing.

Plan on spending 1-1.5 hours at your appointment. An application is enclosed which must be filled out prior to your interview. For telephone interviews, you must return your application prior to your interview appointment time. The following verifications are needed; please bring as much as you can to your interview, but DO NOT miss your appointment if you don't have everything. More may be required as determined by your interviewer.

- Proof of all your gross earned income, for the months of January , February , March (Paystubs, employer letter)
- Proof of any other income/money that you might get from any source, i.e. Social Security benefits; unemployment benefits; veteran's benefits, retirement benefits, relatives/friend; child support/alimony.
- Employment termination form or letter, including date and gross amount of final pay.
- Verification of your address (lease or current rent receipt or a note from your landlord or utility bill)
- Picture identification or other identity verification for you.
- Birth certificates for your children
- Your Social Security number and the Social Security numbers for your children and spouse.
- Proof of alienage, or immigration status or U.S. citizenship
- Medicare card or health insurance cards.
- If you are unable to work, please have your doctor complete the enclosed form.
- Other Free form field
- Other _____
- Other _____

If you need to change your appointment, please contact us at (703)228-1350.

Sincerely,

Customer Service Consultant



2100 Washington Blvd., 1st Floor
Arlington, Virginia 22204
(703)228-1350 . FAX (703)228-1011
TTY (703)228-1398

DEPARTMENT OF
HUMAN SERVICES

Thursday, April 14, 2011

Estimado (a) Customer Service Form

Hemos programado una cita para usted en Wednesday, April 27, 2011

- en esta oficina - primer piso (703) 228-1350 a las 9:30:00 AM
por teléfono - su trabajador le llamará a las

La entrevista puede durar de 1-1.5 horas. Estamos incluyendo una aplicación, la cual debe completar antes de su entrevista. Si no tiene quien le ayude a completar la solicitud puede llamar a una de las siguientes agencias para que le asista: Comité Hispano (703) 243-3033, Hogar Hispano (703) 979-1705. Para una entrevista por teléfono, usted debe devolver su aplicación antes de la fecha programada para su entrevista. Las siguientes verificaciones son necesarias: provea los documentos que usted pueda el día de su entrevista, pero NO PIERDA su cita si usted no tiene todos los documentos. Mas verificaciones podrían ser requeridas por la persona que lo(a) entreviste.

- Prueba de todo ingreso bruto (sin deducciones): por los meses de January, February, March (colillas de pago o carta del empleador).
Prueba de cualquier otra fuente de ingreso que usted recibe. Esto incluye: a) beneficios del Seguro Social; beneficios por: b) desempleo, c) retiro/jubilación, d) veteranos, e) dinero que recibe de familiares o amigos, f) pagos de mantenimiento de niños (Child Support).
Formulario de terminación de empleo o carta del empleador, incluyendo la fecha y el monto total del último pago.
Verificación de su dirección (contrato de vivienda, recibo de renta, o carta del arrendatario o factura de utilidades).
Una identificación con su fotografía o otra prueba de identidad
Partidas de nacimiento de sus hijos.
Su número de Seguro Social y números de sus hijos y esposo.
Tarjetas de Residencia (Green Card), Forma I-94, Certificado de Naturalización, Pasaporte de los Estados Unidos, permiso de trabajo, cualquiera de estos documentos que usted tenga en su poder.
Tarjeta de Medicare o cualquier otro seguro médico que usted posea.
Si usted no puede trabajar por problemas de salud, pídale a su medico que complete la forma adjunta
Otro Free form field
Otro
Otro

Si necesita cambiar la fecha o la hora de su cita, por favor llame al teléfono (703) 228-1350

Atentamente,

Consultante de Servicio al Client



2100 Washington Blvd., 1st Floor
 Arlington, Virginia 22204
 (703)228-1350 . FAX (703)228-1011
 TTY (703)228-1398

DEPARTMENT OF
 HUMAN SERVICES

Thursday, April 14, 2011

Estimado (a) Customer Service Form

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La entrevista puede durar de 1-1.5 horas. Estamos incluyendo una aplicación, la cual debe completar antes de su entrevista. Si no tiene quien le ayude a completar la solicitud puede llamar a una de las siguientes agencias para que le asista: Comité Hispano (703) 243-3033, Hogar Hispano (703) 979-1705. Para una entrevista por teléfono, usted debe devolver su aplicación antes de la fecha programada para su entrevista. Las siguientes verificaciones son necesarias: proporcione los documentos que usted pueda el día de su entrevista, pero NO PIERDA su cita si usted no tiene todos los documentos. Mas verificaciones podrían ser requeridas por la persona que lo(a) entreviste.

- Prueba de todo ingreso bruto (sin deducciones): por los meses de January, February, March (colillas de pago o carta del empleador).
- Prueba de cualquier otra fuente de ingreso que usted recibe. Esto incluye: a) beneficios del Seguro Social; beneficios por: b) desempleo, c) retiro/jubilación, d) veteranos, e) dinero que recibe de familiares o amigos, f) pagos de mantenimiento de niños (Child Support).
- Formulario de terminación de empleo o carta del empleador, incluyendo la fecha y el monto total del último pago.
- Verificación de su dirección (contrato de vivienda, recibo de renta, o carta del arrendatario o factura de utilidades).
- Una identificación con su fotografía o otra prueba de identidad
- Partidas de nacimiento de sus hijos.
- Su número de Seguro Social y números de sus hijos y esposo.
- Tarjetas de Residencia (Green Card), Forma I-94, Certificado de Naturalización, Pasaporte de los Estados Unidos, permiso de trabajo, cualquiera de estos documentos que usted tenga en su poder.
- Tarjeta de Medicare o cualquier otro seguro médico que usted posea.
- Si usted no puede trabajar por problemas de salud, pídale a su medico que complete la forma adjunta
- Otro Free form field
- Otro _____
- Otro _____

Si necesita cambiar la fecha o la hora de su cita, por favor llame al teléfono (703) 228-1350

Atentamente,

Consultante de Servicio al Client

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: _____

Case #: _____

ESW: _____

ESW Phone #: _____

WORK SITE AGREEMENT (CWEP, PSP or WE)

The _____ Department of Social Services (hereafter referred to as the Agency) and _____ (hereafter referred to as the work site) enter into this agreement in good faith to provide work experience and/or training to participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of VIEW and SNAP E&T and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the participant to participate in VIEW or SNAP E&T.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the 5th working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from _____ to _____

Authorized Signature (organization/work site) Date

Agency/LDSS Representative Date

EMPLOYMENT SERVICES PROGRAM
WORK SITE AGREEMENT (CWEP, PSP or WE)

Employment Services Program Acronyms	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

FORM NUMBER: 032-02-1070-02-eng (10/22)

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the CWEP, PSP or WE work site and the LDSS.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Original and one copy

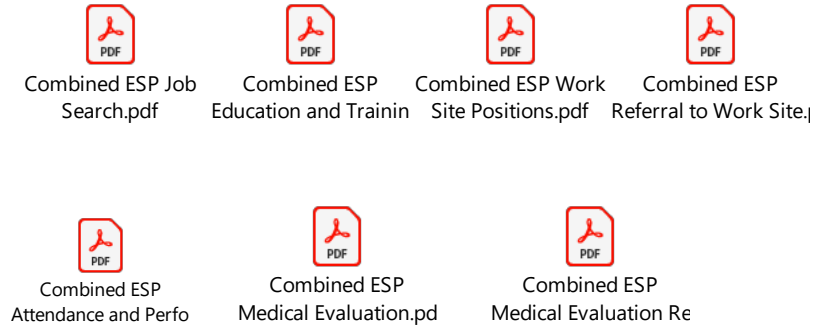
DISPOSITION OF COPIES - Original remains on file in agency. Copy is retained by the work site.

INSTRUCTIONS FOR PREPARING FORM

After discussion with the work site representative, this agreement will be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required. However, each agreement may have several position descriptions associated with it.

Additional VIEW & SNAPET Combined Forms:



List of forms in this category not included in samples:

VIEW AGREEMENT OF PERSONAL RESPONSIBILITY
VIEW NON-COMPLIANCE CHECKLIST
VIEW NOTICE OF SANCTION/TERMINATION
VIEW PROGRAM SURVEY
VIEW PROGRAM SELF SUFFICIENCY ASSESSMENT FORM
SNAPET Pre-Assessment Form
SNAPET Plan of Participation Form
SNAPET Case Closure
TOTAL 8

TYPE 4. FORMS WITH PRE-POPULATED DATA, USER SELECTION, USER DATA INPUT, AND BASIC CALCULATION

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF SOCIAL SERVICES
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

System pre-populated,
and user input

Basic calculation

EXPEDITED SERVICE CHECKLIST

NAME: Customer Service Form

DATE: Thursday, April 14, 2011

I. YES NO Has anyone for whom you are applying received SNAP benefits this month?

If YES, who:

where:

II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

_____ \$ _____

_____ \$ _____

III. RESOURCES for everyone in your household:

Cash on Hand
\$ 50.00

Checking Accounts
\$ 100.00

Savings Accounts
\$ 25.00

IV. SHELTER EXPENSES this month.

AGENCY USE ONLY

1. YES NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. YES NO Is income plus resources less than shelter?

Income \$ _____

Resources \$ _____

Total \$ _____

Shelter \$ _____

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, apply the Standard to determine Shelter, unless the household chooses to use actual shelter costs.

FOR MIGRANT & SEASONAL FARMWORKERS

3A. YES NO Are resources \$100 or less AND, in the next 10 days, \$25 or less expected from new income source?

IF YES, EXPEDITE

3B. YES NO Are resources \$100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

<p style="text-align: center;">Rent/Mortgage \$ <u>350.00</u></p> <p>Utility expenses this month \$ <u>150.00</u> Which utilities do you pay? (check all that apply)</p> <p><input type="checkbox"/> Heat <input type="checkbox"/> Lights <input type="checkbox"/> Telephone <input type="checkbox"/> Water <input type="checkbox"/> Electricity for Air Conditioning <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> Other</p> <p>V. () YES NO Is anyone in your household a Migrant or a Seasonal Farm worker?</p> <p>WAS APPLICATION FILED AFTER 15TH OF THE MONTH? <u> </u> Y <u> </u> N</p> <p>IF YES, WAS APPLICATION SCREEN FOR EXPEDITED SERVICES FOR THE FOLLOWING MONTH? <u> </u>.</p>	<p style="text-align: center;">DETERMINATION</p> <hr/> <p>() EXPEDITED () NOT EXPEDITED</p> <p>Screened by:(person completing the Intake)</p> <hr/>
--	--

TYPE 5. FORMS WITH PRE-POPULATED DATA, USER SELECTED, DATA INPUT FIELDS, BASIC CALCULATION, AND UNSTRUCTURED DATA FIELDS (TEXT)

**Client Reimbursement Request
Arlington Employment Center**

Client Name:	<input type="text"/>
Address:	<input type="text"/>
Apt #:	<input type="text"/> <small>required (if no Apt# enter NONE)</small>
City/State/Zip:	<input type="text"/>

Training	Start Date	End Date	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total:

Supportive Services	Cost
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total:

Transportation	Cost
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Program Funding This Expense:

Total:

Grand Total:

Case Manager's Signature:

Date:

Supervisor's Signature (Approval):

Date:

List of forms in this category not included in samples:

Individual Employment Plan (IEP)
TOTAL 1

LETTER AND ASSESSMENTS

VERIFICATION OF ASSISTANCE RECEIVED

Date: (enter today's date) ← **System date**

To Whom It May Concern:

← **System pre-populates (from Client Registration Req.)**

This is to confirm that (enter client name), who resides at (enter client address) is a recipient of:

- TANF \$ (Enter Amount) per month
- SNAP (Food Stamps) \$ (Enter Amount) per month
- General Relief \$ (Enter Amount) per month
- Housing Grant \$ (Enter Amount) per month
- Other \$ (Enter Amount) per month

← **User input**

Sincerely,

For Eligibility Worker
(Enter Eligibility Worker Name)
703-228-(enter 4-digit worker extension)

← **User input**

ASSESSMENTS

ASSESSMENT AND SERVICE PLAN TEMPLATE SAMPLES

Assessments and Service Plans fall into any of the form types listed above and are based on program specific eligibility and report requirements.

The System must:

1. Generate assessment and service plan templates using different types of forms, or any of their combination.
2. Group assessments and service plans according to units (Customer Service, Community Assistance, Employment Services)
3. Provide a utility that allows users to: copy and modify templates to generate new assessments and service plans with similar functionality.

ASSESSMENTS AND SERVICE PLAN SAMPLES

The System must support inclusion of:

1. data that is part of the standard configuration/off-the-shelf components of the System
2. data that is fixed in structure in the System (e.g., a key field, required field)
3. data field and/or values (selections) must be configurable.
4. data that is typically calculated, derived, or generated based on other information in the standard configuration.
5. standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
6. data is simply open text (in standard configuration)

A. CCP Intake/Assessment

Note: If “Other” is part of the dropdown list, provide a free text box next to it

Field Name	Field Value/Dropdown selections
1. Primary need	Drop down list (can select more than one)
2. U.S. Veteran	Y/N
3. Current Setting	Drop down list (can select more than one)
4. Appropriateness of this setting	Drop down list (can select more than one)
5. Comments regarding this setting	Open text field
6. Homelessness Pattern	Drop down list
7. Presenting Problem	Open text field
8. Worker's Assessment	Open text field
9. Barriers to Stability	Drop down list (can select more than one)
11. Household Budget	a. Income Applicant #1 <ul style="list-style-type: none"> • Applicant 1 - Wage/Salary (Monthly): \$ • Applicant 1 - TANF (Monthly): \$

	<ul style="list-style-type: none"> • Applicant 1 - SNAP (Monthly): \$ • Applicant 1 - Child Support (Monthly): \$ • Applicant 1 - SSI/SSDI/SSA (Monthly): \$ • Applicant 1 - Other Income (Monthly): \$ • Applicant 1 - Total Income (Monthly): \$ <p>Add another applicant (open/drop down if applicable)</p> <p>Applicant #2</p> <ul style="list-style-type: none"> • Applicant 2 - Wage/Salary (Monthly): \$ • Applicant 2 - TANF (Monthly): \$ • Applicant 2 - SNAP (Monthly): \$ • Applicant 2 - Child Support (Monthly): \$ • Applicant 2 - SSI/SSDI/SSA (Monthly): \$ • Applicant 2 - Other Income (Monthly): \$ • Applicant 2 - Total Income (Monthly): \$ <p>b. Monthly Expenses</p> <p>Essential</p> <ul style="list-style-type: none"> • Rent/Mortgage: \$ • Property Taxes: \$ • Insurance (rental): \$ • Insurance (home): \$ • Utility (gas): \$ • Utility (electric): \$ • Water/Sewage/Garbage: \$ • Phone: \$ • Work/School Fees: \$ • Health Insurance: \$ • Medication: \$ • Auto Payment: \$ • Transportation Costs: \$ • Insurance (auto): \$ • Child Care: \$ • Alimony/Child Support: \$ • Laundry: \$ • Loans (education): \$ • Loans (home equity): \$ • Loans (other): \$ • Groceries: \$ • Other expense: \$ • Describe other expense: • Total Expenses (Essential): \$ <p>Discretionary</p>
--	--

	<ul style="list-style-type: none"> • Beauty: \$ • Cable/Internet: \$ • Cellular Phone: \$ • Clothing/Shoes: \$ • General Recreation: \$ • Cigarettes/Alcohol: \$ • Religious Contributions: \$ • Gifts: \$ • Other: \$ • Describe other: • Total Expenses (Discretionary) \$
12. Budget Summary	<ul style="list-style-type: none"> • Total Income (per month): \$ • Total Expenses (per month): \$ • Total Expenses (per year): \$ • Total Income (per year): \$ • Monthly Difference: \$
13. Payment Coordination Plan	<ul style="list-style-type: none"> a. Housing Assistance(s): Drop down list b. Utility Assistance(s): Drop down list c. Rx/Medical Assistance(s): Drop down list d. Food/Clothing/Furniture Assistance(s): Drop down list
14. Other Program Referrals:	Drop down list (can select more than one)
15. Public Entitlement Programs	Drop down list (can select more than one)
16. Closing Service Summary	<ul style="list-style-type: none"> • Course of Action Taken by Worker: (open text field) • Actions Taken by Client: (open text field) • Collaborations with Internal/External Partners: (open text field) • Status of Needs at Time of Case Closure: (open text field) • Follow-Up Plans: (open text field)
17. Closing Data	<ul style="list-style-type: none"> • Eviction: Drop down list • Shelter: Drop down list • Energy Assistance: Drop down list • Medical: Drop down list • Dental: Drop down list • Food: Drop down list • Transportation: Drop down list • Clothing: Drop down list • Other Need: Drop down list • Average time spent for this case

B. EMPLOYMENT SERVICES ASSESSMENT AND SERVICE PLANS – SAMPLES

Please double-click on icons to view samples.

COMBINED ACTIVITY AND SERVICE PLAN FORM:



COMBINED ASSESSMENT FORM:



EMPLOYMENT SERVICES INTAKE/ASSESSMENT

Note: If “Other” is part of the dropdown list, provide a free text box next to it

Field Name	Field Value/Dropdown selections
Assessment Location	Drop down list
Reason for visit	Drop down list
Were you referred by Arlington Public Schools REEP Program?	Y/N
Current Employment Status	Drop down list
If unemployed length of unemployment	Text field
Are you collecting unemployment insurance?	Y/N
Education level	Drop down list
Certifications/Licenses held	List all (text field)
Citizenship/Right to work	Y/N
Are you a veteran?	Y/N
Transitioning Military?	Y/N
Transitioning Military Spouse?	Y/N
Selected Service Registration?	Y/N
Do you have a disability?	Y/N
Currently a ‘Ticket to Work/Employment Network’ participant?	Y/N
Have you ever been convicted of any criminal offense(s)	Y/N
Have you ever been convicted of a felony?	Y/N
Have you ever received Vocational Rehabilitation Services?	Y/N
Do you have current driver’s license?	Y/N
Do you have access to a car?	Y/N

Access to computer/laptop	Y/N
Access to internet	Y/N
How do you meet your economic needs? (Check all that apply)	Drop down list
Household type	Drop down list
Family size	Drop down list
Health Insurance	Y/N
Total Household Income (Annual)	Numeric
Self-assessed barriers to employment	Drop down list
Work Experience	Drop down list
Most recent employment	Title, start date, end date, duties, hours /week, hourly wage, annual salary, reason for leaving start date, end date
Most recent Employer information	Employer name, address, contact name, telephone, email
2 nd most recent employment	Title, start date, end date, duties, hours /week, hourly wage, Annual salary, reason for leaving, start date, End date
2 nd most recent Employer information	Employer name, address, contact name, telephone, email
What kind of employment are you looking for?	Drop down list
SOC Code	Drop down list (SOC code)
Special skills that you have (i.e., language, typing speed, etc.)	Text field
Would you like to receive Email Alerts from the AEC Job Board	Y/N
Minimum salary that you would accept/year	Numeric
Type(s) of employment you would accept	Drop down list

REPORTS

REPORTS

The System must:

1. Generate and print on demand and batch client reports listed below under Report Samples
2. Include in the report header the date when report was run
3. Display and print the report criteria on each report
4. Provide a utility that allows users to:
 - a. Generate and print on demand and batch client reports based on date ranges and user defined criteria (e.g., Demographic data, services requested, etc.)
 - b. Generate on demand and batch statistical reports (aggregated, and detailed data) based on date ranges and user defined criteria (e.g., clients served, category of services provided, clients enrolled, clients served, clients placed, program outcomes, etc.)
 - c. Export data into standard file outputs (Office tools, Excel, PDF, flat files, email) for further data manipulation and reporting

REPORT SAMPLES

The samples below are indicative of the structured information requirements in this area, both for data input and output. In evaluating the offer, the County will seek understanding of the information management capabilities of the System in this area.

The System must include:

1. data that is part of the standard configuration/off-the-shelf of the System
2. data that is fixed in structure in the System (e.g., a key field, required field)
3. data field and/or values (selections) must be configurable
4. data that is typically calculated, derived, or generated based on other information in the standard configuration
5. standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
6. data is simply open text (in standard configuration)

CUSTOMER SERVICE REPORTS

A. General Visits –CSC and CFSD

A-1: General Visit Lookup (Detail List of visitors)

From MM/DD/YY To MM/DD/YY user entered

Sort by any of the fields in the report (e.g., worker, reason, location) user entered

Date taken	Time	Un it	Last Updated by	Visitor Name	Reason for the Visit	Program	Location	Drop of to	Other reason	Type of Application	Court/Sheriff Drop off type	Name of worker the subpoena is for	Time Received	AM/PM	Staff Name	Appointment with

Total General Visit by Date	
-----------------------------	--

A-2: General Visit Lookup by Visit Reason
 From MM/DD/YY To MM/DD/YY user entered

Date Visit MM/DD/YY	
------------------------	--

Visit Reason	# of contacts
Reason 1 e.g., Application Assistance	1
Reason 2 e.g., Application/ Drop-off Documents	7

A-3: General Visit by Worker
 From MM/DD/YY To MM/DD/YY user entered

DATE	Worker 1 Name	Worker 2 Name	Worker 3 Name	Worker 4 Name	Worker 5 Name	Worker 6 Name
	5	1	3	4	2	1

B. Applications Received

From MM/DD/YY To MM/DD/YY user entered

Participant ID	Date (Entered, by user)	Recorded by	Participant Name	Received by (Person who took the application)	Received/Passed to (free text)	Type of Application
					10/24/22 To: J. Hernandez 10/24/22 To: Non- TANF Intake 10/27/2022	
					10/24/22 To: I. Cancel 10/24/22 To: N/T intake schedule 10/27 - email sent	
Total Applications		55				

C. Combined Walk-in Volume and Drop-off Volume

From MM/DD/YY To MM/DD/YY user entered

C-1: Combined Walk-in by Entry Points (Customer Service Front Desk)

Combined	3 rd floor Housing	3 rd floor Other	3 rd floor Section 8	Concierge Desk	First floor CSC	Information Desk	Outreach location	Total
(Date from above)								
Total								

C-2: Combined Walk-in Volume Identified (Client known to the System)

Identified	3 rd floor Housing	3 rd floor Other	3 rd floor Section 8	Concierge desk	First floor CSC	Information Desk	Outreach location	Total
(Date from above)								
Total								

C-3: De-identified (Visitor not in the System)

De-Identified	3 rd floor Housing	3 rd floor Other	3 rd floor Section 8	Concierge Desk	First floor CSC	Information Desk	Outreach location	Total
(Date from above)								
Total								

C-4: Walk-in Volume by Queue

Queue	# Count
Queue 1 For e.g., Consultants Queue	
Queue 2 For e.g., TANF, ABD	
TOTAL:	

C-5: Document Drop-off by Entry Points (Customer Service Front Desk)

Location	Count
For e.g., 3 rd Floor Housing	
For e.g., 1 st Floor CSC	
TOTAL:	
Total Number of Applications	Count

Recorded By (Person who received the application)	# of Applications
Worker 1	
Worker 2	

D. Demographic [Data] Quality

From MM/DD/YY To MM/DD/YY user entered

Program Name and/ or user security roles (e.g., Intake Consultants) user selected

Demographic field Name	Participant response Count	Participant Count	Response % (Participant Response Count/ Participant Count)

E. Queue Slot Status

From MM/DD/YY To MM/DD/YY user entered

Queue Slot--Non-Complete Statuses	Date
In Progress	
Waiting	
Scheduled	

Queue	Staff Full Name	Last Status	Slot Date	Appointment Time	Type of Participant	Phone Appointment
TANF						
Consultants Queue					New	Yes
All Day Rotation						No

F. Statistics by Date Range

From MM/DD/YY To MM/DD/YY user entered

F-1: Summary Counts

Total Participants Seen (Status of Complete)	
Total Participants who left before being seen	
Average Wait time to be seen	
Average Time Spent with Participant for a Unit	

Participant Wait Times

Over 15 Minutes	Under 15 Minutes	Percentage Under 15 Min.

Sorted by Consultant

(e.g., Worker 1)

Average Screening Time	
Number of Participants Seen	

Participant Details

Slot Unique Identifier	Participant ID	Name Detail	Wait Time
		Participant 1	30
		Participant 2	12

Total # of Participants waited under 15 minutes	1
Total # of Participants waited over 15 minutes	1

F-2: Consultant Services

Service	Number of Requests
For e.g., AEC Intake	
For e.g., SNAP	
Total Requests	
Unique Participants	

Visit Services Requested

Service	Number of Requests
For e.g., Apply for Benefits	
For e.g., Employment	
Total Visit Services	

Total Services Requested	
---------------------------------	--

F-3: Sorted by Participant Wait Times until being seen

	Minutes				
	0 to 15	16-25	26-35	Over 36	Total Participants
Participants:	419	3	3	2	427
%	98.13%	0.70%	0.70%	0.47%	

F-4: Sorted by queue for participants not seen

Queue	People
For e.g., Consultants Queue	2
Total	2

F-5: Sorted by queue and No Shows, including cancellations

Queue	Appts.	No Shows	%
For e.g., Queue 1 named ABD	90	0	0.00%
For e.g., TANF	43	0	0.00%
Total	133	0	0.00%

F-6: Reschedules Sorted by queue

Queue	Appts.	Cancelled (By Participant)	Cancelled (By DHS)	Cancelled (Total)	%
For e.g., queue 1 named ABD	90	0	0	0	0.00%
For e.g., queue 2 named Non-TANF	248	0	1	1	0.00%
For e.g., queue 3 named TANF	43	0	0	0	0.00%
Total	381	0	1	1	0.00%

F-7: Sorted by Phone Versus Walk-In

Queue	Appts.	Phone Appt.	% Phone Appts.
For e.g., queue 1 named ABD	90	88	49.44%
For e.g., queue 2 named non-TANF	247	246	49.70%
Total			

F-8: Number of Appointments by Times and Queues

Queue 1 (e.g., TANF)

Time	Appts.	Percentage
09:00:AM	60	66.67%
10:00:AM	14	15.56%
Total	74	

G. AEC Statistics by Date Range

From: MM/DD/YY To MM/DD/YY based on user date entered

Note: This report is same as the Statistics by Date Range (Report H). The only difference being it's run only for AEC Intake and AEC Plus services so couple of tables being displayed are different and are mentioned below.

Sorted by: Services Requested:

Consultant Services Requested

Service	Number of Requests
For e.g., AEC Intake	
For e.g., AEC PLUS	
Total Requests	
Unique Participants	

AEC Intake/AEC Plus Details and Count:

Participant ID	Queue Slot Unique Identifier	Name of queue	Unique Service Identifier	Service
		For e.g., Consultants Queue		For e.g., AEC Intake

AEC Intake Total Count	
AEC Plus Total Count	

H. Visit Services by Location

From MM/DD/YY To MM/DD/YY user entered

Services Requested:

Consultant Services Requested

Service	Number of Requests
For e.g., AEC Intake	47
For e.g., Aux Grant	2
For e.g., Refugee	3
Total Requests	
Unique Participants	

Visit Services Requested

Service	Number of Requests
For e.g., Apply for Benefits	

For e.g., Benefit Verification For e.g., Letter	
For e.g., CCU - Insufficient Documents	
Total Visit Services	

Visit Services by Location:

Services by location	Location	Location 0	Location1	Location 2	Location 3 for e.g., 3rd Floor Section 8	Location 4	Location 5 for e.g., 3rd Floor Housing
Service	Number of Requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests
For e.g., Apply for Benefits							
For e.g., Check-In for a Workshop							
Total Visit Services							

I. CSC Referral Outcome Report
 From MM/DD/YY To MM/DD/YY user entered

Summary of Referral Status:

e.g., Declined AEC Services	16
e.g., Did Not Return Required Documents	10
e.g., Missed Appointment	3
e.g., Referred to AEC Case Management	13
e.g., Unable to Contact	3
Total Count	45

Reason 1 (e.g., Declined AEC Services)

Name	Cell Phone	Home Phone	Email	Date Taken

Reason 2 (e.g., Did Not Return Required Documents)

Name	Cell Phone	Home Phone	Email	Date Taken

Reason 3 (e.g., Missed Appointment)

Name	Cell Phone	Home Phone	Email	Date Taken

Total Count:

Reason 1	#Count
Reason 2	#Count
Reason 3	#Count

J. Document Drop Off

From MM/DD/YY To MM/DD/YY user entered

Total Drop-Offs:	
------------------	--

No.	Visit	Visit Recorded By:	Participant's Name	Dropped Off to:

K. Resource Center

AEC Resource Room:

From MM/DD/YY To MM/DD/YY user entered

VISITORS SUMMARY

Total Visitors	
Unique Visitors	
First-time Visitors	

AGE GROUP INFORMATION

21 and under	
22-54	
55+	

SERVICES PROVIDED

For e.g., Career Assessments	
For e.g., Job Search Assistance	
Total Services Provided	

L. Intake Eligibility Screening
Participant ID (User selected)

System pre-populated data, user input and basic calculation

INTAKE ELIGIBILITY SCREENING

Appt. Dates January 30, 2023 **Assistance Requested** 15, 19
Tel. Appt? No **01/26/2023**
Appt. Time 10:00 AM **CLIENT REPORT**

SSN: 123-11-1111 **Screener:** Alvira, Diane **Unit:** TANF Families & Children Aged/Disabled

Name: Fake, Diane **Immigration Status:** Home Phone: 1234567890
DOB: 06/13/2021 **Gender:** Female **Work Phone:** 7031221111
Address: 5555 North Fake Walk 1234 Arlington, VA 22204 **Cell Phone:**
Email: dfake@gmail.com
Responsible Person: Luis Fake **Relation:** Legal Guardian **Sp-SSN:** 111-11-1111
DOB: 10/04/1964 **Immigration Status:** United States Citizen **Responsible Person - in home?** No

Contact Name: Amado Fake **Contact Phone:** 703-111-2222
Rent: 200.00

Children Living With Applicant

Child Name	Relation	Age	Immigration Status	ARP/PF	SSN
John Fake	Son	4	United States Citizen		222222222
Julie Fake	Daughter	7	United States Citizen		333333333

Other Household Members

Name	Relation
Debbie Russo	Sister

Present Assistance SNAP Medicaid TANF GR Housing Grant Refugee Section 8/HCV
Status: Active with BPS

Past Assistance SNAP Medicaid TANF GR Housing Grant Refugee Section 8/HCV
Status: SNAP - case closed 12/1/2022

Recent Hospitalization

Name	Hospital	Date
Diane	Arlington Hospital Center	01/09/2023

Pregnant - NO

SSN: 123-11-1111 Screener: Alvira, Diane Unit: TANF Families & Children Aged/Disabled

Earned Income: YES

Name	Employer	Wage	Frequency	Monthly
Diane	Subway	200.00	Weekly	860.00

Unearned Income: YES

Name	Source	Amount	Frequency	Monthly
Diane	Social Security	100.00	Monthly	100.00

Name	Recent Income Termination YES	Source	Term date	Last pay date	Last pay amount	
Diane		McDonalds	12/30/2022	12/30/2022	60.00	Unknown

Name	Resources YES	Cash on Hand	Bank	Bank Name	Account Type	Amount
Diane		10.00	Yes	Bank of America	Checking	100.00

Vehicles YES

Name	Make/Model	Year
Diane	Ford	1999

Medical: 25.00 **Rent/Mortgage:** 200.00 **Heating/Cooling Costs:** Yes

Utilities

Light Heat Garbage Electricity for Air Cond. Phone Sewer Other

Expedite

Rent 200.00

Utility 25.00

Appointment Schedules

1st Appt.

January 30, 2023

1st Re-Sch.

2nd Re-Sch.

Date	Notes
01/26/2023	Client submitted SNAP, TANF application

M. Daily Front Desk Registration by Location

From MM/DD/YY To MM/DD/YY user entered

Location: user selected

Last Name	First Name	Spanish	Program	In	Seen	Out	Screeener	Left
		()	For e.g., In Office, Dental, In Office, AEC Intake					()
		(x)	For e.g., AFAC Renewal, AFAC Renewal					()

N. Clinical Coordination Program (CCP) Reports

CCP reports are based on the CCP program queue and CCP Assessments.

The following 3 reports are based on the Clinical Coordination Program queue.

User entered Date Range: DD/MM/YY to DD/MM/YY

N-1: Duplicated Count of Clients by Type of Visit and months

	Month1	Month2	Month3	Month4	
Client type	Total clients	Total clients	Total clients	Total clients	Total
Existing/open	20	30	23	15	88
New client	2	3	5	7	17
Total clients	22	33	28	22	105

Count of De-duplicated clients for the report date range	
--	--

N-2: Count of new clients per month by Case workers

	Month1	Month2	Month3	Month4	Total
Case worker 1	2	1	3	2	8
Case worrker2	3	1	3	4	11
Total	5	2	6	6	19

N-3: Count of Services Requested

All Services Requested	Month1 Request	Month2 Request	Month3 Request	Month4 Request	Total
Service 1	2		3	2	7
Service 2	3	1		4	8
Service 3		3		5	8
Total Services Request	5	4	3	11	23

The following 5 reports are based on the Clinical Coordination Program Assessments:

N-4: Duplicated Count of Clients by Primary Need and months

	Month1	Month2	Month3	Month4	
Primary Need	Total clients	Total clients	Total clients	Total clients	Total
e.g. Shelter	20	30	23	15	88
Medical	2	3	5	7	17
Total clients	22	33	28	22	105

Count of De-duplicated clients for the report by date range	
---	--

N-5: Count of Veterans per month

	Month1	Month2	Month3	Month4	Total
Count of veterans	2	1	3	2	8

N-6: Count of Referrals

Type of Referral	Month1 Referral	Month2 Referral	Month3 Referral	Month4 Referral	Total
e.g. Housing	2		3	2	7
Utility	3	1		4	8
Medical		3		5	8
Total Referral	5	4	3	11	23

N-7: Outcome- Primary Need Request met by /month

Primary Need	Month1	Month2	Month3	Month4	Total
e.g Shelter	2	1	3	2	8
Medical	3	1	3	4	11
Total	5	2	6	6	19

N-8 List of clients by Assessment Date

Participant Name	Assessment Date	Primary need	Annual Income	Outcome of Primary Need
Client 1	1/5/23	Shelter	5,000.00	Need Met
Client 2	1/5/23	Medical	15,000.00	Need Not Met
Client 3	2/6/23	Utility	25,000.00	Need Met
Client 4	2/8/23	Food	3,000.00	Need Met

N-9 Number of Recorded Information and Referral Calls Per Month

	Month1	Month2	Month3	Month4	Total
Information and Referral	2	1	3	2	8

EMPLOYMENT SERVICES REPORTS

O. AEC Demographic

O-1: Participant Demographic details for participants with assigned funding source
 From MM/DD/YY To MM/DD/YY user entered

Participant ID	Program Start Date	Program End Date	First Name	Last Name	DOB	Gender	Ethnicity	Primary Race	Language	US Citizen	Education	Disability	Ticket To Work	Felon	Funding Source	Immigration Status
Total Participant count																

O-2: Demographic Counts and Totals by: Primary Race, Gender, Ethnicity,
 Funding Source, Immigration Status, and Citizenship
 From MM/DD/YY To MM/DD/YY user entered

Examples:	Count of Participants
Primary Race	
e.g., American Indian or Alaskan Native	10
e.g., Don't know	3
Total Count of Participants	13
Gender	Count of Participants
e.g., Male	10
e.g., Female	5
Total Count of Participants	15

P. AEC Active Participant by date range

P-1: Summary count of Active participants by date range for each funding source
 From MM/DD/YY To MM/DD/YY user entered

Funding Source	Count of Active Participants
e.g., B2W	1
e.g., GP	3
Total Active Unique participants for the reporting period	4

P-2: Details of Active participants by date range for each funding source

Participant Name	Program Name	Program Start date	Program End date	Funding Source
Total unduplicated count of participants				

Q. AEC New Enrollments for a reporting period

From MM/DD/YY To MM/DD/YY user entered

List and total participants by Funding Source:

Funding Source (e.g., WIOA, GP)

Participant Name	Program Start Date	Program End date
Total Participants		

R. AEC Case Manager Assignment

From MM/DD/YY To MM/DD/YY user entered

Participant ID	Program Start Date	Program End Date	Participant Name	Date case assigned to the Case Worker	Funding Source	Gender	Ethnicity	Primary Race	Language

Case Manager	Unduplicated assigned participants Count

S. AEC Intakes and Visits

From MM/DD/YY To MM/DD/YY user entered

S-1: AEC Count and totals of Participants by: Primary Race, Age Range, Gender, Ethnicity, Immigration Status

Example: Primary Race	Count of Participants
e.g., American Indian or Alaskan Native	10
e.g., Don't know	3
Total Count of Participants	13
Example: Age Range	Count of Participants
e.g., 16 to 20	1
e.g., 21 to 34	3
Total Count of Participants	4

S-2: AEC details of total participant intakes and visits

From MM/DD/YY To MM/DD/YY user entered

Name	Age	Gender	Ethnicity	Primary Race	Date of Intake	Date of Visit	Recorded by

T. AEC Case Notes

From: MM/DD/YY To MM/DD/YY (based on user date entered and/or participant)

Participant/ Participant 1

Type of record	Activity/Referral service provider	Date	Case Note	Staff

U. AEC Employment Goal

From: MM/DD/YY To MM/DD/YY (based on user date entered and/or participant)

Participant ID	Last Name	First Name	Intake Date	Contact Email	What kind of employment are you looking for?	SOC Code	Minimum Salary	Types of Employment	Date when the record was last updated
					E.g., Healthcare Support Occupations	e.g., Nursing Assistants, Orderlies, and Psychiatric Aides		e.g., Full time	
Number of unique participants									

V. AEC Workshop tracking

From MM/DD/YY To MM/DD/YY user entered

Workshop Coordinator	Name of Workshop	Date of Workshop	Location	Number of participants	Satisfaction rate
e.g., Mary B	e.g., Behavioral Interview Questions		e.g., Virtual	4	75%
Total of number of participants					

W. AEC Review Session tracking

Program Name	Participant ID	Date taken	Consultant name	Type of review session	Date of session	Did the participant attend the review session

X. AEC Placement

From: MM/DD/YY To MM/DD/YY (based on user date entered) and/or Case Worker, and/or Funding Source

Participant Name	Funding Source	Funding Source Start Date	Job Title	Job Start Date	Employer	Hourly Wage	Hours per Week	Employment Status	Occupation code	# of Days between Funding Source Enrollment and Employment	Case Worker

Y. AEC Digital Literacy

From MM/DD/YY To MM/DD/YY user entered

AEC Intake

Intake Date	Participant ID	Case Number	First name	Last name	Email	Participant Contact Number	Do you have access to a computer or laptop?	Do you have access to the internet?

Z. AEC Training Activity

Z-1: List of participants with training start date from MM/DD/YYYY to MM/DD/YYYY

Participant Name	Description	Start date	End date	Outcome	Test Date	Test Result	Currently Employed?	Income Improvement?	Obtained Employment?	Credential	Scholarship	Name of certification	Funding Source
	e.g., Common Interview Questions												

Z-2: Summary for training start date from MM/DD/YYYY to MM/DD/YYYY

Training Type	# Of participant/class	CSBG	CDBG	CSBG - TANF	GP-T3	GP-WR	Completed	In Progress	Drop Out	Certificate	Scholarship	New employment	Kept existing job	Salary Improvement

Total (unique counts) for each column														

AA. AEC Activity Summary

From: MM/DD/YY To MM/DD/YY (based on user date entered)

AA-1: AEC Activity: Reporting period from MM/DD/YY to MM/DD/YY

Funding Source	New Enrollment	Current Caseload	Placed	Placement Rate
B2W	150	153	50	32.68%
Sum:	Sum	Sum	Sum	

AA-2: Summary of Counts

# of Unduplicated Caseload count	
# Of Unduplicated New Enrollment	
# Of Unduplicated Placement	
Average Hourly Wage	
Placement Rate	
# of participant in Training	

AA-3: AEC Activity placement list

Participant ID	Participant Name	Funding Source	Start date	Days Between FS Enrollment and Employment	AEC CMS Date	Employment Date	Days Between CMS Assign and Employment	Employer	Hourly Wage	Case Worker
23587	Abraham, Aida	Follow-up for all programs		-6			338	Medics USA	18	Case Worker 1
23587	Abraham, Aida	WIOA Adult		271			338	Medics USA	18	
Total unduplicated:										

AA-4: AEC Activity placement by Caseworkers

Participant ID	Participant Name	Funding Source	Start Date	Employment Date	Days between FS Enrollment and Employment	Job Title	Employer	Hourly Wage	Case Worker
		e.g., VIEW	3/10/2022	9/23/2022	197	Event Helper/Maintenance	J & A Hospitality Staffing	16	Case Worker1
		VIEW	10/4/2021	8/29/2022	329	Hostess		15	

AA-5: AEC Activity follow-up

Participant ID	Name	Funding Source	Actual date of contact	Retention Value:	Primary employer from previous quarter?	Hourly wage at follow-up	Case Worker
		B2W	3/31/2022	Retained employment at 9 month	No	13.5	Morales, Jonatan
		B2W	6/30/2022	Retained employment at 12 month	No	13.5	Morales, Jonatan
		CSBG - Other	3/31/2022	Retained employment at 9 month	No	13.5	Morales, Jonatan

AA-6: AEC Activity details based on funding sources
 Funding Source 1

Participant ID	Name	Start date	End date
67698	Aguilar Arevalo, Guido	10/17/2022	1/31/2023
12634	Castillo, Silvia	10/13/2022	10/28/2022
Count of Unique participants:			

WORKFLOW REPORTS

The System must generate the following reports:

1. Average wait time to be served by staff (Customer Service Representative, Intake worker, Case worker)
2. Percentage of clients seen within 5 minutes (95/5 rule)
3. Percentage of time schedule fully available – no one out on vacation or sick leave (program, date ranges)
4. Percentage of time schedule was filled to capacity
5. Number of clients seen, average screener time, grouped and sorted by screener’s names, and total of clients seen, average wait time to be seen, and average time spent with client for unit
6. Client wait time based on date range selection showing counts for over 15 minutes, under 15 minutes, percentage under 15 minutes, the overall average wait time, and total clients
7. Monthly application assignments to each worker (Customer Service Consultant, Intake worker, Case worker)
8. Monthly case load by worker (open, closed, pending)
9. Monthly list of outstanding/incomplete ticklers (assessments, reviews, closure, program outcomes)
10. Report reflecting percentage and number of clients and no-shows using date, or date range parameters (daily, weekly, monthly, yearly)

ATTACHMENT E
HMIS FUNCTIONAL REQUIREMENTS
HOMELESS MANAGEMENT INFORMATION SYSTEM
(HMIS)

System must have the following functionalities:

1. Configuration and maintenance of a Homeless Management Information System (HMIS) must be in full compliance and current with Department of Housing and Urban Development (HUD) requirements.
2. Maintenance of unique client's index in conjunction with County's Department of Human Services (DHS) data warehouse master client's index.
 - Support real-time search that includes clients from COUNTY'S-Department of Human Services (DHS) data warehouse.
 - Prioritize search results to highlight clients existing in the newly implemented HMIS.
3. End user System configuration to create new programs, services, forms, and reports with similar functionality as existing ones.
4. Automation and management of configurable workflows regarding: Intake, Referral, Program participation, and Services provided.
5. Flexibility on case management functionality to create, manage and track assessments, activities, and outcomes against service plans
6. Tracking of structured data related to important common program areas, particular recording changes over time- not just current value – in areas such as address, housing situation, and disability.
7. Capability to create and manage forms, assessments, letters, and reports containing structured data elements (both pre-populated and captured) and unstructured data both with options to print on demand and by batch.
8. Support interaction with applications used by the DHS (e.g., HMIS and CSMS systems, DHS data warehouse)
9. Provide Americans Disability Act (ADA) accessibility functionality according to Web Content Accessibility Guidelines (WCAG), version 2.1 or higher, for further reference visit: [Web Content Accessibility Guidelines \(WCAG\) 2.1 \(w3.org\)](https://www.w3.org/WAI/standards-guidelines/wcag/) or be compatible with assistive software for public facing Web sites. WCAG functionality or support of WCAG assistive software must, at a minimum, allows the use of screen readers, alt text for non-text content, captions for videos, operation of keyboard commands, options to adjust font, and color contrast to accommodate the visually or auditorily impaired.

1. HUD DEFINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATABASE

The HMIS vendor must install, configure, and maintain a fully functioning HMIS System to include all HUD-defined data elements as per its standards and specifications.

The System must include:

- 1.1 Coordinated entry standards
- 1.2 HMIS project descriptors i.e.: Rapid Rehousing (RRH), Permanent Supporting Housing (PSH), Other permanent Housing (OPH), Emergency Shelter (ES), ES-Seasonal, Transitional Housing (TH), Joint TH-RRH, Street Outreach Supportive Services (i.e., Prevention)
- 1.3 HMIS Bed and Unit Inventory Information descriptor
- 1.4 Bed management systems, including bed check-in and check-out processes
- 1.5 HUD defined templates (System Performance Metrics (SPM), Longitudinal Systems Analysis Report (LSA), Consolidated Annual Performance and Evaluation Report (CAPER), Annual Performance Report (APR), Projects for Transition from Homelessness Annual Report (PATH), Coordinated Entry APR, HUD Data Quality report, Point in Time Count (PIT) reporting and Housing Inventory Chart (HIC) reporting)
- 1.6 HMIS Bed Utilization Rate report
- 1.7 HMIS Validation Reports
- 1.8 HUD Assessments (Entry/Update/Annual/Exit)
- 1.9 PATH related Assessments – Referrals Provided and Services Provided assessments
- 1.10 Ability to capture Case Notes for all project types
- 1.11 Ability to upload and attach client forms/documents/photos (pdf files, word documents, jpeg, etc.) for each HMIS program participant
- 1.12 Ability to manage (e.g., add, remove, edit) households with multiple family members
- 1.13 Ability to recognize duplication at the time of client entry and permit re-enrollment in the program when the user has established that the customer is an existing client.
- 1.14 Ability to merge client records based on matching data fields (any demographic fields)
- 1.15 Ability to maintain participant historical data (program entries, exits, lengths of stay, assessments, case notes, etc.)
- 1.16 Ability to maintain and de-duplicate ‘anonymous’ households based on household privacy needs (i.e., domestic violence (DV) survivors) or client consent.
- 1.17 HUD HMIS demographics
- 1.18 Ability to add report custom demographic fields

2. HUD REPORTING

The System must meet all HUD reporting requirements and generate:

- 2.1 HUD defined reports (System Performance Metrics (SPM), Longitudinal Systems Analysis Report (LSA), Consolidated Annual Performance and Evaluation Report (CAPER), Annual Performance Report (APR), Projects for Transition from Homelessness Annual Report (PATH), Coordinated Entry APR, HUD Data Quality report, Point in Time Count (PIT) reporting and Housing Inventory Chart (HIC) reporting).
- 2.2 All HUD reporting as per latest HUD defined specification updates and requirements
- 2.3 Customized and drill down reports per Arlington County data needs
- 2.4 PATH reporting functionality and correctly defined per SAMHSA/HUD specifications

3. ADDITIONAL CONTINUUM OF CARE (CoC) REPORTING & PROGRAM FUNCTIONALITY:

The System must:

- 3.1 Replicate all customized reports previously developed for the CoC, including a Built for Zero aggregator, Racial Disparities report, Recidivism reporting, and a Housing Locator Program.

- 3.2 For Built for Zero (BFZ): Generate Monthly HMIS data extract of inflow and outflow of clients within the following subpopulations: Transition Aged Youth – young adults aged 18-24 (TAY), Chronic Homeless, Veteran, Family Homelessness, Single Homelessness. Data breakdown must include returns to homelessness, inactive/active status, housed, newly identified inflow, eligibility criteria. (Zero for All question points)
- 3.3 For Recidivism: Generate custom report aligned with HUD System Performance Metrics 2, which includes client demographic data breakdown identifying returns to homelessness within the CoC over a 2-year period.
- 3.4 For Racial Disparity: Generate reports measuring total persons served in any of the HMIS CoC projects and across the CoC, providing race/ethnicity breakdowns of program outcomes (exits destinations, income at exit, health conditions, residency prior to entry).

4. HOUSING LOCATOR PROJECT

The System must be configured with a Housing Locator Project that provides the following functionality:

- 4.1 Housing locator referral and tracking processes
- 4.2 Referrals from systems external to HMIS, with the ability to process (end to end) referrals to housing options
- 4.3 Housing leads to clients and case managers.
- 4.4 Reporting functions that track housing locator processes, referral, participant outcomes, and landlord/property management data.

5. WEB PRESENCE/DATA INTEGRATION

The System must:

- 5.1 Provide WEB functionality that allows non-HMIS users to generate and submit a referral form to the main System to complete the referral process.
- 5.2 Allow data from the WEB form to be integrated into the main System and be subject to updates based on program configuration.
- 5.3 WEB functionality must ensure Personal Identifying Information (PII) is securely transferred.

6. DATA VISUALIZATION - CUSTOM/INTERNAL AND PUBLIC-FACING DASHBOARDS

The System must:

- 6.1 Provide data visualizations that are in sync with data entry to assist the CoC in understanding System and program-level data.
- 6.2 Generate System, agency, and program-level reports, and dashboards that summarizes the following information on a monthly, quarterly, and annual basis and can further be reviewed by household type, disability, chronicity, Veteran status, transition-aged youth, race/ethnicity, gender, sexual orientation, age, and other sub-populations.
- 6.3 Track and provide data visualization of:
 - a. System inflow, active participants and exits from the System
 - b. Client's progress through the System from coordinated entry, outreach, shelter, and other entries to permanent housing destinations
 - c. Length or episodes of homelessness by intervention and System pathway
 - d. Performance outcomes by fund source, project type, and specific programs
 - e. Bed and program utilization rates across all CoC projects
- 6.4 Update reports and visualizations based on mapping of System data entry changes or new data elements.
- 6.5 Generate CoC report card performance outcomes.

- 6.6 Generate dashboard for HUD submission values for Point in Time (PIT)/Housing Inventory Chart (HIC), Longitudinal Systems Analysis (LSA)/System Performance Measures (SPM).
- 6.7 Generate coordinated entry performance outcomes (e.g., inflow, outflow, referrals).

7. DATA QUALITY CHECKS/DATA INTEGRITY

The System must provide:

- 7.1 Validation and HUD data quality reports available, for HMIS Lead and HMIS Analyst to review and assign to CoC partners for data corrections
- 7.2 Monthly/quarterly/annual HMIS data quality check reports for all CoC programs to HMIS Lead and HMIS Analyst
- 7.3 HMIS data quality checks, flagging incidents when data quality is equal to or greater than 5% error rate.

8. USER SECURITY/ACCOUNT MANAGEMENT

The System must:

- 8.1 Support single sign-on using County active directory. For users outside the County network the System should provide a login process using a user-id and password.
- 8.2 Prevent unauthorized access to data, ensure data confidentiality, and at the same time be flexible to grant appropriate access based on staff functional roles.
- 8.3 Supply a simple Graphical User Interface (GUI) to set up and administer security options.
- 8.4 Allow setting of different levels of System access based on security groups.
- 8.5 Grant or restrict access to functions within a security group.
- 8.6 Allow view, updates, and deletions of security groups.
- 8.7 Ability to assign staff to one or more security group(s).
- 8.8 Have clear definitions of security statuses (e.g., allow, deny, etc.)
- 8.9 Have clear definitions of user actions (add, edit, delete, read only, etc.)
- 8.10 Have a System time out capability that signs off users after inactivity.

