#### ARLINGTON COUNTY, VIRGINIA REQUEST FOR PROPOSALS NO. 24-DPR-RFP-160

#### PROPOSAL FORM

# ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., JULY 10, 2023, AS THE FIRST DEADLINE.

FOR PROVIDING SUMMER AND/OR YEAR-ROUND BREAK CAMPS PER THE SOLICITATION.

THE FULL <u>LEGAL NAME</u> 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 SIGNATUR	E:	
PRINT NAME AND TITLE:		
ADDRESS:		
CITY/STATE/ZIP:		
TELEPHONE NO.:	E-MAIL ADDRESS:	
THIS ENTITY IS INCORPO	RATED	
THIS ENTITY IS A:	CORPORATION  LIMITED PARTNERSHIP	
(check the applicable option)	GENERAL PARTNERSHIP	
	LIMITED LIABILITY COMPANY	
COMMONWEALTH OF V		
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.

PROPOSAL FORM, PAGE 2 OF 4

ENTITY'S DUN & BRAD	OSTREET D-U-N-S NUM	BER: (if available)			
ENJOINED, OR SUSPE ARLINGTON COUNTY	ANY OF ITS PRINCIPAI NDED FROM SUBMITT 7, VIRGINIA, OR ANY DN WITHIN THE PAST T	ING PROPOSALS T OTHER STATE C	O VES	□ NO	
OFFEROR STATUS:	MINORITY OWNED:	U WOMAN	OWNED:	NEITHER:	
THE UNDERSIGNED UN	IDERSTANDS AND ACK	NOWLEDGES THE FO	OLLOWING:		
THE OFFICIAL COPY O	F THE SOLICITATION E	DOCUMENTS, WHIC	CH INCLUDES AN	NY ADDENDA, IS	THE
ELECTRONIC COPY THA	AT IS AVAILABLE FROM	THE <u>VENDOR REGIS</u>	STRY WEBSITE.		
POTENTIAL OFFERORS	ARE RESPONSIBLE FOR	R DETERMINING TH	E ACCURACY AN	D COMPLETENES	S OF
ALL SOLICITATION DOC	CUMENTS THEY RECEIV	E FROM ANY SOUR	CE, INCLUDING T	HE COUNTY.	
L. OFFEROR MUST SU THIS PROPOSAL FOR	BMIT: ONE ELECTRONI RM.	C COMPLETE SIGNE	D PROPOSAL TH	IAT INCLUDES AS	ITS FIRST PAGE

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 <u>not</u> contain any trade secrets and/or proprietary information.

□ Yes, the proposal that I have submitted <u>does</u> 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 <u>and</u> 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.

<u>CERTIFICATION OF NON-COLLUSION</u>: 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 NAI	ME:	-

#### PROPOSAL FORM, PAGE 4 OF 4

#### 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-DPR-RFP-160, 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 STATE	EMENT
COMMONWEALTH OF VIRGINIA/STATE OF	)
CITY/COUNTY OF	) to wit:
20 the undersigned a Notary Public in and for the Sta	appeared before me this day of, ate and County of aforesaid,, whose name is subscribed to within the instrument as an executed the same for the purposes therein contained.
(Seal)	
Notary registration number: My commission expires:	

#### REFERENCES

Offerors shall provide up to three (3) references for similar services, such as providing summer camps, that have been provided by the Offeror within the past three (3) years. The County reserves the right to evaluate the quality of Contractor's work through sending questionnaires and site visits with Contractor's references.

#### **REFERENCE No. 1**

Company name:	
Contact name:	
Contact e-mail address:	
Contact phone number:	
Annual Contract value:	
Contract start/end dates:	

#### **REFERENCE No. 2**

Company name:	
Contact name:	
Contact e-mail address:	
Contact phone number:	
Annual Contract value:	
Contract start/end dates:	

#### **REFERENCE No. 3**

Company name:	
Contact name:	
Contact e-mail address:	
Contact phone number:	
Annual Contract value:	
Contract start/end dates:	

#### ATTACHMENT A TECHNICAL QUESTIONNAIRE

Offerors are required to submit as a part of their Technical Proposal for Arlington County Summer Camp Program responses to the following questions. Offerors may provide responses to the technical proposal questions on a separate sheet of paper; however, responses shall show the corresponding question number from this Questionnaire. All questions should be answered or marked "Not Applicable". If your response has been captured in a previous section, please provide a reference to the page number, section number, and paragraph of your Technical Proposal where the response is written.

- 1. List of proposed locations (name and address) or specifications of program space required to hold camp programs.
- 2. Will you provide reasonable accommodations for individuals in the program with special needs as outlined in the Americans with Disabilities Act? Yes \_\_\_\_\_\_No \_\_\_\_\_

If yes, describe your firm's ability to make reasonable modifications. Include information on personnel who will be responsible for implementing reasonable modifications.

- 3. Describe behavior management policy for youth, where applicable.
- 4. Provide any documentation that details your firm's safety precaution procedures to include but not limited to illness, missing participants, hazardous situations, etc.
- 5. Provide an emergency preparedness plan for all programs, including safety precautions that meet industry standards. Please include applicable plans based upon your programs structure including but not limited to playground safety plans, fire safety, lost participant protocols, activity safety (based on program type/s), swimming safety, plan to recognize & report child abuse, safety while traveling (off-site)
- 6. Provide an inclement weather plan for any proposed outdoor programs.
- 7. Provide a description of all facility and equipment requirements. Indicate which equipment is to be provided by the Contractor(s), and which equipment is required by the student/participant. If needed, describe requirements by camp title.
- 8. Identify proposed instructional personnel requirements, including skill levels and any certifications, and identify the programs they would teach. Include instructor job descriptions and qualifications for camp staff to be hired at a future date.
- 9. As evidence of successful prior experience, please attach any business brochures, advertisements, letters of commendation, awards and/or customer evaluations from current and previous clients, students, and/or parents of students that demonstrate success with similar programs.
- 10. Provide information on your hiring procedures, including job descriptions and minimum qualifications.
- 11. Provide a list of trainings staff receive prior to the start of the season (Summer and/or year-round camps)
- 12. Provide a completed Program Outline form which can be found attached to this solicitation. (Attachment B).

- 13. Provide camp curriculum content and daily structure outline.
- 14. Describe methods of instruction. Please include at least one example of a method of instruction varies for age groups and for persons with physical or developmental disabilities, describe. Attach lesson plans for proposed instruction. If more than one type of program is proposed, include the method of instruction descriptions and lesson plans for each type of program.
- 15. Provide historical enrollment information, registration breakdowns, total revenue generated.
- 16. Provide any other information that you would like to include in your Technical Proposal.

### ATTACHMENT B PROGRAM OUTLINE FORM

## (Note: This is only a sample. Offerors must complete this information with the same column table names on a separate sheet of paper.)

	Fee	Camp Time	Extended Hours (If applicable)	Min #/Max # of Participants	Ratio	Space Required
7 - 15	\$200 (Camp) \$50 (AM) \$75 (PM)	9am – 4pm	8am – 9am 4pm – 6pm	8/40	1:10	Gym & Classroom
	7 - 15	\$50 (AM)	\$50 (AM)	\$50 (AM) 4pm – 6pm	\$50 (AM) 4pm – 6pm	\$50 (AM) 4pm – 6pm