

TECHNICAL PROPOSAL PACKET

DH-23-0018

***CERTIFIED TUMOR REGISTRAR OPERATIONS
& QUALITY ASSURANCE AND CONTROL***

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for RFP solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See RFP Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>RFP Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this RFP. <input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted with the Prospective Contractor's proposal:

- Proposal Signature Page*
- Proposed Subcontractors Form*
- Information for Evaluation*
- Exceptions Form*, if applicable
- Official Solicitation Price Sheet*, sealed separately (See Attachment 1 of the RFP Solicitation.)

It is strongly recommended that the following items are also included with the Prospective Contractor's proposal:

- EO 98-04: *Contract and Grant Disclosure Form*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Voluntary Product Accessibility Template (VPAT)*, if applicable
- Signed addenda, if applicable

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.
 - Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
 - Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
 - The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

		Maximum Raw Score Available
E.1	Minimum Vendor Qualifications	20
	<p>a. Demonstrates vendor is or employs staff who have been certified by NCRA as Certified Tumor Registrar(s) (CTR) with a minimum of five (5) years of experience including two (2) years in a supervisory or leadership role.</p> <p>b. Demonstrates vendor experience in population-based central cancer registry (CCR) preferred within the last 5 years.</p> <p>c. Demonstrates vendor experience in performing quality assurance/quality control responsibilities.</p> <p>d. Demonstrates vendor references are met.</p>	
E.2	CTR Operations/Services	15
	<p>a. Describe the methodology vendor will use in the development of CTR operations/services workplan to ensure all required CTR activities are performed pursuant to CDC-NPCR standards and protocols.</p> <p>b. Describe the methodology vendor will use to resolve the back-log cases.</p> <p>c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all CTR tasks are completed accurately and in time for submission.</p>	
E.3	Quality Assurance and Control	20
	<p>a. Describe methodology in the development of an overall Quality Assurance and Control plan that meets NPCR and NAACCR requirements.</p> <p>b. Describe methodology in development and implementation of procedures to ensure the data quality requirements and data submission deadlines for NPCR and NAACCR are met.</p> <p>c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all QA/QC tasks are completed accurately and in time for submission.</p> <p>d. Describe methodology for monitoring and providing feedback to hospitals and/or facilities on their data submissions.</p>	

E.4	Professional Services and Reports	20
	<ul style="list-style-type: none">a. Describe methodology for networking and establishing contacts.b. Describe methodology for managing travel for attendance in-person and virtual.c. Describe methodology for tracking and providing guidance and feedback within one (1) business day of request.d. Describe methodology for managing annual manual updates, report requirements and budget.	

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the RFP Solicitation and terms in the “Standard Commodities Contract or Standard Services Contract” and “Solicitation Terms and Conditions” located on the OSP website. See Section 1.8 and 1.9 of the RFP Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			