



**STATE OF ARKANSAS**

**ARKANSAS INSURANCE DEPARTMENT (AID)**

**SENIOR HEALTH INSURANCE INFORMATION PROGRAM DIVISION**

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**REQUEST FOR PROPOSALS**

**# SHIIP-RFP-2011-001**

**for**

**Medicare Improvements for  
Patients and Providers (MIPPA)**

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**Date Issued:**

**08/18/2011**

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## **SECTION 1**

### **INTRODUCTION**

#### **1.1 Purpose**

The purpose of this Request for Proposal (RFP) is as follows:

The purpose of this Request for Proposal is to provide multiple award contracts throughout Arkansas with nonprofits and faith-based organizations to carry out local programs with two primary functions; (1) to educate Medicare beneficiaries about disease prevention and wellness promotion, namely Medicare Preventive Services, and (2) to assist limited income Medicare beneficiaries in completing applications for Medicare Subsidies known as Medicare Savings Programs and Extra Help.

On or before September 30, 2012, as part of its federally funded grant application, the goal of the Senior Health Insurance Information Program (SHIIP) is to complete a minimum of 1,696 Extra Help and/or Medicare Savings Programs applications and to conduct 48 outreach and enrollment events targeting limited income Medicare beneficiaries.

#### **1.2 Background**

The Arkansas SHIIP, along with Arkansas Area Agencies on Aging (AAAs), the Arkansas Aging and Disability Resource Center, received Medicare Improvements for Patients and Providers Act (MIPPA) grant awards. The funds are available via the passage of the Affordable Care Act in March 2010 which amended the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) in Section 3306 to provide additional funding for 2010 through 2012. This legislation builds upon 2008 MIPPA legislation which provided for beneficiary outreach.

The purpose of MIPPA funding is to assist likely eligible Medicare beneficiaries in applying for subsidy programs to help with the costs of Medicare and Medicare Part D deductibles, premiums and copayments.

#### **1.3 Overview of AID Organization and Operations**

The work of the Arkansas Insurance Department impacts every business, family and household in the State of Arkansas. Despite its relatively small size (approximately 170 employees), the Department is one of the top revenue producing/collection agencies in state government. Additionally, the Department is a dedicated funding agency and operates from fees and assessments charged to the insurance industry. The Department is accurately described as a true "user pays" organization. The industry also funds the Consumer Services Division of the AID.

The Senior Health Insurance Information Program is one of seventeen Divisions of AID. The SHIIP program is federally funded by a grant from the Centers for Medicare & Medicaid Services.

## 1.4 Scope of Service

1. Analyze likely eligible county and zip code data provided as part of this RFP, see attachment H. Use the data to estimate the number of completed applications your organization will submit during the grant period to end September 30, 2012. Estimate the number of completed applications per month or per quarter.
2. Write and implement a detailed local or grassroots outreach and enrollment plan. Include the organization or participation in a minimum of four (4) outreach events or enrollment events in the plan to include Medicare Preventive Services as well as Extra Help and Medicare Savings Programs.
3. Assist likely eligible Medicare beneficiaries with online applications for Extra Help through the Social Security website [www.ssa.gov](http://www.ssa.gov) and Medicare Savings Program applications through the Arkansas Department of Human Services website [access.arkansas.gov](http://access.arkansas.gov)
4. Screen likely eligible applicants for income and asset eligibility. If the potential applicant appears within the income and asset eligibility limits, then complete an online application(s). If the potential applicant does not meet initial eligibility screening requirements, then the contractor will note excess income or assets as the reason for lack of application and submit as part of the monthly report form.
5. Generate monthly reports and invoices and submit them to SHIIP by the 10<sup>th</sup> of each month for the previous month's contract services.
6. Install and monitor a minimum of two (2) Information Stations within contractor service area at a location other than the contractor's workplace. Visit the Information Stations at least every other month to determine if individuals are taking materials. Restock the Information Station if necessary. If none of the materials have been removed, move the Information Station to another location. SHIIP will provide materials for the Information Station, call or email SHIIP to reorder supplies.

## 1.5 Contract Duration

Work will be done within the constraints of a professional service contract with a proposed effective period of October 1, 2011 through June 30, 2012

The contract may be extended for up to 7 years additional years, contingent upon approval by the Division/Office, review by the legislature, approval by the Arkansas Department of Finance and Administration (DFA), federal funding availability, appropriation of necessary funding, and all necessary federal reviews and approvals.

## 1.6 Anticipated Contract Funding

The total costs of this program, 100%, are financed with federal money. The dollar amount of federal funds for this program is estimated to be \$224,162.00

## **1.7 Eligibility Requirements**

Eligible proposers must be an Arkansas public or private, non-profit organization. Proposers claiming non-profit status **MUST INCLUDE** with their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of Treasury, Internal Revenue Service (IRS) classifying the applicant as a private, non-profit organization. Current recipients of MIPPA grant awards from CMS or AoA, AAA and ADRC, are not eligible to apply.

Funding will be geographically distributed based on estimated populations of likely eligible persons that have not yet applied for Medicare Subsidy Programs.

## SECTION 2

### 2.1 RFP Schedule of Events

The following timetable is anticipated for the procurement process.  
All times refer to local time in Little Rock, Arkansas.

<b>EVENT</b>	<b>DATE</b>
Request for Proposal Issued	8/18/2011
Letter of Intent Due	9/2/2011
Due date to submit written questions	9/2/2011
Due date for answers to written questions	9/9/2011
Conference call with Issuing Officer	9/12/2011 at 2:30 p.m.  Dial-in & Pass code TBD, provided to those that submit a letter of intent
Due date for proposals	9/16/2011 by 4:00 p.m.
Date for opening of proposals	9/19/2011
Completion of proposal evaluation and potential awardee selection	9/26/2011
Anticipated Award Date	9/28/2011
Contract Start Date (Subject to State approval)	10/14/2011

## SECTION 3

### GENERAL REQUIREMENTS AND INFORMATION

#### 3.1 Issuing Officer

This RFP is issued by the State of Arkansas (the State), Arkansas Insurance Department (AID),  
Senior Health Insurance Information Program (hereinafter referred to as the Division/Office)

Although communications regarding protests are permitted in accordance with Arkansas Code Annotated (ACA) §19-11-244, from the issue date of this RFP until a successful respondent is selected and announced, respondents shall limit all other communications with any state staff about this or a related procurement to the RFP Issuing Officer. All questions and requests for clarification should be addressed to the following Issuing Officer:

Melissa Simpson  
SHIIP Program Manager  
1200 West Third Street  
Little Rock, AR 72201  
Phone: 501-371-2782 Fax: 501-371-2781  
Melissa.simpson@arkansas.gov

#### 3.1.1 Letter of Intent

Respondents that intend to submit a proposal in response to this RFP should submit a letter of intent to the Issuing Officer, Melissa Simpson, identified in RFP section 3.1. Complete the letter of intent form attached as Attachment E. The Issuing Officer must receive the letter of intent no later than 9/2/2011, the date indicated in **Section 2.1**. The Issuing Officer will accept a copy of the letter of intent sent by FAX or e-mail, but the respondent shall also ensure the Issuing Officer receives the original signed letter within three days of the FAX or e-mail.

The Issuing Officer will send subsequent mailings related to this RFP, including answers to questions and any amendments to the RFP, only to respondents that submitted timely letters of intent.

#### 3.2 Questions

Respondents with questions about the RFP shall submit their questions in writing by the 9/2/2011, as specified in Section 2.1. Respondents shall submit their written questions to Melissa Simpson, the Issuing Officer identified in Section 3.1. Respondents may submit their questions by FAX or e-mail, but it remains the respondent's responsibility to guarantee receipt of the questions by 9/2/2011. The State accepts no responsibility for accurate or timely receipt of FAX or e-mail submissions from respondents. Questions received after the due date and time will not be answered.

The Issuing Officer will, by 9/9/2011 as specified in Section 2.1, distribute written responses to all those who have submitted Letters of Intent for all written questions received by the due date.

Respondents shall rely only on these written responses as the official answers to questions related to this RFP.

### **3.3 Proposal Submittal**

To be considered, each respondent shall submit a complete response to this RFP, using the format provided. An official who is authorized to bind the respondent to its provisions must sign the proposal in ink. The proposal must include a statement that the proposal remains valid through the evaluation, selection, and contract period.

A complete proposal consists of a **Technical Proposal** and a **Cost Proposal**. **These shall be submitted at the same time but the Cost Proposal shall be sealed separately from the Technical Proposal.**

**THE ENTIRE PROPOSAL WILL BE DISQUALIFIED FROM CONSIDERATION IF THE RESPONDENT FAILS TO SUBMIT THE TECHNICAL AND COST INFORMATION SEPARATELY, SEALED, AND CLEARLY IDENTIFIED BY 9/16/2011 AT 4:00 p.m.**

**See Section 4 for Proposal Requirements.**

Each proposal should be prepared simply and economically, providing a straightforward, clearly organized, and concise response by the respondent to the requirements of the RFP. Emphasis should be on completeness, clarity of content, and ease of use for the reviewers/evaluators. The respondent shall not include promotional materials in the proposal or with the proposal package.

### **3.4 Proposal Preparation Costs**

All costs for developing the response to this RFP are solely the responsibility of the respondents. The State will provide no reimbursement for such costs. All costs associated with any oral presentations to the State will be the responsibility of the respondent and shall not be paid for or reimbursed by the State. The State is not liable for any cost incurred by any respondent prior to the issuance of any agreement or contract.

All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP will become the property of the State and will not be returned.

### **3.5 Opening of Proposals**

The Division/Office will publicly open proposals received by the date and time identified in **Section 2.1**. Public opening will be held 9/19/2011, individuals wishing to attend may contact the Issuing Officer for location and time information.

### **3.6 Acceptance of Proposals**

All proposals properly submitted in accordance with the above rules shall be accepted by the Division/Office. However, the Division/Office reserves the right to request necessary amendments or supplementation to proposals or to reject any or all proposals received, amend the RFP, or cancel this RFP at any time, according to the best interest of the State.

The State reserves the right to waive minor irregularities in proposals providing they meet the rules of procurement and mandatory requirements. Such a waiver shall be done in the best interest of the State and shall in no way modify the RFP requirements or excuse the respondent from full compliance with the RFP specifications, including contract requirements if the respondent is awarded the contract.

### **3.7 Rejection of Proposals**

The State reserves the right to reject any and all proposals received as a result of this RFP. Failure to furnish all information may disqualify a respondent. If the respondent takes exceptions to the RFP that are not acceptable to the State, the proposal may be rejected.

Proposals will not be considered if submitted by any person or entity subject to debarment or exclusion under applicable laws, regulations, or rules in effect at the time the proposal is made, reviewed, or both.

Proposals will not be considered if submitted past the due date and time, 9/16/2011 at 4:00 p.m., identified in **Section 2.1**. Late proposals will be returned to proposers unopened.

### **3.8 Disposition of Proposals**

All proposals become the public property of the State and will be a matter of public record subject to the provisions of the Arkansas Freedom of Information Act, ACA §25-19-101 et seq. In accordance with ACA §25-19-105 (b) (9) (A), to prevent any parties from obtaining information that would result in an unfair competitive advantage, no proposals will be released prior to the announcement of the results of the procurement process.

If the proposal contains material that is considered by the respondent to be confidential under Arkansas law, proprietary, copyrighted, or capable of giving an unfair advantage to competitors, the respondent must list the information, the justification (i.e., the basis for the claim of confidentiality or potential unfair advantage), page number, and section number in an attachment to the Statement of Acknowledgement. In responding to any requests under the Freedom of Information Act for materials so designated, the Department shall review the justification to determine if the claim appears justified. If there appears to be a valid justification, the materials will not be released.

If, in the judgment of AID, there is no valid justification for the claim of confidentiality, the respondent will be notified prior to the release of the information in order to allow the respondent the opportunity to pursue any desired legal remedies.

The State shall have the right to use all ideas, or adaptations of those ideas, contained in any proposal received in response to the RFP. Selection or rejection of the proposal shall not affect this right.

### **3.9 Subcontracting**

Each respondent in its proposal shall designate only one organization as the primary contractor. All other participating organizations shall be designated as subcontractors and all subcontractors are subject to prior approval by the Division/Office.

Respondents shall certify that they have all the necessary resources to complete the work described in the RFP Scope of Service section. Only the subcontractors approved by the Division/Office shall work on the contract. Respondents must attach to their Statement of Acknowledgement statements from each subcontractor confirming their willingness and ability to perform the work designated in the proposal. Respondents shall not make multiple proposals as the primary contractor under this proposal and as subcontractor in other proposals.

### **3.10 Minority Business Policy**

Minority participation is encouraged in this and all other procurements by state agencies. "Minority" is defined by ACA §1-2-503 as "black or African American, Hispanic American, American Indian or Native American, Asian, and Pacific Islander." The Division of Minority Business Enterprise of the Department of Economic Development conducts a certification process for minority businesses. Respondents unable to include minority-owned businesses as subcontractors may explain the circumstances preventing minority

inclusion.

### **3.11 Independent Price Determination**

Respondent's Cost Proposal (price) shall be arrived at independently without collusion, consultation, communication, or agreement with any other respondent or with any competitor. The respondent shall include a statement in the proposal that the price was arrived at independently without collusion, consultation, communication, or agreement. Should a conflict of interest be detected at any time during the contract, the contract shall be deemed null and void and the contractor shall assume all costs of the contract until such time that a new contractor is selected.

### **3.12 Prohibited Solicitation**

It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business (ACA §19-11-229). If this provision is violated, the State shall have the right to reject the proposal, annul the contract without liability, or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

### **3.13 RFP Amendments**

The Division/Office reserves the right to amend the RFP prior to opening of the proposal. Prior to the due date for proposals, amendments, addenda and clarifications will be sent to all those who have submitted Letters of Intent.

After that date, amendments, addenda, and clarification will be sent only to vendors who submitted acceptable proposals.

### **3.14 Proposal Amendments and Rules of Withdrawal**

Prior to the proposal selection date, a respondent may withdraw his/her proposal by submitting a signed, written request for its withdrawal to the Division/Office.

The Division/Office will not accept any amendments, revisions, or alterations to the proposals after the proposal due date unless such changes were requested by the Division/Office.

### **3.15 Respondent's Contact Person**

Respondent will provide the name and telephone number, including area code, of an authorized person in its company who may be contacted regarding this RFP response.

### **3.16 Anticipation of Award**

After complete evaluation of the proposals, the anticipated award will be posted on the AID website and/or the legal section of a newspaper of statewide circulation. The purpose of the posting is to establish a specific time in which vendors and agencies are aware of the anticipated award. The results will be posted for a period of fourteen (14) days prior to the issuance of any award. Vendors and agencies are cautioned that these are preliminary results only, and no official award will be issued prior to the end of the fourteen day posting period. Accordingly, any reliance on these preliminary results is at the agency's/vendor's own risk.

The Office of State Procurement (OSP) reserves the right to waive this policy when it is in the best interests of the State.

### **3.17 Awarding of Contract**

The Division/Office may decline to enter into a contract as a result of this RFP. If a contract is awarded, it shall be awarded to the respondent whose proposal is determined to be most advantageous to AID based on the selection criteria, not necessarily the lowest price. The State is not liable for any cost incurred by any respondent prior to the issuance of any contract. The contract is subject to state approval processes including but not limited to approval by DFA and legislative review as well as federal agency oversight and is not valid until those processes are complete.

Division/Office may award multiple contracts ONLY if the Director, Office of State Procurement, approves such in writing based on Division/Office rationale and basis for the multiple awards AND ONLY if this language is in the RFP. Multiple awards shall be limited to the least number of suppliers necessary to meet the requirements of the Division/Office.

### **3.18 Notification**

Upon completion of the proposal evaluations, AID will send to all respondents whose proposals were evaluated a notice of final selection.

### **3.19 Certification Prior to Award**

Pursuant to Act 157 of 2007, all respondents must certify prior to award of the contract that they do not employ or contract with any illegal immigrants in their contract with the State. Respondents shall certify online at: [http://www.arkansas.gov/dfa/procurement/pro\\_index.html](http://www.arkansas.gov/dfa/procurement/pro_index.html).

### **3.20 Rules of Procurement**

Any actual or prospective respondent, offeror or contractor who is aggrieved in connection with the solicitation or award of a contract may file a written protest with the Office of State Procurement Director within fourteen calendar days after the respondent knows or should have known of the facts giving rise thereto in accordance with A.C.A. §19-11-244. The Office of State Procurement Director or a designee, prior to commencement of an action in court or any other action provided by law, will attempt to negotiate a settlement of the protest with the parties in accordance with A.C.A. §19-11-244. This decision will be final and conclusive.

### **3.21 Restriction on Communications with State Staff**

Although communications regarding protests are permitted in accordance with A.C.A. §19-11-246, from the issue date of this RFP until a successful respondent is selected and the selection is announced, respondents shall limit all other communications with any state staff about this or a related procurement to the RFP Issuing Officer. If this provision is violated, the state shall have the right to reject the proposal and annul the contract without liability.

### **3.22 Equal Employment Opportunity Policy**

In compliance with **Act 2157 of 2005**, for all contracts exceeding \$25,000.00, OSP is required to have a copy of the vendor's Equal Employment Opportunity (EEO) Policy prior to issuing a contract award to the vendor.

The vendor may submit its EEO policy as a hard copy accompanying vendor's response to this solicitation or in electronic format to AID at the following e-mail address: melissa.simpson@arkansas.gov. AID will submit the successful respondent's EEO policy to OSP and OSP will maintain a file of all vendor EEO policies received. The submission by the successful respondent is a one-time requirement but vendors are responsible for providing updates or changes to their respective policies as necessary. Vendors that do not have an established EEO policy will not be prohibited from receiving a contract award, but are required to submit a written statement attesting that they do not have an EEO policy.

## SECTION 4

### **PROPOSAL REQUIREMENTS**

#### **4.1 General Proposal Requirements**

Proposal shall include **one original and three (3) hard copies** of the responsive to the terms of the RFP in a sealed envelope.

**THE ENTIRE PROPOSAL WILL BE DISQUALIFIED FROM CONSIDERATION IF THE RESPONDENT FAILS TO SUBMIT THE TECHNICAL AND COST INFORMATION SEPARATELY, SEALED, AND CLEARLY IDENTIFIED BY 9/16/2011 AT 4:00 p.m.**

The proposals shall be received by the Division/Office by the date and time identified in Section 2.1. **PROPOSALS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED. The envelopes or packages must be clearly labeled with the name and number of the RFP as indicated on the cover page of this RFP.**

To be considered, each respondent shall submit a complete response to this RFP, using the format provided. An official authorized to bind the respondent to its provisions must sign the proposal in ink. The proposal must include a statement that the proposal remains valid through the evaluation, selection, and contract period.

**RFP Section 4.2** provides content requirements for the **Technical Proposal**. **RFP Section 4.3** provides content requirement for the **Cost Proposal**.

Each proposal should be prepared simply and economically, providing a straightforward, clearly organized, and concise response by the respondent to the requirements of the RFP. Emphasis should be on completeness, clarity of content, and ease of use for the reviewers/evaluators. The respondent shall not include promotional materials in the proposal or with the proposal package. Fancy bindings, pictures, colored displays, etc., will receive no additional evaluation points or credit.

**RESPONDENT SHALL LIST IN AN ATTACHMENT TO THE STATEMENT OF ACKNOWLEDGEMENT ANY MATERIAL THAT IS CONSIDERED BY THE RESPONDENT TO BE CONFIDENTIAL UNDER ARKANSAS LAW, PROPRIETARY, COPYRIGHTED, OR CAPABLE OF GIVING AN UNFIAR ADVANTAGE TO COMPETITORS.**

Proposals may be hand delivered or mailed to:

Attn: SHIIP, Melissa Simpson  
Arkansas Insurance Department SHIIP  
1200 West Third Street  
Little Rock, AR 72201  
Phone: 501-371-2782

## 4.2 Technical Proposal Requirements

The Technical Proposal must present a complete detailed description of the respondent's qualifications to perform and its approach to carry out the requirements as set forth in **Section 1.4** (Scope of Service) and **Attachment A** (Terms and Conditions).

The Technical Proposal shall be arranged in the following order. Deviation from the prescribed order may disqualify a proposal.

1. Cover Sheet (Attachment C)
2. Table of Contents
3. Statement of Acknowledgement (Attachment A)
4. Disclosure of Litigation
5. Technical Approach, Outreach and Enrollment Plan, and Solutions to Scope of Service.
6. Respondent's Background, Experience, and Qualifications

**The original proposal and all copies shall be indexed and tabbed with the above sections clearly marked. The respondents should make the proposal easy for the evaluators to read and reference.**

**Respondents shall not include ancillary information including promotional/marketing information or anything not directly responsive to the RFP in the Technical Proposal or as attachments to the proposal.**

**RESPONDENTS SHALL SEAL THEIR PROPOSALS AND SHALL NOT INCLUDE ANY KIND OF COST OR PRICING INFORMATION IN THE TECHNICAL PROPOSAL. PROPOSALS CONTAINING SUCH COST OR PRICE INFORMATION IN THE TECHNICAL PROPOSALS SHALL BE REJECTED AS NON-RESPONSIVE TO THE RFP. IF SUBMITTED ELECTRONICALLY, COST AND TECHNICAL PROPOSALS MUST BE ON SEPARATE DISKS.**

### 4.2.1 Cover Sheet

Complete and submit the Cover Sheet page attached as Amendment C.

### 4.2.2 Table of Contents

The Table of Contents should itemize the contents by section, subsection, and page numbers for facilitation of the evaluators reading the proposal.

### 4.2.3 Statement of Acknowledgement

The Statement of Acknowledgement (**Attachment A**) must be signed in ink by an individual authorized to legally bind the respondent. The Statement of Acknowledgement contains the following components:

1. Name, address, phone number, FAX number, and tax identification number of the respondent;
2. Indication if the respondent is a state government, local government, for profit agency, or not for profit agency;
3. Indication if the respondent is a minority vendor (Arkansas law defines "minority" as black or African American, Hispanic American, American Indian or Native American, Asian, and Pacific Islander);
4. Indication if the respondent is a corporation, partnership, sole proprietor, or individual;
5. Names and titles of the individuals authorized to contractually obligate the organization, the individual authorized to negotiate the contract and the corporate president, if applicable;
6. Indication if the organization has previously contracted with AID;

7. Statement by the respondent indicating that neither the respondent's principal officers (President, Vice President, Treasurer, Chairperson of the Board of Directors, and other executive officers) nor any individuals with ownership interest in the entity have been terminated previously from a AID program or been convicted of Medicare or Medicaid fraud;
8. Statement indicating whether or not the organization intends to offer services through a subcontractor (if "Yes", additional information is required);
9. Statement certifying that the completed proposal includes the required number of copies of the proposal in the required format and containing all required information;
10. Statement certifying that neither licensed insurance agents nor plan representatives will not play any part in your organizations outreach or assistance offered to Medicare Beneficiares as a part of this RFP;
11. Statement certifying that the respondent has read, understands, and agrees to comply with all the terms and conditions as set forth in the RFP without qualification;
12. Statement certifying that the respondent is a **Corporation, Limited Liability Corporation (LLC), or Professional Association (PA)** (If respondent is NOT one of the above, respondent must provide documentation evidencing proof of filing as either a **Corporation, LLC, or PA** with the Arkansas Secretary of State's office.)
13. (Out-of-state respondents must submit a copy of their Certificate of Authority from the Arkansas Secretary of State authorizing the respondent to transact business in the State of Arkansas before a contract can be executed, in accordance with A.C.A. §4-27-1501 and §4-27-1502.)
14. Statement certifying the respondent does not discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap;
15. Statement certifying that the individual signing the Statement of Acknowledgement is authorized to make decisions as to, and responsible for, the prices quoted, that the offer is firm and binding, and that he/she has not participated, and will not participate, in any action contrary to the above conditions;
16. Statement authorizing AID or its agents to verify the financial information requested in the RFP;
17. Statement certifying that no attempt has been made or will be made by the respondent to persuade any other person or firm to submit or not to submit a response;
18. Statement committing the respondent to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract;
19. Statement identifying all amendments to this RFP issued by the Issuing Officer and received by the respondent or, if no amendments have been received, a statement to that effect;
20. If services are to be provided by subcontractors, a statement of the exact amount of work to be done by the primary contractor (not less than 50%) and each subcontractor as measured by price.  
**RESPONDENT SHALL NOT STATE THE PRICE FIGURES IN THE STATEMENT OF ACKNOWLEDGEMENT.**
21. If services are to be provided by subcontractors, statements from each subcontractor, signed by an individual authorized to legally bind the subcontractor, stating:
  - o The scope of work to be performed by the subcontractor;
  - o The subcontractor's willingness to perform the work indicated;
  - o The subcontractor's certification that he/she does not discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap;
22. Statement certifying acceptance of and agreement with the terms and conditions contained within this RFP and that the proposal remains valid through the evaluation, selection, and contract period.

If the proposal contains material that is considered by the respondent to be confidential under Arkansas law, proprietary, copyrighted, or capable of giving an unfair advantage to competitors, the respondent must list the information, the justification (i.e., the basis for the claim of confidentiality or potential unfair advantage), page number, and section number in an attachment to the Statement of Acknowledgement.

If the proposal deviates from the detailed requirements of this RFP in any manner, the respondent must attach an explanation to the Statement of Acknowledgement. The State reserves the right to reject any proposal containing such deviations.

#### 4.2.4 Disclosure of Litigation

The respondent (and any subcontractors offering services) shall disclose in the proposal their involvement in any litigation that could affect the project or contract.

The respondent must identify, for all projects undertaken for the past three years, any claims, disputes, or disallowances imposed by any funding agency. In addition, a statement of any assignments, contractual obligations, and the respondent's involvement in litigation that could affect this work shall be included. Respondent must identify any contract termination(s) that have occurred or that were initiated by either party.

#### 4.2.5 Technical Approach and Solutions to Scope of Service

The proposal must specify the respondent's plan for meeting the objectives of the contract. Response to the following questions shall clearly indicate how the requirements will be met, what assurances of success the proposed approach will provide, and what individuals will support the respondent's efforts, at both on-site and remote locations.

Service delivery must be provided in accordance with the **Section 1.4** (Scope of Service) listed below

1. *Analyze likely eligible county and zip code data provided as part of this RFP, see attachment H. Use the data to estimate the number of completed applications your organization will submit during the grant period to end September 30, 2012.*

Will your organization use county and zip code specific data provided in the RFP to target efforts related to reach beneficiaries who are likely eligible, but not enrolled for LIS or MSP? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

If yes, please indicate how that data will be used to target the outreach and assistance efforts. In addition, using the zip code specific data, estimate the number of LIS & MSP applications your organization plans to complete by September 2012 by month or quarterly.

2. *Write and implement a detailed local or grassroots outreach and enrollment plan. Include the organization or participation in a minimum of four (4) outreach events or enrollment events in the plan to include Medicare Preventive Services as well as Extra Help and Medicare Savings Programs. (Example – direct mail, outreach events, public and media activities (presentations), door-to-door outreach). Use the chart below to specify activities and anticipated outcomes.*

<b>WHO</b>	<b>ACTIVITY</b>	<b>WHEN</b>	<b>WHERE</b>	<b>EXPECTED OUTCOME</b>
<i>Example- Karen Smith</i>	<i>Visit the Mayor of Anytown to educate about Medicare Savings Programs and Extra Help</i>	<i>Nov. 2, 2011</i>	<i>Mayor's Office</i>	<i>Mayor's office helps get the word out about application assistance via newspaper, website, presentations to local groups.</i>
<i>Example- Karen Smith</i>	<i>4-hours Enrollment Event</i>	<i>Nov. 15, 2011</i>	<i>City Hall</i>	<i>Mayor will send press release. Host enrollment event with the Mayor. Estimated 10 applications completed during event.</i>

<b>WHO</b>	<b>WHAT</b>	<b>WHEN</b>	<b>WHERE</b>	<b>EXPECTED OUTCOME</b>

<b>WHO</b>	<b>WHAT</b>	<b>WHEN</b>	<b>WHERE</b>	<b>EXPECTED OUTCOME</b>

3. *Assist likely eligible Medicare beneficiaries with online applications for Extra Help through the Social Security website [www.ssa.gov](http://www.ssa.gov) and Medicare Savings Program applications through the Arkansas Department of Human Services website [access.arkansas.gov](http://access.arkansas.gov)*

Will your organization provide potential application assistance via online applications for likely eligible applicants? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, detail specific actions your organization will take to provide access to online applications.

4. *Screen likely eligible applicants for income and asset eligibility. If the potential applicant appears within the income and asset eligibility limits, then complete an online application(s). If the potential applicant does not meet initial eligibility screening requirements, then the contractor will note excess income or assets as the reason for lack of application and submit as part of the monthly report form.*

Will your organization screen potential applicants via SHIIP provided tools like the Save Money brochure and report those not meeting initial eligibility via a monthly report? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, explain for organizations process to screen applicants.

5. *Generate monthly reports and invoices and submit them to SHIIP by the 10<sup>th</sup> of each month for the previous month's contract services. See Attachments E & F for report and invoice forms.*

Will your organization submit a monthly report and invoice with required backup documentation? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

6. *Install and monitor a minimum of two (2) Information Stations within contractor service area at a location other than the contractor's workplace. Visit the Information Stations at least every other month to determine if individuals are taking materials. Restock the Information Station if necessary. If none of the materials have been removed, move the Information Station to another location. SHIIP will provide materials for the Information Station, call or email SHIIP to reorder supplies.*

Will your comply with the Information Station installation, reporting, and monitoring requirements? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, provide a list of potential sites for Information Stations in your service area.

See **Section 5.2** for the specific criteria to be considered for this RFP

#### **4.2.6 Respondent's Background, Experience, and Qualifications**

#### **4.2.6.1 Background**

Proposals shall include details of the background of the respondent regarding:

- Date established;
- Total number of employees;
- Number of full time equivalent (FTE) employees or volunteers dedicated to conduct the proposed RFP work
- Estimated number of hours dedicated to MIPPA work per month

#### **4.2.6.2 Experience**

Respondents shall submit a minimum of three letters of recommendation from three different sources or give an explanation as to why three are not submitted. If subcontractors are proposed, three letters of recommendation should also be submitted for each subcontractor. AID reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation should meet the following criteria:

- They should be on official letterhead of the party submitting recommendation;
- They should be from entities with recent (within the last three years) contract experience with the respondent;
- If the respondent or subcontractor has no recent contract experience, they should be from organizations regarding work closely related;
- They should be from individuals who can directly attest to the respondent's qualification relevant to this RFP;
- They should be limited to organizational recommendations, not personal recommendations;
- They should be dated not more than six months prior to the proposal submission date;
- They shall not be from current AID employees;

Recommendations may be verified, so it is very important that the proposal contain current phone numbers, mail addresses, and e-mail addresses for all references.

#### **4.2.6.3 Qualifications**

The respondent should include the following information for itself and each subcontractor:

- An organizational chart displaying the overall business structure;
- Evidence of the qualifications and credentials of the respondent in terms of proven successful experience through similar projects of like size and scope;
- The number and a description of recent similar projects successfully completed;
- A statement specifying the extent of respondent's responsibility and experience on each described project.

For each referenced project or contract, the respondent shall provide a description of work performed, the time period of the project or contract, the staff-months required, the contract amount, and a customer reference (including current phone numbers)

#### **4.2.6.4 Past Performance**

In accordance with provisions of the State Procurement Law R2: 19-11-230(b), AID MAY use the past performance of a respondent to determine whether the respondent is "responsible", IF that past performance is supported by documentation that is not greater than three years old and IF that documentation is on file in the Office of State Procurement or DHS at the time of the proposal opening. Documentation may be in the form of

either a written or electronic report, Vendor Performance Report, memo (signed and dated), or any other appropriate authenticated notation of performance.

### 4.3 Cost Proposal Requirements

**Cost Proposal MUST be submitted under separate cover from the Technical Proposal and BOTH MUST be sealed. Any reference to cost included within the Technical Proposal will result in respondent's proposal being rejected.**

The Cost Proposal shall contain the items identified below. Failure to include these items may result in rejection of the proposal at the discretion of the Division/Office.

#### 4.3.1 Independent Price Determination

The Cost Proposal shall contain a statement of independent price determination as described in **Section 3.11** and appears below.

*Respondent's Cost Proposal (price) shall be arrived at independently without collusion, consultation, communication, or agreement with any other respondent or with any competitor. The respondent shall include a statement in the proposal that the price was arrived at independently without collusion, consultation, communication, or agreement. Should a conflict of interest be detected at any time during the contract, the contract shall be deemed null and void and the contractor shall assume all costs of the contract until such time that a new contractor is selected.*

#### 4.3.2 Price Warranty

By submitting a proposal under this RFP, the respondent warrants their agreement to the pricing methods. Any qualifications, counter proposal, deviations, or challenges related to this may render the proposal void.

#### 4.3.3 Price

The proposed price shall include the services and requirements described in this RFP. Per the estimation provided by the federal funding agency, the Centers for Medicare & Medicaid Services, the **cost per application SHALL NOT EXCEED** \$125 in urban areas and \$200 in rural areas.

**The price included in the proposal will be the price for the period of the initial award as specified in Section 1.5. On an annualized basis, that price will be applicable for the life of the contract resulting from this RFP (initial contract and any extensions) if extension options are exercised.**

Services provided under this contract will be reimbursed based on the following method:

1. Contractor will submit a monthly invoice and copies of confirmation pages from online Extra Help or Medicare Savings Program applications submitted by the 10<sup>th</sup> of each month for the previous month's services.
2. Reimbursement for media activities up to \$1,500 submitted with monthly invoice by the 10th of each month for the previous month's activities accompanied by a tear sheet, air bill, or other proof of receipt.

Contractor will not receive any other payment.

#### 4.3.4 IRS Form W-9

The respondent shall submit a completed and signed IRS Form W-9.

### 4.3.5 Vendor Number

If the respondent does not already have an Arkansas vendor number issued by Office of State Procurement, DFA, they shall obtain the vendor number before the contract is signed. The respondent shall submit proof of application for the vendor number with the Cost Proposal. Information and necessary forms to obtain a vendor number can be found on the following website:

[http://www.arkansas.gov/dfa/procurement/pro\\_index.html](http://www.arkansas.gov/dfa/procurement/pro_index.html)

### 4.4 Mandatory Requirements

The following are the mandatory requirements for this RFP. Failure to provide the identified information will result in a proposal being rejected.

**4.4.1** Technical and cost proposals must be received by time and date specified in **Section 2.**, 9/16/2011 at 4:00 p.m..

**4.4.2** Technical proposal must include three (3) original and one copy as specified in **Section 4.1**.

**4.4.3** Technical proposals and the original cost proposal must be submitted separately, sealed, and clearly labeled with RFP# and proposal type, as indicated in **Section 4.1**.

**4.4.4** Statement of Acknowledgement must be reviewed and signed in ink by individual authorized to legally bind the respondent, as specified in **Section 4.2.3**.

**4.4.5** Technical Proposal must include responses to questions in **Section 4.2.5** Technical Approach and Solutions to Scope of Service.

## **SECTION 5**

### **EVALUATION AND CONTRACT SELECTION**

#### **5.1 Proposal Evaluation Process**

The proposals will be evaluated in phases.

##### **5.1.1 Evaluation of Mandatory Requirements**

Following the public opening of proposals, the Division/Office shall begin the evaluation process by examining the proposal to determine if mandatory requirements of the RFP have been agreed to or met as set forth in **Section 4.4**. The purpose of this phase is to determine whether each proposal has met the response submission requirements, conforms to the rules of the procurement, and is sufficiently responsive to permit a further evaluation. In this phase, each proposal shall be evaluated as either "pass" or "fail". Only those proposals which pass the first phase shall be forwarded for the second phase of evaluation. In later phases of the evaluation, portions of the proposal may be found non-responsive and at that time the response may be rejected.

Any response that fails to meet the mandatory requirements shall be deemed non-responsive and shall be rejected without further review or evaluation. The State reserves the right to waive minor irregularities and to reject any and all proposals.

##### **5.1.2. Evaluation of the Technical Proposals**

The second phase is an evaluation of the Technical Proposals. The Division/Office shall appoint an evaluation team of at least three highly qualified members to evaluate the merit of the proposals. The Division/Office shall ensure that the evaluation team members are properly trained in their responsibilities. Each team member shall use the approved evaluation tools and forms to review and score each proposal. The Division/Office reserves the right to request clarifications during the second phase.

During the course of the second phase, the Issuing Officer or designee may conduct organization and personnel reference checks to verify project experience and qualifications.

Based on findings by the evaluation team, any Technical Proposal deemed incomplete or in which there are significant inconsistencies or inaccuracies may be deemed non-responsive and may be rejected by the Division/Office. The State reserves the right to reject any and all proposals.

##### **5.1.3 Evaluation of the Cost Proposals**

The third phase is an evaluation of, and awarding of points for, the Cost Proposal. This evaluation shall determine:

- If the Cost Proposal meets the requirements in **Section 4.3**;
- Whether the Cost Proposal is consistent with the Technical Proposal;
- If the calculations are correct;

The State may reject any Cost Proposal that is incomplete or which contains significant inconsistencies or inaccuracies. The rejection of the Cost Proposal shall disqualify the entire proposal from further consideration.

The number of points awarded to each Cost Proposal will be determined based on the proposed cost relative to the number of estimated applications to be completed.

### 5.1.4 Ranking Proposals

In the fourth phase, for each proposal, the Issuing Officer or designee shall add the points for the Technical Proposal to the points for the Cost Proposal and shall rank the proposals from highest to lowest according to total points.

The State reserves the right to require on-site interviews with any respondent before making a final decision on selection or non-selection of a contractor.

### 5.2 Point Assignment

All criteria to be considered in the evaluation of proposals are itemized below under "Criteria". The maximum points possible for each criterion are indicated in the column entitled "POSSIBLE POINTS".

CRITERIA	POSSIBLE POINTS
Technical plan to serve likely eligible persons that have not yet applied within the organization's service area.	30
Estimated number of applications, outreach events and service to be provided	20
Organization's capacity to complete proposed technical plan	25
<b>SUBTOTAL POINTS FOR TECHNICAL</b>	75
Respondent's Cost Proposal for performance of work requested. The lowest computed price proposal will be awarded maximum value. The value of other proposals will be awarded on a basis proportionate to the lowest cost proposal <b>POINTS FOR COST</b>	25
<b>Total Possible Points</b>	<b>100</b>

### 5.3 Contract Award Process

The contract will be awarded to the respondent that provides the most effective solution for the price quoted, not necessarily the one with the lowest cost.

The format for the professional/consultant services contract, as prescribed by Arkansas law, can be found in **Attachment B**.

## Attachment A STATEMENT OF ACKNOWLEDGEMENT

NAME OF ORGANIZATION			
ADDRESS		Phone #	
		FAX #	
TAXPAYER IDENTIFICATION / SOCIAL SECURITY NUMBER:			
<input type="checkbox"/> MINORITY VENDDR	<input type="checkbox"/> STATE AG'CY	<input type="checkbox"/> LOCAL GOV'T	<input type="checkbox"/> FOR PROFIT
		<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORPORATION, LLC, or PA
		<input type="checkbox"/> FILED FOR INCORPORATION, LLC, or PA	

**PERSON AUTHORIZED BY ORGANIZATION TO CONTRACTUALLY OBLIGATE THE ORGANIZATION:**

NAME:		TITLE:	
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**PERSON AUTHORIZED BY ORGANIZATION TO NEGOTIATE THE CONTRACT ON BEHALF OF THE ORGANIZATION:**

NAME:		TITLE:	
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**CORPORATE PRESIDENT'S NAME AND ADDRESS (IF NOT APPLICABLE, SO NOTE):**

NAME:		ADDRESS:	
OFFICIAL TITLE:			

Does this proposal contain confidential information? If "Yes", explain on an attachment to this Statement. YES  NO

Have you previously been a provider for the Arkansas Insurance Department (AID)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been terminated from a AID program or convicted of Medicare / Medicaid fraud?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you intend to offer any services through a subcontractor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If so, indicate in the space provided the percentages of work that will be done by the primary contractor and the subcontractors?</li> <li>• If so, have you attached the required statements from the subcontractors?</li> </ul>		
Have you included the original and copies of the proposal, in the required format and number?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you certify that neither licensed insurance agents nor plan representatives will not play any part in your organizations outreach or assistance offered to Mediare Beneficiares as a part of this RFP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you read and understood, and do you agree to comply with, the requirements of the RFP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you certify that you do not and will not discriminate in employment practices?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the person signing certify that he/she is responsible for making decisions for the organization relevant to this RFP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you authorize AID to verify financial information requested by the RFP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you certify that no attempt has been made to persuade others to or not to submit proposals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you commit to adhering to an established accounting systems and financial controls?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you received any amendments to this RFP? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", how many?		

### CERTIFICATION

By signature of this form and submission of a proposal in response to this RFP, the respondent acknowledges that the above certifications are true and accurate, that the proposal remains valid through the evaluation, selection, and contract period, and that the signer accepts and agrees with the terms and conditions contained within this RFP.

SIGNATURE BY OFFICER OF ORGANIZATION  
Authorized to Contractually Obligate

TITLE

DATE

**ATTACHMENT B  
STATE OF ARKANSAS  
PROFESSIONAL/CONSULTANT SERVICES CONTRACT**

<b>CONTRACT #</b>		<b>FEDERAL I.D. #</b>	
<b>VENDOR #</b>		<b>MINORITY VENDOR</b>	<b>YES ___ NO ___</b>

**1. PROCUREMENT:**

Check appropriate box below for the method of procurement for this contract:

ABA Criteria \_\_\_ Request for Proposal \_\_\_ Competitive Bid \_\_\_ Request for Qualifications \_\_\_  
 Intergovernmental \_\_\_ Emergency \_\_\_  
 Sole Source by Justification \_\_\_ (Must be attached). Sole Source by Intent to Award \_\_\_  
 Sole Source by Law \_\_\_ Act or Statute #

# \_\_\_\_\_

**2. DATES, PARTIES:**

The term of this agreement shall begin on \_\_\_\_\_ and shall end on \_\_\_\_\_ .

State of Arkansas is hereinafter referred to as the agency and vendor is herein after referred to as the Contractor.

<b>AGENCY NUMBER/NAME</b>	
<b>AGENCY NUMBER/NAME</b>	

<b>CONTRACTOR NAME</b>	
<b>ADDRESS</b>	

**3. CALCULATIONS OF COMPENSATION:**

For work to be accomplished under this agreement, the Contractor agrees to provide the personnel at the rates scheduled for each level of consulting personnel as listed herein. Calculations of compensation and reimbursable expenses shall only be listed in this section. If additional space is required, a continuation sheet may be used as an attachment.

LEVEL OF PERSONNEL	NUMBER	COMPENSATION RATE	TOTAL FOR LEVEL

Total compensation exclusive of expense reimbursement \$ \_\_\_\_\_

REIMBURSABLE EXPENSES ITEM (Specify)	ESTIMATED RATE OF REIMB.	TOTAL

Total reimbursable expense \$ \_\_\_\_\_

Total compensation inclusive of expense reimbursement \$ \_\_\_\_\_

<b>Projected total cost of contract if all available periods of extensions are completed</b>	<b>\$ _____</b>
--	-----------------

4. **SOURCE OF FUNDS:**

Complete appropriate box(es) below to total 100% of the funding in this contract.

% Federal Funds	% State Funds	% Cash Funds	% Trust Funds	% Other Funds

Identify the source of funds for the following:

Federal Funds	
Cash Funds	
Trust Funds	
Other Funds	

**MUST BE SPECIFIC** (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

5. **RENDERING OF COMPENSATION:**

The method(s) of rendering compensation and/or evaluation of satisfactory achievement toward attainment of the agreement listed herein is as follows, or in attachment no. \_\_\_\_\_ to this agreement.

---

6. **OBJECTIVES AND SCOPE:**

State description of services, objectives, and scope to be provided. (DO NOT USE "SEE ATTACHED")

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7. **PERFORMANCE STANDARDS:**

List Performance standards for the term of the contract. (If necessary, use attachments)

**8. ATTACHMENTS:**

List ALL attachments to this contract by attachment number:

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**9. CERTIFICATION OF CONTRACTOR**

A. "I, \_\_\_\_\_ (Contractor) \_\_\_\_\_ (Title)  
certify under penalty of perjury that, to the best of my knowledge and belief, no regular full-time or part-time employee of any State agency of the State of Arkansas will receive any personal, direct or indirect monetary benefits which would be in violation of the law as a result of the execution of this contract." Where the contractor is a widely-held public corporation, the term 'direct or indirect monetary benefits' "shall not apply to any regular corporate dividends paid to a stockholder of said corporation who is also a State employee and who owns less than ten percent (10%) of the total outstanding stock of the contracting corporation."

B. List any other contracts or subcontracts you have with any other state government entities. (Not applicable to contracts between Arkansas state agencies.)

---

C. Are you currently engaged in any legal controversies with any state agencies or represent any clients engaged in any controversy with any Arkansas state agency?

---

D. The contractor agrees to list below, or on an attachment hereto, names, addresses, and relationship of those persons who will be supplying services to the state agency at the time of the execution of the contract. If the names are not known at the time of the execution of the contract, the contractor shall submit the names along with the other information as they become known. Such persons shall, for all purposes, be employees or independent contractors operating under the control of the contractor (sub-contractors), and nothing herein shall be construed to create an employment relationship between the agencies and the persons listed below.

NAME	RELATIONSHIP

E. The agency shall exercise no managerial responsibilities over the contractor or his employees. In carrying out this contract, it is expressly agreed that there is no employment relationship between the contracting parties.

10. DISCLOSURE REQUIRED BY EXECUTIVE ORDER 98-04:  
Any contract or amendment to a contract executed by an agency which exceeds \$25,000 shall require the contractor to disclose information as required under the terms of Executive Order 98-04 and the Regulations pursuant thereto. The contractor shall also require the subcontractor to disclose the same information. The Contract and Grant Disclosure and Certification Form (Form PCS-D attachment II-10.3) shall be used for this purpose.

Contracts with another government entity such as a state agency, public education institution, federal government entity, or body of a local government are exempt from disclosure requirements.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose, or in violation, to all legal remedies available to the Agency under the provisions of existing law.

11. NON-APPROPRIATION CLAUSE:

“In the event the State of Arkansas fails to appropriate funds or make monies available for any biennial period covered by the term of this contract for the services to be provided by the contractor, this contract shall be terminated on the last day of the last biennial period for which funds were appropriated or monies made available for such purposes.

This provision shall not be construed to abridge any other right of termination the agency may have.”

12. TERMS:

The term of this agreement begins on the date in SECTION 2 and will end on the date in SECTION 2, and/or as agreed to separately in writing by both parties.

This contract may be extended until \_\_\_\_\_, in accordance with the terms stated in the Procurement, by written mutual agreement of both parties and subject to: approval of the Arkansas Department of Finance and Administration/Director of Office of State Procurement, appropriation of necessary funding, and review by any necessary state or federal authority.

Amendments to contracts will require review by Legislative Council or Joint Budget Committee prior to approval by the Department of Finance and Administration/Director of Office of State Procurement if the original contract was reviewed by Legislative Council or Joint Budget Committee and the amendment increases the dollar amount or involves major changes in the objectives and scope of the contract.

Amendments (to contracts that originally did not require review by Legislative Council or Joint Budget Committee) which cause the total compensation to exceed the sum of \$25,000, shall require review by the Legislative Council or Joint Budget Committee, prior to the approval of the Department of Finance and Administration/Director of Office of State Procurement and before the execution date of the amendment.

This contract may be terminated by either party upon 30 day written notice, unless otherwise agreed by both parties.

13. AUTHORITY:

- A. This contract shall be governed by the Laws of the State of Arkansas as interpreted by the Attorney General of the State of Arkansas and shall be in accordance with the intent of Arkansas Code Annotated §19-11-1001 et seq.
- B. Any legislation that may be enacted subsequent to the date of this agreement, which may cause all or any part of the agreement to be in conflict with the laws of the State of Arkansas, will be given proper consideration if and when this contract is renewed or extended; the contract will be altered to comply with the then applicable laws.

14. AGENCY COORDINATION:

The Agency Representative coordinating the work of this contractor will be:

\_\_\_\_\_  
(NAME) (TITLE) (TELEPHONE #)

Agency agrees to make available advice, counsel, data, and personnel, etc. as described immediately below or in Attachment number \_\_\_\_\_ to this agreement.

15. AGENCY SIGNATURE CERTIFIES NO OBLIGATIONS WILL BE INCURRED BY A STATE AGENCY UNLESS SUFFICIENT FUNDS ARE AVAILABLE TO PAY THE OBLIGATIONS WHEN THEY BECOME DUE.

16. TYPE OF CONTRACT: PROFESSIONAL \_\_\_\_\_ CONSULTANT \_\_\_\_\_

17. SIGNATURES

CONTRACTOR DATE AGENCY DIRECTOR DATE

TITLE

TITLE

ADDRESS

ADDRESS

APPROVED: \_\_\_\_\_  
DEPARTMENT OF FINANCE AND ADMINISTRATION DATE

Contractor Point of Contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

**ATTACHMENT C**  
**COVER LETTER**  
**MIPPA RFP # SHIIP-RFP-2011-001**

**Proposer Information**

**Agency Name:**

**Agency Contact Person and Title:**

**Address:**

**Telephone:**

**Fax:**

**Email**

**Project Contact Information**

**Project Coordinator(s) Name**

**Address:**

**Telephone:**

**Fax:**

**Email**

**Proposal Information**

**County(ies)/Community (Coverage Area):**

**Maximum Funding requested: \$**

*I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Proposer Agency is a legal entity that will meet the specifications set forth in the RFP.*

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**Signature (Individual authorized to legally bind the proposer)**

**ATTACHMENT D**

**LETTER OF INTENT FOR MIPPA RFP # SHIIP-RFP-2011-001**

Please complete and return this for if your organization intends to apply for funding from the SHIIP-RFP-2011-001. Completion does not obligate the submission of an application for funds. It does, however, provide information on the geographical distribution of potential applicants.

Submit form to: Melissa Simpson  
AID SHIIP  
1200 West Third Street  
Little Rock, AR 72201  
Fax: 501-371-2781  
Email: [Melissa.simpson@arkansas.gov](mailto:Melissa.simpson@arkansas.gov)

**Intent to submit proposal:**

Name of Proposing Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ATTACHMENT E  
MONTHLY REPORT FORM**

**Senior Health Insurance Information Program (SHIIP)  
Extra Help/MSP Outreach  
Month \_\_\_\_\_**

Organization \_\_\_\_\_

**APPLICATION ACTIVITIES**

\_\_\_\_\_ Number of **ON-LINE** EXTRA HELP applications completed

\_\_\_\_\_ Number of **ON-LINE** EXTRA HELP applications completed

\_\_\_\_\_ Number of applicants over INCOME guideline

\_\_\_\_\_ Number of applicants over the ASSET guideline

**OUTREACH AND ENROLLMENT ACTIVITIES**

**Event (check one)**  **Booth** or  **Interactive Presentation**

Location of event: \_\_\_\_\_ Zip code \_\_\_\_\_

Event considered Rural or Urban (circle one)

Hours: \_\_\_\_\_ to \_\_\_\_\_ Number of people in attendance: \_\_\_\_\_

Topics Discussed

- LIS – Extra Help Only
- Medicare Savings Program Only
- Part D Only
- Medicare Preventive Services Only
- Multiple Topics- combination of above topics

**Event (check one)**  **Booth** or  **Interactive Presentation**

Location of event: \_\_\_\_\_ Zip code \_\_\_\_\_

Event considered Rural or Urban (circle one)

Hours: \_\_\_\_\_ to \_\_\_\_\_ Number of people in attendance: \_\_\_\_\_

Topics Discussed

- LIS – Extra Help
- Medicare Savings Program
- Part D
- Medicare Preventive Services
- Multiple Topics

**Event (check one)**  **Booth** or  **Interactive Presentation**

Location of event: \_\_\_\_\_ Zip code \_\_\_\_\_

Event considered Rural or Urban (circle one)

Hours: \_\_\_\_\_ to \_\_\_\_\_ Number of people in attendance: \_\_\_\_\_

Topics Discussed

- LIS – Extra Help
- Medicare Savings Program
- Part D
- Medicare Preventive Services
- Multiple Topics

**ADDITIONAL OUTREACH ACTIVITIES**

Mailings and media count once per activity. For instance, if a newsletter with MSP, LIS or Medicare Preventive Services information is mailed to 1,500 recipients it counts as one (1) mailing. Likewise, if a local newspaper runs a drop-in article, and the circulation is 24,000 subscribers, then it counts as one (1) media event.

	Mailings	Media
LIS		
MSP		
Part D		
Multiple Topics		
TOTAL		

**ATTACHMENT F  
MONTHLY INVOICE FORM**

<b>Senior Health Insurance Information Program</b>
<b>MIPPA/ MSP and Extra Help Contract Invoice</b>

<b>From:</b>	<b>To:</b>		
1. Contractor Agency Name	SHIIP MIPPA		
2. Contractor Contact Name	Arkansas Insurance Department		
3. Contractor Address	1200 West Third Street		
4. Contractor City, State, Zip	Little Rock, AR 72201		
5. Contractor Phone Number	Fax: 501-371-2781		

6. Invoice Date			
7. Billing Period		<b>to</b>	

8. Contract #			
9. Vendor #			
10. Federal I.D.			

Services Provided Detail				
Applicant Name	Number of Applications	Rural or Urban	Compensation Rate	Reimbursement Request
<b>Media Activities</b>				
<b>TOTAL INVOICE REQUEST</b>				

In accordance with the terms of the referenced agreement, invoice is payable within 20 days.

**ATTACHMENT G**  
**INFORMATION STATION FORM**

Station Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date placed: \_\_\_\_\_

Station Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date placed: \_\_\_\_\_

**ATTACHMENT H**  
**EXTRA HELP LIKELY ELIGIBLE ZIP CODE DATA**  
**SEE FOLLOWING PAGES**

## 2010 U.S. Counties Estimated LIS Potentially-Eligible Targets

Data are only estimates to identify areas to target LIS outreach. They are not exact counts of LIS eligible people. In areas where few people live, the percentage density numbers are particularly prone to variability. To protect confidentiality, counties with less than 10 to beneficiaries and less than 10 beneficiaries in the target audience were suppressed.

Wisconsin data may include some beneficiaries receiving prescription coverage through the state pharmacy plus program.

Data as of May 2010

State	County	Total Medicare Beneficiaries Eligible for Part D	Estimated Number in Target Audience	Estimated Percent in Target Audience	FIPS State & County Code
ARKANSAS	Polk	4845	446	9.21	05113
ARKANSAS	Randolph	4015	354	8.82	05121
ARKANSAS	Clay	4127	339	8.21	05021
ARKANSAS	Cross	3469	265	7.64	05037
ARKANSAS	Montgomery	2086	159	7.62	05097
ARKANSAS	Carroll	5716	430	7.52	05015
ARKANSAS	Cleveland	1643	123	7.49	05025
ARKANSAS	Jackson	3323	248	7.46	05067
ARKANSAS	Johnson	4734	352	7.44	05071
ARKANSAS	Stone	3278	240	7.32	05137
ARKANSAS	Little River	2724	193	7.09	05081
ARKANSAS	Conway	4464	315	7.06	05029
ARKANSAS	Crawford	10961	763	6.96	05033
ARKANSAS	Independence	7232	497	6.87	05063
ARKANSAS	Hot Spring	6110	417	6.82	05059
ARKANSAS	Lafayette	1568	107	6.82	05073
ARKANSAS	Pike	2433	166	6.82	05109
ARKANSAS	Franklin	3665	248	6.77	05047
ARKANSAS	Hempstead	3741	249	6.66	05057
ARKANSAS	Bradley	2512	166	6.61	05011
ARKANSAS	Drew	3022	199	6.59	05043
ARKANSAS	Miller	7218	473	6.55	05091
ARKANSAS	Grant	2938	191	6.50	05053
ARKANSAS	Boone	8947	570	6.37	05009
ARKANSAS	Lawrence	4576	290	6.34	05075
ARKANSAS	Baxter	13242	797	6.02	05005
ARKANSAS	Greene	7901	475	6.01	05055
ARKANSAS	Sharp	6008	360	5.99	05135
ARKANSAS	Arkansas	4001	238	5.95	05001
ARKANSAS	Ouachita	5986	352	5.88	05103
ARKANSAS	Logan	5076	298	5.87	05083
ARKANSAS	White	14503	848	5.85	05145
ARKANSAS	Columbia	5144	299	5.81	05027
ARKANSAS	Clark	4396	250	5.69	05019

State	County	Total Medicare Beneficiaries Eligible for Part D	Estimated Number in Target Audience	Estimated Percent in Target Audience	FIPS State & County Code
ARKANSAS	Sevier	2593	146	5.63	05133
ARKANSAS	Madison	3030	169	5.58	05087
ARKANSAS	Fulton	2822	157	5.56	05049
ARKANSAS	Woodruff	1741	94	5.40	05147
ARKANSAS	Union	8956	483	5.39	05139
ARKANSAS	Crittenden	7389	398	5.39	05035
ARKANSAS	Jefferson	13691	718	5.24	05069
ARKANSAS	Pope	10715	561	5.24	05115
ARKANSAS	Marion	4262	220	5.16	05089
ARKANSAS	Nevada	2018	104	5.15	05099
ARKANSAS	Dallas	1755	90	5.13	05039
ARKANSAS	Cleburne	6875	348	5.06	05023
ARKANSAS	Mississippi	8054	407	5.05	05093
ARKANSAS	Poinsett	5410	271	5.01	05111
ARKANSAS	Phillips	4333	217	5.01	05107
ARKANSAS	Chicot	2739	136	4.97	05017
ARKANSAS	Ashley	4620	225	4.87	05003
ARKANSAS	Washington	24854	1207	4.86	05143
ARKANSAS	Perry	2322	112	4.82	05105
ARKANSAS	Craighead	14949	711	4.76	05031
ARKANSAS	St. Francis	4757	226	4.75	05123
ARKANSAS	Faulkner	13729	645	4.70	05045
ARKANSAS	Scott	2642	124	4.69	05127
ARKANSAS	Sebastian	20624	957	4.64	05131
ARKANSAS	Lee	1864	85	4.56	05077
ARKANSAS	Desha	2695	121	4.49	05041
ARKANSAS	Van Buren	4915	211	4.29	05141
ARKANSAS	Howard	2939	120	4.08	05061
ARKANSAS	Saline	15726	622	3.96	05125
ARKANSAS	Monroe	1936	76	3.93	05095
ARKANSAS	Lonoke	9761	341	3.49	05085
ARKANSAS	Yell	4523	156	3.45	05149
ARKANSAS	Garland	27711	877	3.16	05051
ARKANSAS	Pulaski	58571	1821	3.11	05119
ARKANSAS	Lincoln	2006	53	2.64	05079
ARKANSAS	Benton	30373	797	2.62	05007
ARKANSAS	Searcy	2333	54	2.31	05129
ARKANSAS	Calhoun	975	12	1.23	05013
ARKANSAS	Izard	3889	45	1.16	05065
ARKANSAS	Newton	2122	23	1.08	05101
ARKANSAS	Prairie	1884	17	0.90	05117

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
71854	Texarkana	Miller	417
72956	Van Buren	Crawford	376
71953	Mena	Polk	367
71730	El Dorado	Union	353
72501	Batesville	Independence	317
71701	Camden	Ouachita	263
72830	Clarksville	Johnson	220
71601	Pine Bluff	Jefferson	200
71602	White Hall	Jefferson	179
72616	Berryville	Carroll	178
72112	Newport	Jackson	168
71801	Hope	Hempstead	166
71655	Monticello	Drew	162
72949	Ozark	Franklin	158
72921	Alma	Crawford	151
72936	Greenwood	Sebastian	142
71822	Ashdown	Little River	142
72160	Stuttgart	Arkansas	138
72081	Judsonia	White	134
72753	Prairie Grove	Washington	131
72543	Heber Springs	Cleburne	129
71635	Crossett	Ashley	124
71671	Warren	Bradley	121
72653	Mountain Home	Baxter	469
72601	Harrison	Boone	414
72401	Jonesboro	Craighead	404
72450	Paragould	Greene	371
72143	Searcy	White	354
71913	Hot Springs National Park	Garland	343
71901	Hot Springs National Park	Garland	325
72104	Malvern	Hot Spring	277
71603	Pine Bluff	Jefferson	253
72455	Pocahontas	Randolph	226
72315	Blytheville	Mississippi	211
72206	Little Rock	Pulaski	194
72802	Russellville	Pope	191
71753	Magnolia	Columbia	190
72901	Fort Smith	Sebastian	189
72396	Wynne	Cross	186
72301	West Memphis	Crittenden	185
72015	Benton	Saline	184
72058	Greenbrier	Faulkner	181
72204	Little Rock	Pulaski	175
72701	Fayetteville	Washington	174
72117	North Little Rock	Pulaski	172
72032	Conway	Faulkner	169
72762	Springdale	Washington	169

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
72756	Rogers	Benton	160
72110	Morrilton	Conway	158
72560	Mountain View	Stone	156
72118	North Little Rock	Pulaski	156
72903	Fort Smith	Sebastian	153
72335	Forrest City	St. Francis	151
72764	Springdale	Washington	143
72076	Jacksonville	Pulaski	142
72904	Fort Smith	Sebastian	142
72150	Sheridan	Grant	138
72209	Little Rock	Pulaski	136
71923	Arkadelphia	Clark	136
72422	Corning	Clay	135
72114	North Little Rock	Pulaski	134
72712	Bentonville	Benton	127
72086	Lonoke	Lonoke	123
72034	Conway	Faulkner	122
72855	Paris	Logan	114
72687	Yellville	Marion	106
71665	Rison	Cleveland	99
71646	Hamburg	Ashley	92
72740	Huntsville	Madison	89
72744	Lincoln	Washington	86
72631	Eureka Springs	Carroll	85
72638	Green Forest	Carroll	81
72012	Beebe	White	80
72837	Dover	Pope	77
72131	Quitman	Cleburne	75
72461	Rector	Clay	74
72042	De Witt	Arkansas	73
72632	Eureka Springs	Carroll	73
72774	West Fork	Washington	70
72662	Omaha	Boone	66
71968	Royal	Garland	64
72360	Marianna	Lee	64
71639	Dumas	Desha	61
72067	Higden	Cleburne	58
72941	Lavaca	Sebastian	57
71743	Gurdon	Clark	56
72521	Cave City	Sharp	56
71742	Fordyce	Dallas	55
72959	Winslow	Washington	55
71640	Eudora	Chicot	52
72952	Rudy	Crawford	52
72444	Maynard	Randolph	52
71653	Lake Village	Chicot	49
72532	Evening Shade	Sharp	48

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
71654	Mc Gehee	Desha	45
71943	Glenwood	Pike	45
72727	Elkins	Washington	45
71921	Amity	Clark	45
72943	Magazine	Logan	44
71740	Emerson	Columbia	40
71837	Fouke	Miller	40
71846	Lockesburg	Sevier	39
72840	Hartman	Johnson	38
71940	Delight	Pike	38
71762	Smackover	Union	37
71836	Foreman	Little River	36
72355	Lexa	Phillips	36
72153	Shirley	Van Buren	36
72132	Redfield	Jefferson	35
72415	Black Rock	Lawrence	35
72011	Bauxite	Saline	35
72537	Gamaliel	Baxter	34
72065	Hensley	Saline	34
72027	Center Ridge	Conway	33
71937	Cove	Polk	33
72482	Williford	Sharp	33
72121	Pangburn	White	33
72658	Norfolk	Baxter	33
71765	Strong	Union	32
71638	Dermott	Chicot	32
72562	Newark	Independence	32
72529	Cherokee Village	Sharp	32
72137	Rose Bud	White	31
72063	Hattieville	Conway	30
71958	Murfreesboro	Pike	30
72530	Drasco	Cleburne	28
71763	Sparkman	Dallas	27
71945	Hatfield	Polk	27
72843	Hector	Pope	25
72863	Scranton	Logan	25
72847	London	Pope	25
72523	Concord	Cleburne	24
72088	Fairfield Bay	Van Buren	24
71720	Bearden	Ouachita	23
72769	Summers	Washington	23
71960	Norman	Montgomery	23
71647	Hermitage	Bradley	23
72773	Wesley	Madison	22
72534	Floral	Independence	22
71970	Story	Montgomery	21
72583	Viola	Fulton	21

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
71749	Junction City	Union	21
72327	Crawfordsville	Crittenden	21
71833	Dierks	Howard	20
71826	Bradley	Lafayette	20
72661	Oakland	Marion	20
72120	Sherwood	Pulaski	118
72761	Siloam Springs	Benton	116
72404	Jonesboro	Craighead	116
72019	Benton	Saline	114
72801	Russellville	Pope	107
72730	Farmington	Washington	106
72834	Dardanelle	Yell	104
72472	Trumann	Poinsett	104
72113	Maumelle	Pulaski	102
72476	Walnut Ridge	Lawrence	101
72542	Hardy	Sharp	100
72432	Harrisburg	Poinsett	100
72370	Osceola	Mississippi	94
72390	West Helena	Phillips	90
72704	Fayetteville	Washington	88
72958	Waldron	Scott	87
72454	Piggott	Clay	86
72010	Bald Knob	White	86
72031	Clinton	Van Buren	86
71832	De Queen	Sevier	80
72703	Fayetteville	Washington	80
72202	Little Rock	Pulaski	79
72364	Marion	Crittenden	77
72823	Atkins	Pope	76
72946	Mountainburg	Crawford	74
72734	Gentry	Benton	73
72002	Alexander	Saline	71
72927	Booneville	Logan	70
71857	Prescott	Nevada	68
72023	Cabot	Lonoke	68
72745	Lowell	Benton	68
72635	Gassville	Baxter	67
72116	North Little Rock	Pulaski	66
71852	Nashville	Howard	65
72022	Bryant	Saline	65
72908	Fort Smith	Sebastian	63
71929	Bismarck	Hot Spring	61
72205	Little Rock	Pulaski	59
72173	Vilonia	Faulkner	58
71957	Mount Ida	Montgomery	55
72634	Flippin	Marion	52
72937	Hackett	Sebastian	51

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
72021	Brinkley	Monroe	51
72342	Helena	Phillips	50
72211	Little Rock	Pulaski	50
72947	Mulberry	Crawford	50
71909	Hot Springs National Park	Garland	49
72101	Mc Crory	Woodruff	49
72644	Lead Hill	Boone	49
72858	Pottsville	Pope	49
72433	Hoxie	Lawrence	48
72324	Cherry Valley	Cross	46
72331	Earle	Crittenden	46
71667	Star City	Lincoln	45
72576	Salem	Fulton	44
72651	Midway	Baxter	43
72210	Little Rock	Pulaski	42
72642	Lakeview	Baxter	42
72416	Bono	Craighead	42
72751	Pea Ridge	Benton	41
72940	Huntington	Sebastian	40
72442	Manila	Mississippi	39
72417	Brookland	Craighead	39
72376	Proctor	Crittenden	39
72176	Ward	Lonoke	39
72102	Mc Rae	White	39
72443	Marmaduke	Greene	39
72758	Rogers	Benton	38
72933	Charleston	Franklin	38
72126	Perryville	Perry	38
72020	Bradford	White	36
72006	Augusta	Woodruff	35
72554	Mammoth Spring	Fulton	35
71860	Stamps	Lafayette	34
72846	Lamar	Johnson	34
72626	Cotter	Baxter	33
72007	Austin	Lonoke	33
72106	Mayflower	Faulkner	32
72568	Pleasant Plains	Independence	32
72715	Bella Vista	Benton	32
71726	Chidester	Ouachita	31
71964	Pearcy	Garland	30
71941	Donaldson	Hot Spring	30
71770	Waldo	Columbia	29
72916	Fort Smith	Sebastian	29
72024	Carlisle	Lonoke	29
72650	Marshall	Searcy	29
71845	Lewisville	Lafayette	28
72437	Lake City	Craighead	28

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
72473	Tuckerman	Jackson	27
72354	Lepanto	Poinsett	26
72127	Plumerville	Conway	26
72157	Springfield	Conway	26
72411	Bay	Craighead	25
72046	England	Lonoke	25
72623	Clarkridge	Baxter	25
72365	Marked Tree	Poinsett	25
72736	Gravette	Benton	24
71851	Mineral Springs	Howard	24
72513	Ash Flat	Sharp	24
72434	Imboden	Lawrence	23
72013	Bee Branch	Van Buren	23
72212	Little Rock	Pulaski	22
72103	Mabelvale	Saline	21
72135	Roland	Pulaski	21
71949	Jessieville	Garland	20
71675	Wilmar	Drew	20
72372	Palestine	St. Francis	20
72082	Kensett	White	20
72366	Marvell	Phillips	20
72579	Sulphur Rock	Independence	19
72544	Henderson	Baxter	19
72611	Alpena	Boone	19
72821	Altus	Franklin	19
72928	Branch	Franklin	19
71956	Mountain Pine	Garland	19
71961	Oden	Montgomery	19
71858	Rosston	Nevada	19
71764	Stephens	Ouachita	19
71747	Huttig	Union	19
72680	Timbo	Stone	18
71631	Banks	Bradley	18
72538	Gepp	Fulton	18
72047	Enola	Faulkner	18
72469	Strawberry	Lawrence	18
72447	Monette	Craighead	18
72207	Little Rock	Pulaski	18
72223	Little Rock	Pulaski	18
72944	Mansfield	Scott	18
72938	Hartford	Sebastian	18
71660	New Edinburg	Cleveland	17
72776	Witter	Madison	17
71842	Horatio	Sevier	17
72466	Smithville	Lawrence	17
72438	Leachville	Mississippi	16
72347	Hickory Ridge	Cross	16

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
72717	Canehill	Washington	16
72016	Bigelow	Perry	16
72845	Knoxville	Johnson	15
72136	Romance	White	15
72227	Little Rock	Pulaski	15
71950	Kirby	Pike	15
72374	Poplar Grove	Phillips	15
72025	Casa	Perry	15
72932	Cedarville	Crawford	15
72368	Moro	Lee	15
72556	Melbourne	Izard	15
71933	Bonnerdale	Hot Spring	15
72934	Chester	Crawford	15
72456	Pollard	Clay	15
72851	New Blaine	Logan	15
72039	Damascus	Van Buren	14
72394	Widener	St. Francis	14
72459	Ravenden	Lawrence	14
72865	Subiaco	Logan	14
72057	Grapevine	Grant	14
72633	Everton	Boone	14
72719	Centerton	Benton	14
72714	Bella Vista	Benton	14
72478	Warm Springs	Randolph	14
72458	Powhatan	Lawrence	14
71838	Fulton	Hempstead	13
72842	Havana	Yell	13
72663	Onia	Stone	13
72326	Colt	St. Francis	13
71751	Louann	Ouachita	13
72029	Clarendon	Monroe	13
72564	Oil Trough	Independence	13
72436	Lafe	Greene	13
72412	Beech Grove	Greene	13
71861	Taylor	Columbia	13
72435	Knobel	Clay	13
72004	Alzheimer	Jefferson	13
72738	Hindsville	Madison	12
72645	Leslie	Searcy	12
72051	Fox	Stone	12
72460	Ravenden Springs	Randolph	12
72512	Horseshoe Bend	Izard	12
71855	Ozan	Hempstead	12
72030	Cleveland	Conway	12
71752	Mc Neil	Columbia	12
72346	Heth	St. Francis	12
71866	Winthrop	Little River	12

ZIP Code of Beneficiary Residence	Dominant City Associated With The ZIP Code of Beneficiary Residence	Dominant County Associated With The ZIP Code of Beneficiary Residence	Likely Extra Help Eligible Not Yet Applied May 2010 Estimate
<b>72675</b>	Saint Joe	Searcy	11
<b>72533</b>	Fifty Six	Stone	11
<b>71935</b>	Caddo Gap	Montgomery	11
<b>72395</b>	Wilson	Mississippi	11
<b>72531</b>	Elizabeth	Fulton	11
<b>72111</b>	Mount Vernon	Faulkner	11
<b>71744</b>	Hampton	Calhoun	11
<b>71834</b>	Doddridge	Miller	11
<b>72951</b>	Ratcliff	Logan	10
<b>72569</b>	Poughkeepsie	Sharp	10
<b>72923</b>	Barling	Sebastian	10
<b>72018</b>	Benton	Saline	10
<b>72413</b>	Biggers	Randolph	10
<b>72386</b>	Tyronza	Poinsett	10
<b>72125</b>	Perry	Perry	10
<b>72732</b>	Garfield	Benton	10
<b>71835</b>	Emmet	Nevada	10
<b>72852</b>	Oark	Johnson	10
<b>72419</b>	Caraway	Craighead	10
<b>72060</b>	Griffithville	White	10
<b>72070</b>	Houston	Perry	10

**ATTACHMENT I**  
**PROPSAL CHECKLIST**

**THE ENTIRE PROPOSAL WILL BE DISQUALIFIED FROM CONSIDERATION IF THE RESPONDENT FAILS TO SUBMIT THE TECHNICAL AND COST INFORMATION SEPARATELY, SEALED, AND CLEARLY IDENTIFIED BY RFP # ON OUTSIDE ENVELOPE BY 9/16/2011 AT 4:00 p.m.**

<b>Check Here</b>	<b>Required Items</b>
	<b>Cover Letter/Sheet</b>
	<b>Table of Contents</b>
	<b>Statement of Acknowledgement</b>
	<b>Disclosure of Litigation</b>
	<b>Technical Approach, Response to Questions and Solutions to Scope of Service</b>
	<b>Respondents Background, Experience, and Qualifications</b>
	<b>Past Performance</b>
	<b>Cost Proposal</b>
	<b>Independent Price Determiniation</b>
	<b>Price Warranty</b>
	<b>IRS Form W-9</b>
	<b>Original and three (3) copies of Technical and Cost Proposals</b>
	<b>Submitted Technical &amp; Cost Proposals seperately in sealed and clearly labeled envelopes</b>