**EXHIBIT D**

**RFP HBE 18-007 – Full Service Enrollment Centers**

**Response Template**

***Instructions***: Applicants must use this template to submit their response. All fields must be completed. If a field is not applicable, then put N/A. This template has been formatted as a protected document-to ‘navigate through, click into each field and make your entries (do not tab).

|  |
| --- |
| Category/Details |
| 1. **Certifications and Assurances (Pass/Fail)**   Certifications and Assurances (Exhibit A) is signed by a person authorized to bind Vendor to a Contract (submit as a separate document). |
| 1. **Organization Information (Pass/Fail)** 2. Vendor name, including DBA: Click or tap here to enter text. 3. Legal status (e.g., sole proprietor, corporation, etc.): Click or tap here to enter text. 4. The year the Vendor’s entity was organized as it now substantially exists: Click or tap here to enter text. 5. Vendor address: Click or tap here to enter text. 6. Vendor’s Federal Employer Tax Identification number: Click or tap here to enter text. 7. Washington Uniform Business Identification (UBI) number: Click or tap here to enter text.   If Vendor does not have a Washington UBI, then please provide a statement affirming that the Vendor will obtain a business license before executing a Contract: Click or tap here to enter text.   1. Vendor Primary Contact name: Click or tap here to enter text.   Email address: Click or tap here to enter text.  Telephone number: Click or tap here to enter text.   1. Name(s), titles, and contact information (email address and telephone number) of all persons authorized to speak on behalf of Vendor on matters related to this RFP: Click or tap here to enter text.      1. The name and address of the entity that receives legal notices for Vendor: Click or tap here to enter text. 2. Provide a statement affirming that by submitting a response to this RFP, Vendor represents that they are not in arrears in the payment of any obligations due and owing the State of Washington, including the payment of taxes and employee benefits, and that it shall not become in arrears during the term of the Contract if selected for Contract award: Click or tap here to enter text. 3. If the Vendor contracted with the State of Washington during the past twenty-four (24) months, indicate the name of the agency, the Contract number and project description and/or other information available to identify the Contract: Click or tap here to enter text. 4. Conflict of Interest information:  * If any of Vendor’s employees or officers were employed by WAHBE or the State of Washington during the last two (2) years, state their positions within the organization, their proposed duties under any resulting Contract, their duties and position during their employment with WAHBE or the state, and the date of their termination from WAHBE/state employment: Click or tap here to enter text. * If any owner, key officer, or key employee of Vendor is related by blood or marriage to any employee of WAHBE or has a close personal relationship to same, identify all the parties, identify their current or proposed positions, and describe the nature of the relationship: Click or tap here to enter text. * Vendor must disclose if they have a business relationship with any current major WAHBE Contractor: Click or tap here to enter text. * If Vendor is aware of any other real or potential conflict of interest, Vendor must fully disclose the nature and circumstances of such potential conflict of interest. If, after review of the information provided and the situation, WAHBE determines that a potential conflict of interest exists, it may, at its sole option, disqualify Vendor from participating in this RFP. Failure to fully disclose any real or potential conflict of interest may result in the disqualification of Vendor or the Termination for Default of any Contract with Vendor resulting from this RFP: Click or tap here to enter text.  Vendors must indicate whether they have had a Contract terminated for default in the last five (5) years. Termination for Default is defined as a notice to stop work due to Vendor’s nonperformance or poor performance, where the issue of performance was either not litigated due to inaction on the part of Vendor or litigated and determined that Vendor was in default: Click or tap here to enter text.If Vendor has had a Contract terminated for default in the last five (5) years, Vendor must submit full details including the other party’s name, address, and telephone number. Vendor must specifically grant WAHBE permission to contact any and all involved parties and access any and all information WAHBE determines is necessary to satisfy its investigation of the termination. WAHBE will evaluate the circumstances of the termination and may at its sole discretion, bar the participation of Vendor in this RFP: Click or tap here to enter text.The page numbers and names of any response elements being claimed as “Proprietary” or “Confidential” (see Section 3.5). Include an explanation for each claim of confidentiality: Click or tap here to enter text.Any alternate Contract language Vendor wishes to propose (see section 3.16). If alternate Contract language is longer than one (1) page, attach it to your Letter of Submittal as a separate document. If none is proposed, it will be assumed that the Contract will be accepted without change: Click or tap here to enter text.  1. A list of all RFP amendments received by amendment issue date. If no RFP amendments were received, write a statement to that effect. Vendor questions/ WAHBE responses are considered an amendment to the RFP: Click or tap here to enter text. 2. A detailed list of all materials and enclosures being sent in the response: Click or tap here to enter text. |
| 1. **References (Pass/Fail)**   Provide three (3) business references.  **Reference #1**  **Company Name:** Click or tap here to enter text.  **Company Address:** Click or tap here to enter text.  **Primary Contact Name:** Click or tap here to enter text.  **Telephone Number:** Click or tap here to enter text.  **Email Address:** Click or tap here to enter text.  **Reference #2**  **Company Name:** Click or tap here to enter text.  **Company Address:** Click or tap here to enter text.  **Contact Name:** Click or tap here to enter text.  **Telephone Number:** Click or tap here to enter text.  **Email Address:** Click or tap here to enter text.  **Reference #3**  **Company Name:** Click or tap here to enter text.  **Company Address:** Click or tap here to enter text.  **Contact Name:** Click or tap here to enter text.  **Telephone Number:** Click or tap here to enter text.  **Email Address:** Click or tap here to enter text.  By submission of the references, Vendor grants permission to WAHBE to contact the references and others who may have pertinent information. Do not include current WAHBE staff as references. WAHBE may evaluate additional references at WAHBE’s discretion.  Vendor References will be contacted and scored for the top-ranking response(s) only. |

|  |
| --- |
| 1. **Managerial Qualifications (Pass/Fail)** 2. Name and title of the individual who would manage the Enrollment Center operations: Click or tap here to enter text. 3. Describe the individual’s experience, including length of time, managing an organization, contract, project, or activity of similar size and scope: Click or tap here to enter text. 4. Length of time working for the organization. Two or more years’ experience working for the organization named in the application is required: Click or tap here to enter text. 5. Describe the person’s knowledge regarding the Affordable Care Act and WAHBE operations: Click or tap here to enter text. 6. Describe the person’s knowledge related to Qualified Health Plans, Qualified Dental Plans, health insurance premium tax credits, and Washington Apple Health: Click or tap here to enter text. 7. Describe the person’s experience using Washington Healthplanfinder; and/or experience supervising WAHBE-registered brokers or certified navigators: Click or tap here to enter text. |
| 1. **Enrollment center site and hours of operation (Scored)** 2. Physical location of Enrollment Center (street, city, zip, **county**): Click or tap here to enter text. 3. Length of time the Vendor has delivered services in this geographic area: Click or tap here to enter text. 4. Length of time the Vendor has been at this site: Click or tap here to enter text. 5. If the building is shared, list other occupants: Click or tap here to enter text. 6. Describe the businesses in direct proximity to the site (adjoining, next door, across the street, within a block): Click or tap here to enter text. 7. Describe the visibility of the building from the main road that people will use to get to the site: Click or tap here to enter text. 8. Describe how you will affix or display internal/external *Healthplanfinder* signage for greatest visibility: Click or tap here to enter text. 9. Describe the reasons you feel this site will attract a large number of consumers: Click or tap here to enter text.  |  |  | | --- | --- | | **Scheduled hours during open enrollment (list opening and closing time for each week day):** | | | Monday | Click or tap here to enter text. | | Tuesday | Click or tap here to enter text. | | Wednesday | Click or tap here to enter text. | | Thursday | Click or tap here to enter text. | | Friday | Click or tap here to enter text. | | Saturday | Click or tap here to enter text. | | Sunday | Click or tap here to enter text. | | Walk-ins | Yes  No | | Appointments | Yes  No | | Evening or weekend appointments | Yes  No |  |  |  | | --- | --- | | **List availability outside regular business hours:** | | | Monday | Click or tap here to enter text. | | Tuesday | Click or tap here to enter text. | | Wednesday | Click or tap here to enter text. | | Thursday | Click or tap here to enter text. | | Friday | Click or tap here to enter text. | | Saturday | Click or tap here to enter text. | | Sunday | Click or tap here to enter text. |  1. Provide internal and external photos showing a comprehensive view of the building, including view from the street, building entrance, parking availability, internal customer service areas (reception, one-on-one counseling, self-serve area, etc.). (You may either provide as an attachment or add pages at the end of this document). |
| 1. **Organizational/Team Experience (Scored)**   Describe the experience and qualifications of Vendor staff who would oversee and/or deliver services at the Enrollment Center and who would perform the Enrollment Center services described in the RFP, as follows:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Professional license/cert and Year issued** | **# of years registered with WAHBE** | **# of current QHP/WAH enrollees (2018)** | **Other specialized skills, such as Navigator/enhanced user, financial counseling, tax acctg/preparation** | **Language(s) spoken (other than English including sign language)** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| 1. **Business/Marketing Plan (Scored)** 2. Vendor’s mission or vision: Click or tap here to enter text. 3. Organization’s total volume of current WAHBE enrollment:   QHP: Click or tap here to enter text.  WAH: Click or tap here to enter text.   1. Portion of Vendor’s clientele enrolled in WAHBE coverage; include QHP and WAH: Click or tap here to enter text. 2. Marketing strategies to be used: Click or tap here to enter text. 3. Advertising plan: Click or tap here to enter text. 4. Events: Click or tap here to enter text. 5. 2019 QHP enrollment goals:   **New** QHPs: Click or tap here to enter text.  Renewal QHPs: Click or tap here to enter text. |
| 1. **Additional Considerations (Scored, Optional)**   Explain any additional factors related to your organization’s qualifications, the site selected, or other considerations that WAHBE should include in its evaluation of your request to operate a WAHBE Enrollment Center: Click or tap here to enter text.  **Example:** Previous operation as a WAHBE Enrollment Center? Partnership with a navigator organization? Membership in WAHBE advisory committee? |
| 1. **Cost Proposal (Scored)**   A dollar amount is required for all categories listed below, even if the value is $0.00. Any category that is left blank or not addressed will be considered a $0.00 proposal for the category.  In the event of a mathematically inconsistency between category price and the total bid price, then the category price will prevail.  In the event a Vendor proposes a dollar amount range for any category, the high end of the range will be used for evaluation purposes.  The total bid price shall be a not-to-exceed bid for operating as an Enrollment Center. The bid shall include all costs for which the Vendor is seeking funding from WAHBE. Funding categories include:   |  |  | | --- | --- | | **Categories** | **Dollar Amount** | | Non-licensed administrative staff through open enrollment | Click or tap here to enter text. | | Internal/external signs or banners | Click or tap here to enter text. | | Advertising/marketing/events | Click or tap here to enter text. | | Operational overhead, including additional insurance coverage as necessary | Click or tap here to enter text. | | **TOTAL BID** | Click or tap here to enter text. |   Funding requested must be **over and above** the Vendor’s usual operating expenses and that are expected to be incurred as a direct result of operating as an Enrollment Center.  The cost proposal must be signed by a Vendor representative with authority to bind Vendor to the prices proposed.   |  |  |  | | --- | --- | --- | | Authorized Vendor Representative Signature |  | Vendor Name | | Printed Name |  | Date | |