STATE OF DELAWARE

DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Management Services
1901 N. DuPont Highway
New Castle, DE 19720

REQUEST FOR PROPOSAL NO. HSS-12-023

FOR

INDIGENT BURIAL AND DECEASED INFANTS
BURIAL/CREMATION SERVICES

FOR

THE DIVISION OF SOCIAL SERVICES
1901 N. DUPONT HWY.
LEWIS BUILDING
P.O. BOX 906
NEW CASTLE DE  19720

Deposit Waived
Performance Bond Waived

Date Due: April 26, 2012
11:00 A.M. LOCAL TIME

A pre-bid meeting will be held on April 3, 2012 at 10:00 A.M. at Main Administration Building, Conference Room 198, 1901 N. DuPont Hwy, New Castle DE 19720. While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation. To better ensure meeting space will accommodate those desiring to attend, it is requested that bidders limit representation to 2 individuals. Bidders should RSVP by calling (302) 255-9290.
REQUEST FOR PROPOSAL # HSS-12-023

Sealed Proposals for INDIGENT BURIAL AND DECEASED INFANTS BURIAL/CREMATION SERVICES for the Division of Social Services will be received by:

Delaware Health and Social Services
Herman M. Holloway Sr. Campus
Procurement Branch
Main Administration Bldg, Sullivan Street
Second Floor, Room #257
1901 North DuPont Highway, New Castle, Delaware 19720

Proposals will be accepted until 11:00 A.M. on April 26, 2012. At which time the proposals will be opened and recorded.

A pre-bid meeting will be held on April 3, 2012 at 10:00 A.M. at Main Administration Building, Conference Room 198, 1901 N. DuPont Hwy, New Castle DE 19720. For further information please call 302-255-9290.

While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation.

In the event that state offices are closed on the day of the pre-bid meeting due to a State of Emergency declared by the Governor of Delaware, the pre-bid meeting will be cancelled or postponed. The status of the pre-bid meeting will be posted to the RFP website as soon as possible at http://bids.delaware.gov. If the pre-bid meeting is cancelled, written questions will be accepted, in lieu of the pre-bid meeting, in accordance with the instructions presented in Section VI. D. of this document. If the pre-bid meeting is postponed, the new date and time will be posted to the RFP website.

Obtaining Copies of the RFP

This RFP is available in electronic form [only] through the State of Delaware Procurement Website at http://bids.delaware.gov.

Public Notice

Public notice has been provided in accordance with 29 Del. C. § 6981
NOTIFICATION TO BIDDERS

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these Additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

IMPORTANT: ALL PROPOSALS MUST HAVE OUR HSS NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

KIERAN MOHAMMED
DELAWARE HEALTH AND SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN ADMIN BLD, SULLIVAN STREET
2ND FLOOR – ROOM
1901 NORTH DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS
NEW CASTLE, DELAWARE 19720
PHONE: 302-255-9290

IMPORTANT: DELIVERY INSTRUCTIONS

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE PROCUREMENT UNIT OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

ATTENTION BIDDERS: Your proposal must include a cover letter and the forms in Appendices C, D, E and F signed and with all information on the forms complete.
The issuance of this Request for Proposals (RFP) neither commits the Delaware Department of Health and Social Services, Division of Social Services, to award a contract, to pay any costs incurred in the preparation of a proposal or subsequent negotiations, nor to procure or contract for the proposed services. The Division reserves the right to reject or accept any or all proposals or portion thereof, to cancel in part or in its entirety this Request for Proposals, or to delay implementation of any contract which may result, as may be necessary to meet the Department's funding limitations and processing constraints. The Department and Division reserve the right to terminate any contractual agreement upon fifteen (15) days notice in the event that the State determines that State or Federal funds are no longer available to continue the contract.

Organizations Ineligible to Bid
Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.
REQUEST FOR PROPOSAL FOR INDIGENT BURIAL AND DECEASED INFANTS
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FOR
DIVISION OF SOCIAL SERVICES

Availability of Funds

Funds are available for the selected vendor to provide services in the area of
INDIGENT BURIAL AND DECEASED INFANTS BURIAL/CREMATION SERVICES.
Contract renewal is possible for up to four (4) additional years contingent on
funding availability and task performance.

Pre-Bid Meeting

A pre-bid meeting will be held. The meeting will be on April 3, 2012 at 10:00
A.M. at the following location.

Main Administration Building
1901 N. DuPont Highway
New Castle DE 19720
Conference Room 198

Bidders may ask clarifying questions regarding this request for proposal at the
pre bid meeting. Responses to questions posed at the pre-bid meeting will be
posted on bids.delaware.gov on the Q&A response date after the pre-bid
meeting.

Further Information

Inquiries regarding this RFP should be addressed to:

Dana Chant
Facilities Manager
Dana.chant@state.de.us
302-255-9539
Restrictions on Communications with State Staff

From the issue date of this RFP until a contractor is selected and the selection is announced, bidders are NOT allowed to contact any Division of Social Services staff, except those specified in this RFP, regarding this procurement. Contact between contractors and Dana Chant is restricted to emailed or faxed questions concerning this proposal. Questions must be submitted in writing and will be addressed in writing.

Questions are due by March 19, 2012 and will be addressed at the pre-bid meeting. The complete list of questions and their answers will be released via e-mail or fax to the vendors that submitted any questions or attended the pre-bid meeting. The complete list of questions and their answers will also be posted on the internet at http://bids.delaware.gov

Following the pre-bid meeting, bidder communication is limited to Kieran Mohammed, Purchasing Services Administrator, Delaware Health and Social Services. The central phone number for the Procurement office is 302-255-9290.

Contact with State Employees
Direct contact with State of Delaware employees other than the State of Delaware Designated Contact(s) regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business. In the case of such exception, communication may not include an active RFP.
REQUEST FOR PROPOSAL FOR BURIAL AND DECEASED INFANTS
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DIVISION OF SOCIAL SERVICES

I. INTRODUCTION

The Department of Health and Social Services is the single State agency mandated by the federal government and the State of Delaware to administer state and federally funded financial assistance programs for Delaware’s needy citizens. Within the Department, the Division of Social Services is directly responsible for programs that include TANF, Food Stamps, General Assistance, Subsidized Child Care, and Employment and Training.

The Division of Social Services mission is to protect vulnerable populations and provide an integrated system of opportunities, services and income supports that enable low-income individuals and families to develop self-sufficiency and achieve and maintain independence.

B. Project Goals

The Delaware Department of Health and Social Services is requesting proposals to provide burial for a deceased person who has no money or assets (i.e. indigent) and cremation services to infants. The program is administered in accordance with Title 29, Section 4711 of the Delaware Code.

Recent Program Activity
Number of Burials in January – December 2011 period:
♦ Burials at Herman Holloway Campus in New Castle – 28
♦ Burials at Veterans Cemetery in Bear – 6
♦ Burials at Veterans Cemetery in Georgetown – 2
♦ Burials at DHCI in Smyrna – 15
♦ Burials at Stockley Center in Georgetown – 22
♦ Burials at private plots throughout the State of DE – 3

Number of Infant Burials in January – December 2011 period:
♦ Burials at Stockley Center in Georgetown – 1

Number of Infant Cremations in January – December 2011 period:
♦ Cremated and buried at Herman Holloway Campus – 6
II. SCOPE OF SERVICES

- All components listed in this section are mandatory.

A. SPECIFICATIONS FOR BURIAL OF INDIGENT PERSONS

1. Remains to be transported to Funeral Home from location given by Medical Examiner.

2. The body must be embalmed (externally embalmed is acceptable) and wrapped with a plastic sheet. Contractor may clothe indigent at their expense.

3. Opening and closing of grave. Install grave marker. Marker provided by the Division of Social Services and made available at burial site.


5. Transportation of remains to cemetery. Cemetery may be at any of the following locations: on grounds of Herman Holloway Campus or Veteran’s Cemetery in New Castle County; on grounds of Delaware Hospital for the Chronically Ill, Smyrna, DE for Kent County; on grounds of Veteran’s Cemetery or Stockley Center, Georgetown, DE for Sussex County. Burial of indigents will be held in the county where the deceased is located.

6. Contractor agrees to bury indigent within ten (10) working days of receiving referral.

7. Removal of excess dirt from excavation of grave site (New Castle County only).

B. SPECIFICATIONS FOR BURIAL OF INFANTS (over 350 grams)

1. Remains to be transported to Funeral Home from location given by Medical Examiner.

2. The body must be embalmed (externally embalmed is acceptable) and wrapped with a plastic sheet. Contractor may clothe indigent at their expense.
3. Opening and closing of grave. Install grave marker. Marker provided by the Division of Social Services and made available at burial site.


5. Transportation of remains to cemetery. Cemetery may be at any of the following locations: on grounds of Herman Holloway Campus or Veteran’s Cemetery in New Castle County; on grounds of Delaware Hospital for the Chronically Ill, Smyrna, DE for Kent County; on grounds of Veteran’s Cemetery or Stockley Center, Georgetown, DE for Sussex County. Burial of indigents will be held in the county where the deceased is located.

6. Contractor agrees to bury indigent within ten (10) working days of receiving referral.

C. SPECIFICATIONS FOR CREMATION & BURIAL OF INFANTS (under 350 grams)

1. Remains to be transported to Funeral Home from location given by Medical Examiner.

2. Contractor agrees to cremate and bury infant within thirty (30) days of receiving referral.

3. Provisions of urn and concrete vault

4. Opening and closing of grave. Install grave marker. Marker provided by the Division of Social Services and made available at burial site.

5. Transportation of remains to cemetery. Cemetery may be at any of the following locations: on grounds of Herman Holloway Campus or Veteran’s Cemetery in New Castle County; on grounds of Delaware Hospital for the Chronically Ill, Smyrna, DE for Kent County; on grounds of Veteran’s Cemetery or Stockley Center, Georgetown, DE for Sussex County. Arrangements for the cremation of infants will be held in the county where the deceased is located.
The CONTRACTOR will create a folder for each deceased person referred to the program. This folder must be submitted to the Division of Social Services within one month after the deceased is buried/cremated. The CONTRACTOR will also submit a report, prior to the 15th of each month, stating the activity of each case referred within that time period based on the following process:

1. The Contractor will be notified when a decedent is to be buried through the Indigent Burial Program. An e-mail notice may be sent from or a phone call will be made by the Office of the Medical Examiner (OME) to the Contractor. The information provided by the OME will be recorded by the Contractor on the "Authorization for Indigent Burial" form (attached Appendix M). If a member of the public requests an indigent burial, the person must be referred to an investigator at the Office of the Medical Examiner. The Contractor cannot proceed with burial until information and a referral are received from an OME investigator.

2. When a referral is received from the OME, the Contractor will either:

   * contact the next-of-kin to sign the "Authorization to Bury" form (attached Appendix L) and "Assignment Form" (attached Appendix N); or

   * if there is no next-of-kin, place an ad in the News Journal and Independent Newspaper for three consecutive days. To place an ad, the Contractor will complete the Burial Ad Form (attached Appendix N) and print and/or fax to the Classified Department of both the News Journal and Independent Newspaper (expense to be borne by Contractor).

3. The Contractor shall create a folder for each deceased person referred to the program. On a manila folder record the decedent's name (last name first) and date of death on the tab. Any information or forms generated or received about the deceased must be retained in this folder. This folder and any information contained in the folder are the property of the Division of Social Services.

4. The Contractor will determine whether the deceased was a US military veteran. This is usually determined by the information provided by the OME or by the family of the deceased. If the deceased appears to be a veteran, the Contractor will confirm this information. The contacts for confirmation are: Delaware Veteran's
Cemetery (834-5046), Veterans Commission (1-800-344-9900), VA Hospital (1-800-827-1000) and staff in the offices of Senators Carper or Coons. They are to be contacted in the order listed above.

5. When all available information has been gathered and forms have been signed by next-of-kin or the ad has run, the Contractor may proceed with the burial.

6. As a courtesy, the Contractor shall contact by telephone any known family and friends of the deceased. They may not wish to attend the burial, but the invitation shall be extended. No church services or viewing is held, but family or friends may invite a member of the clergy for the day of the burial.

7. The Contractor shall inform family/friends ahead of time that the deceased is buried in a pine wood particleboard box and then placed into a cement vault. The grave is given a marker with a number. Family or friends may purchase a flat stone for the grave, but they have to make the arrangements and then let the Contractor know when they will need to get into the cemetery. The Contractor will make the necessary arrangements for the family to enter the cemetery.

8. The Contractor or designee must witness the burial. Attendance may be required at either Veteran’s Cemetery in Bear or Georgetown or any of the 3 cemeteries located in each county of the State. Occasionally, there will be burials in private plots throughout the State that would require attendance. The Contractor will direct the burial to be in a private plot in the following circumstances:

- the private plot was purchased and paid in full before the person died, and
- the family agrees to pay any opening/closing cost the cemetery requires.
- the casket for private plots will only be particleboard so it would need to be agreed upon that the cemetery would accept this.

9. Once the burial is completed the Contractor shall record the grave marker number assigned to the deceased on the tab of the manila folder. Within one month after the date of the burial, the Contractor shall forward the manila folder to the Division of Social Services for retention in State of Delaware files. In addition, at the conclusion or termination of this contract, any and all files or information in the
possession of the Contractor related to indigent burial referrals shall be turned over to the Division of Social Services within 15 days of the conclusion or termination of this contract.

10. The Contractor shall promptly notify the Division of Social Services of any information or documentation that would indicate that a deceased person referred to the program has or may have assets that exceed a value of $100. The Contractor shall not release death certificates to any family members. The Contractor will refer such requests to Dana Chant.

11. Once each month, prior to the 15th day of the month, the Contractor shall provide a report to the Division of Social Services. The format of the report will be mutually agreed to between the parties. However, at a minimum, the report shall list:

- the name of every deceased person referred to the Contractor (cumulative from the beginning of the contract);
- date of the referral;
- current status of each case that has been or is being handled by the Contractor;
- date of death;
- burial location;
- date of burial;
- burial cost.

12. The Contractor shall promptly inform the Division of Social Services of any issues or disputes that may arise between the Contractor, the Office of the Medical Examiner and/or the friends/family of the deceased. The Division of Social Services will be the final arbiter of all disputes.

III. SPECIAL TERMS AND CONDITIONS

A. Length of Contract

Contract term is (1) one year with the possibility of renewal for up to (4) four additional years contingent on funding and satisfactory performance.

B. Subcontractors

The use of subcontractors will be permitted for this project.
If a subcontractor is going to be used, this needs to be specified in the proposal, with an identification of the proposed subcontractor, the service(s) to be provided, and its qualifications to provide such service(s). Subcontractors will be held to the same requirements as the primary contractor. The contract with the primary contractor will bind sub or co-contractors to the primary contractor by the terms, specifications, and standards of the RFP. All such terms, specifications, and standards shall preserve and protect the rights of the agency under the RFP and any subsequent proposals and contracts with respect to the services performed by the sub or co-contractor, so that the sub or co-contractor will not prejudice such rights. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the agency.

The proposed subcontractors must be approved by the Division of Social Services.

C. Funding Disclaimer Clause

Delaware Health and Social Services reserves the right to reject or accept any bid or portion thereof, as may be necessary to meet the Department’s funding limitations and processing constraints. The Department reserves the right to terminate any contractual agreement upon fifteen (15) calendar days written notice if the state determines that state or federal funds are no longer available to continue said contractual agreement.

D. Reserved Rights

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP;
- Select a proposal other than the one with the lowest cost;
- Waive or seek clarification on any information, irregularities, or inconsistencies in proposals received;
- Negotiate as to any aspect of the proposal with the bidder and negotiate with more than one bidder at a time;
- If negotiations fail to result in an agreement within two (2) weeks, the Department may terminate negotiations and select the next most
responsive bidder, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

E. Termination Conditions

The Department may terminate the contract resulting from this RFP at any time that the vendor fails to carry out its provisions or to make substantial progress under the terms specified in this RFP and the resulting proposal.

Prior to taking the appropriate action as described in the contract, the Department will provide the vendor with thirty (30) days notice of conditions endangering performance. If after such notice the vendor fails to remedy the conditions contained in the notice, the Department shall issue the vendor an order to stop work immediately and deliver all work and work in progress to the State. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

The Contract may be terminated in whole or part:

a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,

b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services,

c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified.

F. Contractor Monitoring/Evaluation

The contractor may be monitored/evaluated on-site on a regular basis. Failure of the contractor to cooperate with the monitoring/evaluation process or to resolve any problem(s) identified in the monitoring/evaluation may be cause for termination of the contract.

G. Payment:

The agencies or school districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit)
card and or conventional check and/or other electronic means at the State’s option, without imposing any additional fees, costs or conditions.

**H. W-9 Information Submission**

*Awarded* vendors will be required to submit their Form W-9 by accessing this website, [http://accounting.delaware.gov/](http://accounting.delaware.gov/). The vendor will complete the secure form, read the affirmation, and submit the form by clicking the “Submit” button. Delaware Division of Accounting staff will review the submitted form for accuracy, completeness, and standardization. Once all the requirements are met, the form will be uploaded to the vendor file and approved. The vendor is then able to be paid for services provided.

For those vendors that do not have internet access, a printable version of the Delaware Substitute Form W-9 can be faxed or mailed to the vendor. Upon completion, the vendor will then fax or mail the form directly to the vendor staff at the Delaware Division of Accounting. All vendor requests, additions and changes, will come directly from the vendor. Questions for vendors who do not have internet access, contact vendor staff at (302) 734-6827.

This applies only to the successful bidder and should be done when successful contract negotiations are completed. It is not a required to be done as part of the submission of the bidder’s proposal.

**I. Required Reporting**

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested Vendors.

A Usage Report (Attachment 1) shall be furnished on the 15th (or next business day after the 15th day) of each month by the successful Vendor **Electronically in Excel format** detailing the purchasing of all items on this contract. The reports (Appendix H) shall be submitted electronically in EXCEL and sent as an attachment to dana.chant@state.de.us. It shall contain the six-digit department and organization code. Any exception to this mandatory requirement may result in cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.
IV. FORMAT AND CONTENT OF RESPONSE

Proposals shall contain the following information, adhering to the order as shown:

A. Bidder’s Signature Form

This form, found in the Appendix C, must be completed and signed by the bidder’s authorized representative.

B. Title Page

The Title page shall include: 1) the RFP subject; 2) the name of the applicant; 3) the applicant’s full address; 4) the applicant’s telephone number; 5) the name and title of the designated contact person; and 6) bid opening date (due date: April 26, 2012 at 11:00 AM).

C. Table of Contents

The Table of Contents shall include a clear and complete identification of information presented by section and page number.

D. Confidential Information

The following items, if required in response to this RFP, are to be included in a separate section of your proposal and marked as confidential. These items are: 1) any financial information relating to the company or organization (not the RFP pricing or budget); 2) Organization Charts.

E. Qualifications and Experience

This section shall contain sufficient information to demonstrate experience and staff expertise to carry out the project. A statement must be included that the vendor either has or certifies he/she will secure a Delaware Business License prior to initiation of the project. Attach articles of incorporation and IRS certification of tax exempt status if applicable.

The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall
provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.

F. Bidder References

The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware: during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee’s deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

G. Proposed Methodology and Work Plan

This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The workplan shall outline specific objectives, activities and strategies, and resources.

H. Certification and Statement of Compliance

The bidder must include statements that the applicant agency complies with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data. (See Appendices D & E)
I. Standard Contract

Appendix G is a copy of the standard boilerplate contract for the State of Delaware, Delaware Health and Social Services, Division of Social Services. This boilerplate will be the one used for any contract resulting from this Request for Proposal. If a bidder has an objection to any contract provisions or the RFP and its procurement provisions, objections shall be stated in the Transmittal Letter of the bidder’s proposal. Execution of the contract is NOT required with proposal submission. The contract is provided as a courtesy for review by an interested bidder’s legal group.

V. BUDGET

Vendor will submit a line item budget, for each contract year, using a format mirroring that in Appendices A & B. Modifications to the budget after the award must be approved by the Division of Social Services.

Applicants shall also describe any factors that may have an impact on the cost and should suggest a payment schedule contingent upon completion of the various tasks.

Vendor will include proposed cost amounts on the Business Proposal Form (See Appendix H). Vendor may include costs for one, two or each County of the outlined services requested.

VI. GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

A. Number of Copies Required

Two (2) original CDs (Each Labeled as “Original”) and six (6) CD copies (Each labeled as “Copy”). In addition, any required confidential financial or audit information relating to the company and not specifically to the proposal may be copied separately to one set of up to three (3) additional CDs (Each labeled “Corporate Confidential Information”). All CD files shall be in PDF and Microsoft Word formats. Additional file formats (i.e. .xls, .mpp) may be required as requested.

It is the responsibility of the bidder to ensure all submitted CDs are machine readable, virus free and are otherwise error-free. CDs (or their
component files) not in this condition may be cause for the vendor to be disqualified from bidding.

Bidders will no longer be required to make hard copies of proposals with the exception that one copy of a Cover Letter along with one copy each of Appendices C, D, E, and F must be submitted in hardcopy with original signatures.

The cover letter should include: bidder recognition of all addenda posted on the RFP website (http://bids.delaware.gov) relative to this RFP, a statement confirming the proposal remains effective through the date shown in (D) below, a statement the bidder has or agrees to obtain a Delaware business license if awarded a contract, a statement confirming pricing was arrived at without collusion.

The responses to this RFP shall be submitted to:

Kieran Mohammed
Division of Management Services
Delaware Health and Social Services
Main Administration Building, Sullivan Street
Second Floor, Room 257
1901 North duPont Highway
New Castle, DE 19720

B. Closing Date

All responses must be received no later than April 26, 2012 at 11:00 AM. Later submission will be cause for disqualification.

C. Opening of Proposals

The State of Delaware will receive proposals until the date and time shown in this RFP. Proposals will be opened only in the presence of the State of Delaware personnel. Any unopened proposals will be returned to Vendor.

There will be no public opening of proposals but a public log will be kept of the names of all vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed to competing vendors prior to contract award.
D. Proposal Expiration Date

Prices quoted in the proposal shall remain fixed and binding on the bidder for at least through 90 days. The State of Delaware reserves the right to ask for an extension of time if needed.

E. Acknowledgement of Understanding of Terms

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

F. Realistic Proposals

It is the expectation of the State of Delaware that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility or increase obligation for a vendor’s failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

G. Non-Conforming Proposals

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the State of Delaware.

H. Notification of Acceptance

Notification of the Department’s intent to enter into contract negotiations will be made in writing to all bidders.
I. Questions

All questions concerning this Request for Proposal must reference the pertinent RFP section(s) and page number(s). Questions must be in writing and can be either faxed, or emailed to:

Dana Chant  
Facilities Manager  
Dana.chant@state.de.us  
302-255-4409

Deadline for submission of all questions is March 19, 2012. Written responses will be faxed or emailed to bidders no later than April 10, 2012. Please include your fax number and/or your email address with your questions.

All questions and answers will be posted on http://bids.delaware.gov.

J. Amendments to Proposals

Amendments to proposals will not be accepted after the deadline for proposal submission has passed. The State reserves the right at any time to request clarification and/or further technical information from any or all applicants submitting proposals.

K. Proposals Become State Property

All proposals become the property of the State of Delaware and will not be returned to the bidders. The State will not divulge any information identified as confidential at the time of proposal submission provided the information resides solely on the CD(s) marked confidential.

L. Non-Interference Clause

The awarding of this contract and all aspects of the awarded bidders contractual obligations, projects, literature, books, manuals, and any other relevant materials and work will automatically become property of the State of Delaware. The awarded bidder will not in any manner interfere or retain any information in relationship to the contractual obligations of said contract, at the time of the award in the future tense.
M. Investigation of Bidder’s Qualifications

Delaware Health and Social Services may make such investigation as it deems necessary to determine the ability of the bidder to furnish the required services, and the bidder shall furnish such data as the Department may request for this purpose.

N. RFP and Final Contract

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder. If the bidder is unwilling to comply with any of the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the state.

O. Proposal and Final Contract

The contents of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The contents of the successful proposal will be included by reference in the resulting contract.

All terms, and conditions contained in the proposal will remain fixed and valid for 1 year after proposal due date.

P. Cost of Proposal Preparation

All costs for proposal preparation will be borne by the bidder.

Q. Proposed Timetable

The Department’s proposed schedule for reviewing proposals is outlined as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Advertisement</td>
<td>March 2, 2012</td>
</tr>
<tr>
<td>Questions Due</td>
<td>March 19, 2012</td>
</tr>
<tr>
<td>Pre-bid Meeting</td>
<td>April 3, 2012</td>
</tr>
<tr>
<td>Answers to Questions</td>
<td>April 10, 2012</td>
</tr>
</tbody>
</table>
Bid Opening April 26, 2012
Selection Process Begins May 2, 2012
Vendor Selection (tentative) May 11, 2012
Project Begins July 1, 2012

R. Confidentiality and Debriefing

The Procurement Administrator shall examine the proposal to determine the validity of any written requests for nondisclosure of trade secrets and other proprietary data identified in conjunction with the Attorney General’s Office. After award of the contract, all responses, documents, and materials submitted by the offeror pertaining to this RFP will be considered public information and will be made available for inspection, unless otherwise determined by the Director of Purchasing, under the laws of the State of Delaware. All data, documentation, and innovations developed as a result of these contractual services shall become the property of the State of Delaware. Based upon the public nature of these Professional Services (RFP) Proposals a bidder must inform the state in writing, of the exact materials in the offer which CANNOT be made a part of the public record in accordance with Delaware’s Freedom of Information Act, Title 29, Chapter 100 of the Delaware Code.

If a bidder wishes to request a debriefing, he must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, Room 257, 1901 N. duPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request.

VII. SELECTION PROCESS

All proposals submitted in response to this RFP will be reviewed by an evaluation team composed of representatives of Division of Social Services, Delaware Health and Social Services, and others as may be deemed appropriate by the Department. Each proposal will be independently reviewed and rated against review criteria. Selection will be based upon the recommendations of the review committee.
A. Proposal Evaluation Criteria

The vendor will be selected through open competition and based on the review of proposals submitted in response to this request for proposals. A technical review panel will review all proposals utilizing the following criteria. A maximum of 100 points is possible.

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets mandatory RFP provisions</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>CD’s properly submitted</td>
<td></td>
</tr>
<tr>
<td>Forms properly submitted</td>
<td></td>
</tr>
<tr>
<td>1. Qualifications of vendor</td>
<td>20</td>
</tr>
<tr>
<td>a) Administrative Oversight</td>
<td></td>
</tr>
<tr>
<td>b) Past experience in successfully operating</td>
<td></td>
</tr>
<tr>
<td>quality programs of a similar type and with</td>
<td></td>
</tr>
<tr>
<td>a similar population</td>
<td></td>
</tr>
<tr>
<td>c) Quality Assurance Program details</td>
<td></td>
</tr>
<tr>
<td>d) Available resources</td>
<td></td>
</tr>
<tr>
<td>2. Methodology Proposed</td>
<td>20</td>
</tr>
<tr>
<td>a) services proposed fit needs as expressed in RFP</td>
<td></td>
</tr>
<tr>
<td>b) proposed activities follow a logical sequence</td>
<td></td>
</tr>
<tr>
<td>c) adequacy of workplan &amp; timeline schedules</td>
<td></td>
</tr>
<tr>
<td>d) builds on existing work of the Division’s planning efforts</td>
<td></td>
</tr>
<tr>
<td>3. Responses to Scope of Services, Section II. A – I.</td>
<td>20</td>
</tr>
<tr>
<td>4. The degree to which the bidder demonstrates the potential ability to recruit, hire, schedule, and train qualified applicants.</td>
<td>10</td>
</tr>
<tr>
<td>5. Evaluation of the proposed costs as they relate to the proposed service delivery.</td>
<td>30</td>
</tr>
</tbody>
</table>
Upon selection of a vendor, a **Division of Social Services** representative will enter into negotiations with the bidder to establish a contract.

**B. Consultants and Legal Counsel**

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors’ responses. Bidders shall not contact consultant or legal counsel on any matter related to the RFP.

**C. Exclusions**

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;

Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;

Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;

Has violated contract provisions such as:

Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or

Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;

Has violated ethical standards set out in law or regulation; and
Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

B. Project Costs and Proposed Scope of Service

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in the judgment of the evaluation team, a lack of sufficient budgeted resources would jeopardize project success.
APPENDIX A:

BUDGET SUMMARY SHEET
# Budget Summary Sheet

<table>
<thead>
<tr>
<th>Categories</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Salaries</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fringe Benefits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Travel / Training</strong></td>
<td></td>
</tr>
<tr>
<td>Mileage (Rate $0.00 X 0000 miles)</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Contractual</strong></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>Other Utilities</td>
<td></td>
</tr>
<tr>
<td>Printing / Advertising</td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Repairs</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
</tr>
<tr>
<td>Janitorial</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Equipment / Other Direct Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Indirect Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL BUDGET</strong></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B:

BUDGET WORKSHEET
## Budget Worksheet
(can attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Category / Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary / Wages</strong></td>
<td></td>
</tr>
<tr>
<td>List each position title: Directors, Supervisors, Healthcare Workers, Nutritionists, Drivers, Case Managers, Janitors, Instructors, Coordinators, etc</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: Salary / Wages</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fringe Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Proportionate for above labor including Social Security, unemployment compensation, life insurance, worker’s compensation, health insurance, pension, etc. that will be paid by the Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: Fringe Benefits</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **Travel / Training** |        |
| Include any programs staff are required to attend. Mileage reimbursement shall be no more than the IRS allowable amount. Subscriptions and association dues may be included in this category |        |
|                        |        |
|                        |        |
|                        |        |
|                        |        |
| **Total: Travel / Training** |        |
## Budget Worksheet  page 2

<table>
<thead>
<tr>
<th>Category / Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractual</strong></td>
<td></td>
</tr>
<tr>
<td>Include the portions of rent, utilities, telephone, internet, Insurance, maintenance, etc that will be paid by the Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: Contractual</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Supplies**           |        |
| Include office supplies, supplies for routine building maintenance (janitorial), medical supplies, program supplies, and other related expenses |        |
|                         |        |
|                         |        |
|                         |        |
| **Total: Supplies**    |        |
|                         |        |

| **Other Equipment**    |        |
| Specify Items or lots costing $1000.00 or more and having a useful life of more than one year |        |
|                         |        |
|                         |        |
|                         |        |
| **Total: Other Equipment** |        |
### Indirect Costs
Identify any line items contributing to total costs not delineated in the above sections

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total: Indirect Costs**
APPENDIX C:

BIDDERS SIGNATURE FORM
DELWARE HEALTH AND SOCIAL SERVICES
REQUEST FOR PROPOSAL

BIDDERS SIGNATURE FORM

NAME OF BIDDER: __________________________________________
SIGNATURE OF AUTHORIZED PERSON: _________________________
TYPE IN NAME OF AUTHORIZED PERSON: _______________________
TITLE OF AUTHORIZED PERSON: _______________________________
STREET NAME AND NUMBER: _________________________________
CITY, STATE, & ZIP CODE: ___________________________________
CONTACT PERSON: ___________________________________________
TELEPHONE NUMBER: _______________________________________
FAX NUMBER: ______________________________________________
DATE: _____________________________________________________
BIDDER’S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: ________

THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.
APPENDIX D:

CERTIFICATION SHEET
DELWARE HEALTH AND SOCIAL SERVICES
REQUEST FOR PROPOSAL

CERTIFICATION SHEET

As the official representative for the proposer, I certify on behalf of the agency that:

a. They are a regular dealer in the services being procured.

b. They have the ability to fulfill all requirements specified for development within this RFP.

c. They have independently determined their prices.

d. They are accurately representing their type of business and affiliations.

e. They will secure a Delaware Business License.

f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.

g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;

h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and

i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.

j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or
secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.

k. They (check one) operate ___an individual; _____a Partnership ____a non-profit (501 C-3) organization; _____a not-for-profit organization; or _____for profit corporation, incorporated under the laws of the State of ____________________.

l. The referenced offerer has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services.

m. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all Specifications and special provisions.

n. They (check one): _______are; ______are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

__________________________________________
__________________________________________
__________________________________________

Violations and Penalties:
Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.

2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.

b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

__________________________  __________________________
Date                              Signature & Title of Official Representative

__________________________  __________________________
Type Name of Official Representative
APPENDIX E

STATEMENTS OF COMPLIANCE FORM
DELAWARE HEALTH AND SOCIAL SERVICES
REQUEST FOR PROPOSAL

STATEMENTS OF COMPLIANCE FORM

As the official representative for the contractor, I certify on behalf of the agency that ______________________ (Company Name) will comply with all Federal and Delaware laws and regulations pertaining to equal employment opportunity and affirmative action. In addition, compliance will be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in the collection and reporting of data.

Authorized Signature: ____________________________________________

Title: __________________________________________________________

Date: __________________________________________________________
APPENDIX F

OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM
OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM

IF YOUR FIRM WISHES TO BE CONSIDERED FOR ONE OF THE CLASSIFICATIONS LISTED BELOW, THIS PAGE MUST BE SIGNED, NOTARIZED AND RETURNED WITH YOUR PROPOSAL.

COMPANY NAME_____________________________________________________

NAME OF AUTHORIZED REPRESENTATIVE (Please print)
_____________________________________________________________________

SIGNATURE___________________________________________________________

COMPANY ADDRESS___________________________________________________

TELEPHONE #______________________________

FAX #________________________________________________________________

EMAIL ADDRESS_______________________________________________________

FEDERAL EI# ___________________________________________________________________

STATE OF DE BUSINESS LIC#____________________________________________

Note: Signature of the authorized representative must be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

Organization Classifications (Please circle)

Women Business Enterprise (WBE) Yes/No

Minority Business Enterprise (MBE) Yes/No

Please check one---Corporation ______

Partnership______ Individual ______

For appropriate certification (WBE), (MBE), please apply to Office of Minority and Women Business Enterprise Phone # (302) 739-4206  L. Jay Burks, Executive Director Fax# (302) 739-1965  Certification #___________ Certifying Agency___________

http://gss.omb.delaware.gov/omwbe/index.shtml

SWORN TO AND SUBSCRIBED BEFORE ME THIS ______________DAY OF ____________20________

NOTARY PUBLIC_________________________MY COMMISION EXPIRES ____________________

CITY OF ________________________COUNTY OF ___________________STATE OF__________________
Definitions

The following definitions are from the State Office of Minority and Women Business Enterprise.

**Women Owned Business Enterprise (WBE):**
At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

**Minority Business Enterprise (MBE):**
At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

**Corporation:**
An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

**Partnership:**
An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

**Individual:**
Self-explanatory

For certification in one of above, the bidder must contact:
L. Jay Burks
Office of Minority and Women Business Enterprise
(302) 739-4206
Fax (302) 739-5561
APPENDIX G

Contract Boilerplate
A. Introduction

1. This contract is entered into between the Delaware Department of Health and Social Services (the Department), Division of ____________ (Division) and ______________________ (the Contractor).

2. The Contract shall commence on ______________ and terminate on ______________ unless specifically extended by an amendment, signed by all parties to the Contract. Time is of the essence. (Effective contract start date is subject to the provisions of Paragraph C. 1. of this Agreement.)

B. Administrative Requirements

1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.

2. The Contractor shall maintain such insurance as will protect against claims under Worker’s Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.

3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:

   a) Comprehensive General Liability

   $1,000,000
and

b) Medical/Professional Liability $1,000,000/$3,000,000
or
c) Misc. Errors and Omissions $1,000,000/$3,000,000
or
d) Product Liability $1,000,000/$3,000,000

All contractors must carry (a) and at least one of (b), (c), or (d), depending on the type of service or product being delivered.

If the contractual service requires the transportation of Departmental clients or staff, the contractor shall, in addition to the above coverage, secure at its own expense the following coverage:

e) Automotive Liability (Bodily Injury) $100,000/$300,000
f) Automotive Property Damage (to others) $25,000

4. Not withstanding the information contained above, the Contractor shall indemnify and hold harmless the State of Delaware, the Department and the Division from contingent liability to others for damages because of bodily injury, including death, that may result from the Contractor’s negligent performance under this Contract, and any other liability for damages for which the Contractor is required to indemnify the State, the Department and the Division under any provision of this Contract.

5. The policies required under Paragraph B. 3. must be written to include Comprehensive General Liability coverage, including Bodily Injury and Property damage insurance to protect against claims arising from the performance of the contractor and the contractor's subcontractors under this Contract and Medical/Professional Liability coverage when applicable.

6. The Contractor shall provide a Certificate of Insurance as proof that the Contractor has the required insurance. The certificate shall identify the Department and the Division as the “Certificate Holder” and shall be valid for the contract’s period of performance as detailed in Paragraph A. 2.

7. The Contractor acknowledges and accepts full responsibility for securing and maintaining all licenses and permits, including the Delaware business license, as applicable and required by law, to engage in business and provide the goods and/or services to be acquired under the terms of this Contract. The Contractor acknowledges and is aware that Delaware law provides for significant penalties associated with the conduct of business without the appropriate license.
8. The Contractor agrees to comply with all State and Federal licensing standards and all other applicable standards as required to provide services under this Contract, to assure the quality of services provided under this Contract. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.

a) If a contractor is under the regulation of any Department entity and has been assessed Civil Money Penalties (CMPs), or a court has entered a civil judgment against a Contractor or vendor in a case in which DHSS or its agencies was a party, the Contractor or vendor is excluded from other DHSS contractual opportunities or is at risk of contract termination in whole, or in part, until penalties are paid in full or the entity is participating in a corrective action plan approved by the Department.

A corrective action plan must be submitted in writing and must respond to findings of non-compliance with Federal, State, and Department requirements. Corrective action plans must include timeframes for correcting deficiencies and must be approved, in writing, by the Department.

The Contractor will be afforded a thirty (30) day period to cure non-compliance with Section 8(a). If, in the sole judgment of the Department, the Contractor has not made satisfactory progress in curing the infraction(s) within the aforementioned thirty (30) days, then the Department may immediately terminate any and/or all active contracts.

9. Contractor agrees to comply with all the terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, local or any other anti discriminatory act, law, statute, regulation or policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability or any other unlawful discriminatory basis or criteria.

10. The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability.

11. This Contract may be terminated in whole or part:

a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services as described in Appendix B,

c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified in Appendix A.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

12. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested to the addresses listed below. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.

To the Division at:

    Division name here
    address
    address
    Attn:

To the Contractor at:

________________________________________
13. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.

14. This Contract shall not be altered, changed, modified or amended except by written consent of all Parties to the Contract.

15. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.

16. This entire Contract between the Contractor and the Department is composed of these several pages and the attached Appendix ___.

17. This Contract shall be interpreted and any disputes resolved according to the Laws of the State of Delaware. Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.

18. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.

19. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.

20. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this agreement, by improperly
influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift or consideration.

21. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

22. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor’s obligations under this Contract.

23. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.

24. If the amount of this contract listed in Paragraph C2 is over $25,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this agreement, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.

C. Financial Requirements

1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, if required by the State of Delaware Budget and Accounting Manual, and all policies and procedures of the Department of Finance have been met. The obligations of the Department under this
Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.

2. Total payments under this Contract shall not exceed $______ in accordance with the budget presented in Appendix ___. Payment will be made upon receipt of an itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State’s option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.

3. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials or services which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.

4. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.

5. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.

6. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.

7. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
8. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties pursuant to Paragraph B.14.

D. Miscellaneous Requirements

1. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM # 46, effective 3/11/05), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services, including providing testimony at any administrative proceedings arising from such investigations. The policy and procedures are included as Appendix _____ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor’s procedures must include the position(s) responsible for the PM46 process in the provider agency. Documentation of staff training on PM46 must be maintained by the Contractor.

2. The Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with the provisions of 29 Del. Code, Chapter 58: “Laws Regulating the Conduct of Officers and Employees of the State,” and in particular with Section 5805 (d): “Post Employment Restrictions.”

3. When required by Law, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del. Code Section 708; and 11 Del. Code, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.

4. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 40, and divisional procedures regarding conducting criminal background checks and handling adverse findings of the criminal background checks. This policy and procedure are included as Appendix _____ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor’s procedures must include the title of the position(s) responsible for the PM40 process in the contractor’s agency.

5. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 36 (PM #36, effective 9/24/2008), and divisional procedures regarding minimal requirements of contractors who are engaging in a contractual agreement to develop community based residential arrangements for those individuals served by
Divisions within DHSS. This policy and procedure are included as Appendix ____ to this Contract. It is understood that adherence to this policy includes individuals/entities that enter into a contractual arrangement (contractors) with the DHSS/Division to develop a community based residential home(s) and apartment(s). Contractors shall be responsible for their subcontractors’ adherence with this policy and related protocol(s) established by the applicable Division.

6. All Department campuses are tobacco-free. Contractors, their employees and subcontractors are prohibited from using any tobacco products while on Department property. This prohibition extends to personal vehicles parked in Department parking lots.
E. **Authorized Signatures:**

For the Contractor:  
_______________________  
Signature  
_______________________  
Name (please print)  
_______________________  
Title  
_______________________  
Date

For the Department:  
Rita M. Landgraf  
Secretary  
_______________________  
Date

For the Division:  
Elaine Archangelo  
_______________________  
Date
CONTRACT APPENDIX A

DIVISION OF SOCIAL SERVICES REQUIREMENTS

1. Funds received and expended under the contract must be recorded so as to permit the Division to audit and account for all contract expenditures in conformity with the terms, conditions, and provisions of this contract, and with all pertinent federal and state laws and regulations. The Division retains the right to approve this accounting system.

2. The Contractor shall recognize that no extra contractual services are approved unless specifically authorized in writing by the Division. Further, the Contractor shall recognize that any and all services performed outside the scope covered by this Contract and attached budgets will be deemed by the Division to be gratuitous and not subject to any financial reimbursement.

3. All products are expected to be free of misspellings and typos, as well as punctuation, grammatical and design errors. Acronyms should be avoided; when used, they should be spelled out on first reference with the acronym in parentheses after that reference. For example, 'Division of Social Services (DSS)' on first reference.

4. No part of any funds under this contract shall be used to pay the salary or expenses of any contractor or agent acting for the contractor, to engage in any activity (lobbying) designed to influence legislation or appropriations pending before the State Legislature and/or Congress.

5. The contractor agrees that, if defunding occurs, all equipment purchased with Division funds for $1,000.00 or more and a useful life expectancy of one (1) year, will be returned to the Division within thirty (30) days.

6. Contractors receiving Federal funds must comply with all the requirements of the Federal Office of Management and Budget (OMB) Circular A-133, Audits of State, Local Governments, and Non-profit Organizations.
CONTRACT APPENDIX B

SERVICE AND BUDGET DESCRIPTION

1. Contractor: __________________________

   Address: __________________________

   __________________________

   Phone __________________________

   E.I. No.: __________________________

2. Division: __________________________

3. Service: __________________________

   __________________________

   __________________________

4. Total Payment shall not exceed ________.

5. Payment(s) will be made upon presentation of invoice(s) with supporting documentation that verifies the completed, acceptable deliverable(s). Invoice must contain period of service, Vendor Invoice Number, Vendor E.I. Number, Contract Number, Division Purchase Order Number and itemized description of the services provided to coincide with the contract deliverables. (See also Paragraph C.2. of the contract)

6. Source of Contract Funding:

   _____ Federal Funds (CFDA#__________)

   _____ State Funds

   _____ Other Funds

   _____ Combination of Funds
APPENDIX H

Business Proposal Form
BUSINESS PROPOSAL FORM

FOR

INDIGENT BURIAL/CREMATION SERVICES

Payments will be on a per-case basis. The cost-per-case bid amount must be all inclusive. Division of Social Services will not pay additional amounts for other services unless agreed to in writing and signed by the Division of Social Services Program Coordinator. Vendor may bid on one, two or all Counties, however, an amount must be proposed for each service requested per County.

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Cost per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigent burial in New Castle County</td>
<td>$___________</td>
</tr>
<tr>
<td>Infant burial in New Castle County (over 350 grams)</td>
<td>$___________</td>
</tr>
<tr>
<td>Infant cremation and burial in New Castle County (under 350 grams)</td>
<td>$___________</td>
</tr>
<tr>
<td><strong>Total cost of amount proposed for New Castle County</strong></td>
<td>$___________</td>
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<tr>
<td>Indigent burial in Kent County</td>
<td>$___________</td>
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<tr>
<td>Infant burial in Kent County (over 350 grams)</td>
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<tr>
<td>Infant cremation and burial in Kent County (under 350 grams)</td>
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<td><strong>Total cost of amount proposed for Kent County</strong></td>
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<td>Indigent burial in Sussex County</td>
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<td>Infant burial in Sussex County (over 350 grams)</td>
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<tr>
<td>Infant cremation and burial in Sussex County (under 350 grams)</td>
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<td><strong>Total cost of amount proposed for Sussex County</strong></td>
<td>$___________</td>
</tr>
</tbody>
</table>
APPENDIX I

Authorization to Bury
AUTHORIZATION TO BURY

I hereby authorize and direct the Department of Health and Social Services to take charge of the remains of ____________________________ for the purpose of burial.

I am __________________ of the deceased.

(relationship)

I understand and agree that this authorization empowers the Department of Health and Social Services to dispose of the remains of said ____________________________ at a time and place to be determined by the Department and in a manner to be determined by the Department.

I hereby waive any right or claim I may have to direct the time, place or manner of burial.

I have read the above statements and understand their content.

_________________________________________
(Signature)

_________________________________________
(Witness)

_________________________________________
(Date)
APPENDIX J

Information Regarding Candidate for Burial as Indigent Person
Information Regarding Candidate for Burial as Indigent Person

Name ____________________________

(Last) __________________________ (First) __________________________ (Middle) __________________________ (Maiden) __________________________

Social Security No. _______ - _____ - _______ Military Serial No. (Veteran) ____________

Place of Birth __________________________ Date of Birth __________________________ Age ______

(City, State)

Place and Date of Death __________________________

Information Regarding Relatives (Include relationships, names & addresses)

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Additional Information for Determining Location of Relatives or Financial Situation

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Information Provided By: __________________________

(Name) __________________________ (Phone) __________________________

(Organization Name) __________________________

(Address) __________________________
APPENDIX K

Assignment
ASSIGNMENT

For valuable consideration, I ______________________ who is _________________ to the deceased ______________________ (name) ______________________ (relationship) name herein, ASSIGN to the Department of Health and Social Services of the State of Delaware all benefits, claims, demands, entitlements, and all causes of action which I now have, and which I may hereafter acquire, which authorize me to obtain burial and/or other funeral expenses, or reimbursement for all or part of the cost of such expenses, for the deceased, ______________________, ______________________, formerly of ______________________, ______________________, ______________________, ______________________, formerly of ______________________, ______________________, (name) (birthdate) (street address) City of ______________________, County of ______________________, State of ______________________.

This ASSIGNMENT is given in consideration for the burial and other funeral expenses of said deceased incurred by the Department of Health and Social Services of the State of Delaware pursuant to 29 Del. Code § 4710.

IN WITNESS WHEREOF, I have executed this ASSIGNMENT at ______________________, ______________________, ______________________, ______________________, the ____________day of ______________, 20______.

(city/state) (month)

WITNESS: ASSIGNOR:

_________________________________ ______________________________________
(signature) (signature)

_________________________________ ______________________________________
(street address) (street address)

_________________________________ ______________________________________
(city/state) (city/state)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES ASSIGNEE

____________________________________
(signature)

Date:___________________
APPENDIX L

Burial Ad Form
Burial Ad Form

(Date)

(Vendor name and address)

Please print the following in your “Burial Information” section for three (3) consecutive days.

“(Name of indigent, age, former address. Date of death). Any relatives or friends are requested to immediately contact (vendor name and number) to claim the remains.”

If you have any questions, please feel free to contact me at the above number. Thank You.
Attachment 1

Monthly Usage Report
# State of Delaware

## Monthly Usage Report

<table>
<thead>
<tr>
<th>Supplier Name:</th>
<th>Report Start Date:</th>
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<tbody>
<tr>
<td>Contact Name:</td>
<td>Report End Date:</td>
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<tr>
<td>Contact Phone:</td>
<td>Today's Date:</td>
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<tr>
<th>Agency Name or School District</th>
<th>Division or Name of School</th>
<th>Budget Code</th>
<th>UNSPSC</th>
<th>Item Description</th>
<th>Contract Item Number</th>
<th>Unit of Measure</th>
<th>Qty</th>
<th>Environmentally Preferred Product or Service</th>
<th>Additional Discount Granted</th>
<th>Contract Proposal Price/Rate</th>
<th>Total Spend</th>
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