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| **Applicant (Organization) Name:**  |
| **ATTACHMENT B: APPLICANT NARRATIVE FORM** This form is broken into five sections: * Section 1. Administrative Response: Not Scored
* Section 2. Applicant Business Certification: Extra Points for Small, Minority-Owned Businesses or Veteran-Owned Businesses
* Section 3. Applicant Service Plan: 50 points
* Section 4. Applicant’s Qualifications and Experience Section: 30 points
* Section 5. Budget Proposal: 20 Points

Applicants must respond to all questions in order and in the expandable space provided. |
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| **1** | **APPLICANT INFORMATION (ADMINISTRATIVE RESPONSE)**Applicant’s response to the questions in this Section 1, combined with the information provided in the Cover Sheet and Certifications and Assurances, comprise Applicant’s Administrative Response to this Notice of Funding Opportunity. While the Administrative Response is not given a number score, information provided as part of Applicant’s Administrative Response may cause the Applicant to be disqualified and may be considered in evaluating Applicant’s qualifications and experience. | **MAXIMUM TOTAL POINTS** |
| a | Does your organization employ or contract with any current or former state employees? If the answer is yes, provide the following information for each former state employee:1. Name of employee or contractor. 2. The individual’s employment history with the State of Washington. 3. A description of the Individual’s involvement with the response to this Notice of Funding Opportunity. 4. The Individual’s proposed role in providing the services under any Contract that may be awarded.  | NOT SCORED |
|  | **ANSWER**:  |  |
| b | Has your organization had a contract terminated for cause or default within the past five (5) years? If yes, please provide the following: terminating party’s name, address and telephone number; a summary describing the alleged deficiencies in Applicant’s performance; a description of whether and how the Applicant remedied these alleged deficiencies; and any other information pertinent to Applicant’s position on the matter. “Termination for Cause” refers to any notice to Applicant to stop performance due to Applicant’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation. | NOT SCORED |
|  | **ANSWER**:  |  |
| c | Please identify any prior contracts the Applicant has entered with the State of Washington within the past three (3) years. For ORIA contracts you may just list the programs and contract years. For contracts with other state agencies, please list the name of the state agency, the nature of the contract and a primary agency contact for each.  | NOT SCORED |
|  | **ANSWER**: |  |
| d | Has the Applicant has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services the Applicant proposes to provide pursuant to this Notice of Funding Opportunity? If the answer is yes, please list the nature of the allegations, docket number, disposition, and date (if applicable), and Applicant’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding commenced. | NOT SCORED |
|  | **ANSWER**: |  |
| e | Does your organization plan to use Subcontractors in implementing this project? If yes, please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, their proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by ORIA. | NOT SCORED |
|  | **ANSWER**:  |  |
| **2** | **APPLICANT BUSINESS CERTIFICATION** | MAXIMUM TOTAL POINTS |
| a | Are you a Washington Small Business as defined under **RCW 39.26.010**?According to **Chapter 39.26.010 RCW**, to qualify as a Washington Small Business, Applicant must meet three (3) requirements: * 1. *Location*. Applicant’s principal office/place of business must be located in and identified as being in the state of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel.
	2. *Size*. Applicant must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars ($7,000,000) annually as reported on Applicant’s federal income tax return, or its return filed with the Washington State Department of Revenue over the previous three consecutive years.
	3. *Office of Minority and Women’s Business Enterprises.* Is certified with Office of Minority and Women’s Business Enterprises under Chapter 39.19 RCW.
	4. *WEBS Certification*. Applicant must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](https://pr-webs-customer.des.wa.gov/)).
 | 2 points |
|  | **ANSWER**:  |  |
| b | Are you a Certified Washington Veteran-Owned Business as defined under **RCW 43.60A.190**?According to **Chapter 43.60A.190 RCW**, to qualify as a Certified Washington Veteran-Owned Business, Applicant must meet Four (4) requirements: 1. *51% Ownership. Applicant must be at least fifty-one percent (51%) owned and controlled by:*
2. *A veteran as defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007.*
3. *A person who is in receipt of disability compensation or pension from the*

 *department of veteran’s affairs; or*1. *An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.*
2. *Washington Incorporation/Location. Applicant must either be an entity that is incorporated in the state of Washington as a Washington domestic corporation or, if not incorporated, an entity whose principal place of business is located within the State of Washington.*
3. *WEBS Certification. Applicant must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](https://pr-webs-customer.des.wa.gov/)*).*
4. *WDVA Certification. Applicant must have provided certification documentation to the Washington Department of Veterans’ Affairs WDVA) and be certified by WDVA and listed as such on WDVA’s website (*[*WDVA – Veteran-Owned Businesses*](https://www.dva.wa.gov/veterans-their-families/veteran-owned-businesses/vob-search)*).*
 | 2 points |
|  | **ANSWER**:  |  |

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| **3** | **APPLICANT’S SERVICE PLAN (50 POINTS MAXIMUM)** | MAXIMUM TOTAL POINTS |
| a | Indicate which of the following services your organization proposes to offer for the WA MASS Project. *Organizations may only submit one application. ORIA will accept applications for multiple service areas but recommends that organizations select the one service area where they can offer the strongest services in the most time-efficient manner.* |  |
|  | **ANSWER**: * Newcomer Navigation and Reception Hub
* Migrant Housing Services
* Immigration-Related Legal Services
* Culturally-Responsive Case Management Services
 | NOT SCORED |
| b | Describe the proposed plan and strategies to provide specific services identified in this NOFO to migrants and asylum-seekers. How will your organization accomplish the activities and objectives identified under the Project Design and Scope of the Notice of Funding Opportunity? For example, Applicants applying to serve as the Hub should specifically describe how they will provide virtual and in-person services across the state.  | 10 POINTS |
|  | **ANSWER:** |  |
| c | How many participants does your organization have the capacity to serve in a month and annually? How did you determine this number?  | 5 POINTS |
|  | **ANSWER:** |  |
| d | Where do you propose to offer these services? Include the specific location, county, accessibility to public transportation, and proposed staffing on-site.  | 5 POINTS |
|  | **ANSWER:** |  |
| e | Describe your timeline for how you will implement this pilot project. Include in your plan the time needed to develop the project, hire new staff, build infrastructure, enhance systems, and begin providing services to clients.  | 5 POINTS |
|  | **ANSWER**:  |  |
| f | Describe your proposed quarterly and annual measurable program outcomes for each service you are proposing. Provide a description of the indicators you will track to ensure achievement of quarterly and annual outcomes.  | 5 POINTS |
|   | **ANSWER**:  |  |
| g | Identify staff who will work on the WA MASS Project program. Briefly describe the experience, qualifications, and the roles and responsibilities of all staff (or proposed staff). Please include all direct client service, administrative and supervisory staff and indicate the proposed FTE for each employee. If you are proposing to provide immigration-related legal services, please indicate which staff members are immigration attorneys or are accredited representatives.  | 10 POINTS |
|  | **ANSWER**:  |  |
| h | Describe your program intake, enrollment, assessment, and disenrollment process. How will your organization verify a client’s eligibility, including immigration status? Include a description of the process for collecting and sharing data with DSHS and the Hub organization. | 5 POINTS |
|  | **ANSWER**: |  |
| i | Describe how your organization would collaborate and coordinate with the Hub and the other spoke organizations partnering with DSHS ORIA. Include an example in the last two years of your organization’s experience in collaborating or partnering with other community partners. How was that experience successful? How did your organization overcome any challenges. | 5 POINTS |
|  | **ANSWER**:  |  |
| **4** | **APPLICANT’S QUALIFICATIONS AND EXPERIENCE (30 POINTS MAXIMUM)** | MAXIMUM TOTAL POINTS |
| a | Describe your organization’s experience serving immigrants and refugees. What groups of people does your organization have experience serving? How long has your organization offered these services? What is the impact of your organization’s work? What language capacities are available for staff on-site? |  10 POINTS |
|  | **ANSWER:** |  |
| b | Describe your organization’s experience and capacity contracting with the state or other governmental entities, specifically in meeting contract requirements around client and service data management, secure/encrypted email, confidentiality standards, invoicing, program reporting, and monitoring from funders. Contractors will be required to share client information with DSHS and other contracted service organizations. Briefly describe the client database your organization would utilize for the program. | 5 POINTS |
|  | **ANSWER:** |  |
| c | What systems does your organization have in place for data collection and data security? Describe your organization’s practice to protect client confidentiality. How will you safeguard client information when sharing with others (subcontractors and third-party providers)? Describe those safeguards and the software you currently use. | 5 POINTS |
|  | **ANSWER:** |  |
| d | Describe your organization’s plan to ensure equitable and inclusive access to the proposed services. Describe your approach to including people with lived experience in the process of informing your service delivery model. How will your organization provide interpretation services to all eligible clients? Which documents and materials will your organization translate into which languages? | 10 POINTS |
|  | **ANSWER:** |  |
|  | **APPLICANT’S BUDGET PROPOSAL (20 POINTS MAXIMUM)** | MAXIMUM TOTAL POINTS |
| a | Describe the costs for providing proposed services for one year. Provide justification for associated program costs that you have included on your completed Project Annual Budget (Attachment C).  | 15 |
|  | **ANSWER**:  |  |
| b | Describe your organization’s financial viability to carry out the services for one year. Does your organization have the capability to meet program expenses in advance of monthly payments from DSHS? | 3 |
|  | **ANSWER**:  |  |
| c | Is your organization receiving funds from another private or public entity to provide services specifically to migrants and asylumseekers? If yes, please indicated the funding source, amount of funding, and services to be provided.  | 2 |
|  | **ANSWER**:  |  |