

**MINNESOTA GOVERNOR'S COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
370 CENTENNIAL BUILDING  
658 CEDAR STREET  
SAINT PAUL, MINNESOTA 55155**

**(651) 282-2899 voice  
(651) 297-7200 fax  
(800) 627-3529 Minnesota Relay Service OR 711  
Email: [admin.dd@state.mn.us](mailto:admin.dd@state.mn.us)**

**INFORMAL SOLICITATION/REQUEST FOR PROPOSALS:**

**QUALITY IMPROVEMENT**

**APRIL 2012**

# INFORMAL SOLICITATION/REQUEST FOR PROPOSAL

## Minnesota Department of Administration

### Minnesota Governor's Council on Developmental Disabilities

**Description of Project:** The current Five Year State Plan for the Minnesota Governor's Council on Developmental Disabilities (GCDD) has been submitted to the Administration on Developmental Disabilities (ADD) for FFYs 2012-2016. The Plan includes the application of the Malcolm Baldrige Criteria for Performance Excellence (Baldrige Criteria) or a comparable and comprehensive continuous quality improvement approach to the work of the GCDD to fulfill the requirements of the Government Performance Results Act (GPRA).

Since 1997, The GCDD has studied the Baldrige Criteria, and applied the Baldrige framework and Core Values to its business - information, education, and training to build knowledge, develop skills, and change attitudes that will lead to the increased independence, productivity, self determination, integration and inclusion (IPSII) of people with developmental disabilities and their families. The GCDD has embraced the use of the Baldrige Criteria and aligned every aspect of its business to the Criteria to improve business results. The GCDD has also engaged suppliers to become familiar with the Baldrige framework and Core Values, and align their work processes and business practices with the Baldrige Criteria.

In 1997, the GCDD participated in the Minnesota Council for Quality Awards process and received a Bronze Award (Commitment level). In 1999, the GCDD again participated and received a Gold Award (Achievement level), the first time this level of award was earned by a government agency.

Through a continuous improvement process and application of quality principles, the GCDD has worked to better understand customer needs, requirements, and expectations; better assess the IPSII outcomes; and make improvements and refinements to GCDD funded projects, programs, and activities to increase the IPSII outcomes. The GCDD is seeking proposals and funds are available on an annual basis to further our efforts in the pursuit of quality during the current Five Year State Plan period.

#### Sample Tasks:

1. Work with the GCDD to understand new approaches and changes in key requirements and practices of a comprehensive continuous quality improvement approach, such as the Baldrige framework as contained in the *2011-2012 Criteria for Performance Excellence*.
2. Work with the GCDD to identify process improvements and apply quality improvement tools to areas that will be the focus of the GCDD's work for the year.

3. Work with the GCDD to identify and improve data collection processes and reporting requirements that can minimize duplication of effort, maximize available resources, be more efficient, consider best practices in the field of developmental disabilities, and reflect the Five Year State Plan goals and objectives.
4. Work with GCDD to improve supplier and stakeholder alignment with the Baldrige Criteria, or a comparable and comprehensive continuous quality improvement approach, and increase business results.

**NOTE:** This Informal Solicitation does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

**Desired Skills:**

1. Thorough knowledge and understanding of the Malcolm Baldrige National Award Criteria for Performance Excellence, key characteristics of the current Criteria, and Core Values; or a comparable and comprehensive continuous quality improvement approach (identify the approach).
2. Experience in and successful application of the Baldrige Criteria and Core Values, or a comparable and comprehensive continuous quality improvement approach, with the respective quality principles and quality improvement tools/approaches in both private and public sectors.
3. Experience in coaching and providing technical assistance on the Criteria to the leadership of a business as a whole or a unit/division within a business.
4. Experience in facilitating small groups/business work units to discern their business/organizational purpose; primary customers, products services; delivery mechanisms, business results, and performance measures.

**Questions:**

Questions concerning this Informal Solicitation should be directed to:

Mary Jo Nichols  
Grants Administrator  
Minnesota Governor's Council on Developmental Disabilities  
370 Centennial Office Building  
658 Cedar Street  
St. Paul, Minnesota 55155  
(651) 282-2899 voice  
(800) 627-3529 Minnesota Relay Service  
Email: mary.jo.nichols@state.mn.us

Other personnel are not authorized to answer questions regarding this Informal Solicitation.

## **Response Content and Evaluation Point Distribution:**

1. Discuss your understanding of the Malcolm Baldrige National Award Criteria and key characteristics of the current Criteria; or comparable and comprehensive identified approach (15 points).
2. Describe the core values that are the basis of your approach to quality and their relationship to the Core Values and concepts of the Baldrige Criteria, continuous performance and performance excellence or other identified approach (15 points).
3. Describe your experience in working with the leadership in both private and public sectors, and approach to identify organizational strengths, areas for improvement, and improve business results (15 points).
4. Describe any innovative approaches you would recommend on how to instill an appreciation of customer satisfaction and quality improvement processes throughout the work environment (10 points).
5. Discuss the skills and expertise related to quality improvement practices and performance excellence that the applicant would bring to the GCDD (15 points).
6. Discuss how your experience, expertise, and application of the Baldrige Criteria, or comparable and comprehensive continuous quality improvement approach, and responses to items 3, 4, and 5 above relate to the sample tasks identified on Pages 1 and 2.
7. Budget and breakdown of costs (30 points).

## **Letters of Support/Recommendation**

Include three letters of support or recommendation that are directly related to your knowledge of a comprehensive quality improvement approach; experience and expertise in applying that approach to a public or private sector business; and knowledge/understanding of best practices in the developmental disabilities field.

Letters must be included as part of your application. Letters that are sent directly to the GCDD, or arrive outside of the completed proposal, will not be accepted

**NOTE:** Responders must complete and return the attached Affidavit of Non-Collusion and Veteran Preference form.

### **Response Delivery:**

All responses must be in writing and delivered to:

370 Centennial Office Building  
658 Cedar Street  
St. Paul, Minnesota 55155

Responders must submit fifteen (15) copies of their proposal (minimum of 12 point font) and proposals must be received (mail or hand delivery) **no later than 3:00 p.m. Central Daylight Time, on Tuesday, April 17, 2012.**

**Late responses will not be considered. Fax or email responses will not be accepted.**

Response Evaluation:

All responses received by the due date and time will be evaluated.

### **Conflicts of Interest:**

Please provide a list of all entities with whom you, the Responder, has a relationship that creates, or appears to create, a conflict of interest with the work that is contemplated in this request for proposal. The list should indicate the name of the entity, relationship, and discussion of the conflict.

### **Disposition of Response:**

All materials submitted in response to this Informal Solicitation will become public record after the evaluation process is completed. The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

### **Organizational Conflicts of Interest:**

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Director of the Department of Administration's Materials Management Division which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware

of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to the contracting officer, the State may terminate the

contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

**Insurance Requirements:**

A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.

B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** limits are as follows:

\$100,000 – Bodily Injury by Disease per employee

\$500,000 – Bodily Injury by Disease aggregate

\$100,000 – Bodily Injury by Accident

If Minnesota Statute 176.041 exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

If during the course of the contract the Contractor becomes eligible for Workers' Compensation, the Contractor must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance.

2. **Commercial General Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the Contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence  
\$2,000,000 – annual aggregate  
\$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

Premises and Operations Bodily Injury and Property Damage  
Personal and Advertising Injury  
Blanket Contractual Liability  
Products and Completed Operations Liability  
Other; if applicable, please list \_\_\_\_\_  
State of Minnesota named as an Additional Insured

3. **Commercial Automobile Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

C Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Contractor's performance under this contract;
- Contractor's policy(ies) and Certificate(s) of Insurance shall contain a provision that coverage afforded under the policy(ies) shall not be cancelled without at least thirty (30) days advanced written notice to the State of Minnesota;
- Contractor is responsible for payment of Contract related insurance premiums and deductibles;
- If Contractor is self-insured, a Certificate of Self-Insurance must be attached;

- Contractor's policy(ies) shall include legal defense fees in addition to its liability policy limits, with the exception of B.4 above;

- Contractor shall obtain insurance policy(ies) from insurance company(ies) having an “AM BEST” rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota; and
  - An Umbrella or Excess Liability insurance policy may be used to supplement the Contractor’s policy limits to satisfy the full policy limits required by the Contract.
- D The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State’s authorized representative upon written request.
- E The successful responder is required to submit Certificates of Insurance acceptable to the State of Minnesota as evidence of insurance coverage requirements prior to commencing work under the contract.

**Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion.**

Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Proposer must certify the following, as required by the regulations implementing Executive Order 12549.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions**

Instructions for Certification:

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

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4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have



the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### **Preference to Targeted Group and Economically Disadvantaged Business and Individuals**

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at [mmdhelp.line@state.mn.us](mailto:mmdhelp.line@state.mn.us). For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

### **Veteran-owned/Service Disabled Veteran-Owned Preference**

In accordance with Laws of Minnesota, 2009, Chapter 101, Article 2, Section 56, eligible certified veteran-owned and eligible certified service-disabled veteran-owned small businesses will receive a 6 percent preference in the evaluation of their proposal.

Eligible veteran-owned and eligible service-disabled veteran-owned small businesses should complete the Veteran-Owned/Service Disabled Veteran-Owned Preference Form in this solicitation, and include the required documentation. Only eligible, certified, veteran-owned/service disabled small businesses that provide the required documentation, per the form, will be given the preference.

Eligible veteran-owned and eligible service-disabled veteran-owned small businesses must be **currently** certified by the U.S. Department of Veterans Affairs prior to the solicitation opening date and time to receive the preference.

Information regarding certification by the United States Department of Veterans Affairs may be found at <http://www.vetbiz.gov>.

## APPLICATION COVER

GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES  
MINNESOTA DEPARTMENT OF ADMINISTRATION  
370 CENTENNIAL OFFICE BUILDING  
658 CEDAR STREET  
ST. PAUL, MINNESOTA 55155  
(651) 282-2899 VOICE (651) 297-7200 FAX  
(800) 627-3529 Minnesota Relay Service OR 711  
EMAIL: [admin.dd@state.mn.us](mailto:admin.dd@state.mn.us)

1. Organization:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Title: \_\_\_\_\_

MN Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

2. Project Title: Quality Improvement

3. Budget Summary:

Council Share: \$\_\_\_\_\_ (75%)

Local Match: \$\_\_\_\_\_ (25%)

Total cost: \$ \_\_\_\_\_

4. Certification:

I certify that to the best of my knowledge and belief, all information contained in this proposal is correct and complete; that, if approved, the program will be conducted according to this proposal, the requirements of the Minnesota Governor's Council on Developmental Disabilities, Department of Administration, and provisions of the standards for programs funded under P.L. 106-402; and that the local match will be contributed as proposed. I also certify that the applicant organization has authorized me, as its representative to give these assurances and submit this proposal.

Signature: \_\_\_\_\_

(original signature in blue ink on original copy)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## BUDGET

Expense Category	COUNCIL FUNDS	LOCAL MATCH
<b>Personnel</b>		
Salary		
Fringe		
<b>Rent</b>		
<b>Travel</b>		
<b>Staff</b>		
Mileage/pkg		
Food/Lodging		
<b>Participants</b>		
Mileage/pkg		
Food/Lodging		
<b>Supplies</b>		
Office (consumables)		
Program Materials		
A/V Equipment		
<b>Communications</b>		
Phone/Fax		
Internet/Email		
Postage		
Copying		
Alternative Formats		
<b>Other</b>		
Indirect Costs/Audit		
Consultants/Speakers		
Respite/Child Care		
Personal Care Assistance		
Interpreter/Facilitator		
<b>TOTAL</b>		

**The following terms and conditions apply for awards made on and after July 1, 2010.**

**VETERAN-OWNED PREFERENCE.** In accordance with Minn. Stat. § 16C.16, Subd. 6c and § 16C.19, eligible certified veteran-owned small businesses will receive a 6 percent preference on the basis of award for this RFB. The preference is applied only to the first \$500,000 of the response.

Eligible veteran-owned small businesses should complete the Veteran-Owned Preference Form in this solicitation. Only eligible and certified, veteran-owned small businesses that provide the required form, will be given the preference.

Eligible veteran-owned small businesses are certified small businesses of which the principal place of business is in Minnesota and that are majority-owned and operated by a veteran and are certified by the United States Department of Veterans Affairs as a veteran-owned small business.

Eligible veteran-owned small businesses must be currently (at the time of solicitation due date) certified by the U.S. Department of Veterans Affairs prior to the solicitation opening date and time to receive the preference.

Information regarding certification by the United States Department of Veterans Affairs may be found at <http://www.vip.vetbiz.gov> .

#### **VETERAN-OWNED PREFERENCE FORM**

In accordance with Minn. Stat. § 16C.16, Subd. 6c and § 16C.19, eligible certified veteran-owned small businesses will receive a 6 percent preference on the basis of award for this RFB. The preference is applied only to the first \$500,000 of the response.

Eligible veteran-owned small businesses are certified small businesses of which the principal place of business is in Minnesota and that are majority-owned and operated by a veteran and are certified by the United States Department of Veterans Affairs as a veteran-owned small business

☐ Check this box if you are claiming the veteran's preference. Provide a screen print of the Department of Veterans Affairs website showing you are certified.

Eligible veteran-owned small businesses must be currently certified by the U.S. Department of Veterans Affairs prior to the solicitation opening date and time to receive the preference.

Information regarding certification by the United States Department of Veterans Affairs may be found at <http://www.vip.vetbiz.gov> .

Provide this form with your response. If you do not return this form with the box checked, you will not be considered for this preference.

**STATE OF MINNESOTA  
AFFIDAVIT OF NONCOLLUSION**

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the \_\_\_\_\_ Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: \_\_\_\_\_

Authorized Representative (Please Print) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_