

State of Minnesota

Minnesota Department of Health



REQUEST FOR PROPOSAL

Minnesota Maternal Mortality Review Key Abstractor

Date Posted: June 20, 2022

- Responses must be received not later than
 - Date: July 11, 2022
 - Time: 5:00 pm Central Time
- Late responses will not be considered

Minnesota's Commitment to Diversity and Inclusion

The State of Minnesota is committed to diversity and inclusion in its public procurement process. The goal is to ensure that those providing goods and services to the State are representative of our Minnesota communities and include businesses owned by minorities, women, veterans, and those with substantial physical disabilities. Creating broader opportunities for historically under-represented groups provides for additional options and greater competition in the marketplace, creates stronger relationships and engagement within our communities, and fosters economic development and equality.

To further this commitment, the Department of Administration operates a program for Minnesota-based small businesses owned by minorities, women, veterans, and those with substantial physical disabilities. For additional information on this program, or to determine eligibility, please call 651-296-2600 or go to [the Office of Equity in Procurement home page, at www.mn.gov/admin/oep](https://www.mn.gov/admin/oep).

SPECIAL NOTICE: This is a request for proposal. It does not obligate the State of Minnesota to award a contract or complete the proposed program, and the State reserves the right to cancel this solicitation if it is considered in its best interest.

TABLE OF CONTENTS

Solicitation Content

SECTION 1 – INSTRUCTIONS TO RESPONDERS	3
SECTION 2 – SUMMARY OF SCOPE	4
SECTION 3 – PROPOSAL INSTRUCTIONS AND ADDITIONAL INFORMATION	6
SECTION 4 – PROPOSAL CONTENT	6
SECTION 5 – EVALUATION PROCEDURE AND CRITERIA	10
SECTION 6 – SOLICITATION TERMS.....	11

Solicitation Attachments

- Attachment A: Responder Declarations
- Attachment B: Exceptions to State's Terms and Conditions
- Attachment C: Cost Detail
- Attachment D: Responder Forms
 - Veterans Preference Form
 - Workforce Certification
- Attachment E: References Form

Sample Contract

- Exhibit A: Contract Terms
- Exhibit B: Insurance Requirements
- Exhibit C: Specifications, Duties, and Scope of Work
- Exhibit D: Pricing
- Exhibit E: References

SECTION 1 – INSTRUCTIONS TO RESPONDERS

Steps for Completing Your Response	Follow the steps below to complete your response to this Solicitation: Step 1: Read the solicitation documents and ask questions, if any Step 2: Write your response Step 3: Submit your response
Incomplete Submittals	A response must be submitted along with any required additional documents. Incomplete responses that materially deviate from the required format and content may be rejected.

STEP 1 – READ THE SOLICITATION DOCUMENT & ASK QUESTIONS, IF ANY

How to Ask Questions	The contact person for questions is: Alina Kraynak, Women’s Health Consultant Minnesota Department of Health- Child and Family Health Division Health.Womens-Health@state.mn.us Questions should be emailed to the contact by: Date: July 1, 2022 Time: 5:30 p.m. (Central Time), Subject line: Abstract RFP Question Other personnel are not authorized to answer questions regarding this Solicitation.
----------------------	---

STEP 2 – WRITE YOUR RESPONSE

The Proposal Content section is in Section 4. Prepare a written response and supply all requested content. Responses should address the requested information and documents detailed in Section 4. **DO NOT INCLUDE** Non-Public/Trade Secret data (as defined by Minn. Stat. § 13.37).

Review, sign, and include the Responder Declarations with your response.

STEP 3 –SUBMIT YOUR RESPONSE

Where to Send Your Response	Submit your response to: Minnesota Department of Health-Child and Family Health Division Alina Kraynak, Women’s Health Consultant Health.Womens-Health@state.mn.us Proposals must be received by: Date: July 11, 2022 Time: 5:30 p.m. Central Time Late responses will not be considered.
-----------------------------	---

Email the proposal to Health.Womens-Health@state.mn.us. Proposals are to be in a PDF format with the responder's name in the subject line. Provide one copy of the cost detail in a separate email clearly marked in subject line "Cost Detail" along with the responder's name.

By submitting a response, responder is making a binding legal offer for the period of time set forth below in Section 6, Conditions of Offer.

SECTION 2 – SUMMARY OF SCOPE

1. Procurement Overview and Goals.

The Minnesota Department of Health ("MDH" or "State") is requesting proposals from qualified responders to provide for health record abstraction, case summary and presentation to the Minnesota Maternal Mortality Review Committee (MMRC) of all pregnancy-associated deaths occurring in the State of Minnesota. The health record abstraction includes information from the Office of Vital Records such as birth certificates, fetal death records, death certificates, medical records, and additional sources of information for the pregnancy-associated death. Responders must have a current license as a practicing healthcare provider (registered nurse, advanced practice nurse practitioner, certified nurse midwife, obstetrician, perinatologist, family medicine practitioner) in Minnesota with experience in obstetrics, antenatal and postpartum care.

The successful responder (s) (contractor) will provide examining and abstracting of clinical and non-clinical records and related information regarding an identified maternal death case. The contractor's work is critical to the Minnesota Department of Health's (MDH) mission to protect, maintain, and improve the health of all Minnesotans. The contractor will work in collaboration with staff from the Minnesota Department of Health's Child and Family Health (CFH) Division to increase awareness of maternal morbidity and mortality thorough through case abstraction, entering data into a data system identified by CFH staff, and drafting case summaries. The contractor will be required to attend MMRC meetings, present case summaries to the committee, and answer questions regarding cases and general medical information. Abstraction process is completed remotely, and abstractor will be provided a state issued computer to access the secure server and records. MMRC meetings are currently offered virtually, and, in the event, meetings are in person, abstractor will be required to attend in person.

2. Tasks and Deliverables

Contractor's tasks include, but are not limited to, the following:

- A. Review and abstract information including but not limited to: death certifications, birth certificates, fetal death certifications, health records such as medical and hospitalization records, autopsies, law enforcement, social media, other health related documents, and social services records.
- B. Input abstracted information directly into the Maternal Mortality Review Information Application (MMRIA), with assistance and direction from CFH staff.
- C. Complete case narratives to be presented to the MMRC at least five business days prior to the meeting.
- D. Complete presentation PowerPoint slide deck for case presentation to the MMRC at least five business days before the meeting.
- E. Attend MMRC meetings and present maternal death case summaries, answer questions from members pertaining to the case.
- F. Participate in MMRC meetings occurring every other month (September, November, January, March, May) on the second Friday for 5 hours, schedules may vary, and are subject to change based on leadership determinations. At this time meetings will occur from 7:00 a.m. to 12:00 p.m. This should be accounted for in the cost proposal.
- G. Attend all MMRC meetings to provide additional clinical/non-clinical information obtained from records collected, reviewed, and abstracted as needed by committee members
- H. Complete MDH-sponsored orientation to abstractor responsibilities and to rules and regulations.
- I. Complete an estimated ten hours of training on state agency security and regulations related to access to MDH records and data, the MMRC process, how to use the CDC database with chart abstraction and case information data entry, and implicit bias training.
- J. Attend monthly Centers for Disease Control and Prevention trainings for abstractor role, when possible. When offered attend MMRIA User Meeting (MUM). These meeting typically occur two times a year, can be virtual or in person, spanning over two days.
- K. Participate in bi-weekly or monthly communication with CFH staff during the agreement period. Frequency will be determined by CFH staff.
- L. Work in partnership with MDH staff to identify opportunities for improvement in case abstraction process or workflows
- M. Be responsible for appropriate use of state issued equipment for the purpose of completing tasks and deliverables described.
- N. Be responsible for internet costs for meeting the deliverables.
- O. Submit monthly timesheet and invoice to MDH for payment on a form approved by MDH.
- P. Provide abstraction and case summary as described above for the estimated eighty-eight maternal deaths identified in calendar years 2020 and 2021.

SECTION 3 – PROPOSAL INSTRUCTIONS AND ADDITIONAL INFORMATION

1. Anticipated Contract Term.

The term of this contract is anticipated to be from July 22, 2022- June 30, 2024, with the option to extend up to an additional three (3) years in increments determined by the State.

2. Question and Answer Instructions.

Prospective responders who have questions regarding this Request for Proposal may contact:

Alina Kraynak
Minnesota Department of Health
Health.Womens-Health@state.mn.us

All questions should be submitted no later than the date and time listed in Section 1, Instructions to Responders. The State is not obligated to answer questions submitted after the question due date and time.

Only personnel listed above are authorized to discuss this solicitation with responders. Contact regarding this solicitation with any personnel not listed above could result in disqualification. This provision is not intended to prevent responders from seeking guidance from state procurement assistance programs regarding general procurement questions.

If a Responder discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in the solicitation, please immediately notify the contact person detailed above in writing of such error and request modification or clarification of the document.

3. Additional Tasks or Activities.

Responders are encouraged to propose additional tasks, activities, or goods above and beyond the scope of what is requested in this solicitation if they will substantially improve the results of this procurement. Any costs associated with these additional tasks, activities, or goods should be clearly marked and separated from costs associated with the tasks, activities, or goods specifically requested under this solicitation. Because cost is a factor in the evaluation of responses to this solicitation, failure to separate costs for additional tasks, activities, or goods may result in those costs being included in a responder's cost proposal and result in a lower cost score for that proposal.

SECTION 4 – PROPOSAL CONTENT

Please submit the following information:

1. Work Plan. Responder should provide a statement of the objectives, goals, and tasks to show or demonstrate the Responder's view and understanding of the nature of the contract. Responder should provide a description of the deliverables along with a detailed work plan that identifies the deliverables and major tasks to be accomplished and be used as a scheduling and managing tool in order to meet the requirements and tasks outlined above. This document should NOT list cost detail. If cost detail is included in this document, the State may disqualify the proposal as non-responsive.

2. Qualifications and Experience. Responder should provide a description of the background and experience necessary to successfully complete deliverables along with examples of similar work done by the Responder and a list of personnel who will conduct the project, detailing their training, and work experience. Resumes or other information about project personnel should not, if possible, contain personal telephone numbers, home addresses, or home email addresses. If it is necessary to include personal contact information, please clearly indicate in the response that personal contact information is being provided.

Responder must have a current license as a practicing healthcare provider (registered nurse, advanced practice nurse practitioner, certified nurse midwife, obstetrician, perinatologist, family medicine practitioner) in Minnesota with experience in obstetrics, antenatal and postpartum care. If currently employed with a health system, please disclose.

Responder should address the following in its Qualifications and Experience section:

- A. Describe essential experience to demonstrate capacity to include insight in the case review summary that includes root cause analysis for contributing factors to the maternal death. This includes but is not limited to:
 - A.1 Understanding of impact of social determinants of health on adverse health outcomes related to perinatal and maternal care.
 - A.2 Identifying and describing implicit bias in health systems and care delivery.
 - A.3 Knowledge of complex health conditions that may complicate pregnancies and postpartum period.
- B. Experience with abstracting health information from health records, chart audits, and other sources of data such as law enforcement. Including:
 - B.1 Familiarity with the types of records used for abstraction, such as use of electronic health records, paper records, documents from other disciplines (e.g., birth certificate, death certificate, autopsy reports and community service providers such as family home visiting).
- C. Experience abstracting health information. And other previous mortality abstraction experience, or chart auditing in a healthcare setting.
- D. Abstractor's years of experience and type of experience working in maternal health care service delivery.
- E. Number of years and type of experience with maternal health including perinatal health, prenatal care, labor and delivery services, and postpartum care.
- F. Number of years and type of experience with health services for screening and treating substance use disorders (especially with pregnant and postpartum people and their families).

- G. The number of years and type of experience with health services for screening and treating mental health conditions.
 - H. Experience working with diverse populations, understanding of community lead organizations and interventions.
 - I. Experience with adverse events and/or mortality reviews for health settings, public health, or similar system.
 - J. Experience developing summaries and presenting health case studies to a committee or public audience.
 - K. Experience with data entry and/or use of a database. Provide a description of the systems used such as secure government managed, health system, academic institution, or others.
 - L. Knowledge and experience with complying with federal and state privacy laws and regulations such as HIPAA.
 - M. Understanding of how social determinants of health impacts health of individuals and populations.
 - N. Understanding of how implicit bias contributes to health inequities, disparate outcomes, and adverse health events.
 - O. Understanding of the importance of public health surveillance to improve health outcomes.
 - P. Demonstrate or describe the responder(s)/contractor's work environment that includes secure internet access and private workspace necessary to abstract health records.
 - Q. Ability to support additional review committee activities involving case abstraction work, including but not limited to: topic specific case reviews, use additional abstraction tools developed during this contractual period.
3. References. Responder should complete and submit "Attachment E: Reference Form" with their response. Responder should submit one completed reference form with each reference including company name and contact information with their response. Once Responder's response is received, the Solicitation Administrator will send the same form to Responder's reference(s) for each reference to fill out and return to the Solicitation Administrator.

Responder must complete and submit "Attachment E: Reference Form" with their response. Responder should answer every question and provide all information requested on the reference form. Failure to meet this requirement may result in the rejection of the entire solicitation response as non-responsive.

The State reserves the right to verify the information submitted on Attachment E before an award is made. The State reserves the right to contact the references listed in Attachment E. The solicitation response will be rejected if the State, in its sole discretion, receives information that indicates the responder is non-responsible or non-responsive.

4. Cost Detail. Complete and submit Attachment C, "Cost Detail," attached to this solicitation. Cost Detail information should be submitted in a separate email as described in the RFP.
5. Sample Transaction Documents. Prior to award, a potential successful Responder must submit samples of any transaction documents proposed for use under the resulting contract. The State will review the transaction documents to ensure they contain sufficient detail and to review additional terms and conditions contained therein, if any. The State reserves the right to request additional detail in the transaction documents or to reject additional terms and conditions within transaction documents. Once approved by the State, Contractor may not materially change transaction documents unless a change has been approved in writing by the Commissioner of Administration, as delegated to the Office of State Procurement. Any terms and conditions included in transaction documents but not approved by the State are voidable by the State. Any terms and conditions that are in conflict with Minnesota law or in conflict with the terms of the State Contract are void. Failure to void a non-approved term or condition included in a transaction document does not waive the State's right to void any non-approved term or condition.
6. License Agreements, Maintenance Agreements, or Other Terms and Conditions.

Responder must provide any license agreements, maintenance agreements, or any other terms and conditions relevant to the work under a resulting contract. Review and approval by the State will be required prior to contract execution. In the event Responder fails to comply with this provision, Responder agrees that it will not seek to enforce terms and conditions of any such agreement against the State. Further, failure to provide any of the pertinent documents upon request may result in the State not agreeing to sign any additional documents, rejecting your response, or cancelling the award.

Insurance requirements: Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

- Commercial General Liability Insurance
- Commercial Automobile liability insurance
- Workers' compensation insurance.
- Privacy liability insurances (or equivalent)

Submit all requested documentation, including, but not limited to, the following documents:

1. Attachment A: Responder Declarations
2. Attachment B: Exceptions to State's Standard Terms and Conditions
3. Attachment C: Cost Proposal
4. Attachment D: Responder Forms
 - a. Veterans Preference Form
 - b. Workforce Certification
5. Attachment E: Reference Form

DO NOT INCLUDE Non-Public/Trade Secret data (as defined by Minn. Stat. § 13.37).

SECTION 5 – EVALUATION PROCEDURE AND CRITERIA

The State will conduct an evaluation of responses to this Solicitation. The evaluations will be conducted in three phases:

- Phase 1 - Review responses for responsiveness and pass/fail requirements
- Phase 2 - Evaluate responses
- Phase 3 - Select finalist(s)

1. Phase 1 – Responsiveness and Pass/Fail Requirements

The purpose of this phase is to determine if each response complies with mandatory requirements. The State will first review each proposal for responsiveness to determine if the Responder satisfies all mandatory requirements. The State will evaluate these requirements on a pass/fail basis.

Mandatory Requirements. The following will be considered on a pass/fail basis:

- Responses must be received by the due date and time specified in this RFP.
- Responder must provide a copy of its current license as a practicing healthcare provider (registered nurse, advanced practice nurse practitioner, certified nurse midwife, obstetrician, perinatologist, family medicine practitioner) in Minnesota with experience in obstetrics, antenatal and postpartum care. If currently employed with a health system, please disclose.

2. Phase 2 - Evaluate Responses

Only those responses found to have met Phase 1 criteria will be considered in Phase 2.

The factors and weighting on which responses will be evaluated are:

- | | |
|----------------------------------|----------------------------------|
| 1. Work Plan for Deliverables | 325 points |
| 2. Qualifications and Experience | 325 points |
| 3. References | 50 points |
| 4. Cost Detail | <u>300 points</u>
1000 points |

3. Phase 3 - Select Finalist(s)

Only those responses that have been evaluated under Phase 2 shall be eligible for Phase 3.

The State will make its selection based on best value, as determined by this evaluation process. The State reserves the right to pursue negotiations on any exception taken to the State’s standard terms and conditions. In the event that negotiated terms cannot be reached, the State reserves the right to terminate negotiations and begin negotiating with the next highest scoring responder or take other actions as the State deems appropriate. If the State anticipates multiple awards, the State reserves the right to negotiate with more than one Responder.

It is anticipated that the evaluation and selection will be completed by 7/8/2022.

SECTION 6 – SOLICITATION TERMS

1. Competition in Responding

The State desires open and fair competition. Questions from responders regarding any of the requirements of the Solicitation must be submitted in writing to the Solicitation Administrator listed in the Solicitation before the due date and time. If changes are made the State will issue an addendum.

Any evidence of collusion among responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.

2. Addenda to the Solicitation

Changes to the Solicitation will be made by addendum with notification and posted in the same manner as the original Solicitation. Any addenda issued will become part of the Solicitation.

All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all levels.

3. Data Security - Foreign Outsourcing of Work is Prohibited

All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all levels.

4. Joint Ventures

The State allows joint ventures among groups of responders when responding to the solicitation. However, one responder must submit a response on behalf of all the others in the group. The responder that submits the response will be considered legally responsible for the response (and the contract, if awarded).

5. Withdrawing Response

A responder may withdraw its response prior to the due date and time of the Solicitation. For solicitations in the SWIFT Supplier Portal, a responder may withdraw its response from the SWIFT Supplier Portal. For solicitations done any other way, a responder may withdraw its response by notifying the Solicitation Administrator in writing of the desire to withdraw.

After the due date and time of this Solicitation, a responder may withdraw a response only upon showing that an obvious error exists in the response. The showing and request for withdrawal must be made in writing to Solicitation Administrator within a reasonable time and prior to the State's detrimental reliance on the response.

6. Rights Reserved

The State reserves the right to:

- Reject any and all responses received;
- Waive or modify any informalities, irregularities, or inconsistencies in the responses received;
- Negotiate with the highest scoring Responder[s];
- Terminate negotiations and select the next response providing the best value for the State;
- Consider documented past performance resulting from a State contract may be considered in the evaluation process;

- Short list the highest scoring Responders;
- Require Responders to conduct presentations, demonstrations, or submit samples;
- Interview key personnel or references;
- Request a best and final offer from one or more Responders;
- The State reserves the right to request additional information; and
- The State reserves the right to use estimated usage or scenarios for the purpose of conducting pricing evaluations. The State reserves the right to modify scenarios, and to request or add additional scenarios for the evaluation.

7. Samples and Demonstrations

Upon request, Responders are to provide samples to the State at no charge. Except for those destroyed or mutilated in testing, the State will return samples if requested and at the Responder's expense. All costs to conduct and associated with a demonstration will be the sole responsibility of the Responder.

8. Responses are Nonpublic during Evaluation Process

All materials submitted in response to this Solicitation will become property of the State. During the evaluation process, all information concerning the responses submitted will remain private or nonpublic and will not be disclosed to anyone whose official duties do not require such knowledge. Responses are private or nonpublic data until the completion of the evaluation process as defined by Minn. Stat. § 13.591. The completion of the evaluation process is defined as the State having completed negotiating a contract with the selected responder. The State will notify all responders in writing of the evaluation results.

9. Trade Secret Information

- 9.1 Responders must not submit as part of their response trade secret material, as defined by Minn. Stat. § 13.37.
- 9.2 In the event trade secret data are submitted, Responder must defend any action seeking release of data it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments awarded against the State in favor of the party requesting the data, and any and all costs connected with that defense.
- 9.3 The State does not consider cost or prices to be trade secret material, as defined by Minn. Stat. § 13.37.
- 9.4 A responder may present and discuss trade secret information during an interview or demonstration with the State, if applicable.

10. Conditions of Offer

Unless otherwise approved in writing by the State, Responder's cost proposal and all terms offered in its response that pertain to the completion of professional and technical services and general services will remain firm for 180 days, until they are accepted or rejected by the State, or they are changed by further negotiations with the State prior to contract execution.

11. Award

Any award that may result from this solicitation will be based upon the total accumulated points as established in the solicitation. The State reserves the right to award this solicitation to a single Responder, or to multiple Responders, whichever is in the best interest of the State, providing each Responder is in compliance with all terms and conditions of the solicitation. The State reserves the right to accept all or part of an offer, to reject all offers, to cancel the solicitation, or to re-issue the solicitation, whichever is in the best interest of the State.

12. Requirements Prior to Contract Execution

Prior to contract execution, a responder receiving a contract award must comply with any submittal requests. A submittal request may include, but is not limited to, a Certificate of Insurance.

13. Targeted Group, Economically Disadvantaged Business, Veteran-Owned and Individual Preference

Unless a greater preference is applicable and allowed by law, in accordance with Minn. Stat. § 16C.16, businesses that are eligible and certified by the State as targeted group (TG) businesses, economically disadvantaged (ED) businesses, and veteran-owned businesses will receive points equal to 6% percent of the total points available as preference.

For TG/ED/VO certification and eligibility information visit [the Office of Equity in Procurement website at https://mn.gov/admin/business/vendor-info/oep/](https://mn.gov/admin/business/vendor-info/oep/) or call the Division's Helpline at 651.296.2600.

14. Reciprocity

State shall comply with Minn. Stat. § 16C.06, subd. 7, as that applies to a non-resident vendor. This paragraph does not apply for any project in which federal funds are expended.

ATTACHMENT A: RESPONDER DECLARATIONS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- A. Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law
- B. Authorized Signature.** This Declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.
- C. Non-Collusion Certification.**
1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
 2. The contents of the Response 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 other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.
- D. Organizational Conflicts of Interest.** To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons,
1. a vendor is unable or potentially unable to render impartial assistance or advice to the State;
 2. the vendor's objectivity in performing the contract work is or might be otherwise impaired; or
 3. the vendor has an unfair competitive advantage.

If after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the State's Chief Procurement Officer 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 organizational conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the Contractor was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to OSP, the State may terminate the contract for default. Organizational conflicts of interest terms apply to any subcontractors for this work.

- E. Certification Regarding Lobbying.** For State of Minnesota Contracts and Grants over \$100,000, the undersigned certifies, to the best of his or her knowledge and belief that:
1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the

extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

F. Copyrighted Material Waiver. By signing its Response, the Responder certifies that it has obtained all necessary approvals for the reproduction and distribution of the contents of its response.

G. Diverse Spend Reporting. The Sample Contract contains a clause for Diverse Spend Reporting. When this clause applies, Contractor will be required to register in a free portal to report diverse spend.

Please see [Diverse Spend Reporting Frequently Asked Questions](#) for additional information.

By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above.

Company Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email Address: _____

ATTACHMENT B: EXCEPTIONS TO STATE’S TERMS AND CONDITIONS

The State presumes a responder agrees to the terms and conditions of this solicitation unless a responder takes specific exception to one or more of the conditions on this form.

The State reserves the right to reject, negotiate, or accept any exception listed to the State’s terms and conditions (including those found in the attached Sample Contract).

INSTRUCTIONS: A responder must explicitly list all exceptions to State’s terms and conditions, if any (including those found in the attached Sample Contract). Reference the clause number and page number of the State's term and condition for each of a responder’s exceptions. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the Responder must sign and date this form and submit it as part of their response. *(Add additional pages if necessary.)*

Clause and Page Number	Suggested Change to Clause	Explanation or Justification

By signing this form, I acknowledge that the above-named responder accepts, without qualification, all terms and conditions stated in this solicitation (including the sample contract) except those clearly outlined as exceptions above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

ATTACHMENT C: COST DETAIL

Responders must submit Attachment C “Cost Detail” form to submit their Cost Proposal.

For purposes of completing the cost proposal, the State does not make regular payments based solely upon the passage of time; it only pays for services performed or work delivered after it is accomplished.

Submit the Attachment C: Cost Proposal as a separate document(s) from your technical response. Do not include any cost information in the Technical Proposal part of the response. The Proposal must be open for acceptance until a contract is executed, the Solicitation is cancelled, or 180 days after the due date and time of the Solicitation, whichever comes first.

Responders must detail the maximum hourly rates of all personnel anticipated to engage in the performance of this project. The maximum hourly rate(s) identified in the Cost Proposal must include all costs, including but not limited to: hourly rates, administrative costs, direct costs, benefits and any other charges for successful completion of these services. Travel costs are not included.

Responders must complete the worksheet below to address the cost to perform the proposed services. Add additional lines as necessary.

Personnel -Job Title	Detailed Description of Work	Estimate hours	Maximum hourly rate	Total cost

1. BY SUBMISSION OF A PROPOSAL, THE RESPONDER CERTIFIES:

- I. Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- II. No attempt has been made nor will be by the responder to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- III. The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.
- IV. Responder will comply with all State and Federal regulations, policies, guidelines, and requirements.
- V. Prices in this proposal have not been knowingly disclosed by the responder and will not be prior to award to any other proposer.

2. GENERAL INFORMATION:

Responder Organization: _____ Phone: _____
 Name: _____ Email Address: _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____
 Employer Identification Number: _____

ATTACHMENT D: RESPONDER FORMS

**STATE OF MINNESOTA
VETERAN-OWNED PREFERENCE FORM**

Unless a greater preference is applicable and allowed by law, in accordance with Minn. Stat. §16C.16, subd. 6a, the State will award a 6% preference on State procurement to certified small businesses that are majority owned and operated by veterans.

Veteran-Owned Preference Requirements - See Minn. Stat. § 16C.19(d):

- 1) The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.

or

- 2) The principal place of business is in Minnesota AND the United States Department of Veterans Affairs verifies the business as being a veteran-owned or service-disabled veteran-owned small business under Public Law 109-461 and Code of Federal Regulations, title 38, part 74 (Supported By Documentation).

Statutory requirements and appropriate documentation must be met **by the solicitation response due date and time** to be awarded the veteran-owned preference.

Claim the Preference

By signing below, I confirm that:

My company is claiming the veteran-owned preference afforded by Minn. Stat. § 16C.16, subd. 6a. By making this claim, I verify that:

- The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.

or

- My company's principal place of business is in Minnesota **and** the United States Department of Veteran's Affairs verifies my company as being a veteran-owned or service-disabled veteran-owned small business (Supported by Attached Documentation)

Name of Company: _____ Date: _____

Authorized Signature: _____ Telephone: _____

Printed Name: _____ Title: _____

Attach documentation, sign, and return this form with your solicitation response to claim the veteran-owned preference.

STATE OF MINNESOTA – WORKFORCE CERTIFICATE INFORMATION

Information required for ALL bids or proposals that could exceed \$100,000

Complete Box A or B of this form, and sign and return it with your bid or proposal. A Workforce Certificate exemption from the Minnesota Department of Human Rights (MDHR) is required to execute a contract in excess of \$100,000 under Minn. Stat. §363A.36.

BOX A – COMPANIES that have employed 40 or more full-time employees in this state or a state where the business has its primary place of business on any single working day during the previous 12 months, check one option below:

- Attached is our current Workforce Certificate issued by the Minnesota Department of Human Rights
- Attached is confirmation that MDHR received our application for a Minnesota Workforce Certificate on _____
- Our company does not yet have a Workforce Certificate, but we acknowledge that a Workforce Certificate is required before a contract in excess of \$100,000 can be executed with the State of Minnesota or other covered entities.

BOX B – EXEMPT COMPANIES that have not employed 40 or more full-time employees on a single working day in Minnesota or any state where it has its primary place of business during the previous 12 months, check option below if applicable:

- We attest to MDHR that we are exempt. If our company is awarded a contract, upon request, we will submit to MDHR within 5 business days after the contract is fully signed, the names of our employees during the previous 12 months, the date of separation, if applicable, and the state in which the persons were employed. Send to compliance.MDHR@state.mn.us.

Signature

By signing this statement, I certify that the information provided is accurate and that I am authorized to sign on behalf of the company.

Name of Company

Authorized Signature

Date

Printed Name

Phone Number

Title

For assistance with this form, contact:

Minnesota Department of Human Rights

Web: <http://mn.gov/mdhr/>

Toll Free: 1-800-657-3704

Email: compliance.mdhr@state.mn.us

MN Relay: 711/ 1-800-627-3529

**STATE OF MINNESOTA
EQUAL PAY CERTIFICATE**

If your response could be in excess of \$500,000, please complete and submit this form with your submission. **It is your sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate (Equal Pay Certificate) from the Minnesota Department of Human Rights (MDHR) prior to contract execution. You must supply this document with your submission.** Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or at compliance.MDHR@state.mn.us.

Option A – If you have employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the applicable box below:

- Attached is our current MDHR Equal Pay Certificate.
- Attached is MDHR’s confirmation of our Equal Pay Certificate application.

Option B – If you have not employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the box below.

- We are exempt. We agree that if we are selected, we will submit to MDHR within five (5) business days of final contract execution, the names of our employees during the previous 12 months, date of separation if applicable, and the state in which the persons were employed. Documentation should be sent to compliance.MDHR@state.mn.us.

The State of Minnesota reserves the right to request additional information from you. **If you are unable to check any of the preceding boxes, please contact MDHR to avoid a determination that a contract with your organization cannot be executed.**

Your signature certifies that you are authorized to make the representations, the information provided is accurate, the State of Minnesota can rely upon the information provided, and the State of Minnesota may take action to suspend or revoke any agreement with you for any false information provided.

Authorized Signature	Printed Name	Title
----------------------	--------------	-------

Organization	MN/FED Tax ID#	Date
--------------	----------------	------

Issuing Entity	Project # or Lease Address
----------------	----------------------------

