



MISSISSIPPI DIVISION OF
MEDICAID

Office of Procurement

QUOTE REQUEST (QR)

**QR No. 20220620 Employee Engagement Summit Training Presentation
RFx 3140003134**

Issue Date: June 20, 2022

Quote Due Date: June 29, 2022, by 2:00 p.m. CST

Division of Medicaid (DOM) Procurement Contact:

Jeanette Crawford

Jeanette.crawford@medicaid.ms.gov

601-359-2664

550 High Street, Suite 100

Jackson, Mississippi 39201

DOM WELCOMES PARTICIPATION OF MINORITY BUSINESSES

INVITATION: Subject to the attached and referenced terms and conditions, quotes for the acquisition of the herein required and described services will be received by the DOM Procurement Office by no later than the above required date and time.

INTRODUCTION

Pursuant to and by virtue of Miss. Code Ann. § 43-13-101, *et seq.* (1972, as amended) the Mississippi Division of Medicaid (DOM) is designated as the single state agency authorized and empowered to administer the provisions of the Medical Assistance Program as enacted by the Mississippi State Legislature in compliance with Title XIX of the Federal Social Security Act, as amended, to provide health coverage for eligible, low-income populations in Mississippi.

PROJECT OVERVIEW

The DOM Office of Human Resources (HR) invites the submission of quotations for a training and speaking engagement at DOM's annual Employee Engagement Summit to be held on July 22, 2022. The event is a yearly training and luncheon celebrating excellence throughout DOM staff. It allows recipients of the Employee of the Month and Supervisor of the Quarter recognition to gather in Jackson with central office staff for a day of learning and networking.

It is understood that any resultant contract from this solicitation does not require approval by the State of Mississippi's Public Procurement Review Board (PPRB). DOM intends to award one contract for the services required herein. DOM further reserves the right to reject any and all quotes provided in response to this solicitation at any point during the evaluation, awarding, or negotiation process.

TERM

The term for the services required herein shall be for services performed on July 22, 2022, for an amount not to exceed \$1,500.00.

CONTRACT TYPE AND COMPENSATION

The resultant contract from this solicitation shall be a one-time firm fixed-price. Contractor's unit pricing as required within this solicitation which shall remain consistent throughout the duration of the contract.

SCOPE OF SERVICES

The Independent Contractor shall provide and render the following services as required below:

Desired Performance

- 2 Hours of Training from 9:30 AM – 11:30 AM
 - Topics of Interest: Management Responsibilities, Promoting Positive Workplace Dynamics, and/or Rights and Responsibilities in the Workplace
 - Presentation material presented to staff is preferred by not required

- 20 Minutes of Speaking During Lunch
 - HR is open to the creativity of proposed speaker to craft generally inspiring and educational messaging.

MINIMUM QUALIFICATIONS AND EXPERIENCE

Evaluation Criteria for Submitted Quotes

- Trainers should be well-versed in the general principles of management. A minimum of 3-5 years of management experience is desired. *Describe how your professional and any lived experience(s) have informed the development of your managerial perspective.*
- Trainers should be positioned to positively affect change by empowering managers within State Government to lead proactively. *Describe how your proposed training serves this goal.*
- Trainers should be well-versed in managing organizational change. *Exemplify your familiarity with change management.*

QUOTE SUBMISSION REQUIREMENTS

Responses to this solicitation shall be marked and designated as “**QR No. 20220620 + Employee Engagement Summit Training Presentation**” and may be submitted via standard mail, email, or hand delivery.

Responses submitted via email shall include “**QR No. 20220620 + Employee Engagement Summit Training Presentation**” as the subject line and be sent to the following:

Jeanette Crawford
procurement@medicaid.ms.gov

Responses submitted via standard mail or hand delivery shall be addressed and delivered to the following:

Jeanette Crawford
Office of Procurement and Contracts
550 High Street, Suite 1000
Jackson, Mississippi 39201

Standard mail or hand delivered responses shall be delivered in an envelope or package that includes the following:

- Respondent Company Name (+individual Point of Contact),
- Respondent Company’s Physical Address,
- Quote Request Number **QR No. 20220620 + Employee Engagement Summit Training Presentation**, and

Responses are due no later than **2:00 p.m. on June 29, 2022**. Responses submitted via facsimile will not be accepted. Any response received after this deadline shall be considered **LATE** and will be recorded as such and included in the procurement file. ***Late Responses are deemed non-responsive and are not considered for further evaluation.*** DOM will notify a Respondent in writing if a response is deemed non-responsive due to failure to meet the submission deadline. There are no exceptions to the deadline date and time or method of submission unless identified by DOM Office of Procurement through a written amendment to this solicitation.

Respondents are solely responsible for timely submission of a response to this solicitation. DOM is not liable and does not accept responsibility for insufficient electronic delivery due to equipment or user error.

A completed quote packet shall include the following:

- 1) completed and signed Quote Form (Attachment A);
- 2) completed and signed Certifications and Assurances (Attachment B);
- 3) completed and signed DHHS Drug-Free Workplace Certification Form (Attachment C);
- 4) completed and signed DHHS Certification Debarment, Suspension, and Other Responsibility Matters Form (Attachment D);
- 5) completed and signed Quote Exception Summary Form (Attachment E);
- 6) completed and signed Proprietary Information Form (Attachment F); and
- 7) Minimum Qualifications and Experience as required within this solicitation, if applicable.

The following information may be submitted with quote packet, but shall be required before DOM will engage in contracting with awarded vendor:

- 1) completed and signed Minority Vendor Self Certification Form (Attachment G);
- 2) E-Verify documentation, if applicable (<https://www.everify.gov>);
- 3) Taxpayer Identification Information Number and certification (Completed W-9);
- 4) Proof of registration with the Mississippi Secretary of State (<https://www.sos.ms.gov/>) (or proof of exception) print out of business detail from Secretary of State website is acceptable.
- 5) Completed registration with Mississippi's Accountability System for Governmental Information and Collaboration (MAGIC). If not already registered, please visit the following to register:
<http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/supplier-self-service/>

CONTACT AND QUESTIONS/REQUESTS FOR CLARIFICATION

Questions and requests for clarification concerning this QR must be submitted in writing via email to Procurement@medicaid.ms.gov by the deadline of **2:00 p.m. on June 22, 2022**. Respondents should enter "**QR No. 20220620 + Employee Engagement Summit Training Presentation – Questions**" as the subject for the email. DOM will not be bound by any verbal or written information that is not contained within this QR unless formally noticed and issued by DOM. DOM will post answers to questions by 5:00 p.m., June 24, 2022. Respondents are cautioned that any statements made by the DOM Procurement Contact that causes a material change to any portion of the QR shall not be relied upon unless subsequently ratified by a written amendment. At no time shall any respondent or its personnel attempt to contact any DOM staff regarding this QR except the DOM Procurement Contact as set forth and, in the manner, prescribed in this section.

**ATTACHMENT A
Quote Form**

Date Submitted: _____

Deadline Date: June 29, 2022

Offeror Name:

Name of Offeror: _____

Mailing Address: _____

Authorized Official: _____

Title: _____

Phone: () _____

Email: _____

Tax ID No.: _____

Age of Business: _____

Average No. of Employees (past 3 years): _____

MS Business ID No.: (issued from MS Secretary of State's Office (Out of State Corporations ONLY)): _____

Contact Person for Respondent:

Name: _____ **Title:** _____

Mailing Address: _____

Phone: () _____

Email: _____

Description of Services: As stated in "Scope of Services" of this QR No. 20220620 Training Presentation for Employee Engagement Summit.

Agreement Term:

The term for the services required herein shall only be for services performed on July 22, 2022.

[ATTACHMENT A continued on next page]

ATTACHMENT A

Quote Form (Continued)

Requirement: Respondent must provide pricing in the below requested format. All pricing should be based on description of services to be offered and include all associated costs with no additional or hidden fees. Cost not to exceed \$1,500.00.

Service Description/Deliverable	Pricing
2 hours and 20 minutes presenting training services at seminar	\$ _____

Total Cost (Base Contract Term)	\$ _____
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NOTE: Respondents shall **not** include any additional charges in this quote form. Any additional charges included on a Respondent's quote form may result in the Respondent's quote being deemed non-responsive and Respondents will thereby be rejected.

The signature provided below certifies that information provided within this Quote Request is accurate and complete, and that, in my official capacity, I possess the legal authority to represent and bind the company that submitted this Quote. The signature provided below represents my understanding that our organization may be required to provide subsequent documentation to verify the accuracy of information presented in this Quote in addition to other documentation required herein. I further represent and agree that any incorrect and/or missing information shall cause this Quote to be considered non-responsive and subject to rejection and that any modifications or additions to any portions of this Quote, not requested by DOM, may be cause for rejection of my organization's Quote submitted in response to this Quote Request.

Signature of Authorized Official

Date: _____

Title of Authorized Official

**ATTACHEMENT B
CERTIFICATIONS AND ASSURANCES**

I/We present the following certifications and assurances as a requirement of this Quote Request as to our organization's understanding that the truthfulness of the facts affirmed herein and the continued compliance with these requirements are conditions precedent to the award or continuation of the subsequent contract contemplated as part of this Quote Request:

- 1. REPRESENTATION REGARDING CONTINGENT FEES**
Contractor represents that it **HAS NOT** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's quote.

- 2. REPRESENTATION REGARDING GRATUITIES**
The respondent or Contractor represents that it **HAS NOT** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review (OPSCR) Rules and Regulations.

- 3. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**
The respondent certifies that the prices submitted in response to the solicitation **HAVE** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a quote, or the methods or factors used to calculate price.

- 4. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**
The prospective Contractor represents as a part of such Contractor's quote that such Contractor **HAS NOT** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Signature: _____

Date: _____

ATTACHMENT C
DHHS Drug-Free Workplace Certification

DHHS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS:
GRANTEES OTHER THAN INDIVIDUALS
Instructions for Certification

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

- 1) This certification is required by regulations implementing the Drug-Free Act of 1988, 2 CFR Part 382. The regulations require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the DHHS determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 2) Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee shall keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 3) Workplace identifications shall include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 4) If the workplace identified to DOM changes during the performance of the grant, the grantee shall inform DOM of the change(s), if it previously identified the workplaces in question (see above).
- 5) Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. §812) and as further defined by regulation (21 CFR § 1308.11 through § 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

"Criminal drug statute" means a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including (i) all direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent Contractors not on the grantee's payroll; or employees of sub recipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1) The dangers of drug abuse in the workplace;
 - 2) The grantee's policy of maintaining a drug-free workplace;
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - 1) Abide by the terms of the statement; and
 - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e) Notifying DOM in writing, within 10 calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or

other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
 - 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- h) Complying with all provisions 2 CFR Part 382.

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments if needed): _____

Place of Performance (street address, city, county, state, zip code): _____

Check if there are workplaces on file that are not identified here.

---->NOTE: Sections 76.630(c) and (d) (2) and 76.635(a)(1) and (b) provide that a federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For HHS, the central receipt point is Division of Grants Management and Oversight, Office of Management and Acquisition, HHS, Room 517-D, 200 Independence Ave, S.W., Washington, D.C. 20201

Signature

Date

Title

Organization

ATTACHMENT D
DHHS Certification Debarment, Suspension, and Other Responsibility Matters

DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions
2 CFR Part 376

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - b. Have not within a three-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
 - d. Have not within a three-year period preceding this bid had one or more public transactions (federal, state or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this solicitation response.

Signature

Date

Title

Organization

**ATTACHMENT E
QUOTE EXCEPTION SUMMARY**

Respondents taking exception to any part or section of this solicitation, including contract clauses listed in Appendix C and Appendix E of the PPRB OPSCR Rules and Regulations (<http://www.dfa.ms.gov/dfa-offices/personal-service-contract-review/pscrb-rules-regulations/>), shall indicate such exceptions through completing and signing this form which MUST be included as part of the response to this solicitation. Failure to indicate any exception will be interpreted as the Respondent’s intent to fully comply with all requirements within this solicitation as well as any PPRB OPSCR contract clauses that may appear in a resultant contract from this solicitation. Conditional or qualified responses to this solicitation, unless specifically allowed, shall be subject to rejection in whole or in part at DOM’s sole discretion.

In the table provided below, specifically reference and clearly explain any exceptions to this solicitation including solicitation attachments and/or any referenced material contained within this solicitation. If Respondent takes no exceptions, please indicate with “N/A” in the table provided below.

Reference	Respondent’s Reference	Explanation of Exception	DOM Acceptance (“DOM” provided only for acceptance)
Reference to Section of Solicitation	Page, Section, Item within Response where exception is explained	Clear description of Respondent’s exception	DOM acceptance will be indicated only by “DOM” appearing in rows below
1.			
2.			
3.			
4.			
5.			
6.			

DOM reserves the right to reject any and all responses received where the Respondent takes exception to requirements within this solicitation and/or in any attempts to limit the rights of DOM or the State of Mississippi including, but not limited to, any required contractual terms.

Signature of Authorized Official

Date

Name of Organization

**ATTACHMENT F
PROPRIETARY INFORMATION FORM**

The Respondent should clearly mark any and all pages of its response to this solicitation which contain trade secrets or other proprietary data which Respondent believes should remain confidential in accordance with Miss. Code Ann. §§25-61-9 and 79-23-1 (1972, as amended) or other applicable state and federal laws, if any. Each page of the response considered by the Respondent to contain trade secrets or other confidential commercial/financial information should be marked in the upper right-hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. ***If this is not applicable, please indicate with "N/A" in the space provided below.***

- 1.
- 2.
- 3.
- 4.
- 5.

The signature below indicates the understanding that failure to clearly mark or designate proprietary information within the response to this solicitation as identified above may result in disclosure of such information as it will be subject to review by the general public after award of the contract.

Signature of Authorized Official

Date

Name of Organization

ATTACHMENT G
Minority Vendor Self-Certification Form

Please complete the following information and return this form to the Mississippi Division of Medicaid with your response to this solicitation.

Any Respondent who can claim status as a Minority Business Enterprise or a Woman Business Enterprise in accordance with the definitions on the Mississippi Development Authority is encouraged to register as a minority business with the Mississippi Development Authority. This information is for tracking/reporting purposes only and will not be used in determining which Respondent will be chosen for the solicitation.

Should you require additional information regarding your minority status please contact the Mississippi Development Authority, Minority Business Enterprise Division at 601-359-3448 or <https://mississippi.org/services/minority/>.

If Respondent is claiming status as a Minority Business Enterprise or Woman Business Enterprise, Respondent must include a copy of this Minority Vendor Self-Certification information with their response to this solicitation. In an effort for the Mississippi Division of Medicaid to capture participation by minority vendors please check the appropriate field below.

Applicable

Not Applicable

Please check appropriate code below:

Minority Business Enterprise

A (Asian Indian)

B (Asian Pacific)

C (Black American)

D (Hispanic American)

E (Native American)

R (Other) Non Ethnic Women

Women Business Enterprise

M (Asian Indian)

N (Asian Pacific)

O (Black American)

P (Hispanic American)

Q (Native American)

Business Name: _____

Respondent's Name: _____

Title: _____

Date: _____