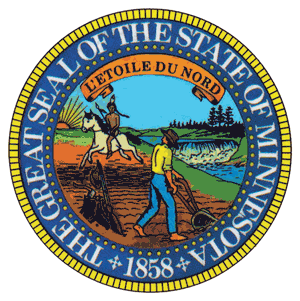
**State of Minnesota**

**Department of Administration – STAR Program**



**Request for Proposals**

**Assistive Technology Device Demonstrations and Loans**

August 1, 2016

**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 [www.mmd.admin.state.mn.us/mn02001.htm](http://www.mmd.admin.state.mn.us/mn02001.htm).

SPECIAL NOTICE: This short form solicitation does not obligate the State of Minnesota or the Department of Administration 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.

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# ****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 document and ask questions, if any

Step 2: Enter your response in the space provided

Step 3: Sign and submit your response

**Incomplete Submittals**

A proposal must be submitted along with any additionally required documents. Incomplete proposals 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:

Joan Gillum, Project Coordinator

Department of Administration – STAR Program

Star.Program@state.mn.us

When sending an email, please use the subject line: Device Demonstrations, Short-Term and Open-Ended Loans Proposal.

Other personnel are not authorized to answer questions regarding this solicitation.

STEP 2 – WRITE YOUR RESPONSE

**Proposal Content**

You should start entering your response in Section 3.

Sections 3A, 3B, and 3C are for different service categories. Only complete the section(s) for the service category(ies) you are applying for.

By signing this response, your firm is making a legal, binding offer for a contract to provide services to the State of Minnesota.

STEP 3 – SIGN & SUBMIT YOUR RESPONSE

**Where to Send Your Response**

Mail, fax or email your response to:

Joan Gillum, Project Coordinator

Department of Administration – STAR Program

658 Cedar Street

St. Paul, MN 55155

Fax: 651-282-6671

Star.Program@state.mn.us

For emailed responses, use the subject line: Device Demonstrations, Short-Term and Open-Ended Loans Proposal.

**Response Submission Deadline**

Responses will be accepted on a rolling basis until June 30, 2021, which is the end of this master contract program.

# ****SECTION 2 –PROJECT INFORMATION****

## A. Description of Services Needed

The Minnesota STAR Program (STAR) is seeking to partner with established assistive technology (AT) device loan programs and assistive technology professionals to provide device loans and device demonstrations to Minnesotans with disabilities (all ages) and older adults through a master contract program. The purpose of device loans and device demonstrations is to increase consumer understanding of a specific device, including a comparison of its features to similar devices, providing an opportunity to try the device through short-term loan (30 days or less) in order to determine if the requested device will meet their needs or an open-ended loan that allows borrowers to keep older/previously used devices for as long as needed.

By completing this Request for Proposal (RFP), which serves as the State’s informal solicitation, interested vendors will compete to secure a master contract with the State of Minnesota that enables them to conduct work in the categories approved. While the receipt of a master contract is not a guarantee of work, it will enable the master contract holders to be eligible for opportunities in the services categories in which they are approved.

## B. Service Categories

STAR is looking for vendors to provide the following service categories. Responders may apply to more than one category.

1. Assistive Technology Device Demonstrations

Device demonstrations compare the features and benefits of a particular AT device or category of devices for an individual or small group of individuals, which may be comprised of the person’s family members, guardian and/or professionals who serve them. The purpose of a device demonstration is to enable an individual to make an informed choice about whether or not the assistive technology demonstrated will or will not meet the individual’s needs.

Whenever possible, the participant should be shown a variety of devices. Device demonstrations should not be confused with training activities at which devices are demonstrated. Training activities are instructional events designed to increase knowledge, skills, and competencies, generally for larger audiences.

Device demonstrations also should not be confused with public awareness activities at which devices are demonstrated. The key differences are that device demonstrations are requested by a consumer, family member or professional on behalf of the consumer; and are intended to enable an individual to make an informed choice about whether or not the assistive technology will meet his or her needs rather than merely making him or her aware of a variety of AT.

In a device demonstration for an individual, guided experience with the device(s) is provided to the participant with the assistance of someone who has technical expertise related to the device(s). This expert may be in the same location as the participant or may assist the participant through Internet or a distance learning mechanism that provides real-time, effective communication to deliver the necessary device exploration.

A demonstration is characterized by its interactive nature whereby the participant can interact with an expert to increase their knowledge and understanding about the features and functions of a device; the participant drives the demonstration and has the ability to interact with the demonstration is conducted via the internet or distance learning mechanism it must be a real-time, interactive demonstration that provides one-on-one assistance to the participant. device being demonstrated and have their questions about the device addressed. If the A web-based demonstration that is archived or is a static presentation without interaction is considered an awareness activity, not a demonstration.

1. Assistive Technology Device Loans – Short-Term

These are short-term (30-day or less) loans in which a consumer can borrow an AT device for a period of time. The purpose of the loan may be to assist in decision making, to serve as a loaner while the consumer is waiting for device repair or funding, to provide an accommodation on a short-term basis, or to conduct training, self-education or other professional development.

1. Assistive Technology Device Loans – Open-Ended

These are long-term loans in which a consumer can borrow an AT device (usually older and/or previously used) for as long as needed and will return the device to the loan program when it is no longer needed.

## C. Master Contract Program Scope

This program is expected to run from **July 1, 2016** through **June 30, 2021**. The State anticipates that master contracts will be written up to the five-year period. All work under this program will be initiated using a work order issued against a master contract. **The receipt of a master contract is not a guarantee of work.**

## D. Response Evaluation

Responses will first be reviewed to confirm compliance with the minimum qualifications identified in the following sections of the RFP. Each service category will be scored separately. Responses that meet all the minimum qualifications will be further evaluated in accordance with the following:

| **Factors** | **Percentage** |
| --- | --- |
| Qualifications | 70% |
| Financial Stability | 30% |

# ****SECTION 3 – VENDOR RESPONSE – GENERAL INFORMATION****

1. **VENDOR CONTACT INFORMATION**

Please provide your organization’s contact information in the fields below. Select as an Authorized Representative someone who can sign contracts on the organization’s behalf. Select as a Key Person someone who will handle the day-to-day business of the organization.

* 1. **Organizational Information**

Organization’s Full Legal Name:

Business Address:

* 1. **Authorized Representative** *The Authorized Representative is someone who can sign contracts on the organization’s behalf.*

Authorized Representative’s Name:

Authorized Representative’s Telephone Number:

Authorized Representative’s E-mail Address:

* 1. **Key Person** *The Key Person is someone who handles the day-to-day business affairs.*

Key Person’s Name:

Key Person’s Telephone Number:

Key Person’s E-mail Address:

1. **SERVICE CATEGORIES**

To be considered, Responder **must** select at least one of the service categories in the next few sections and complete its respective Projection form.

Important

Vendor must contact STAR immediately during the RFP and/or contract phase if the contact information above changes. Vendor must also contact STAR for approval **before**:

* Assigning staff not identified in their proposal to perform demonstrations (Vendor will need to submit resume/proof of expertise and certify that newly assigned staff have passed a criminal background check.)
* Changing scope of work (e.g., adding/removing service category types)

## ****SECTION 3A –**** ASSISTIVE TECHNOLOGY DEVICE DEMONSTRATIONS

### PURPOSE

To provide device demonstrations to Minnesotans with disabilities (all ages) and older adults on an individual basis so that the consumer may:

* Compare features of one or more similar devices, software, or product systems
* Spend time learning about the device and exploring different features
* Receive information from a professional with skills necessary to demonstrate a specific device, software program or product system
* Receive referrals, as needed (e.g., loan program, vendor, trainer)
* Make a decision whether or not the device will meet his/her needs.

Note: a demonstration is not an evaluation of whether or not the device is the best match for the individual. If a formal evaluaton is needed, a referral should be made. (For example, a referral might be made to a speech language pathologist (SLP) to evaluate a consumer’s ability to use and benefit from a specific speech communication device.)

### DEVICE TYPES

* Speech Communication (e.g., speech generating device/AAC)
* Hearing (e.g. assistive listening devices)
* Vision (e.g., portable video magnifier)
* Environmental Adaptations (e.g., automation systems such as X-10 devices, alternative access/input including switches)
* Learning, Cognition and Development (e.g., text-to-speech systems)
* Recreation, Sports, and Leisure (e.g., adapted fishing pole, bowling ball pusher)
* Computers and related Peripherals (e.g., one-handed keyboard, foot mouse)
* Daily Living (e.g., medication reminder, adapted utensils)
* Mobility (e.g, cane, walker)

### PRIMARY PURPOSE AREA

* Community Living
* Education
* Employment

### PAYMENT

* $60 per demonstration; does not cover travel or postage.
* Reimbursement for travel incurred by the Contractor as a result of a work order contract will only be made when the total is over 50 miles round trip. Reimbursement will not exceed $300.00 quarterly during the term of the work order. Reimbursement rates for mileage will follow the IRS guidelines for reimbursement and will be adjusted if such rates change during the time of the work order. Requests for travel reimbursement must be submitted on a Postage and Travel Expense Report (Exhibit **A**) along with a Request for Funds form (Exhibit **B**) and appropriate receipts.
* Note: The State will make payments quarterly for completed demonstrations that included a completed customer survey and reported using STAR’s online data collection tool.

### RESPONDENT REQUIREMENTS

To be considered, respondent must:

* Submit resume(s) that highlight work history and areas of expertise related to assistive technology for each staff member expected to perform demonstrations
* Agree to provide non-biased/vendor-neutral service
* Agree to provide service at no cost to consumer
* Submit a a description of outreach efforts the respondent will carry out if granted a device demonstration master contract
  + Outreach efforts should include identifying potential customers in the region and listing what steps the respondent will take to increase awareness of this service
* Maintain insurance as required by the State (see Terms and Conditions in Section 5)
* Agree to collect completed customer survey for device demonstration (Exhibit **C**) containing required data and submit report using the online data collection tool provided by STAR. **Reimbursement cannot be made without the completed customer surveys.**

Preference will be given to respondents that:

Agree to serve consumers outside their organization (i.e., consumers not considered a current client or required to become a client)

### PERFORMANCE BASED

To be considered, Respondent must complete and submit the attached Projection Form (page 11) indicating:

1. Number of demonstrations by **device type** (e.g., vision, hearing) the respondent anticipates performing during the current year.
2. Provide a full list of devices available in respondent’s program that will be made available for demonstration. This may include devices not owned by the respondent but which the respondent anticipates having available for demonstration in its program. This does not include devices an organization periodically borrows from vendors.
3. Number of demonstrations within each **primary purpose area** .i.e., education, employment, community living.
4. Number and name of counties to be served.

### EVIDENCE OF DEMONSTRATION – REQUIRED DATA COLLECTION

The following information must be collected from the completed customer survey and reported **for each demonstration completed**:

* Participant Category (e.g., individual w/disability, parent of child w/disability)
* Type of device demonstrated
* Primary Purpose Area (i.e.., community living, education, employment)
* Check box if service is part of an accommodation for state employee
* Region/County Served
* Device Name (e.g., T-10, Pebble, iPad Air 2)
* Decision Outcome (i.e., device will meet needs or device will not meet needs)
* Satisfaction Outcome – Contractor must collect consumer customer survey (provided by STAR as required by its federal funder). Completed surveys must be retained in accordance with State’s record retention schedule and must be made available for inspection if requested.

## ACCEPTANCE PROCESS

Submitting a Device Demonstration Projection Form does not guarantee responder will be offered a contract. Selection will be made by a review committee and offers will be made to organizations that meet the above requirements and statewide needs for assistive technology demonstrations. Offers made will be based upon the respondent’s projection form; however, an offer may be made for fewer demonstrations proposed on the submitted projection form.

If vendor has devices purchased with STAR dollars either in the past or future (e.g., equipment provided by STAR for demonstration and/or loans) vendor agrees to:

* Store devices in secure location
* Notify STAR immediately if device (s) is lost or damaged using form provided by STAR (Exhibit **G**)
* Request to return device to STAR if device is no longer needed by using the form provided by STAR (Exhibit **H)** and submitting to STAR for approval
* Not dispose of, repair or otherwise relinquish device without receiving permission from STAR

## ANECDOTES

At least one anecdote must be submitted each reporting period that provides a short account of one device demonstration conducted during the service period. Anecdotes should highlight how the device demonstration benefited the consumer (be as specific as possible) and adhere to the following guidelines:

## Required Information:

* Why did the consumer contact the organization for a demonstration? (Example, consumer having trouble hearing the doorbell.)
* What assistive technology was demonstrated?
* What additional information was provided, including referrals ?
* How did the device demonstration help the consumer make an informed decision? (For example, decided the device didn’t meet the consumer’s needs because the volume wasn’t loud enough.)
* What barrier(s) did the device demonstration help the consumer overcome?

## Optional:

* If applicable, explain how the demonstration was part of a collaborative effort. (For example, working with a student’s Individualized Education Program (IEP) team to explore AT options.)
* How did obtaining that device or service improve that consumer’s life? (If known.)
* How did it improve the consumer’s access to education, employment, community living or telecommunications/information technology?
* Include a photo of consumer using device, if a signed consent is obtained.

## Writing Guidelines:

* Do not identify consumers by name or use other details that would allow a consumer to be identified unless a signed consent is obtained.
* Include examples that are understandable to an uninformed audience.
* Do not repeat the same anecdote for both device demo and loan.
* Ensure that the example clearly fits within the appropriate activities supported by the STAR Program.

## Device Demonstration Projection Form

Organization Name:

Name and contact information of organization’s authorized representative and key person:

List the counties your organization anticipates serving (i.e., counties where you will perform demonstrations):

Identify the number[[1]](#footnote-1) of device demonstrations you anticipate providing consumers to assist with decision making in the areas of employment, education, and community living in the table below. (Demonstrations are to assist individuals with disabilities and older adults with functional needs decide if a device meets their need. **Do not submit** projections related to demonstrations as part of public awareness events or for professional development/training.) Organizations need only select one area of service (e.g., education) and one device type (e.g., hearing); however, selecting multiple areas of service and device types is permitted.

**Keep in mind that it is your organization’s responsibility to actively seek out individuals with disabilities who would benefit from a device demonstration.**

| **Device Type** | **Education** | **Employment** | **Community Living** |
| --- | --- | --- | --- |
| **Vision** | Enter the number of device demonstrations for vision in an educational setting that you plan to provide:  List examples of devices for vision in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for vision in an employment setting that you plan to provide:  List examples of devices for vision in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for vision in a community living setting that you plan to provide:  List examples of devices for vision in a community living setting that you plan to demonstrate: |
| **Hearing** | Enter the number of device demonstrations for hearing in an educational setting that you plan to provide:  List examples of devices for hearing in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for hearing in an employment setting that you plan to provide:  List examples of devices for hearing in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for hearing in a community living setting that you plan to provide:  List examples of devices for hearing in a community living setting that you plan to demonstrate: |
| **Speech Communication** | Enter the number of device demonstrations for speech communication in an educational setting that you plan to provide:  List examples of devices for speech communication in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for speech communication in an employment setting that you plan to provide:  List examples of devices for speech communication in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for speech communication in a community living setting that you plan to provide:  List examples of devices for speech communication in a community living setting that you plan to demonstrate: |
| **Learning, Cognition & Developmental** | Enter the number of device demonstrations for learning, cognition and development in an educational setting that you plan to provide:  List examples of devices for learning, cognition and development in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for learning, cognition and development in an employment setting that you plan to provide:  List examples of devices for learning, cognition and development in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for learning, cognition and development in a community living setting that you plan to provide:  List examples of devices for learning, cognition and development in a community living setting that you plan to demonstrate: |
| **Mobility (Do not include power mobility aids such as wheelchairs and scooters.)** | Enter the number of device demonstrations for mobility in an educational setting that you plan to provide:  List examples of devices for mobility in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for mobility in an employment setting that you plan to provide:  List examples of devices for mobility in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for mobility in a community living setting that you plan to provide:  List examples of devices for mobility in a community living setting that you plan to demonstrate: |
| **Daily Living** | Enter the number of device demonstrations for daily living in an educational setting that you plan to provide:  List examples of devices for daily living in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for daily living in an employment setting that you plan to provide:  List examples of devices for daily living in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for daily living in a community living setting that you plan to provide:  List examples of devices for daily living in a community living setting that you plan to demonstrate: |
| **Environmental Adaptations** | Enter the number of device demonstrations for environmental adaptations in an educational setting that you plan to provide:  List examples of education-related devices that you plan to demonstrate that provide environmental adaptations: | Enter the number of device demonstrations for environmental adaptations in an employment setting that you plan to provide:  List examples of employment-related devices that you plan to demonstrate that provide environmental adaptations: | Enter the number of device demonstrations for environmental adaptations in a community setting that you plan to provide:  List examples of community living devices that you plan to demonstrate that provide environmental adaptations: |
| **Computers and related peripherals** | Enter the number of device demonstrations for computers and related peripherals in an educational setting that you plan to provide:  List examples of devices for computers and related peripherals in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for computers and related peripherals in an employment setting that you plan to provide:  List examples of devices for computers and related peripherals in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for computers and related peripherals in a community living setting that you plan to provide:  List examples of devices for computers and related peripherals in a community living setting that you plan to demonstrate: |
| **Recreation, Sports and Leisure** | Enter the number of device demonstrations for recreation, sports and leisure in an educational setting that you plan to provide:  List examples of devices for recreation, sports, and leisure in an educational setting that you plan to demonstrate: | Enter the number of device demonstrations for recreation, sports and leisure in an employment setting that you plan to provide:  List examples of devices for recreation, sports and leisure in an employment setting that you plan to demonstrate: | Enter the number of device demonstrations for recreation, sports and leisure in a community living setting that you plan to provide:  List examples of devices for recreation, sports and leisure in a community living setting that you plan to demonstrate: |

**Please indicate your agreement to adhere to the following terms by checking the boxes next to each term below:**

Respondent agrees to provide device demonstration(s) at no-cost to the consumer.

Respondent has included information documenting that staff has professional experience in assistive technology needed to perform the projected demonstrations. (See Respondent Requirements under Section 3A).

Respondent agrees to collect, enter, report, and keep (for six years) data as required by STAR’s federal funder.

Respondent agrees to participate in data collection training provided by STAR.

**Optional terms**

Respondent agrees to serve all Minnesotans with disabilities including older adults in need of assistive technology. (Preference will be given to respondents that agree with this term. *If you do not agree, please provide a statement indicating who you will serve and why you are limiting your services*.)   
 Yes  No

Respondent agrees to serve Minnesotans outside their organization/client base. (Preference will be given to organizations that agree to provide this service.)  
  Yes  No

Is the respondent affiliated with an assistive technology vendor? (Preference given to respondents not affiliated with an assistive technology vendor.)

Yes  No

## SECTION 3B – ASSISTIVE TECHNOLOGY DEVICE LOANS – SHORT-TERM

### PURPOSE

Provide device loans to Minnesotans of all ages with disabilities on an individual basis so that the consumer may:

* Assist in decision making
* Serve as a loaner during device repair or while waiting for funding
* Provide an accommodation on a short-term basis
* Conduct training, self-education or other professional development activities.

### DEVICE TYPE

* Speech Communication (e.g., speech generating device/AAC)
* Hearing (e.g., assistive listening devices)
* Vision (e.g., portable video magnifier)
* Environmental Adaptations (e.g., automation systems such as X-10 devices, alternative access/input including switches)
* Learning, Cognition and Development (e.g., text-to-speech systems)
* Recreation, Sports, and Leisure (e.g., adapted fishing pole, bowling ball pusher)
* Computers and related Peripherals (e.g., one-handed keyboard, foot mouse)
* Daily Living (e.g., medication reminder, adapted utensils)
* Mobility (e.g., cane, walker)

### PRIMARY PURPOSE AREA

* Community Living
* Education
* Employment

### PAYMENT

* $60 per loan does not cover travel or postage.
* Reimbursement for travel incurred by the Contractor as a result of this contract will only be made when the total is over 50 miles round trip. Reimbursement will not exceed $300.00 quarterly during the term of the work order. Reimbursement rates for mileage will follow the IRS guidelines for reimbursement and will be adjusted if such rates change during the time of the work order. Requests for travel reimbursement must be submitted on a Postage and Travel Expense Report (Exhibit **A**) along with a Request for Funds form (Exhibit **B**) and appropriate receipts. Postage expenses will be reimbursed when the total cost for postage is over $20.00. Requests for reimbursement of postage expenses must be submitted on a Postage and Travel Expense Report (Exhibit **A**) along with Request for Funds form (Exhibit **B**) and appropriate receipts. Reimbursement will not exceed $300.00 for each quarter of a work order.
* Note: The State will make payments quarterly for device loans and a completed customer survey that is reported using STAR’s online data collection tool.

### RESPONDENT REQUIREMENTS

To be considered, respondent must:

* Submit evidence of established device loan program (preference will be given to non-profit organizations not affiliated with a vendor), which at a minimum should include years of operation, physical location of program, program hours, days of operation, number of staff, staff duties, and focus (e.g., hearing, vision) of loan program.
* Agree to provide non-biased/vendor-neutral service
* Agree to provide service at no cost to individual/borrower (Borrower, if a school or business, may be required to pay for shipping both ways.)
* Submit a description of outreach efforts the respondent will carry out if granted a device short-term device loan work order contract
  + Outreach efforts should include identifying potential customers in the region and listing what steps the respondent will take to increase awareness of this service
* Maintain insurance as required by the State (see the [terms and conditions in Section 5](#_SECTION_5_–))
* Agree to collect completed customer surveys for device short-term loans (Exhibit **D**) containing required data and submit report using online data collection tool provided by STAR. Reimbursement cannot be made without these completed surveys.

Preference will be given to respondents that:

* Agree to serve consumers outside their organization (i.e., consumers not considered a current client)

### PERFORMANCE BASED

To be considered, Respondent must complete and submit a Projection Form (attached) indicating:

1. Number of loans by **device type** (e.g., vision, hearing) the respondent anticipates performing during the current year.
2. Provide a list of all devices available in respondent’s loan program that will be made available for loan. This may include devices not owned by the respondent but which the respondent anticipates having in its loan program inventory.
3. Number of loans within each **primary purpose area** (i.e.,. education, employment, community living).
4. Number and name of **counties t**o be served.

### EVIDENCE OF SHORT-TERM LOAN – REQUIRED DATA COLLECTION

The following information must be collected and reported **for each device loan conducted** using STAR’s online data collection tool:

* Participant Category (e.g., individual w/disability, parent of child w/disability)
* Type of device loaned
* Name of device loaned
* Primary Purpose Area (i.e., community living, education, employment)
* Check box if service is part of an accommodation for state employee
* Region/County Served
* Decision Outcome (i.e., device will meet needs or device will not meet needs)
* Satisfaction Outcome - Contractor must collect consumer survey (provided by STAR as required by its federal funder). Completed surveys must be retained in accordance with State’s record retention schedule and must be made available for inspection if requested.

### ACCEPTANCE PROCESS

Submitting a Projection Form does not guarantee responder will be offered a master contract. Selection will be made by a review committee and offers will be made to organizations that meet the above requirements and statewide needs for assistive technology device loans. Offers made will be based upon the respondent’s projection form; however, an offer may be made for fewer loans proposed on the submitted projection form.

If vendor has devices purchased with STAR dollars either in the past or future (e.g., equipment provided by STAR for demonstration and/or loans) vendor agrees to:

* Maintain devices in accordance with STAR policies and procedures
* Store devices in secure location
* Notify STAR immediately if device (s) is lost or damaged (Exhibit **G**)
* Request to return device to STAR if device is no longer needed (Exhibit **H**)
* Not dispose of, repair or otherwise relinquish device without receiving permission from STAR

## ANECDOTES

At least one anecdote must be submitted each reporting period that provides a short account of one device loan conducted during the service period. Anecdotes should highlight how the device loan benefited the consumer (be as specific as possible) and adhere to the following guidelines:

### Required Information:

* Why did the consumer contact the organization for a loan?
* What assistive technology was loaned?
* What additional information was provided, including referrals ?
* If the device loan was for decision making, how did the loan help the consumer make an informed decision? (For example, decided the device didn’t meet the consumer’s needs because the volume wasn’t loud enough.)
* What barrier(s) did the device loan help the consumer overcome?

### Optional:

* If applicable, explain how the loan was part of a collaborative effort. (For example, working with a student’s IEP team to explore AT options.
* How did obtaining that device or service improve that consumer’s life? (If known.)
* How did it improve the consumer’s access to education, employment or community living?
* Include a photo of consumer using device, if a signed consent is obtained.

## Writing Guidelines:

* Do not identify any consumers by name or use other details that would allow a consumer to be identified unless a signed consent is obtained.
* Include examples that are understandable to an uninformed audience.
* Do not repeat the same anecdote for both device demo and short-term loan.
* Ensure that the example clearly fits within the appropriate activities supported by the STAR Program.

## Short-Term Loan Projection Form

Organization Name:

Name and contact information of organization’s authorized representative and key person:

List the counties your organization anticipates serving (i.e., will loan devices to borrowers in the counties listed):

Please identify the number[[2]](#footnote-2) of consumer device loans you anticipate providing in the areas of employment, education, and community living in the table below. Organizations need only select one area of service (e.g., education) and one device type (e.g., hearing); however, selecting multiple areas of service and device types is permitted.

**Keep in mind that it is your organization’s responsibility to actively seek out individuals with disabilities who would benefit from a short-term device loan.**

| **Device Type** | **Education** | **Employment** | **Community Living** |
| --- | --- | --- | --- |
| **Vision** | Enter the number of device loans for vision in an educational setting that you plan to provide:  List examples of devices for vision in an educational setting that you plan to loan: | Enter the number of device loans for vision in an employment setting that you plan to provide:  List examples of devices for vision in an employment setting that you plan to loan: | Enter the number of device loans for vision in a community living setting that you plan to provide:  List examples of devices for vision in a community living setting that you plan to loan: |
| **Hearing** | Enter the number of device loans for hearing in an educational setting that you plan to provide:  List examples of devices for hearing in an educational setting that you plan to loan: | Enter the number of device loans for hearing in an employment setting that you plan to provide:  List examples of devices for hearing in an employment setting that you plan to loan: | Enter the number of device loans for hearing in a community living setting that you plan to provide:  List examples of devices for hearing in a community living setting that you plan to loan: |
| **Speech Communication** | Enter the number of device loans for speech communication in an educational setting that you plan to provide:  List examples of devices for speech communication in an educational setting that you plan to loan: | Enter the number of device loans for speech communication in an employment setting that you plan to provide:  List examples of devices for speech communication in an employment setting that you plan to loan: | Enter the number of device loans for speech communication in a community living setting that you plan to provide:  List examples of devices for speech communication in a community living setting that you plan to loan: |
| **Learning, Cognition & Developmental** | Enter the number of device loans for learning, cognition and development in an educational setting that you plan to provide:  List examples of devices for learning, cognition and development in an educational setting that you plan to loan: | Enter the number of device loans for learning, cognition and development in an employment setting that you plan to provide:  List examples of devices for learning, cognition and development in an employment setting that you plan to loan: | Enter the number of device loans for learning, cognition and development in a community living setting that you plan to provide:  List examples of devices for learning, cognition and development in a community living setting that you plan to loan: |
| **Mobility (Do not include power mobility aids such as wheelchairs and scooters.)** | Enter the number of device loans for mobility in an educational setting that you plan to provide:  List examples of devices for mobility in an educational setting that you plan to loan: | Enter the number of device loans for mobility in an employment setting that you plan to provide:  List examples of devices for mobility in an employment setting that you plan to loan: | Enter the number of device loans for mobility in a community living setting that you plan to provide:  List examples of devices for mobility in a community living setting that you plan to loan: |
| **Daily Living** | Enter the number of device loans for daily living in an educational setting that you plan to provide:  List examples of devices for daily living in an educational setting that you plan to loan: | Enter the number of device loans for daily living in an employment setting that you plan to provide:  List examples of devices for daily living in an employment setting that you plan to loan: | Enter the number of device loans for daily living in a community living setting that you plan to provide:  List examples of devices for daily living in a community living setting that you plan to loan: |
| **Environmental Adaptations** | Enter the number of device loans for environmental adaptations in an educational setting that you plan to provide:  List examples of education-related devices that you plan to loan that provide environmental adaptations: | Enter the number of device loans for environmental adaptations in an employment setting that you plan to provide:  List examples of employment-related devices that you plan to loan that provide environmental adaptations: | Enter the number of device loans for environmental adaptations in a community setting that you plan to provide:  List examples of community living devices that you plan to loan that provide environmental adaptations: |
| **Computers and related peripherals** | Enter the number of device loans for computers and related peripherals in an educational setting that you plan to provide:  List examples of devices for computers and related peripherals in an educational setting that you plan to loan: | Enter the number of device loans for computers and related peripherals in an employment setting that you plan to provide:  List examples of devices for computers and related peripherals in an employment setting that you plan to loan: | Enter the number of device loans for computers and related peripherals in a community living setting that you plan to provide:  List examples of devices for computers and related peripherals in a community living setting that you plan to loan: |
| **Recreation, Sports and Leisure** | Enter the number of device loans for recreation, sports and leisure in an educational setting that you plan to provide:  List examples of devices for recreation, sports, and leisure in an educational setting that you plan to loan: | Enter the number of device loans for recreation, sports and leisure in an employment setting that you plan to provide:  List examples of devices for recreation, sports and leisure in an employment setting that you plan to loan: | Enter the number of device loans for recreation, sports and leisure in a community living setting that you plan to provide:  List examples of devices for recreation, sports and leisure in a community living setting that you plan to loan: |

**Please indicate your agreement to adhere to the following terms by checking the boxes next to each term below:**

Respondent agrees to provide device short-term loan(s) at no-cost to the individual/borrower. (Borrower, if a school or business, may be required to pay for shipping both ways.)

Respondent agrees to collect and report data as required by STAR’s federal funder.

Respondent agrees to participate in data collection training provided by STAR.

Respondent has included information about its established loan program. (See Respondent Requirements under Section 3B for required information.)

### Optional terms

Respondent agrees to serve all Minnesotans with disabilities including older adults in need of assistive technology. (Preference will be given to respondents that agree with this term. *If you do not agree, please provide a statement indicating who you will serve and why you are limiting your services*.)   
 Yes  No

Respondent agrees to serve Minnesotans outside their organization/client base. (Preference will be given to organizations that agree to provide this service.)  
  Yes  No

Is the respondent affiliated with an assistive technology vendor?   
 Yes  No

## ****SECTION 3C –**** ASSISTIVE TECHNOLOGY DEVICE LOANS – OPEN-ENDED

### PURPOSE

Allows borrower to keep device as long as needed but the device must be returned to the program once it is no longer needed.

### DEVICE TYPE

* Speech (e.g., speech generating device/AAC)
* Hearing (e.g., assistive listening devices)
* Vision (e.g., portable video magnifier)
* Environmental Adaptations (e.g., automation systems such as X-10 devices, alternative access/input including switches)
* Learning/cognition (e.g., text-to-speech systems)

### PRIMARY PURPOSE AREA

* Community (i.e., Hospice, assisted living)
* Education
* Employment

### DEVICE VALUE

Original value of device(s) must total $100.00 or more.

### PAYMENT

$100 per open-ended loan

### RESPONDENT REQUIREMENTS

To be considered, respondent must:

* Submit evidence of established device loan or reuse program - see required information below (Please note that preference will be given to non-profit and organizations not affiliated with a vendor.)
  + Name of device loan or reuse program (include name of parent organization, if applicable)
  + Contact information (address, phone, email)
  + Locations (if program operates more than one office)
  + Number of years providing service
  + Number of staff
  + Hours of operation
  + Program brochure or other materials describing program, how loans are provided to consumers and any service restrictions
* Agree to provide non-biased/vendor-neutral service
* Submit a description of outreach efforts the respondent will carry out if granted an open-ended loan master contract
  + Outreach efforts should include identifying potential customers in the region and listing what steps the respondent will take to increase awareness of this service
* Maintain insurance as required by the State (see terms and conditions in Section 5)
* Agree to provide service at no cost to customer (excludes delivery/shipping costs)
* Agree to submit completed Loan Receipt (Exhibit F) to STAR
* Agree to collect completed customer survey for open-ended loan (Exhibit E) containing required data and submit report using the online data collection tool provided by STAR.

### PERFORMANCE BASED

Respondent must indicate # of loans anticipated during the current year. (see Annual Goal form attached):

* Primary Purpose Area
* Device Type
* Region/County
* Provide a list of all devices available in respondent’s open-ended loan program that will be made available to loan.

### EVIDENCE COLLECTED

Customer receipt acknowledging delivery of device (Exhibit **F**) must be obtained and made available upon request.

### EVIDENCE OF OPEN-ENDED LOAN – REQUIRED DATA COLLECTION

Contractor will provide the following information **for each open-ended loan conducted** using STAR’s designated online data collection tool:

* Completed and signed receipt (Exhibit **F**), which includes the following information
  + Date device delivered
  + Name and address of borrower
  + Name of device
  + Signature
  + Name and address of organization providing loan
* Completed open-ended loan customer survey (Exhibit **E**), which includes the following information:
  + Loan Date
  + Type of device by category (e.g., vision, hearing)
  + Device Name (e.g., Lightwriter, I.D. Mate Omni)
  + Estimated Retail Price
  + Cost to Consumer (i.e., should be zero)
  + Primary Purpose Area (i.e., employment, education, community living)
  + Check box if service is part of an accommodation for state employee
  + County Served
  + At least one anecdote per reporting period
  + Performance Measures
    - Could only afford the AT through the statewide open-ended loan program
    - AT was only available through the statewide open-ended loan program
    - Other program too complex or the wait time was too long
    - None of the above
  + Customer satisfaction
    - Very satisfied
    - Satisfied
    - Somewhat satisfied
    - Not at all satisfied

### ACCEPTANCE PROCESS

Submitting an Open-Ended Loan Projection Form does not guarantee responder will be offered a master contract. Selection will be made by a review committee and offers will be made to organizations that meet the above requirements and statewide needs for assistive technology. Offers made will be based upon the respondent’s projection form; however, an offer may be made for fewer open-ended loans proposed on the submitted projection form.

If vendor has devices purchased with STAR dollars either in the past or future (e.g., equipment provided by STAR for demonstration and/or loans) vendor agrees to:

* Maintain devices in accordance with STAR policies and procedures
* Store devices in secure location
* Notify STAR immediately if device (s) is lost or damaged (Exhibit **G**)
* Request to return device to STAR if device is no longer needed (Exhibit **H**)
* Not dispose of, repair or otherwise relinquish device without receiving permission from STAR

## ANECDOTES

At least one anecdote must be submitted each reporting period that provides a short account of one open-ended loan conducted during the service period. Anecdotes should highlight how the loan benefited the consumer (be as specific as possible) and adhere to the following guidelines:

## Required Information:

* Why did the consumer contact the organization for an open-ended loan
* How did the open-ended loan help the consumer

## Optional:

* If applicable, explain how the open-ended loan was part of a collaborative effort.
* How did obtaining that device or service improve that consumer’s life? (If known.)
* How did it improve the consumer’s access to education, employment, or community living?
* Include a photo of consumer using device, **if a signed consent is obtained**.

## Writing Guidelines:

* Do not identify any consumers by name or use other details that would allow a consumer to be identified **unless a signed consent is obtained**.
* Include examples that are understandable to an uninformed audience.
* Ensure that the example clearly fits within the appropriate activities (i.e., employment, education, community living) supported by the STAR Program

## Open-Ended Loan Annual Projection Form

Organization Name:

Name and contact information of organization’s authorized representative and key person:

List the counties your organization anticipates serving (i.e., will loan devices to borrowers in the counties listed):

Please identify the number[[3]](#footnote-3) of open-ended loans you anticipate providing in the areas of employment, education, and community living. Organizations need only select one area of service; however, selecting multiple areas of service is permitted.

**Keep in mind that it is your organization’s responsibility to actively seek out individuals with disabilities who would benefit from an open-ended device loan.**

| **Device Type** | **Education** | **Employment** | **Community Living** |
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Respondent agrees to collect and report data as required by STAR’s federal funder.

Respondent agrees to participate in data collection training provided by STAR.

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### Optional terms

Respondent agrees to serve all Minnesotans with disabilities including older adults in need of assistive technology. (Preference will be given to respondents that agree with this term. *If you do not agree, please provide a statement indicating who you will serve and why you are limiting your services*.)   
 Yes  No

Respondent agrees to serve Minnesotans outside their organization/client base. (Preference will be given to organizations that agree to provide this service.)  
  Yes  No

Is the respondent affiliated with an assistive technology vendor?   
 Yes  No

# ****SECTION 4 – FINANCIAL STABILITY****

It is crucial that the State locate reliable vendors to serve our clients. You must be fiscally responsible to be considered for the master contract program. Therefore, Responders must include with their application sufficient financial documentation to establish their financial stability.

Financial information may include:

* Copy of current I-990 (non-profit)
* Current board certified financial report (non-profit)
* Current financial statements;
* Copy of an independent audit conducted within the last year;
* Documentations of cash reserves to carry you through shortages or delays in receipt of revenue; and/or
* Other documents sufficient to substantiate responsible fiscal management.

In the event you are either substantially or wholly owned by another corporate entity, your application must also include the most recent detailed financial report of the parent organization, and a written guarantee by the parent organization that it will unconditionally guarantee performance by the responder in each and every term, covenant, and condition of such contract as may be executed by the parties.  Please also include information about any pending major accusations that could affect your financial stability.

Please also include information about any pending major allegations that could affect your financial stability.

# ****SECTION 5 – RESPONDER CERTIFICATIONS****

Responder must check each box to certify to the conditions required under this solicitation. Please note that some certifications may require the submission of additional information. Sign below to finalize response.

**Required**

I have read and am aware of the **State’s solicitation terms and conditions**, which is available at <http://www.mmd.admin.state.mn.us/pdf/Quick%20Call%20T&C.pdf>.

I have read and am aware of the **State’s contract terms and conditions**, which can be found in the sample contract at [www.mmd.admin.state.mn.us/pdf/samplecontract.pdf](http://www.mmd.admin.state.mn.us/pdf/samplecontract.pdf).

**Noncollusion Affirmation.** I certify:

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).

That the proposal submitted in response to the solicitation 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 solicitation, designed to limit fair and open competition.

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.

**Criminal Background Check.** I certify:

That staff assigned duties under the work order have passed a criminal background check. (Note: If needed, approved vendors may contact STAR for assistance with obtaining background checks.)

That I am fully informed regarding the accuracy of the statements made in the proposal.

**If Applicable**

**Preference to Target 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 will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive 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.

I am a **certified veteran-owned business**, in accordance with Minn. Stat. § 16C.16, subd. 6a and § 16C.19 (d). The eligibility criteria are available at [www.mmd.admin.state.mn.us/pdf/Quick%20Call%20T&C.pdf](http://www.mmd.admin.state.mn.us/pdf/Quick%20Call%20T&C.pdf).

I am a **resident vendor**, in accordance with 2013 Minn. Laws, Chapter 142, Article 3, Sec. 16. The eligibility criteria are available at [www.mmd.admin.state.mn.us/pdf/Quick%20Call%20T&C.pdf](http://www.mmd.admin.state.mn.us/pdf/Quick%20Call%20T&C.pdf).

By signing here, I warrant that the information provided in this proposal 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 contract award and may subject me/my company to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Signature Title Date

1. While there is no penalty for over-estimating the anticipated number of device demonstrations, organizations will be reimbursed only for actual device demonstrations conducted and reported in accordance with the terms of the work order contract. [↑](#footnote-ref-1)
2. While there is no penalty for over-estimating the anticipated number of device loans, organizations will be reimbursed only for actual device loans conducted and recorded in accordance with the terms of the contract. [↑](#footnote-ref-2)
3. While there is no penalty for over-estimating the anticipated number of open-ended loans, organizations will be reimbursed only for actual open-ended loans provided. [↑](#footnote-ref-3)