

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

SOLICITATION

FOR

**RESIDENTIAL AND THERAPEUTIC FOSTER CARE
SERVICES**

PROPOSAL DUE DATE/TIME:

**FRIDAY, MAY 4, 2018
2:30 p.m., CENTRAL Standard Time**

ISSUED: MARCH 6, 2018

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Solicitation

Residential and Therapeutic Foster Care Services

1.0: GENERAL INFORMATION

1.1 Purpose

This Solicitation is issued by the Department of Children and Family Services herein referred to as DCFS. The purpose of this solicitation is to obtain competitive proposals as allowed by Louisiana Revised Statute 15:1081 et. Seq. and Louisiana Administrative Code Title 67, Part 5, §3503 from bona fide, qualified Proposers who are interested in providing for the supervision and placement needs of children through the development of a Residential Home and/or Child Placing, Therapeutic Foster Care (TFC) program. The Residential program will serve children ages 11 to 18. The TFC program will serve children ages 0-18. The programs will provide services to children who have a history of and/or current patterns of emotional, behavioral, adjustment problems, developmental disabilities, victims of human trafficking, history of family disturbance and may have serious physical and medical conditions. DCFS seeks programs that are highly specialized for child treatment, crisis intervention and stabilization. These children often have a history of chronic patterns of aggressiveness and violence against others, delinquency, self-injurious behaviors, non-compliance and depression. Most have experienced multiple unsuccessful out of home placements and may have histories of substance abuse, psychiatric hospitalizations, homicidal and /or suicidal ideation and/or features of psychosis. They may also have cognitive impairments, physical disabilities and/or medical concerns. DCFS is seeking proposers in all geographic regions of the state. Proposers may submit a proposal in one (1) or more regions or for the entire state.

DCFS seeks to contract with providers who articulate a clear program philosophy that is strength-based, needs-based, trauma-informed, child-centered, family-focused and in alignment with QPI values and practices.

DCFS expects TFC and Residential Providers to integrate Quality Parenting Initiative (QPI) values and practices into their programming and with their caregivers. QPI emphasizes nurturing, age-appropriate, trauma-informed parenting. In QPI, Caregivers are full team members, participating in planning and implementing the child's treatment plan. Caregivers are partners with the child's birth family and engage them as much as possible into the child's daily life activities, assuring that children and teens are experiencing as much normalcy in their lives as possible. Right click on link below for additional information.

<http://www.dcfslouisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=258&pnid=0&pid=471>

DCFS seeks to contract with providers who prioritize and can clearly demonstrate how they apply the reasonable and prudent parent standard to decisions involving the participation of a

child in age or developmentally appropriate activities. Providers are expected to strive to achieve the greatest standard of normalcy possible within the care setting.

Providers should also clearly demonstrate their commitment to promoting safety, permanency, and well-being for children. The provider will support the department's permanency goals for children and their families. When possible, services shall be offered within the geographic region from which the children entered the state's custody and in close proximity to children birth parents, siblings, extended families, homes and schools.

The Solicitation is issued by DCFS for the purpose of providing placement services at the Residential and Child Placing/TFC levels of care. DCFS will look favorably on providers who demonstrate the willingness and ability to contract with DCFS for both Therapeutic Foster Care and Child Residential levels of care (see page 7); incorporate a collaborative planning approach in caring for children; phase out use of level systems and token economies in favor of implementing an evidence based approach to address behaviors rooted in trauma; and can propose service that will provide a coordinated transition between the two levels of care to support continuity of care and information-sharing and aftercare supports.

Successful Providers will demonstrate strong knowledge of, connection to, and partnership with local service and support providers including, but not limited to: family-run organizations; youth support groups; faith-based organizations; community non-profits; business and other formal and informal supports.

DCFS will focus on time-limited, shortened lengths of residential stays for children with step down to a family and community –based setting as soon as possible. Providers will create and implement an individualized service plan that is aligned with and does support the DCFS permanency plan for the child that includes reunification, guardianship or adoption.

Proposals submitted in response to this Solicitation must comply with all instructions and procedures contained herein. Separate proposals must be submitted for Therapeutic Foster Care and Child Residential levels of care.

Providers who are successful in contracting for more than one level of care, be it through DCFS contracts or contracts with managed care organizations, will transition children down to the appropriate level of care within their offered array of services. Providers will be expected to offer placement and care at the appropriate lowest level of care based on the level of need of the child.

1.1.1 Background

DCFS is working to keep children safe, helping individuals and families become self-sufficient, and providing safe refuge during disasters. Within the DCFS umbrella, the Child Welfare section is committed to working with families and communities to ensure the safety, permanency and well-being of the children served. DCFS provides placement and daily care to children in the custody of the State of Louisiana as a result of abuse and/or neglect. Placement and care are provided through an array of services based on the unique care needs and best interests of each child. DCFS provides for the public child welfare functions of the state, delivering services through a state administered system of nine (9) regional offices for sixty-four parishes.

DCFS Regions	Parishes
Alexandria	Rapides, Vernon, Avoyelles, Concordia, Grant, Winn, Catahoula, and LaSalle
Baton Rouge	East Baton Rouge, West Baton Rouge, Iberville, East Feliciana, West Feliciana, Pointe Coupee, and Ascension
Covington	Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington
Greater New Orleans	Orleans, Jefferson, Plaquemine and St. Bernard
Lafayette	Lafayette, St. Martin, St. Landry, St. Mary, Acadia, Vermillion, and Evangeline
Lake Charles	Calcasieu, Beauregard, Allen, Cameron, and Jefferson Davis
Monroe	Caldwell, East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll
Shreveport	Bienville, Claiborne, Jackson, Red River, Caddo, Desoto, Webster, Bossier, Sabine, and Natchitoches
Thibodaux	Lafourche, Terrebonne, St. Charles, St. James, Assumption and St. John the Baptist

1.1.2 Goals and Objectives

The outcome of this Solicitation will be the selection of an award recipient(s) to accomplish specified services contained in the proposal. DCFS believes that children are best served within families and therefore placement in any residential setting is a point in time intervention responding to the needs of the children and not for long term placement. DCFS continues to strive to reduce the number of children in congregate care settings and the length of stay in congregate care settings in order to achieve each child’s case goal.

Respondents may submit proposals for one service or both Residential and/or Therapeutic Foster Care. Separate proposals must be submitted for Therapeutic Foster Care and Child Residential levels of care. Providers may submit a proposal to operate a single residential facility or multiple facilities. These facilities will be referred to as non-medical group homes (NMGH).

Proposals must indicate the Regions the Provider will serve. The TFC homes can be located in one region or more than one region.

Proposals must explain the Provider's expertise and/or history in the provision of residential and/or TFC services. All proposals must contain language on how the proposer is able to meet the identified needs of children and their families. The proposal shall describe in detail specialized training given to direct care and therapeutic staff to adequately prepare them to provide care to children in a trauma-informed manner. Proposals must explain how providers will address behavior management, methods of crisis intervention and stabilization, and strategies of behavior de-escalation. DCFS is seeking providers who demonstrate they will use a collaborative problem-solving approach, will phase out level systems or token economies and provide a child-centered nurturing environment. Proposers must identify performance measures that will determine the effectiveness of their program.

All proposers shall obtain a DCFS license on or before July 1, 2018 and shall maintain a current, valid license for the duration of the contract with DCFS. In addition, proposers shall follow current licensing regulations available through the internet at www.dcf.state.la.gov. Providers of residential shall follow the Residential Home Standards Type IV and TFC shall follow Child Placing Agencies Standards.

1.2 Scope of Services

Child Placing, Therapeutic Foster Care

TFC services are defined as community-based services for children with emotional or behavioral health needs, medical or developmental conditions that require specialized care and supervision that can be met through services delivered primarily by certified therapeutic foster parents. TFC providers will embrace QPI values and practices and implement them in their provision of care and services. TFC services are offered through partnership with the child, the child's family, and other persons identified by the placing agency, towards the goals outlined in the family and/or child's case plans. These services allow the child to benefit from a therapeutic home environment that focuses on identifying children's strengths and needs and employing a trauma-informed approach to address their needs and evolve their strengths and skills. TFC is a community-based care-giving intervention that utilizes clinical assessment and treatment provided by community providers. The TFC program will provide individualized services, based on a plan developed specifically to meet the child's diagnosis, physical health, emotional health, and social health, and educational needs. There exists the need to recruit, train, certify and support homes that can meet the specialized needs of youth with the following characteristics or histories. Each of the following populations of focus has specialized supervision and support needs. Providers will develop, submit to DCFS for approval, and document training and supervision programs that meet the needs for the following populations.

- i. Developmental/Cognitive delays, especially autism and Pervasive Developmental Disorder spectrum.
- ii. Identification as sex trafficked victim

- iii. LGBTQ
- iv. Conduct disorder
- v. Older youth (14-17)
- vi. Sexualized behavior
- vii. Criminal involvement

The program must afford the child a reasonable opportunity to enhance their capacity to cope with their environment, to live as normally as possible, and to enable them to realize their fullest potential. The provider will work with DCFS to engage birth parents, extended family and siblings to be involved as much as possible with the child's day to day activities. These placements are not meant to be long-term placement options but should serve to meet a child's specific needs until they are ready to be transitioned to a less restrictive, more family-like setting. The provider is expected to continually monitor the need for children to continue in the therapeutic foster care level of service.

Children in these programs are placed with foster families (one or two children per family) whose members are trained and provide a structured environment in which participants can learn and display social age appropriate, emotional skills and receive necessary health care.

Residential, Non-Medical Group Home

DCFS believes the use of any residential setting is a point in time intervention responding to the needs of the child in care and supports the family. For the purposes of this Solicitation, residential care is defined as services that are delivered through a multidisciplinary approach and are individualized, planned, culturally relevant, and strength-based. The integrated concentration of services with daily living routines distinguishes residential care from other types of child welfare services. Residential care should only be considered when it is the most appropriate service available to meet the needs of the child

The NMGH level of care provides room and board for children and youth with emotional and/or behavioral management problems that interfere with the child's ability to function in a family, school and/or community setting. The provider will work with DCFS to ensure connection to services necessary to address each child's support and treatment needs. Each child shall be afforded as much normalcy as possible given the child's age, developmental level and therapeutic needs.

This basic type of placement should be limited to children whose needs cannot be met in their own home, traditional foster home, therapeutic foster home, or children who have reached their treatment goals in a more restrictive setting and are ready to be transitioned to a less restrictive, family like-like setting. In this level of care, therapeutic services are offered in the community via a Medicaid provider.

Providers will have a structured and coordinated process to admit and discharge children to achieve effective transitions in and out of residential care. Residential care will work to

develop, engage, maintain and support communication and visitation between a child and their family, siblings, extended family, visiting resources, community connection or permanent connections. Providers will work with DCFS to engage birth family to be involved in the child's day to day activities as much as possible.

1.2.1 Tasks and Services

Services to Foster Children from the TFC Agency

- A. Provider shall obtain a DCFS Child Placing Agency License on or before July 1, 2018 and shall maintain a current valid license for the duration of the contract with DCFS.
- B. A child placing agency shall perform a State Central Registry Clearance according to the Child Placing Agency Standards for members of the household 18 years of age and older. The parent(s) and all other members of the household, 18 years of age or older, shall sign a release for a State Central Registry Clearance. No person who is recorded on the state central registry with a valid (justified) finding of abuse or neglect if a child can reside in the home.
- C. Proposers must obtain criminal clearances according with the Child Placing Agency Standards on all staff prior to employment. Providers must have documentation that each employee has passed a criminal background check before employment begins.
- D. Providers will accept placements from DCFS designated staff once a child has been assessed and determined appropriate for TFC services. Siblings may be placed together in TFC homes if one of the children qualifies for TFC placement. The other child shall receive the basic foster care board rate if the child does not qualify for TFC.
- E. Providers will ensure that children accepted for placement at the TFC rate have a behavioral or developmental problem or condition acute enough to require specialized care and supervision from a trained caregiver with the support of ongoing, frequent professional oversight. A foster home providing therapeutic foster care services shall accommodate the needs of a child who has the following:
 - a. Serious emotional or behavioral problems and meets one or more of the following criteria:
 - i. Diagnostic and Statistical Manual (DSM) diagnosed mental illness;
 - ii. Imminent release from a treatment provider;
 - iii. Aggressive or destructive behavior;
 - iv. At risk of being placed in more restrictive settings, including institutionalization;
 - v. Numerous placement failures;
 - vi. Situational, historical or cultural condition that requires a setting and caregiver uniquely equipped to nurture and support the child's needs

(i.e.: victim of trafficking, significant criminal background, sexualized behavior...)

- b. A medical or developmental problem or condition that may include but are not limited to:
 - i. A chronic and progressive illness or medical condition;
 - ii. The need for a special service or ongoing medical support; or
 - iii. A health condition stable enough to be in a home setting only with monitoring by an attending:
 - 1. Health professional
 - 2. Registered nurse
 - 3. Licensed practical nurse

- F. Providers will facilitate a placement matching process for children and their TFC families. Providers will identify the needs, strengths, and interests of a child to make an appropriate match based on the strengths, abilities, and knowledge of prospective TFC parents.

- G. Placements in TFC homes are not typically crisis placements. When possible, pre-placement visits should occur to make decisions for appropriate matching and the visits must be documented as such in the child and foster parent's records at the TFC Agency.

- H. Upon receipt of a placement request, providers will communicate their decision to accept or refuse placement within 24 hours.

- I. In rare instances, crisis placement in TFC will be needed. Providers are expected to facilitate an expedited referral response and placement within the same day of the receipt of referral.

- J. Providers are expected to receive a child for placement within 24 hours of communicating placement acceptance. In rare occasions, the placement interval may exceed 24 hours. Written justification for the extended interval must accompany the request for deferred placement.

- K. Children shall not be moved from one TFC foster home to another TFC foster home without prior approval from DCFS.

- L. Providers and TFC parents will participate in the DCFS Family Team Meeting to plan for the child.

- M. Providers will develop/obtain the child's service plan in collaboration with DCFS staff. The goal of the child's service plan shall be in conjunction with the DCFS permanency plan for the child. The initial service plan should be developed within 30 days of

placement and a service plan review held every 90 days thereafter. The service plan shall clearly indicate services to be delivered by the Provider's staff and consultants, by parents when appropriate, and by community service providers. When a service is to be secured through another funding source, a service description, funding source, frequency of service delivery, and any applicable agreements and approvals regarding payment for the service shall be identified in the service plan. The DCFS caseworker shall be made aware of total service delivery from all funding sources.

- N. The Provider's support staff will visit with the child and foster parent in accordance with the child placing agency standards and will increase frequency of visits to support the child and family as needed.
- O. The Provider assists in referrals to other programs and services the child may need (i.e. therapeutic services will be offered by a community based network provider). The foster parent will ensure that the child is transported and participates fully in the identified services.
- P. The Provider attends Individualized Education Plan (IEP) meetings along with the child and therapeutic foster parents.
- Q. The Provider will assess, document and report progress made in the development of independent living skills, as identified in the service plan.
- R. The Provider will provide twenty-four (24) hour crisis intervention services, to assist the family to alleviate a crisis. Crisis intervention services will be provided via telecommunication or in person, based on situation and need.
- S. The Provider and DCFS will collaborate in discharge planning. Discharge planning which shall be a part of the agreement when a child first enters care with the TFC program.
- T. The Provider shall have policy that addresses discharge planning to provide sufficient time to plan for transition of the child, (which usually involves thirty (30) days). The provider shall give a minimum of fifteen (15) calendar day(s) notice in the event a disruption should occur.
- U. Providers will ensure the child receives routine medical care, which may include medication monitoring and administration, as appropriate to meet the needs of the individual child.
- V. In conjunction with the DCFS case plan and permanency plan, the provider will encourage, arrange and provide transportation that allows the child to continue the child's relationship with family, peers, and other significant persons.

- W. Providers who are unable and/or unwilling to serve DCFS children offered for placement may be at risk of decreased utilization by DCFS.
- X. Providers who are able to provide placement and effective services, will be prioritized when placement is sought for youth in DCFS custody.
- Y. Providers and TFC families shall ensure youth ages 14-17 have opportunities to practice independent living skills on a regular basis in the home.
- Z. TFC parents shall facilitate participation in DCFS contracted Independent Living (IL) service for youth ages 14-17, will allow DCFS contracted IL service providers in the home to plan for the youth's development of skills, and will participate in the planning with the child and IL provider.

Services to TFC Families from the TFC Agency

- A. Ensure that homes comply with child placing agency standards for TFC Foster Family Homes.
- B. Provider will provide training to foster families in compliance with R.S. 14.403.7, Failure to Report a missing child and R.S. 14:403.8 , Failure to report the death of a child enacted in the 2012 Louisiana legislative session.
- C. Provide on-call twenty-four (24) hour crisis intervention services, to assist the family to alleviate a crisis. Crisis intervention services will be provided via telecommunication or in person, based on situation and need.
- D. Provide up to twenty-five (25) days of respite per year.
- E. Provide assistance with transportation of child, when needed.
- F. Provide sufficient staff to be available to TFC families and children seven (7) days per week, twenty-four (24) hours per day.
- G. Provide training, professional development, coaching and mentoring to assure that the foster parent(s) are able to meet the child's social, emotional, cognitive, physical and behavioral needs.

Services to the child from the TFC Foster Parent

- A. Every child deserves quality parenting every day. DCFS's Quality Parenting Initiative provides for the strengthening of a child's placement in foster care and focusing on quality parenting for all children in the child welfare system. QPI provides caregivers with a more active role in the everyday lives of children in their care and emphasizes the

importance of a team approach among the TFC foster parent, birth parents and agency staff focused on the best outcomes of the child

- B. TFC parents shall work together as a team, per the child's DCFS case plan, with biological parents and DCFS staff to create a safe, nurturing home environment for the child.
- C. Foster parents will participate in Individual Educational Plan (IEP) meetings with the child and follow through with recommendations.
- D. Foster parents will provide a high level of supervision.

Non-Medical Group Home

- A. Provider shall obtain a DCFS Class A Child Residential License on or before July 1, 2018 and shall maintain a current valid license for the duration of the contract with DCFS.
- B. Proposers must obtain criminal clearances according to the Residential Home Standards Type IV on all staff prior to employment. Providers must have documentation that each employee has passed a criminal background check.
- C. Provider must comply with the requirements for State Central Registry disclosures/checks as outlined in their respective regulations.
- D. Upon receipt of a placement request, providers will communicate their decision to accept or refuse placement within 24 hours.
- E. Providers may conduct pre-placement visits and will document the visit.
- F. Providers are expected to receive a child for placement within 24 hours of communicating placement acceptance. In rare occasions, the placement interval may exceed 24 hours. Written justification for the extended interval must accompany the request for deferred placement.
- G. Providers will participate in the DCFS Family Team Meeting to plan for the child.
- H. Providers will develop/obtain the child's service plan in accordance with the Residential Home Standards Type IV. The goal should be in conjunction with the DCFS permanency plan for the child. The interim service plan should be developed within 15 days of placement and a comprehensive service plan developed within 30 days. The plan is developed by the provider, with input from the child, his/her parents, if appropriate and legal guardian. The service plan shall clearly indicate services to be delivered by the Provider's staff and consultants, by parents when appropriate, and by community service providers. When a service is to be secured through another funding source, a

service description, funding source, frequency of service delivery, and any applicable agreements and approvals regarding payment for the service shall be identified in the service plan. The DCFS caseworker shall be made aware of total service delivery from all funding sources.

- I. Providers will work with DCFS to ensure the child is referred to appropriate services and will not have a break in services. Upon initial placement, appropriate services shall be initiated immediately as prescribed by previous provider's discharge recommendation. For children admitted without a discharge recommendation from a previous provider shall be connected to appropriate services immediately.
- J. Providers will attend Individualized Education Plan (IEP) meetings along with the child.
- K. Providers will assist in the development of independent living skills, as identified in the service plan.
- L. Providers will provide twenty-four (24) hour supervision.
- M. Discharge planning shall begin when a child is placed in the program.
- N. The Provider shall have policy that addresses discharge planning to provide sufficient time to plan for transition of the child, (which usually involves thirty (30) days). The provider shall give a minimum of fifteen (15) calendar day(s) notice in the event a disruption should occur.
- O. Providers will ensure the child receives routine medical care, which may include medication monitoring and administration, as appropriate to meet the needs of the individual child.
- P. Providers will encourage and support the child's relationship with family, peers, and other significant persons. In addition, Providers will ensure that the child has additional contact with birth parents, siblings, peers, extended family and others via phone, email, FaceTime, face to face visitation, etc. on at least a weekly basis.
- Q. Providers shall ensure that children and teens in their care have an adequate, clean and correct size clothing, opportunities for age-appropriate recreation, can participate in school and community activities and teens have the opportunity to work/volunteer in the community.
- R. Providers who are unable and/or unwilling to serve DCFS children offered for placement may be at risk of decreased utilization by DCFS.

- S. Providers who are able to provide placement and effective services, will be prioritized when placement is sought for youth in DCFS custody.
- T. Providers will ensure that youth ages 14-17 have opportunities to practice independent living (IL) skills on a regular basis while in the facility.
- U. Providers shall facilitate participation in DCFS contracted Independent Living (IL) services for youth ages 14-17, will allow DCFS contracted IL service providers in the facility to provide services for youth and to plan for the youth's development of skills, and will participate in the planning with the child and the IL provider.

1.2.2 Deliverables:

TFC Deliverables:

- A. Submit quarterly reports (January – March, April – June, July – September, October – December) to the DCFS Foster Care Worker describing services provided during the three (3) month period and the child's progress toward achieving the goals as outlined in the service plan. The report should contain a description of the child's health, medical, dental, educational activities, progress, documentation of allowances, family visits and other contacts, and other significant incidents. Reports must be received by the 20th day following the preceding quarter. In addition, the reports shall be maintained in the file so that they can be reviewed by DCFS.
- B. Submit monthly reports to the DCFS Child Welfare Behavioral Health Unit, as prescribed by DCFS. Providers will report on efforts to recruit homes for populations of focus; the number of homes actively ready to accept children detailing age ranges and population of focus homes are willing to accept; the number of DCFS referrals received in the previous month, detailed by age; referral responses and, if the response was denial to accept, the reason for the denial.
- C. Submit ad hoc reports and data to DCFS as requested.
- D. Provider will ensure children are safe in their homes at all times. The provider will document intentional injuries, accidental injuries, incidents of runaway and any abuse and neglect. The provider will ensure there is a system in place to gather, document and review (assess for trends, red flags) data related to incidents. Provider will implement improved courses of action related to identified concerns.
- E. In conjunction with the DCFS case plan and permanency plan, the provider will encourage, arrange and provide transportation that allows the child to continue the child's relationship with family, peers, and other significant persons.

- F. Provider will document in record that children receive appropriate services to meet their educational, physical, dental and mental health needs.
- G. Provider will ensure that they are meeting the needs of the children and their TFC parents are receiving the appropriate training to care for the child. The provider will keep a record of all training to be reviewed by DCFS.
- H. The providers shall have a data-driven, detailed written plan for targeted recruitment of TFC homes specifically for children/teens needing TFC.
- I. DCFS will look most favorably on providers who focus recruitment efforts for homes for one or more of these populations of focus. Once providers are selected, DCFS expectations will be certification of homes that can provide services to youth that fall into these categories:
 - a. Developmental delays, especially children with Autism and on the Pervasive Developmental Disorder Spectrum
 - b. Identification as sex trafficked victim
 - c. LGBTQ
 - d. Conduct disorder (Ages 14-17)
 - e. Older youth
 - f. Sexualized behavior
 - g. Criminal involvement
- J. TFC foster homes will be serving children who often have a history of chronic patterns of aggressiveness and violence against others, delinquency, self-injurious behaviors, non-compliance and depression. Most have experienced multiple unsuccessful out of home placements and may have histories of substance abuse, psychiatric hospitalizations, homicidal and /or suicidal ideation and features of psychosis. They may also have cognitive impairments or physical disabilities such as seizure disorder, diabetes, or other medical concerns. Some may also have a history of involvement with law enforcement as well.

Non-Medical Group Home Deliverables:

- A. Submit quarterly reports (January – March, April – June, July – September, October – December) to the DCFS Foster Care Worker describing services provided during the three (3) month period and the child’s progress toward achieving the goals as outlined in the service plan. The report should contain a description of the child’s health, medical, dental, educational activities, treatment progress, documentation of allowances, family visits and other contacts, and significant incidents such as runaways and restraints. Reports must be received by the 20th day following the preceding quarter. In addition, the reports shall be maintained in the file so that they can be reviewed by DCFS.

- B. Submit quarterly reports (January – March, April – June, July – September, October – December) to the DCFS Child Welfare Behavioral Health Unit, as prescribed by DCFS.
- C. Submit ad hoc reports and data to DCFS as requested.
- D. Provider will ensure children are safe at all times. The provider will document intentional injuries, accidental injuries, incidents of runaway and any abuse and neglect. The provider will ensure there is a system in place to gather, document and review (assess for trends, red flags) data related to incidents. Provider will implement improved courses of action related to identified concerns.
- E. Provider will ensure that they are meeting the needs of the children and their staff are receiving the appropriate training to care for the child. The provider will keep a record of all training to be reviewed by DCFS.
- F. Provider will document visitation with parents and siblings.
- G. Provider will document that children receive appropriate services to meet their educational, physical, dental and mental health needs.

2.0 ADMINISTRATIVE INFORMATION

2.1 Term of Agreement

The period of any agreement resulting from the Solicitation will be for the period covering July 1, 2018 through June 30, 2021 with the ability to extend for an additional two (2) years.

2.2 Proposer Inquiries

Inquiries concerning this Solicitation shall be submitted in writing to DCFS, Attention: Yvonne Diaz Domingue at DCFS, 627 N. 4th Street, Rm. 3-225, Baton Rouge, La, 70802 by May 4, 2018. Official responses to all questions submitted by potential Proposers will be posted on the DCFS website at www.dcf.state.la.gov by March 27, 2018. The State reserves the right to modify the Solicitation should a change be identified that is in the best interest of the State.

2.3 Schedule of Events

Event	Date
Mail solicitation	March 6, 2018
Deadline for receipt of written inquiries	March 23, 2018
Issue responses to written inquiries	March 27, 2018
Deadline for receipt of proposals	May 4, 2018
Announce award of contractor selection	June 4, 2018
Agreement execution	July 1, 2018

3.0 PROPOSAL INFORMATION

3.1 Minimum Qualifications of Proposer

Eligible entities must meet the following minimum qualifications:

- A. Legally authorized to conduct business within the State of Louisiana;
- B. Possess a high degree of professional skill in the areas of service described in this Solicitation;
- C. Meet the terms and conditions of the Solicitation.
- D. Demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.
- E. Obtain appropriate license

3.2 Determination of Responsibility

Determination of the Proposer's responsibility relating to this Solicitation shall be made according to the standards set forth in Louisiana Administrative Code 34V:2536. The State must find that the selected Proposer:

- A. Has adequate financial resources for performance, or has the ability to obtain such resources as required during performance;
- B. Has the necessary experience, organization, technical qualifications, skills, and facilities, or has the ability to obtain them;
- C. Is able to comply with the proposed or required time of delivery or performance schedule;
- D. Has a satisfactory record of integrity, judgment, and performance, and
- E. Is otherwise qualified and eligible to receive an award under applicable laws and regulations.
- F. Proposers should ensure that proposals contain sufficient information for the State to make its' determination by presenting acceptable evidence of the above to perform the contracted services.

3.2.1 Right to Prohibit Award

In accordance with the provisions of R.S. 39:2192, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid from, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of this Title, or the Louisiana Procurement Code under the provisions of Chapter 17 of this Title.

3.2.2 Solicitation Addenda

The State reserves the right to change the schedule of events or revise any part of the Solicitation by issuing an addendum to the Solicitation at any time. Addenda, if any will be posted at DCFS website at www.dcf.state.la.gov. It is the responsibility of the proposer to check the website for addenda to the Solicitation, if any.

3.3 Waiver of Administrative Informalities

The State reserves the right, at its' sole discretion, to waive administrative informalities contained in any proposal.

3.4 Proposal Rejection/Cancellation

Issuance of this Solicitation in no way constitutes a commitment by the State to award a contract. The State reserves the right to accept or reject, in whole or part, all proposals submitted and/or cancel this announcement if it is determined to be in the State's best interest.

3.5 Withdrawal of Proposal

A Proposer may withdraw a proposal that has been submitted at any time up to the date and time the proposal is due. To accomplish this, a written request signed by the authorized representative of the Proposer must be submitted to the Solicitation Coordinator, Yvonne Diaz Domingue.

3.6 Subcontracting Information

Proposers may not enter into subcontractor arrangements, and should acknowledge in their proposals total responsibility for the entire contract.

3.7 Ownership of Proposal

All materials submitted in response to this request shall become the property of the State. Selection or rejection of a proposal does not affect this right.

3.8 Proprietary Information

Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a proposal identified as such must be clearly marked in the proposal and will be handled in accordance with the Louisiana Public Records Act, R.S. 44:1 et seq. and Uniformed Trade Secrets ACT R.S. 51:1431 and applicable rules and regulations. Any proposal marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

3.9 Cost of Preparing Proposals

The State shall not be liable for any costs incurred by Proposers prior to issuance of or entering into a contract. Costs associated with developing the proposal and any other expenses incurred by the Proposer in responding to this Solicitation are entirely the responsibility of the Proposer and shall not be reimbursed in any manner by the State.

3.10 Errors and Omissions in Proposal

The State will not be liable for any errors in proposals. The State reserves the right to make corrections or amendments due to errors identified in proposals by State or the Proposer. The State, at its option, has the right to request clarification or additional information from the Proposers.

3.11 Contract Award and Execution

The State reserves the right to enter into a contract without further discussion of the proposal submitted based on the initial offers received.

The State reserves the right to enter into discussions with Proposers in an effort to select the most advantageous proposal for the State. The cost information is included in Section 5.5.

Any contract entered into under this solicitation makes no guarantee of specific sums of monthly or annual payments or referrals.

The State reserves the right to contract for all or a partial list of services offered in the proposal.

The State will notify the successful Proposer and proceed to negotiate terms for final contract. Unsuccessful Proposers will be notified in writing accordingly.

The Solicitation and proposal of the selected Proposer shall become part of any contract initiated by the State.

The selected Proposer shall be expected to enter into a contract. In no event shall a Proposer submit its own standard contract terms and conditions as a response to this Solicitation.

Negotiations may begin with the announcement of the selected Proposer(s). If the contract negotiation period exceeds seven (7) days or if the selected Proposer fails to sign the final contract within seven business days of delivery, the State may elect to cancel the award and award the contract to the next-highest-ranked Proposer.

The award of a contract is subject to the approval of the Secretary of DCFS.

3.12 Code of Ethics

Proposers are responsible for determining that there will be no conflict or violation of the Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics is the only entity which can officially rule on ethics issues.

4.0 RESPONSE INSTRUCTIONS

4.1 Proposal Submission

Proposers who are interested in providing services requested under this Solicitation must submit a proposal containing the information specified in this section. The Proposer must submit in hard copy five (6) copies (one (1) original and five (5) copies) to the Solicitation Coordinator, Yvonne Diaz Domingue, on or before 2:30 p.m., Central Standard Time on the date specified in the Schedule of Events. Fax or e-mail submissions are not acceptable. Proposers mailing their proposals should allow sufficient mail delivery time to ensure receipt of their proposal by the time specified. The proposal package must be delivered at the Proposer's expense to:

Mail/Hand/Courier Delivery
Attention: Yvonne Diaz Domingue
Department of Children and Family Services
627 N. 4th Street, Rm. 3-225
Baton Rouge, LA 70802
Phone (225) 342-9928

The one (1) original proposal should contain a completed Proposal Cover Sheet that clearly identifies the legal, incorporated name of the entity or organization making the proposal. The name of the Proposer shall be followed by the complete address (physical and mailing, if

different) and correct contact numbers and facsimile numbers, if available. The cover sheet shall be signed by the responsible authority of the Proposer. The Proposer shall include proof that the individual who signs the proposal has the authority to obligate the organization/agency which could include a certified copy of a board resolution granting such authority. The Proposer shall number each page of the proposal, with numbers printed on the bottom center of each page. Further, the proposal shall be bound on the left-hand margin side of the proposal. One (1) copy of the proposal with original signatures will be retained for incorporation in any contract resulting from this Solicitation.

The face of the package, whether mailed or hand delivered, should contain the following information: “(Region Name) Proposal-Confidential-Open by Addressee Only.”

It is solely the responsibility of each Proposer to ensure that their proposal is delivered at the specified place and prior to the deadline for submission. Proposals received after the deadline will not be considered.

4.2 Proposal Format

Proposal submitted for consideration should follow the format and order of presentation

4.3 Cover Letter

A cover letter should be submitted on the Proposer's official business letterhead explaining the intent of the Proposer.

4.4 Technical Proposal

Proposals should be submitted as specified in Section 5, and should include enough information to satisfy evaluators that the Proposer has the appropriate experience and qualifications to perform the scope of services as described herein. Proposers should respond to all requested areas.

4.5 Certification Statement

The Proposer must sign and submit the Certification Statement shown in Attachment I

5.0 PROPOSAL CONTENT

5.1 Executive Summary

This section should serve to introduce the scope of the proposal. It should include administrative information including, at a minimum, Proposer contact name and phone number, and the stipulation that the proposal is valid for a time period of at least ninety (90) days from the date of submission. This section should also include a summary of the Proposer's

qualifications and ability to meet the department's overall requirements in the timeframes defined in the Solicitation.

5.2 Provider Profile and Experience

The Proposer should specify how long it has been in the business of providing services similar to those requested in this Solicitation and under what company name. The Proposer should list all names it has used when conducting business. The Proposer should explain their expertise or history in the provision of such services.

The Proposer should provide an organizational profile including board of directors, number of employees, and form of business (e.g. individual, sole proprietor, corporation, non-profit corporation, Limited Liability Company). In addition, if applicable, the Board Resolution Form should be completed and submitted with Proposals.

The Proposer should provide a minimum of three (3) letters of reference regarding their performance with similar services. In addition, the Proposer should provide a list, if any, of all current and past contracts with DCFS and other state agencies including colleges/universities within the previous three (3) year period and show that this has been satisfactory and that the legal entity or organization(s) has never been debarred, declared ineligible from bidding on contracts, or been party to a law suit arising from service delivery or billing. These references may be contacted to verify the Proposer's ability to perform the contract. DCFS reserves the right to use any information or additional references deemed necessary to establish the ability of the Proposer to perform the conditions of the contract. Negative references may be grounds for proposal disqualification.

5.3 Proposed Project Staff

All individuals providing services to children must possess the required license issued by their regulatory board. Proposers shall ensure that all licensed staff remains licensed by their regulatory board. Failure to maintain compliance may result in termination of the contract.

The Proposer must submit a resume or job description detailing the level of education, experience, training, skills, etc. of staff, which meets the requirements outlined in the Child Residential Standards Type IV or Child Placing Agency Standards and which emphasizes previous experience in the service area as described in this Solicitation for all program personnel who will be involved with the proposed project. The Proposer should indicate that it will have sufficient staff to perform the services required in this Solicitation, if sufficient staff is not currently available. The Proposer will describe how staff will be obtained to provide the services and the timeline for obtaining needed staff. The Proposer will indicate the number of anticipated staff for each position title. The Proposer will list all professional licenses held by the Provider and staff.

Proposers must describe its' staff development program regarding orientation, on-going staff evaluation and training that will be implemented throughout the contract period to ensure delivery of effective services that adhere to DCFS required performance standards.

5.4 Approach and Methodology

Proposers must provide a detailed description of the work plan and the methods to be used that will convincingly demonstrate to DCFS what the Proposer intends to do, the number of children to be served, the timeframes necessary to accomplish the work, and how the work will be accomplished. The description should include timelines for movement toward permanency goals and plans for stepping children down when identified goals are met. Proposer should outline how the program will achieve expected outcomes for children participating in the program.

Proposals should outline how case management will be coordinated between the provider agency, community partners, and DCFS staff. Placements should be time-limited and treatment oriented. Proposer should describe the approach to Project Management and Quality Assurance.

Proposers should demonstrate how their approach and methodology does align with and support the DCFS permanency plan; incorporates a collaborative planning approach in caring for children; phases out the use of level systems and token economies in favor of implementing an evidence based approach to address behaviors rooted in trauma; implements the reasonable and prudent parent standard of normalcy; and coordinates transition between the levels of care to support continuity of care, information-sharing and aftercare support.

5.5 Cost Information

DCFS is seeking proposals which combine efficacy of program with cost containment measures. Proposers shall provide a per diem cost for each youth to be served.

Providers must have start-up funds to enable the facility to remain in operation for at least sixty (60) days until initial reimbursements from DCFS are received. Payment authorizations begin upon placement of a foster child in the home or facility. Providers will not receive actual payment until the month subsequent to service delivery.

6.0 EVALUATION AND SELECTION

6.1 Evaluation Team

The evaluation of proposals will be accomplished by a Proposal Review Committee, to be designated by DCFS. The committee will review both quantity and quality of each proposal and

designate a score of each proposal which will reflect the determination of the proposal most advantageous to DCFS; taking into consideration evaluation factors set forth in the Solicitation.

6.2 Administrative and Mandatory Screening

All proposals will be initially screened to determine compliance with administrative and mandatory requirements as specified in the Solicitation. Proposals that are not in compliance will be rejected from further consideration.

6.3 Clarification of Proposals

The State reserves the right to seek clarification of any proposal for the purpose of identifying and eliminating minor irregularities or informalities.

6.4 Evaluation and Review

Proposals that pass the preliminary screening and mandatory requirements review will be evaluated based on information provided in the proposal.

All responsive proposals will be evaluated against stated criteria. However, this does not preclude DCFS from any discussions/negotiations or requests for a best and final offer that it may deem necessary to assist in determining the Proposer. The Proposal Review Committee will evaluate each proposal according to the selection criteria outlined below. The Committee will meet as a whole to discuss each proposal and score. After discussion, members may change their original score upward or downward. The final scores for each member for each criterion will be averaged, and then totaled for each proposal. The proposal with the highest score will be recommended for selection.

The Proposal Review Committee will compile the scores and prepare a summary report on the committee's decision, based on the responses and responsible Proposer(s) with the highest score(s), which will be presented to the Secretary of DCFS for approval and selection recommendation.

The Evaluation Team will evaluate and score the proposals using the criteria and scoring as follows:	
Criteria	Maximum Score
Executive Summary	15
Provider Profile and Experience	25
Staff	15
Approach and Methodology	30
Cost	15
Total Score	100

6.5 Announcement of Contractor

DCFS will notify the successful Proposer(s) and proceed to negotiate terms for final contract. Unsuccessful Proposers will be notified in writing accordingly. The award of a contract is subject to the approval of the Secretary of DCFS.

The proposals received (except for that information appropriately designated as confidential in accordance with R.S. 44.1 et seq.), along with a list of criteria used along with the weight assigned each criteria; scores of each proposal considered along with overall scores of each proposal considered, and a narrative justifying selection shall be made available, upon request, to all interested parties after the "Notice of Intent to Award" letter has been issued.

7.0 SUCCESSFUL CONTRACTOR REQUIREMENTS

7.1 Corporation Requirements

If the contractor is a corporation not incorporated under the laws of the State of Louisiana, the contractor shall have obtained a certificate of authority pursuant to Revised Statute 12:301-302 from the Secretary of State of Louisiana.

If the contractor is a for-profit corporation whose stock is not publicly traded, the contractor shall ensure that a disclosure of ownership form has been properly filed with the Secretary of State of Louisiana.

7.2 Billing and Payment

Residential and TFC providers are paid a per diem per day for each child placed in the program. DCFS will generate a document (Tracking Information Payment System (TIPS) form 215) at the end of the month for each month's services. The provider will make corrections and adjustments to the document to accurately reflect the number of days children were served. The Provider shall return the document to the Agency within 60 days from the delivery of the service or will be subject to disallowance of the payment this timeframe will be strictly enforced. Provider invoices are routed to the DCFS designated person for processing. Payments will be made on a monthly basis and will reimburse for services rendered the previous month.

DCFS shall make all checks payable to the order of the Provider in the amounts specified by the Contract. It is further agreed that the Provider accepts payment made under the terms of the Contract in full for services delivered. DCFS shall require that all contractors receive payments through Electronic Funds Transfer (EFTs). The EFT Direct Deposit form can be located at

<http://www.dss.state.la.us/assets/docs/searchable/OCS/fosterParenting/DD-1 AUTHORIZATION F.pdf>.

With appropriate DCFS approval, the Provider may receive separate reimbursement over and above the rate for the child's expenses as defined in the DCFS Foster Care Policy manual. This may include qualifying pre-approved educational and limited incidental expenditures. Separate reimbursable include but are not limited to respite, special board rates, and travel. Appropriate receipts must be presented upon billing for separate reimbursable. The provider shall bill DCFS with the proper forms and procedures within 30 days from the delivery of the service or will be subject to disallowance of the payment. Receipt of documentation within the stated timeframe will be strictly enforced.

If the Provider fails to perform agreed upon services or fails to comply with any of the provisions of this Contract, DCFS will withhold reimbursement payments from the Provider until such time as the required services or compliance with the terms of the Contract are completed. Failure during the course of the fiscal year to comply with the identified Contract will constitute reason to renegotiate the rate or to cease utilization of the Proposer's program.

7.2.1 Overpayments

DCFS reserves the right to recoup the amount of overpayment made to the provider in error or because of inappropriate billing by the provider, either for services not rendered or rendered to an ineligible client. In accordance with TIPS procedures, overpayments will be recouped within sixty (60) calendar days in the entire amount overpaid unless the provider arranges with DCFS for the repayment to be paid in installments, which cannot exceed twelve (12) months.

7.3 Confidentiality

All information relating to the State's operation which are designated confidential and made available to the provider in order to carry out this contract, shall be protected by the Provider from unauthorized use and disclosure through the observance of the same procedural requirements as are applicable to the State. If the methods and procedures employed by the Provider for the protection of the providers data and information are deemed by the State to be adequate for the protection of the State's confidential information, such methods and procedures may be used, with the written consent of the State, to carry out the intent of this paragraph. The Provider shall not be required under the provisions of the paragraph to keep confidential any data or information, which is or becomes publicly available, is already rightfully in the Providers' possession, is independently developed by the Provider outside the scope of the contract, or is rightfully obtained from third parties.

Under no circumstance shall the Provider discuss and/or release information to the media concerning this project without prior written approval of DCFS.

7.4 Federal Requirements

The Provider hereby agrees to adhere to the mandates dictated by Title VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Sec. 503 of the Rehabilitation Act of 1973; Sec. 202 of Executive Order 11246 as amended; Americans with Disabilities Act of 1990, and all requirements imposed by or pursuant to the regulations of the United States Department of Health and Human Services. The Provider agrees to not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, sexual orientation, handicap, political beliefs, disabled veteran, veteran status or any other non-merit factor.

The Provider agrees to abide by the requirements of the Howard M. Metzenbaum Multiethnic Placement Act of 1994 and Interethnic Placement Act of 1996 with regard to non-discrimination in the use of race, color, or national origin as considerations in adoption and foster care placements.

The Provider will comply with Public Law 103-227 Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994. This act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by any entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loan, or loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment. The Provider further agrees that the above language will be included in any sub-awards which contain provisions for children's services and that all sub-grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

Providers shall abide by all applicable state and federal laws or regulations, including but not limited to, the Children's Health Act of 2000 (H.R. 4365), specifically Part I, (42 U.S.C. 290 jj, et seq.), Requirements Relating to the Rights of Residents of Certain Non-Medical, Community Based Facilities for Children and Youth. Copies of excerpts from this law may be obtained from DCFS. This law governs the use of restraints and seclusion, training of staff and reporting to regulatory agencies. The law prohibits the use of mechanical restraints; requires that each facility report to the appropriate State licensing or regulatory agency each use of restraint and seclusion, and each death that occurs at each facility within twenty-four (24) hours; and requires that facilities have an adequate number of qualified professional and supportive staff to evaluate residents, to formulate written individualized, comprehensive treatment plans, to provide active treatment measures, and to provide appropriate training and certification of staff on the prevention and use of physical restraint and seclusion. The law further requires that a facility, until such time that Federal regulations are promulgated setting forth requirements for States, shall develop and implement interim procedures that meet the

requirements of 42 U.S.C. 290 jj, et seq. Each facility shall provide the Agency with proper documentation evidencing procedures developed by the facility to fulfill the requirements of this law on an annual basis.

The Provider shall abide by all laws and regulations concerning confidentiality which safeguard patient/client information. In no circumstance shall the Provider permit public identification of a child as a ward of the state without prior written Agency consent.

8.0 DCFS Attachments

ATTACHMENT I – CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Solicitation, including attachments.

OFFICIAL CONTACT: The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. The Proposer should identify the Contact name and fill in the information below: (Print Clearly)

Date: _____ Name: _____

A.	E-mail Address:	
B.	Facsimile Number with area code:	()
C.	US Mail Address:	

Proposer shall certify that the above information is true and shall grant permission to the State or Agencies to contact the above named person or otherwise verify the information provided.

By its submission of this proposal and authorized signature below, Proposer shall certify that:

1. The information contained in its response to this Solicitation is accurate;
2. Proposer shall comply with each of the mandatory requirements listed in the Solicitation and will meet or exceed the functional and technical requirements specified therein;
3. Proposer shall accept the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this Solicitation.
4. Proposer's quote shall be valid for at least 90 calendar days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have seven (7) business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.

Authorized Signature:					
Typed or Printed Name:					
Title:					
Company Name:					
Address:					
City:		State:		Zip:	
SIGNATURE of Proposer's Authorized Representative				DATE	