

ATTACHMENT J.1.1



Government of the District of Columbia Child and Family Services Agency

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

Case Management and Family Based Foster Care Services, CFSA-10-H-0016

STATUTORY AND REGULATORY AUTHORITY

The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award Human Care Agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a Human Care Agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement Contractor Qualifications Record (CQR) form. All information must be completed in the spaces provided, or marked "N/A."
2. Original signatures must be included. Copies or a stamped signature is not acceptable.
3. The Standard Contract Provisions (SCP) for use with District of Columbia Government Supplies and Services Contracts dated March 2007 ("SCP") are incorporated as Attachment J.1.5, part of the HCA resulting from this COR. Please read this document carefully before you complete the Contractor's Qualifications Record. To obtain a copy of the SCP go to www.ocp.dc.gov, click on OCP Policies under the heading "Information", then click on "Standard Contract Provisions – Supplies and Services Contracts". The SCP will be incorporated by reference into each Human Care Agreement that is entered into between a Provider of human care services and the District of Columbia.
4. The following documents shall be completed and return with package. To obtain a copy of the documents go to www.cfsa.dc.gov.
 - a. Equal Employment Opportunity (EE0) Information, Mayor's Order 85-85
 - b. Tax Certification Affidavit
 - c. First Source Agreement
 - d. Cost Price Data Package
 - e. Subcontracting Plan
5. An electronic copy of Human Care Agreements and Contractor Qualifications Record Forms may be found on the CFSA website at: www.cfsa.dc.gov in the Contracts and Procurement link.
6. You may use the "Remarks Section", or attach a separate sheet, to provide additional information.
7. Please include and attach all information, documentation, and data as instructed and required.
8. In those instances where check boxes are provided, please check only the box or boxes which apply.

CHECKLIST

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach Disclosure Information?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization?	<input type="checkbox"/>	Did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?



Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

Case Management and Family Based Foster Care Services, CFSA-10-H-0016

1. DATE OF FILING / /		2. FILING TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> REMOVAL		(FOR CFSA USE ONLY) DATE RECEIVED BY CFSA:	
SECTION I – GENERAL INFORMATION					
1. NAME OF INDIVIDUAL/ ORGANIZATION a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code:		2. TYPE OF ORGANIZATION <i>(Please check the appropriate box.)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP			
		3. STATE OF INCORPORATION <i>(Please check the appropriate box.)</i> <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> COMMONWEALTH OF VIRGINIA <input type="checkbox"/> STATE OF MARYLAND <input type="checkbox"/> STATE OF DELAWARE <input type="checkbox"/> OTHER: _____ Date Of: _____			
e. Office Phone:		f. Office Facsimile No:		3. TYPE OF ORGANIZATION? <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT	
g. E-Mail:					
5. SOCIAL SEC. / TAXPAYER ID NO:		6. DUNN & Bradstreet No:		7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS? <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident	
SECTION II – FINANCIAL RESPONSIBILITY INFORMATION (Please Provide and Attach a Copy of Your Most Recent Financial Statement)					
1. Name and Address of Accountant:		2. Name and Address of Financial Institution:			
3. Name and Title of Contact Person:		4. Name and Title of Contact Person:			
5. Telephone No.:		6. Fax No.:		7. Telephone No.:	
				8. Fax No.:	
9. Date of Attached Financial Statement (Must be Within Last 12 Months):		10. Do You or the Organization Owe Any Outstanding District or Federal Taxes? District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES			
11. MEDICAID – MEDICARE INFORMATION: a. Are You / Organization a Certified Medicaid Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid Number: _____ Date: _____ b. Are You / Organization a Certified Medicare Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicare Number: _____ Date: _____					

SECTION III – DISCLOSURE INFORMATION

(If “yes” to any questions below, please explain fully in REMARKS Section, or attach a separate statement)

1. Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program?
☐ YES ☐ NO
2. Is your license, or any in the organization, currently suspended or restricted in any way?
☐ YES ☐ NO
3. Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years?
☐ YES ☐ NO
4. Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?
☐ YES ☐ NO
5. Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?
☐ YES ☐ NO
6. Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?
☐ YES ☐ NO (if you answered yes, please provide the information below)

Name: _____ Relationship: _____

SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE**1. List All Contracts With the District Government Within the Past Five (5) Years: (Continue in “Remarks” section or attached sheet)**

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years: (Continue in “Remarks” section)

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

(Continue in “Remarks” Section or attached sheet)

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	

4. List At Least Five (5) References Familiar With Service Delivery: *(Continue in "Remarks" section or attached sheet)*

Name		Title/Position	Organization/Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						
E						

<p>ARE YOU A UNITED STATES CITIZEN?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>ARE YOU A PERMANENT RESIDENT?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YOU ARE NOT A CITIZEN, KINDLY PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
---	--	---

SECTION V – PERSONNEL CRITICAL TO PROVISION OF SERVICES

EDUCATION, CREDENTIALS AND LICENSURE

1. Please List Officers, Clinical Directors, Medical Directors, Social Workers, Residential House Managers, Mental Health Professionals, and Sub-Contractors essential to the provision of human care services in this CQR and attach relevant resumes, licenses, certifications, and/or credentials as applicable: (Continue in "Remarks" section or attached sheet)

[illegible]

2. **HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED?** ☐ YES ☐ NO

(If yes, please explain in "Remarks" Section, or attach a detailed explanation, including dates, type of license, certification, credential, and all circumstances surrounding the event(s).)

SECTION VI – SERVICE DATA AND INFORMATION

- 1. GENERAL SERVICE CATEGORIES: Please Check the General Service Categories for which this Application is Submitted:**
2. CFSA seeks family based foster care that specifically serves lesbian, gay, bisexual and transgendered children and youth within Traditional, Therapeutic and Specialized Care programs.

☐ Specialized Family Based Foster Care Services:
Lesbian, Gay, Bisexual, transgendered

☐ Therapeutic Family Based Foster Care
Services: Lesbian, Gay, Bisexual, transgendered

☐ Traditional Family Based Foster Care
Services: Lesbian, Gay, Bisexual, transgendered

☐ Specialized Family Based Foster Care Services

☐ Teen Parent Program Family Based Foster Care Services

☐ Therapeutic Family Based Foster Care Services

☐ Traditional Family Based Foster Care Services

☐ Traditional Family Based Foster Care Services

2. LANGUAGE SKILLS: Please Check All that Apply in terms of Language Skills:

☐ English (ENG)

☐ French (FRN)

☐ Chinese–Cantonese (CCA)

☐ Spanish (SPN)

☐ Haitian Creole (CRE)

☐ Chinese-Mandarin (CMA)

☐ International/Universal Sign (SGN)

☐ Vietnamese (VTN)

☐ Ethiopian (Amharic) (AMH)

☐ Italian (ITL)

☐ Korean (KOR)

☐ Others: _____

SECTION V11 – REMARKS SECTION

Please use this section for additional response to any previous request for information. In addition, please feel free to use this section to provide additional information pertinent to determining qualifications for entering into a Human Care Service Agreement with the District of Columbia's Child and Family Services Agency.

SECTION VIII – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE**1. DRUG-FREE WORKPLACE CERTIFICATION:** *Please provide certification that you or the Organization will operate in a Drug-Free Manner.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

(May be signed on behalf of individual or organization.)

2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS: *Please provide Certification that You or the Organization Agree to be bound by the Standard Contract Provisions of the District of Columbia.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts (“Standard Contract Provisions”), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

3. INFORMATION CONSENT: *Please Provide Certification that you or the organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, _____ of _____

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

CASE MANAGEMENT AND FAMILY BASED FOSTER CARE SERVICES



1. PRICE SCHEDULE:

BASE YEAR

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
0001	Therapeutic Program cited in Section C.5.58 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
0002	Traditional Program cited in Section C.5.59 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
0003	Teen Parent with 1 child, cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
0004	Teen Parent with 2 children, Section cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
0005	Specialized cited in Section C.5.54 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____

OPTION YEAR 1

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
1001	Therapeutic Program cited in Section C.5.58 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
1002	Traditional Program cited in Section C.5.59 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
1003	Teen Parent with 1 child, cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
1004	Teen Parent with 2 children, Section cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
1005	Specialized cited in Section C.5.54 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____

OPTION YEAR 2

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
2001	Therapeutic Program cited in Section C.5.58 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
2002	Traditional Program cited in Section C.5.59 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
2003	Teen Parent with 1 child, cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
2004	Teen Parent with 2 children, Section cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____
2005	Specialized cited in Section C.5.54 Combined Services Line Item cited in Section B.7	\$_____	365	_____	\$_____ \$_____

The Provider shall enter the maximum quantity specified in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.

Provider shall submit a separate cost and pricing data disclosure for each of the CLINs listed in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.

Formula:

Qty max. x per diem rate x max days=max total amount

Teen parent with 1 child rate is 1.5 x the per diem

Teen parent with 2 children is 1.75 x the per diem

The Provider shall deduct the Combined Line Item (Section B.8) from the budget summary sheet so as not to be calculated as part of the daily or per diem rate.

The Provider shall submit a separate budget for each of the individual years on the HCA (i.e. on each for the base and each option year).

In calculating its per diem rate, the Provider will use standardized foster care rates as indicated in the attached state-defined foster care rates dated effective January 2010 to establish subsidy payment to foster parents per service category. If the provider chooses to pay more than the District's standardized rate, the Provider must show evidence of alternative sources of funding.

2. BUSINESS PLAN AND BUDGET:

The qualified Provider shall develop a written business plan that addresses and fully describes how the tasks and requirements specified in this HCA will be accomplished. The business plan shall include a detailed budget that includes all costs associated with operating the program.

3. CFSA POLICY AND PROCEDURE:

The Provider shall submit as part of its business plan, a policies and procedures manual(s) that, at a minimum, describes in detail the philosophy and approach to care, program management, admissions, service delivery, behavior management, facility management and safety measures, staffing guidelines and training requirements, and residents' rules of conduct to include rights and responsibilities and grievance procedures.

4. COST OR PRICING DATA:

If the Provider shall submit cost or pricing data in connection with any pricing action relating to this HCA, the Contracting Officer, or an authorized representative of the Contracting Officer, in order to evaluate the accuracy, completeness, and currency of the cost or pricing data, shall have the right to examine and audit all of the Provider's records, including computations and projections, related to:

- a) The statement of qualifications for the HCA, subcontract, or modification;
- b) The discussions conducted on the statement of qualifications, including those related to negotiating;
- c) Pricing of the HCA, subcontract, or modification; or
- d) Performance of the HCA, subcontract or modification.

5. AUTHORIZED NEGOTIATORS:

The Provider represents that the following persons are authorized to negotiate on its behalf with the District in connection with this request for business plans: (list names, titles, and telephone numbers of the authorized negotiators).

6. TYPE OF BUSINESS ORGANIZATION:

The Provider, by checking the applicable box, represents that (1) It operates as:

☐ a corporation incorporated under the laws of the State of _____
☐ an individual,
☐ a partnership,
☐ a nonprofit organization, or
☐ a joint venture; or

(2) If the Provider is a foreign entity, it operates as:

☐ an individual,
☐ a joint venture, or
☐ a corporation registered for business in _____
(Country)

7. CERTIFICATION AS TO COMPLIANCE WITH EQUAL OPPORTUNITY OBLIGATIONS:

Mayor's Order 85-85, "Compliance with Equal Opportunity Obligations in Contracts", dated June 10, 1985 and the Office of Human Rights' regulations, Chapter 11, "Equal Employment Opportunity Requirements in Contracts", promulgated August 15, 1986 (4 DCMR Chapter 11, 33 DCR 4952) are included as a part of this HCA and require the following certification for HCAs subject to the order. Failure to complete the certification may result in rejection of the provider for a HCA subject to the order. I hereby certify that I am fully aware of the content of the Mayor's Order 85-85 and the Office of Human Rights' regulations, Chapter 11, and agree to comply with them in performance of this HCA.

Provider _____ Date _____

Name _____ Title _____

Signature _____

Provider ____ has ____ has not participated in a previous HCA or subcontract subject to the Mayor's Order 85-85. Provider ____ has ____ has not filed all required compliance reports, and representations indicating submission of required reports signed by proposed subcontractors. (The above representations need not be submitted in connection with HCAs or subcontracts which are exempt from the Mayor's Order.)

8. BUY AMERICAN CERTIFICATION:

The Provider hereby certifies that each end product, except the end products listed below, is a domestic end product, and that components of unknown origin are considered to have been mined, produced, or manufactured outside the United States.

EXCLUDED END PRODUCTS

COUNTRY OF ORIGIN

9. DISTRICT EMPLOYEES NOT TO BENEFIT CERTIFICATION:

Each provider shall check one of the following:

- _____ No person listed in Clause 13 of the SCP, "District Employees Not To Benefit" will benefit from this HCA.
- _____ The following person(s) listed in Clause 13 may benefit from this HCA. For each person listed, attach the affidavit required by Clause 13 of the SCP.

10. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:

A. Each signature of the Bidder is considered to be a certification by the signatory that:

- (a) The prices in this human care agreement have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any Provider or competitor relating to:
 - (i) those prices
 - (ii) the intention to submit a Bid, or
 - (iii) the methods or factors used to calculate the prices in the HCA;
- (b) The prices in this HCA have not been and will not be knowingly disclosed by the Bidder, directly, to any other Provider or competitor before HCA opening unless otherwise required by law; and
- (c) No attempt has been made or will be made by the Provider to induce any other concern to submit or not to submit a HCA for the purpose of restricting competition.

B. Each signature on the bid is considered to be a certification by the signatory that the signatory;

- (a) Is the person in the Provider's organization responsible for determining the prices being offered in this HCA, and that the signatory has not participated and will not participate in any action contrary to subparagraphs A(a) through A(c) above; or
 - (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs A(a) through A(c) above:

(insert full name of person(s) in the organization responsible for determining the prices offered in this HCA and the title of his or her position in the Provider's organization);
 - (ii) As an authorized agent, does certify that the principals named in subsection B(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs A(a) through A(c) above; and

- (iii) As an agent, has not participated, and will not participate, in any action contrary to subparagraphs A(a) through A(c) above.

C. If the Provider deletes or modifies subparagraph A (b) above, the Provider must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

11. HCA AWARD:

The District intends to award multiple HCAs to qualified Providers to satisfy all or part of the District's anticipated requirements for family base foster case services as described in the HCA after the Contracting Officer determines it is in the best interest of the District, considering the service Provider's Qualification, its capability of providing the service e, and a judgment that the price proposed by the Provider is reasonable.

12. BUSINESS PLAN FORM, ORGANIZATION AND CONTENT

One original and four (4) copies of the written business plans shall be submitted in two parts, titled "Business Plan" and "Price". Business plans shall be typewritten in 12 point font size on 8.5" by 11" bond paper. Telephonic, telegraphic, and facsimile business plans will not be accepted. Each business plan shall be submitted in a sealed envelope conspicuously marked: "Business Plan in Request for Qualification No. CFSA-10-H-0016

12.1 Human Care Qualifications Record – Part I

- 12.1.1 The Provider shall submit the Contractor's Qualifications Record and all attachments required by the CQR shall be tabbed according to the corresponding section number in the CQR.
- 12.1.2 Section I General Information
- 12.1.3 Section II Financial Responsibility Information, Attachment
Financial Statement, Tax Certification Affidavit, Equal Employment
Opportunity Documentation and First Source Employment Agreement
- 12.1.4 Section III Disclosure Information
- 12.1.5 Section IV Organization History, Background and Experience
- 12.1.6 Section V Personnel Critical to Provision of Services
education, credentials and licensure:
Attach list of resumes for all staff and credentials, if applicable.
- 12.1.7 Section VI Service data and Information
- 12.1.8 Section VII Remarks Section
- 12.1.9 Section VIII Certifications and Incorporations by Reference

12.2.2 Business Plan - Part II

The Provider shall submit its business plan in package separate from the CQR.

The package shall be organized in accordance with the sections enumerated in this document.

12.2.2.1 Section I Provider's Business Plan in response to Section C.

12.2.2.2 Section II Provider's Staff Qualifications in response to Section H.

12.2.3 Cost and Price – Part III

The Provider shall submit its cost and price as a separate folder. The contractor shall include the following:

12.2.3.1 Section I Price Schedule

12.2.3.2 Section II Cost and Pricing Data for each CLIN for each year

12.2.3.3 Section III Cost Price Disclosure Statement

12.2.3.4 Section IV Budget for Each CLIN for each year.

If the Provider is submitting business plans for multiple program areas; each business plan shall follow the format listed herein and shall be submitted individually and clearly identified on the outside as to the program area.

13. BUSINESS PLAN SUBMISSION DATE AND TIME, AND LATE SUBMISSIONS, LATE MODIFICATIONS, WITHDRAWAL OR MODIFICATION OF BUSINESS PLANS AND LATE BUSINESS PLANS

13.3.1 Business Plan Submission

Business Plans must be submitted no later than May 19, 2010. Business plans, modifications to business plans, or requests for withdrawals that are received in the designated District office after the exact local time specified above, are "late" and shall be considered only if they are received before the award is made and one (1) or more of the following circumstances apply:

- (a) The business plan or modification was sent by registered or certified mail not later than the fifth (5th) day before the date specified for receipt of offers;
- (b) The business plan or modification was sent by mail and it is determined by the Contracting Officer that the late receipt at the location specified in the solicitation was caused by mishandling by the District, or
- (c) The business plan is the only business plan received.

13.3.2 Withdrawal or Modification of Business Plans

An offeror may modify or withdraw its business plan upon written, telegraphic notice, or facsimile transmission if received at the location designated in the solicitation for submission of business plans, but not later than the closing date for receipt of business plans.

13.3.3 Postmarks

The only acceptable evidence to establish the date of a late business plan, late modification or late withdrawal sent either by registered or certified mail shall be a U.S. or Canadian Postal Service postmark on the wrapper or on the original receipt from the U.S. or Canadian Postal Service. If neither postmark shows a legible date, the business plan, modification or request for withdrawal shall be deemed to have been mailed late. When the postmark shows the date but not the hour, the time is presumed to be the last minute of the date shown. If no date is shown on the postmark, the business plan shall be considered late unless the provider can furnish evidence from the postal authorities of timely mailing.

13.3.4 Late Modifications

A late modification of a successful business plan, which makes its terms more favorable to the District, shall be considered at any time it is received and may be accepted.

13.3.5 Late Business Plans

A late business, late modification or late request for withdrawal of an offer that is not considered shall be held unopened, unless opened for identification, until after award and then retained with unsuccessful offers resulting from this solicitation.

14. EXPLANATION TO PROSPECTIVE PROVIDERS

If a prospective provider has any questions relative to this solicitation, the prospective provider shall submit the question in writing to the contact person, identified on page one. The prospective provider shall submit questions no later than May 6, 2010 prior to the closing date and time indicated for this solicitation. The District will not consider any questions received less than ten days before the date set for submission of business plans. The District will furnish responses promptly to all other prospective Providers. An amendment to the HCA will be issued if that information is necessary in submitting offers, or if the lack of it would be prejudicial to any other prospective Providers. Oral explanations or instructions given before the award of the HCA will not be binding.

15. FAILURE TO SUBMIT OFFERS

Recipients of this qualification not responding with an offer should not return this human care agreement. Instead, they should advise the Contracting Officer, Contracts and Procurement Administration, 955 L 'Enfant Plaza, S.W., North Building, Suite 5200 Washington, D.C. 20024, telephone (202) 724-5300, by letter or postcard whether they want to receive this human care agreement for similar requirements. It is also requested that such recipients advise the Contracting Officer, Tara Sigamoni of the reason for not submitting a business plan in response to this human care agreement. If a recipient does not submit an offer and does not notify the Contracting Officer, Tara Sigamoni, that future solicitations are desired, the recipient's name may be removed from the applicable mailing list.

16. RESTRICTION ON DISCLOSURE AND USE OF DATA

- 16.1 Providers who include in their business plan data that they do not want disclosed to the public or used by the District except for use in the procurement process shall mark the title page with the following legend:

"This business plan includes data that shall not be disclosed outside the District and shall not be duplicated, used or disclosed in whole or in part for any purpose except for use in the procurement process.

If, however, a HCA is awarded as a result of or in connection with the submission of this data, the District will have the right to duplicate, use, or disclose the data to the extent consistent with the District's needs in the procurement process. This restriction does not limit the District's rights to use, without restriction, information contained in this business plan if it is obtained from another source. The data subject to this restriction are contained in sheets (insert page numbers or other identification of sheets)."

- 16.2 Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this business plan."

17. OPTION YEARS

The provider shall include option year prices in its price/cost business plan. A submission may be determined to be unacceptable if it fails to include option year pricing.

18. PROTESTS

Any actual or prospective provider or contractor, who is aggrieved in connection with the qualification or award of a HCA, must file with the D.C. Contract Appeals Board (Board) a protest no later than 10 business days after the basis of protest is known or should have been known, whichever is earlier. A protest based on alleged improprieties in a HCA which are apparent at the time set for receipt of initial business plans shall be filed with the Board prior to the time set for receipt of initial business plans. In procurements in which business plans are requested, alleged improprieties which do not exist in the initial solicitation, but which are subsequently incorporated into the solicitation, must be protested no later than the next closing time for receipt of business plans following the incorporation. The protest shall be filed in writing, with the Contract Appeals Board, 717 14th Street, N.W., Suite 430, Washington, D.C. 20004. The aggrieved person shall also mail a copy of the protest to the Contracting Officer for the human care agreement.

19. SIGNING OF SUBMISSIONS

The Provider shall sign the CQR and Business Plan and print or type its name on the HCA, Offer and Award form of this solicitation. Submissions signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the Contracting Officer.

20. UNNECESSARILY ELABORATE BUSINESS PLANS

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective response to this solicitation are not desired and may be construed as an indication of the provider's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor desired.

21. RETENTION OF BUSINESS PLANS

All business plan documents will be the property of the District and retained by the District, and therefore will not be returned to the Providers.

22. PREPARATION COSTS

The District is not liable for any costs incurred by the Providers in submitting business plans in response to this HCA/CQR.

23. ELECTRONIC COPY OF BUSINESS PLANS FOR FREEDOM OF INFORMATION ACT REQUESTS

In addition to other statement of qualifications (CQR, business plan and cost and pricing information) submission requirements, the Provider must submit an electronic copy of its statement qualifications, redacted in accordance with any applicable exemptions from disclosure in D.C. Official Code § 2-534, in order for the District to comply with Section 2-536(b) that requires the District to make available electronically copies of records that must be made public. The District's policy is to release documents relating to District statement qualifications following award of the HCA, subject to applicable FOIA exemption under Section 2-534(a)(1).

24. FAMILIARIZATION WITH CONDITIONS

Providers shall thoroughly familiarize themselves with the terms and conditions of this request for qualifications and the HCA acquainting themselves with all available information regarding difficulties which may be encountered, and the conditions under which the work is to be accomplished. Providers will not be relieved from assuming all responsibility for properly estimating the difficulties and the cost of performing the services required herein due to their failure to investigate the conditions or to become acquainted with all information, schedules and liability concerning the services to be performed.

25. LEGAL STATUS OF PROVIDER

Each business plan must provide the following information:

- 25.1 Name, address, telephone number and federal tax identification number of provider;
- 25.2 A copy of each District of Columbia license, registration or certification that the Provider is required by law to obtain. This mandate also requires the Provider to provide a copy of the executed "Clean Hands Certification" that is referenced in D.C. Official Code §47-2862 (2001), if the Provider is required by law to make such certification. If the Provider is a corporation or partnership and does not provide a copy of its license, registration or certification to transact business in the District of Columbia, the offer shall certify its intent to obtain the necessary license, registration or certification prior to HCA award or its exemption from such requirements; and
- 25.3 If the Provider is a partnership or joint venture, the names and addresses of the general partners or individual members of the joint venture, and copies of any joint venture or teaming agreements.

26. ACKNOWLEDGMENT OF AMENDMENTS

The Provider shall acknowledge receipt of any amendment to this solicitation (a) by signing and returning the amendment; (b) by identifying the amendment number and date in the space provided for this purpose in Section A, Human Care Agreement Qualification, Offer and Award form; or (c) by letter or telegram including mailgrams. The District must receive the acknowledgment by the date and time specified for receipt of offers. A Provider's failure to acknowledge an amendment may result in rejection of the offer.

27. BEST AND FINAL OFFERS

If, subsequent to receiving original business plans, negotiations are conducted, Providers will be so notified and will be provided an opportunity to submit written best and final offers at the designated date and time. Best and Final Offers will be subject to the Late Submissions, Late Modifications and Late Withdrawals of business plan provision of the HCA. After receipt of best and final offers, no discussions will be reopened unless the Contracting Officer determines that it is clearly in the District's best interest to do so, e.g., it is clear that information available at that time is inadequate to reasonably justify Contractor selection and award based on the best and final offers received. If discussions are reopened, the Contracting Officer shall issue an additional request for best and final offers to all Providers.

28. ACCEPTANCE PERIOD

The Provider agrees that its offer remains valid for a period of 180 calendar days from the closing date. However, if for administrative reasons, the District is unable to make an award within this time period, the CO will request the Provider to extend the offer for an additional thirty (30) days.

29. BUSINESS PLAN PACKAGE SUBMISSION DATE AND TIME

Business Plan Package must be submitted no later than 2:00 p.m. local time on May 28, 2010.

30. HAND DELIVERY TO

*Bid Room
Contracts and Procurement Administration
955 L 'Enfant Plaza, SW, North Building, Suite 5200
Washington, D.C. 20024*

31. SUBMISSION OF SUBCONTRACTING PLAN

Each Provider shall submit a certified and notarized subcontracting plan with business plan for approval by the CO. This plan shall meet the requirements described under §§ M.1.1 and M.1.6 of this solicitation. A certified LSDBE prime who plans not to subcontract any portion of the contract work shall still submit such a plan stating so in writing. A Provider cannot make any changes to its subcontracting plan without prior written approval by the CO and the Director of DSLBD. The approved plan will be incorporated into and become part of the HCA.

32. QUALIFICATION REVIEW

The Contracting Officer shall certify the financial and professional responsibility of each potential provider based on the following:

- (a) The type of business or organization and its history;
- (b) The resumes and professional qualifications of the business of the or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;
- (c) Information attesting to financial capability, including financial statements;
- (d) Specialized experience and technical competence in the type of work required;
- (e) Capacity to accomplish the work in the required time;
- (f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and district equal employment opportunity law;
- (j) Information about pending lawsuits or investigation, and judgment, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and
- (k) Acceptability under other appropriate characteristics of a prospective service provider.

32.1 Specialized Qualifications for Family Based Foster Care Human Care Agreement

- (l) Submit current child placing agency license; or, evidence of pending license eligibility to include a copy of the licensing application with contact information for the licensing entity in the respective jurisdiction.
- (m) Submit evidence of its three (3) most recent, consecutive annual monitoring evaluations that demonstrate favorable and effective performance for children, youth, and families.
- (n) Submit organizational structure that has a Quality Assurance System that includes a Quality Assurance Coordinator to manage programmatic outcomes, PPW (Placement Provider Web) data and other performance indicators.
- (o) Demonstrated organizational or CEO experience (3 years minimum) in providing similar human care services.