

Application Instructions:

Please complete the application in its entirety and submit the following documents along with any additional supporting documentation your agency feels would be beneficial in Community Partnership for Children's review. Incomplete applications will not be considered.

- Proposal (**Appendix A** – format)
- Evaluation Criteria (**Appendix B**)
- Designation of Contracting Authority (**Appendix C**)
- Civil Rights Certificate (**Appendix D**)
- Notice of Intent to Submit a Proposal (**Appendix E**)
- Certification Regarding Scrutinized Companies List and Business Operations (**Attachment II**)
- Certification Regarding Disbarment, Suspension, Ineligibility and Voluntary Exclusion (**Attachment III**)
- Certification Regarding Lobbying (**Attachment IV**)
- Conflict of Interest Certification (**Attachment V**)

APPENDIX A

PROPOSAL FORMAT

The Proposal should be submitted in the following format and should address each individual item listed.

Section I: History of Service Provision

- a. Provide a brief description of your agency's approach and philosophy to providing supervised visitation services and/or evidence-based visitation services. This should include your mission statement, guiding principles, core values and history in the community. Describe how the mission and service delivery experiences support a trauma-informed, culturally competent approach to connecting parents with children in out of home care.
- b. Please provide a description of your agency's history of collaborative service delivery to families that are involved in child protective services. This should include information on your service delivery to children and families involved with the Department of Children and Families. Describe the comprehensive and integrated type of programming delivered.
- c. Please provide some examples of previous or current collaborations applied to the delivery of such services as well as evidence that shows significant achievement of critical performance outcomes in the delivery of such services.

Section II: Service Delivery Tasks and Responsibilities

- a. Please describe the individual/organization's mission, philosophy, and purpose as it pertains to supervised visitation services and/or evidence-based supervised visitation services. Please provide a detailed explanation of the individual/organization's experience with the proposed services.
- b. Please describe your protocol for receipt of referral, intake/orientation, and supervised visit agreement development.
- c. Please describe your ability and plan to initiate service delivery immediate upon contract start date.
- d. Please provide a detailed explanation of how you will implement a supervised visitation services program to include:
 - (1) Leadership strategies within the organization to support the expectations, skill development, and adequate working conditions for staff to succeed with engaging children and families in safe and healthy visitation.
 - (2) Supervisory strategies, methods, and tools to ensure timely service provision, review, and steps toward positive visitations.
 - (3) Ensure visitation sites are safe and conducive to normal parent-child interaction.
 - (4) Availability for visitation times for both adults and children involved in all locations.
 - (5) Agency's experience with strength-based principles.

- e. Please describe how interventions will guide supervised visitation with parents and children. If your program uses a specific supervised visitation model(s), please specify, and briefly summarize the model's positive outcomes with the targeted population.
- f. Please describe your plan to provide supervised visitation services and how your agency assesses progress toward goals that includes:
 - (1) Strategies used to engage and involve families throughout the process.
 - (2) Increase parenting capabilities.
 - (3) Increase positive family interaction during the visitations.
 - (4) Increase effective reunification of children and families.
 - (5) Decrease number of children re-entering out of home care
- g. Please describe how data is collected for reporting purposes and how data integrity is assured. Describe procedures in place to ensure oversight and supervision of written documentation that includes:
 - (1) Ensure data collected is accurate to include not limited to: referrals, new intakes, visitations, and discharges.
 - (2) Monitoring of staff interactions with families and data documentation.
 - (3) Supervision and guidance given to staff regarding family interaction and written documentation.

Section III: Performance Measures

Please describe the process by which accountability for performance and quality of services in meeting the performance measures as identified by the proposed provider will be met. Please describe your continuous process for review and improvement of performance indicators listed below:

- a. **95%** of the families receiving services shall have no indicated or verified reports of abuse or neglect during services while onsite at the visitation center.
- b. **100%** of the observation documentation and cancellation reports shall be submitted to the referral source within two weeks of the visit.
- c. **100%** of the observation documentation shall be reviewed by the Program Supervisor within two (2) business days of the visit occurrence.
- d. **100%** of weekly schedules with available dates and time shall be submitted to Community Partnership for Children each week.
- e. **90%** of clients shall be satisfied with the services, based on responses to the provider's client satisfaction surveys.

- f. 90% of families that report an inability to transport a child to a visit shall be transported by the provider.

Section IV: Staffing Levels, Training and Supervision

Please describe your proposed minimum staffing levels sufficient to meet the service delivery requirements of this solicitation. Please describe minimum pre-service and in-service received by staff. Please describe frequency and intensity of supervision to ensure quality of work in the field that includes:

- a. Ensure an adequate number of qualified and trained staff to provide supervised visitation services. Include administrative and professional positions and an Organizational chart with a job description for each key position with required minimum experience and education.
- b. Ensure staff is appropriately trained and equipped with resources to do the job.
- c. Supervision and evaluation for quality-of-service delivery.
- d. Experience, expertise, and professional qualifications/certification of staff.

SECTION V. Cost Proposal

- a. Please describe a detailed cost proposal consisting of:
 - (1) Description of financial capability to receive and manage funds.
 - (2) Projected line-item budget detail. Please note that the maximum amount allowed for indirect costs is 10% of total costs.
 - (3) A narrative justification of the itemized budget.

APPENDIX B

EVALUATION CRITERIA

Name of Respondent/Organization: _____

Name of Reviewer: _____

Scoring Requirements: To ensure the greatest degree of consistency possible, a scale of 0-3 will be used for each area evaluated. The total will be the evaluator's scores per section.

Evaluation Rating	Value	Pts Value
Respondent has demonstrated above average capability and approach to the criterion in the proposal.	Above Average Value	3
Respondent has demonstrated an average capability and good approach to the criterion in the proposal.	Average Value	2
Respondent has demonstrated little or no direct capability or has not adequately addressed the criterion in the proposal.	Minimal Value	1
Respondent has not responded to or has poorly responded to the criterion demonstrating a lack of understanding of the criterion addressing the proposal.	No Value	0

SECTION I: HISTORY OF SERVICE PROVISION

	Criterion	Evaluator Score	Evaluator Comments
1	Respondent describes their approach and philosophy to providing supervised visitation services and/or evidence-based visitation services. Describe how the mission and service delivery experiences support a trauma-informed, culturally competent approach to connecting parents with children in out of home care.		
2	Respondent describes their history of collaborative service delivery to families that are involved in child protective services. This should include service delivery to children and families involved with DCF. Describe the comprehensive and integrated type of programming delivered.		
3	Respondent provided examples of previous or current collaborations applied to the delivery of such services and evidence that shows significant achievement of critical performance outcomes.		
Total Score for Section I			

SECTION II: SERVICE DELIVERY TASKS AND RESPONSIBILITIES

	Criterion	Evaluator Score	Evaluator Comments
1	Respondent describes the individual/organization’s mission, philosophy, and purpose as it pertains to supervised visitation services and/or evidence-based supervision visitation services. Respondent provides a detailed explanation of the individual/organization’s experience with the proposed services.		
2	Respondent describes their protocol for receipt of referral, intake, orientation, and support visit plan development.		
3	Respondent describes their ability and plan to initiate service delivery immediately upon contract start date.		
4	Respondent provides a detailed explanation of how they will implement a supervised visitation services program that includes leadership and supervisory strategies, ensure visitation sites are safe and conducive to normal parent-child interaction, availability for visitation times for both adults and children in all locations, and agency’s experience with strength-based principles.		
5	Respondent describes plan to provide supervised visitation services and how your agency assesses progress toward goals that include: engage and involve families throughout the process, increase parent capabilities, increase positive family interaction, increase effective reunification, and decrease the number of children re-entering out of home care.		
6	Respondent describes how data is collected for reporting purposes and how data integrity is assured that includes ensure data is accurate, monitoring staff/family interactions, and providing supervision and guidance to staff on documenting interactions.		
Total Score for Section II			

SECTION III: PERFORMANCE MEASURES

	Criterion	Evaluator Score	Evaluator Comments
1	Respondent describes the process by which accountability for performance and quality of services is meeting the performance measures as identified by the provider.		
2	Respondent describes their continuous process for review and improvement of performance indicators.		
Total Score for Section III			

SECTION IV: STAFFING LEVELS, TRAINING AND SUPERVISION

	Criterion	Evaluator Score	Evaluator Comments
1	Respondent describes their proposed minimum staffing levels sufficient to meet the service delivery requirements of this solicitation.		
2	Respondent includes an adequate number of qualified and trained staff to provide supervised visitation services including administrative and professional positions and an organizational chart with job descriptions for each key position with required minimum experience and education.		
3	Respondent describes a plan to ensure staff are appropriately trained and equipped with the resources to do the job. Describes minimum pre-service and in-service training required.		
4	Respondent describes the experience, expertise, and professional qualifications/certification of staff.		
Total Score for Section IV			

SECTION V: COST PROPOSAL

	Criterion	Evaluator Score	Evaluator Comments
1	Respondent describes financial capability to receive and manage funds.		
2	Respondent describes a detailed line-item budget proposal with a narrative justification for the itemized budget.		
3	Respondent includes 10% or less for indirect costs.		
Total Score for Section V			

SECTION VI: FINAL SCORE TABULATION

Section	Maximum Points	Score
Section I. History of Service Provision	9	
Section II. Service Delivery Tasks and Responsibilities	18	
Section III. Performance Measures	6	
Section IV. Staffing Levels, Training and Supervision	12	
Section V. Cost Proposal	9	
TOTAL POINTS FOR PROPOSAL	54	

By signing below, I attest that I have no known or perceived conflict of interest with this provider proposal.

PRINTED NAME

SIGNATURE

DATE

APPENDIX C

AGENCY AUTHORIZATION

1. Agency Information:

Agency Legal Name:	Mailing Address:
Phone Number:	Fax Number:
Federal Tax Identification Number:	UEI/DUNS Number:
Type of Entity: (Check all That Apply) <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Currently Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date of licensure application

2. Proof of Signature Authority: Agency Official Authorized to Sign Contracts

Name:	
Title:	
Address:	
Phone Number:	
Fax Number:	
Email:	



CIVIL RIGHTS CERTIFICATE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981.

The applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to programs or activities receiving or benefiting from Federal financial assistance.

The applicant assures that it will comply with:

1. Title VI of Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from Federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from Federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from Federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from Federal financial assistance.
6. All regulations, guidelines, and standards lawfully adopted under the above statutes.

The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from Federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the Grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

The person(s) whose signature(s) appear(s) below is/are authorized to sign this application, and to commit the applicant to the above provisions.

Authorized Official(s)

Date

Applicant (Recipient)

Grantor (Program/District)

Applicant Address City State Zip Code

APPENDIX E

NOTICE OF INTENT TO SUBMIT A PROPOSAL

_____ (Respondent Name) wishes to
inform Community Partnership for Children of its intent to respond to the Request for
Proposal

(RFP) entitled _____ RFP# _____.

PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official: _____

Title of Authorized Official: _____

Signature of Authorized Official: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Date: _____

**VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Respondent Vendor Name: _____
Vendor FEIN: _____
Vendor's Authorized Representative Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Pursuant to section 287.135, Florida Statutes, a company that is on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes is prohibited from submitting a proposal for, or entering into or renewing a contract with an agency or local governmental entity, for goods or services for any amount. A company may not bid on, submit a proposal for, or enter into or renew a contract for goods or services of \$1 million or more if the company is on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies that Boycott Israel List, Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject such company to civil penalties, attorney's fees, and/or costs and termination of the contract at the option of the awarding governmental entity.

Certified By: _____, <i>Print Name</i> <i>Print Title</i>
who is authorized to sign on behalf of the above referenced company.
Authorized Signature: _____.

Attachment III

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987, Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Signature

Date

Name (type or print)

Title

CF 1125

Effective July 2015

(CF-1125-1516)

ATTACHMENT IV

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

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

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Signature: _____

Date: _____

Application or Contract ID Number: _____

Name of Authorized Individual Application or Contractor: _____

Address of Organization: _____

ATTACHMENT V

CONFLICT OF INTEREST DECLARATION

RFP#: _____

Question	Yes	No
Do you, your immediate family, or business partner have financial or other interests in Community Partnership for Children (CPC) or the recipient(s) of the proposed services?		
Have gratuities, favors, or anything of monetary value been offered to you, your immediate family or your business partner and any employee of Community Partnership for Children?		
Within the 24 months, have you been employed by, or do you plan to seek or accept future employment with, Community Partnership for Children or the recipient(s) of the proposed services?		
Are there any other conditions which may cause a conflict of interest?		
If you answered "yes" to any of the above questions provide a written explanation of your answer below. Please attach additional explanations as needed.		

I declare all of the above questions are answered truthfully and to the best of my knowledge.

Name

Date

Title

Company