

**RFQ NOTIFICATION SHEET**  
**Contracts and Rate Setting Division**

State of Michigan  
Department of Human Services

Notice of a request for quotations is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

Amount: <b>\$116,808.00/\$38,936.00 per year</b>	ITB Number  <b>DHS CHPR 09-21001</b>
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Service Title:
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Bid Description: <b>Delta County - CP/CP funded Family Support/Education Program.</b>
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Due Date For Response:  <b>August 11, 2008</b>
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Contact Person Name:  <b>Denise Perry</b>	Phone #: <b>(906) 786-7238</b>
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E-Mail Address:  <b>perryd3@michigan.gov</b>
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**REQUEST FOR QUOTE (RFQ)**  
**Cover Sheet**  
Michigan Department of Human Services (DHS)

Contract/RFQ Number: **CHPR 09-21001**

Bid Submission Due Date & Time: **August 11, 2008 @ 3:00 P.M.**

Geographic Area to be Served: **Delta County**

Service Titles: **Family Support/Education Program**

Anticipated Contract Begin and End Dates: **12/1/08 through 9/30/11**

Method of Reimbursement:           Actual Cost           **x**           Unit Rate

Maximum Annual Contact Amount:   **\$ 38,936.00**                   per year

Issuing Office: Department of Human Services **Delta County**

Contact Person: **Denise Perry**

Telephone #: **906-789-7238**                   Fax #: **906-786-5350**

Email Address: **perryd3@michigan.gov**

Pre-proposal Conference: (Date, time, location) **N/A**  
(Please notify the contact person above if you plan on attending)

Bidder Questions Due Date & Time: **July 28, 2008 3:00 P.M.**

Submit 7 copies of the bid response and two (2) copies of the budget document, in a separate sealed envelope, to this address:

**Delta County**

DHS Office

**2940 College Avenue**

Street Address

**Escanaba**

City

**MI**

State

**49829**

Zip

Bidders must submit any **questions** regarding the content of this RFQ by email, fax, or surface mail. DHS staff are not allowed to respond to questions (regarding the content of the RFQ) that are telephoned in. Questions may be discussed verbally at the preproposal conference, if one is scheduled. DHS will compile all written questions and answers from the preproposal conference as well as written questions and post these as well as any other clarifications or revisions to the initial RFQ onto the DHS RFQ website. Interested bidders are advised to monitor the website on a daily basis.

Bidders must submit all **bid responses** either in person or by surface mail. Bid responses which are faxed or emailed will not be considered for award.

Delays at the beginning of the first contract period will result in a prorating of the annual dollar amount. The contract amount for subsequent years will be dependent on DHS' availability of funds and service needs. The established price per unit of service will be in effect for the entire period of the contract.

To be considered, bid responses must arrive at the Issuing Office on or before the date and time specified above. Bidders mailing bid responses should allow normal delivery time to ensure timely receipt of their bid responses.

Awards made as a result of this RFQ will require execution of a contract with DHS. The contract will contain standard non-negotiable General Provisions. A copy of the General Provisions is available upon request.

Rating

All bid responses will be evaluated on the basis of rating criteria identified in the RFQ. Contracts will be awarded using a two-step process linking price and quality. The most recent audit of each bidder may be reviewed by DHS, at its discretion, to determine the bidder's fiscal viability. DHS may eliminate from the rating process any bidders that fail to pass this review. If the bidder has provided contractual services to DHS previously, DHS may consider reviewing monitoring and/or outcome information related to prior contracts.

Authority:	P.A. 2080 of 1939.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
Completion:	Mandatory.	
Penalty:	Contract Invalid	

## **BIDDER OVERVIEW**

This Request for Quote (RFQ) package contains the following elements:

1. Cover Sheet
2. Description of Services for Bidder Response
3. Rating Criteria
4. Request for Quote Policy
5. Bidder Information and Instructions
6. Bidder Response Section
7. Cost Quotation
8. Budget Completion Instructions

## Description of Services for Bidder Response

### I. CONTRACTOR RESPONSIBILITIES

#### A. Geographic Area

The Contractor shall provide services described herein in the following geographic area: Delta County.

#### B. Location of Services to be Delivered

The Contractor shall provide services described herein in facilities located at:

To be determined

#### C. Client Eligibility Criteria

##### 1. Definition of Eligibility (normally by funding source or program standards).

Children and families investigated by DHS Children Protection Services within the previous eighteen (18) months where:

- There is a preponderance of evidence of child abuse or neglect and the Structured Decision-Making (SDM) tool indicates a low or moderate risk of future harm to the child (Category III); or
- There is no preponderance of evidence of child abuse or neglect (Category IV). (CHPR)

##### 2. Determination of Eligibility

The Local Office shall make the referral to the Contractor based on Child Protection/Community Partners (CP/CP) eligibility. Each person to be provided service shall be identified by name in a written referral to the Contractor. A local office may initiate a referral by phone as long as it is followed up within a specified period of time with a written referral.

#### D. Credentials and Employee Clearances

The Contractor shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement.

##### Employee Clearances

As a condition of this Agreement, the Contractor certifies that the Contractor shall conduct or cause to be conducted:

- a. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Agreement, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.
- b. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with children under this Agreement, a Central Registry (CR) check.
- c. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Agreement, a Central Registry (CR) check.
- d. For each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Agreement shall be required to timely notify the contractor in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, for each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Agreement or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years, the Contractor shall require the applicant for employment, employee, subcontractor, subcontractor employee or volunteer to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, if they have, the nature and recency of the felony.

The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Agreement, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive ICHAT, CR, NCIC response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services. Contractors may consider the recency and type of crime when making this determination.

The Contractor must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. Failure to comply with this provision may cause for immediate cancellation of this Agreement. In addition, the Contractor must further have a written policy regarding acceptable screening practices of new staff members and volunteers who have direct access to clients and/or client's personal information, which serve to protect the organization and its clients that is clearly defined.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

E. Services to be Delivered

Service #1 of 1: Family Support/Education

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Determine qualified professional staff to serve families. Each Family Support/Education worker shall possess a Bachelor's degree and work experience in social work, health education or elementary, secondary or early childhood education, or a related field such as sociology, counseling, human services, human resources, consumer education or criminal justice.
- b. Receive written or verbal referral (if verbal, written referral must follow within five (5) working days) from the Delta County DHS worker.
- c. Conduct a face-to-face interview with each family within five (5) working days of receipt of the referral.
- d. Arrange and participate in a case conference with the referring worker within seven (7) working days of receipt of the referral.
- e. Complete a written narrative within thirty (30) days of receipt of referral. The narrative will include:
  1. Identifying information, including client name, birthday, Contractor case number, Contractor worker, DHS referring worker, date(s) of interview(s), collateral contacts/interviews, date report completed.

2. Referral information: Source, date and reason for referral.
  3. Impressions and provider recommendations.
  4. Assessment of educational needs and plan of action for meeting these needs, including anticipated contacts with client, family and collateral contacts.
- f. Provide a series of structured, goal-orientated educational sessions to each family referred. These sessions may include, but not be limited to:
1. Administration of a health education assessment questionnaire to provide guidance in determining necessary services.
  2. Information and referral based upon the client's needs.
  3. Stress management instruction guided by the Stress Inventory in the Bavolek Parent Handbook and/or other related educational materials.
  4. Money management instruction (e.g., utilizing MSU Cooperative Extension Service's budget materials to identify categories of income, debt, controllable expenses, and fixed expenses).
  5. Time management instruction as it relates to stress management and prioritizing the client's day-to-day activities.
  6. Parenting skills: Incorporating concepts such as setting limits, family rules, consistent discipline, communication skills, appropriate discipline, age-appropriate expectations, etc.
  7. Homemaking: Educating parents by example and instruction in order to maintain and support a safe environment for children.
  8. Personal hygiene: Practical applications in the client's household as it relates to wellness and child safety.
  9. General Health care: Providing "hands-on" guidance for preventive medicine, guidance for injury prevention and home safety issues, appropriate resource materials if needed, education regarding appropriate self-health care and

determining factors for accessing professional health care, providing education on the importance of immunizations; conveying knowledge of health-related services in the community; and providing assistance with completion of health related forms, if necessary.

10. Social/recreational activities: Assisting clients in such areas as locating free and/or inexpensive forms of entertainment and social activity within their own communities, learning to access public transportation, etc.
  11. Homework/study techniques: Services may include such situations as helping parents to understand that homework is the responsibility of the child; helping parents understand the natural consequences that come from completing homework or not completing it; assisting the parent in locating services for a child when special needs are involved; teaching the parent how to advocate for a child with special needs.
  12. Nutrition: Providing instruction on age-appropriate nutritional snacks, etc.
- g. Provide the educational services one-to-one, one-to-family or on a group basis.
  - h. Provide follow-up on missed appointments via a letter or telephone call to the client informing him/her of the missed appointment and scheduling a follow-up appointment.
  - i. Document each home visit and related contact.
  - j. Submit monthly billing which should include:
    - 1) total number of visits
    - 2) contact dates with client and collateral contact
    - 3) person(s) present at contact sessions
    - 4) problem clarification
    - 5) progress towards goals/objectives
    - 6) treatment plan update
    - 7) recommendations
  - k. Complete a Closing Summary within thirty (30) days of closure which will include:
    1. Identifying information, including client name, Contractor case number, Contractor worker, DHS case number, referring DHS worker, intake date, last report date, date closure completed.

2. Record of all contacts indicating client or collateral, the type of contact, name of contact and date of contact.
  3. Reason for closure (i.e. client-initiated – state reason: DHS initiated, with or without Contractor concurrence – state reason; or mutual decision by client, Contractor and DHS worker – state reason).
  4. Educational outcome: Describe objective(s) achieved/not achieved, state whether or not the educational goal was achieved.
  5. Recommendations
    - l. Participate in client case consultations and conferences with collaborating agencies.
    - m. Immediately report to Delta County DHS any conditions or acts that are a current or potential danger to the child(ren).
2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 90 (30 per year)

Unit Definition(s): One unit equals one hour of face-to-face contact between the Family Support/Education Worker with the referred families or other identified eligible client.

## REQUEST FOR QUOTE - RATING CRITERIA

The total maximum number of points that a bid can receive equals 100 points. The maximum number of points for each of the four categories is as follows:

I.	Bidder's Experience/Qualifications	30 points
II.	Program Implementation (Work Plan)	30 points
III.	Availability/Accessibility	20 points
IV.	Fiscal Resource Allocation	20 points

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Total points available:	100points
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### **I. Bidder's Experience/Qualifications**

#### **A. Agency**

1. Has bidder ever performed these or similar services comparable to the services being bid for DHS or another purchaser?

Considerations:

- How recently were services provided and for what duration?
- Were there previous contracts with DHS?
- Were the principle characteristics of target population serviced comparable and relevant to the services being bid?
- Has the bidder documented successful outcomes for clients as a result of services provided?

2. To what degree is experience with other similar services relevant to the service(s) being bid?

3. Has the bidder demonstrated the ability to collaborate with, or otherwise utilize, relevant community system resources to enhance outcomes for clients:

#### **B. Staff**

1. Do the position descriptions indicate that direct service staff possess educational credentials, knowledge, skills, attributes, and other characteristics that qualify them to provide these services?

Considerations:

- Length of experience
  - Similarity of experience to services to be required
  - Are salary schedules commensurate with job descriptions and requirements?
2. Does the bidder describe an acceptable level and structure for supervision with regard to the following?
- Amount of supervisory time dedicated to this project.
  - Number of staff and programs for which each supervisor is responsible.
  - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).

Considerations:

- Length of experience
  - Length of supervisory experience
  - Similarity of experience to services to be required.
  - Is supervisory staff required to have an appropriate level of direct care experience?
3. Does the bidder have management and administrative support personnel sufficient to produce a satisfactory level of performance?

Considerations:

- Similarity of direct experience to services to be required.
- Length of experience.
- Is there a sufficient number of management and administrative support personnel adequate to produce a satisfactory level of performance?
- Will the service provided correspond to DHS' needs?
- Does current management and administrative staff have appropriate previous work experience in human service administration?

### **C. Education and Training**

1. Are educational requirements appropriate for each of the following types of staff?
- Direct Services
  - Supervisory

- . Administrative
2. Is the bidder's training program for new staff acceptable with regard to the number of hours of training, and the training curriculum?
  3. Is the training scheduled in a manner that assures new staff will have appropriate skills prior to service delivery.
  4. Does the bidder provide an acceptable level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs?

**D. Performance** ("Purchaser" may refer to DHS or other entities.)

1. Were the services monitored by the purchasing agency? Was there documentation provided in a monitoring report regarding quality of service?
2. Were the terms of the agreement(s) fulfilled satisfactorily? (Was objective, supportive, documentation from the purchaser provided?)
3. If not, did the bidder submit and implement a corrective action plan that met the needs of the purchaser?

**II. Program Implementation (Work Plan)**

**A. Service Delivery**

1. Does the bidder's work plan demonstrate an understanding of service objectives?
2. Does the bidder demonstrate ability to fully implement all aspects of the service design?
3. Is the work plan clear and detailed?
4. Does the work plan describe an approach that integrates service delivery to the client population in a way that assures achievement of goals for the client population?
5. Is the bidder's plan for addressing the needs of a diverse client population adequate with respect to:
  - . Transportation needs
  - . Client characteristics
  - . Physical disabilities

- Language difficulties
  - Cultural concerns
6. If applicable, does the bidder describe an effective approach for notifying prospective clients of service availability? Has the bidder been responsible for notification of service availability in the past:
    - For this or other programs.
    - To a similar target population.
  7. Does the bidder describe an effective approach for attracting and maintaining a high degree of client participation and investment in the program?
  8. Does the proposal include documentation that past efforts at client engagement were successful?
  9. If the bidder is responsible for determination of client eligibility, is the process for determination appropriate, and does it include appropriate documentation?
  10. If the bidder is responsible for assessment of client needs, is the assessment process well defined and appropriate? Client centered? Does the bidder perform pre and post evaluative testing?
  11. Does the work plan demonstrate that the bidder will be able to make initial contact with clients within the required time period?
  12. If the bidder is responsible for the development of client treatment plans:
    - Is treatment plan development integrated with the assessment process?
    - Do clients participate in treatment plan development?
    - Does the bidder demonstrate that treatment plans will be individualized to the needs of each client/family?
    - Does the bidder provide documentation that they have a history of completing assessment and treatment plan development in a timely manner?
  13. Does the bidder demonstrate that treatment plans will help clients achieve the goals of the overall program?
  14. Does the bidder demonstrate successful collaborative working relationships with other relevant community systems by:

- Identifying resources within the community that are available to assist the family?
  - Does the bidder describe established formal and informal working relationships with relevant community agencies and staff? Was there documentation of ability to advocate and secure resources for clients?
15. Did the bidder demonstrate that past service contract and reporting deadlines were met?

**B. Staffing**

1. Does the proposed organizational chart describe appropriate lines of supervision and authority to assure efficient delivery of service and contract compliance?
2. Does bid response include appropriate position descriptions for executive/administrative staff, management/supervisory staff, direct-care-staff, and other supportive personnel?
3. Does the bidder identify an adequate plan to assure an appropriate level of staff screening?
4. Does the bidder have an acceptable turnover rate for direct care staff?
5. Does the bidder have an acceptable plan in place to address continuation of service when staff turnover occurs?

**III. Availability/Accessibility**

- A. Does the bid response adequately describe how the bidder will identify the client population?
- B. Does the bidder have an adequate plan for informing eligible clients of the availability of their services? Is the bidder reasonably accessible to the client population during non-traditional service hours?
- C. Does the bid response adequately describe how bidder will provide outreach services?
- D. Is the bidder able to provide services at times when most clients can access them?
- E. Transportation
  - Is the bidder located close to public transportation?

- Is the bidder's plan for arranging/providing client transportation feasible and appropriate?
- F. Does the bidder make adequate provision for client transportation needs?
- G. Are the bidder's facilities and services easily accessible to clients with disabilities?
- H. Is the facility large enough to meet the demand for services in the geographic area?
- I. Is the bidder's plan for addressing client language barriers feasible and appropriate?
- J. Does the bidder have an appropriate plan for serving clients with physical disabilities?
- K. Is the bidder's plan for use of specific assistance funds reasonable and appropriate to achieve program goals?

#### **IV. Fiscal Resource Allocation**

- A. Does the bid response demonstrate that the bidder's resources can provide a consistent capacity to sustain an adequate level of service throughout the life of the agreement (including staffing, communication, resources, and the described facility [both location and size])?
- B. Is supervisory and administrative support adequate with respect to:
- Consultation
  - Back-up
  - Span of control
- C. Are the number of direct-care staffing hours adequate to deliver the level of needed service, as identified in both the fiscal and narrative portions of the bid response?
- D. Are the resources (budgeted details such as salaries, occupancy, communication, supplies & equipment, transportation, contracted services, and miscellaneous) reasonable to accomplish the bidder's work plan, and reasonably adequate to provide a consistent level of service throughout the life of the agreement?
- E. Are the resources identified in the narrative portion of the proposal consistent with those in the budget?

- F. Does the proposal specifically identify what resources the bidder has available and how it will utilize (all) those resources to facilitate 24/07/365 accessibility (i.e., staffing allocation; communication; transportation, community contacts, etc.)?
- G. Is the quantity of resources appropriate and reasonable for the level of proposed services? Do they match?
- H. Has the bidder identified other funding and/or donated or non-cash resources to support services and use the funding efficiently?
- I. Has the bidder documented sufficient match to meet state and/or federal requirements?
- J. Does the bid response include unallowable costs that will impact the ability of the bidder to implement the work plan?
- K. If the bidder provides in-kind, do they demonstrate a dependable, consistent source of in-kind funding?

**V. Price Competition**

Competitiveness in pricing will be determined using a formula that will divide the lowest bid price (from that region) by the bidder's price, and then multiply that by the bidder's initial score, determined through the above rating criteria.

## REQUEST FOR QUOTE POLICY

### General Information

This Request for Quote (RFQ) provides interested bidders with sufficient information to prepare and submit proposals for consideration by the Department of Human Services.

#### 1. Contract Award

Contract award negotiations will be undertaken with those Contractors whose bid responses, as to price and other factors, show them to be qualified, responsible, and capable of performing the work.

The contract entered into will be that contract most advantageous to DHS, price and other factors considered. DHS reserves the right to consider bid responses or modifications thereof received at any time before award is made, if such action is in the best interest of DHS.

If a contract is awarded, the selected bidder will be required to comply with standard, non-negotiable General Provisions, which will be a part of the contract.

#### 2. Rejection of Bid Responses

DHS reserves the right to reject any and all proposals received as a result of this RFQ, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interest of DHS. This RFQ is made for information or planning purposes only. DHS does not intend to award a contract solely on the basis of any response made to this request or otherwise pay for the information solicited or obtained.

#### 3. Incurring Costs

The State of Michigan is not liable for any cost incurred by the Contractors prior to issuance of a contract.

#### 4. Inquiries

Questions regarding content of this RFQ must be submitted in writing to the Issuing Office. All questions must be submitted on or before the date and time specified on the cover sheet.

#### 5. Amendment to the RFQ

In the event it becomes necessary to revise any part of this RFQ, addenda will be posted to this website.

6. Response Date

To be considered, bid response must arrive at the Issuing Office on or before the date and time specified in the cover sheet. Bidders mailing responses should allow normal delivery time to ensure timely receipt of their bid responses.

7. Bid Response

To be considered, bidders must submit a complete response to this RFQ, using exclusively the format provided in the "Bidder Response to DHS". Bid Responses must be signed by an official authorized to bind the bidder to its provisions. The bid response must remain valid for at least 90 days.

8. Acceptance of Bid Response Content

The contents of the bid response of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

9. Economy of Preparation

Bid Responses should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFQ.

10. Prime Contractor Responsibilities

The selected Contractor will be held accountable for all services offered in the bid response. Further, the State will consider the selected Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

11. News Releases

News releases pertaining to this RFQ on the service, study, or project to which it relates will not be made without prior State approval, and then only in coordination with the Issuing Office.

12. Disclosure of Proposal Contents

Bid Responses are subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442).

13. Independent Price Determination

- a. By submission of a bid response, the bidder certifies:
- 1) The prices of the bid response have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - 2) Unless otherwise required by law, the price quotation in the bid response has not and will not be knowingly disclosed by the bidder to any potential bidder;
  - 3) No attempt has been made or will be made by the bidder to induce any other person or agency to submit or not to submit a bid response for the purpose of restricting competition;
  - 4) The price quoted is not higher than that given to the general public for the same service.
- b. Each person signing the bid response certifies that:
- 1) She/he is the person in the bidder's organization responsible within that organization for the decision as to prices being offered in the bid response, and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above; or
  - 2) She/he is not the person in the bidder's organization responsible within that organization for the decision as to the prices being offered in the bid response, but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to a. 1, through 4 above, and as their agent does hereby so certify; and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above.
- c. A bid response will not be considered for award if the bidder is found to be noncompliant with any part of section 13 unless the bidder furnishes with the bid response a signed statement which sets forth in detail the circumstance of the disclosure and the Issuing Office determines that such disclosure was not made for the purpose of restricting competition.

## BIDDER INFORMATION

1. To receive reimbursement from the State of Michigan, a Contractor must be registered as a vendor on the Michigan Accounting and Information Network (MAIN)

### To register on MAIN:

- Click on <http://www.cpexpress.state.mi.us>
  - Follow directions.
2. **Proof of public liability insurance** must be provided to DHS prior to the time the contract is executed (issued).
  3. If portions of the services are being subcontracted, the bidder must identify the services the subcontractor will perform and provide all information requested, (including a budget) as it applies to both the bidder and the subcontractor(s).

A contractor is responsible for the performance of any subcontractors who are held to the same standard of quality and performance as the contractor. Raters of bid responses will consider the qualifications of both the contractor and subcontractor when making contract award recommendations.

4. In completing the bidder response, please note the following:
  - The bid response should be paginated, except for attachments
  - Font size should be 12 or larger
  - Observe restrictions on number of pages, if any are noted. Restrictions do not include resumes, position descriptions, organizational charts or other attachments.

**BIDDER RESPONSE SECTION**

1. Bidder Name:

2. Bidder Mailing Address:

Bidder E-mail Address:

Bidder Fax Number:

3. Bidder Mail Code: (Identified when registering on **MAIN**. See previous page)

4. Type of Organization: (Check one). Individuals are private proprietary.  
private, non-profit                      private, proprietary                      public                      university

5. Bidder's fiscal year begin date: (day and month)

6. Bidder's representative who is the authorized negotiator for the bidder.

(Name)

(Telephone Number/Email)

7. Statement of Intent

The bidder hereby assures that the Request for Quote has been reviewed by the organization's governing body and that body has authorized submission of a bid response; that the person identified above as "bidder's representative who is the authorized negotiator" has been authorized by the governing body to represent the organization for the purposes of the submission of a bid response and contract negotiation; and that the organization intends to provide services according to the information contained in this Request for Quote, if selected and funded to do so.

\_\_\_\_\_  
Signature of Organization  
President or Director

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Typed Name of Organization  
President or Director

\_\_\_\_\_  
(Date)

## **I. Bidder's Experience/Qualifications**

### **A. Agency**

1. Describe these or similar services comparable to the services being bid for DHS or another purchaser. Please include the following:
  - Dates and duration of service provided.
  - Brief description of service(s) provided.
  - List all contracts with DHS that have been in place within the past 5 years.
  - Principle characteristics of the target population for whom the service was provided.
  - Documentation of successful outcomes for clients as a result of services provided.
  - If similar service, describe degree of similarity and how this service qualifies your agency to provide this service to DHS.
  - Name, email address, and telephone number of a contact person for each individual or agency for whom service was provided.
2. Describe how your agency successfully collaborates with other relevant community systems working to improve outcomes in the community for the targeted population in the RFQ.
3. Provide a list of all contracts with DHS that have been in place for the past five years.
4. Provide addresses of location(s) where the bidder will provide the proposed service(s)

### **B. Staff**

1. Provide job descriptions for all positions charged in the price quotation that indicate staff possess the educational credentials, knowledge, skills, abilities and other characteristics that qualify them to provide proposed services. Please include the following:
  - Length of experience needed.
  - Similarity of staff experience in the area of the proposed services.
  - For each job description provide a salary schedule including all automatic and/or merit pay increases individuals will be eligible to receive during the term of the contract.

2. Provide resumes for any current staff charged in the price quotation that indicate these specific staff possess the educational credentials, knowledge, skills abilities and other characteristics that qualify them to provide proposed services.
3. Complete the staffing allocations and qualifications form, CM-011, Bidder Response: Staffing Allocations and Qualifications at [http://www.michigan.gov/documents/CM-0011\\_162116\\_7.doc](http://www.michigan.gov/documents/CM-0011_162116_7.doc)
  - Titles used in this attachment must match titles used elsewhere in narrative.
  - For each position, list the number of hours and number of weeks to be committed to the services being bid.
4. Describe your agency's supervision structure and plan with regard to the following:
  - Amount of supervisory time dedicated to this project.
  - Number of staff and programs for which each supervisor is responsible.
  - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).
  - Supervision plan for direct care staff.
  - If any, supervision plan for staff team.
5. For your agency's supervision staff, provide the following:
  - Length of experience in direct service provision in proposed or similar services.
  - Length of supervisory experience.

**C. Education / Training**

1. Describe your agency's training program for new staff. Include the number of hours of training, and the training curriculum. Explain how new staff training equips staff for the provision of proposed services.
2. Describe your agency's level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs. Explain how on-going training equips existing staff for the provision of proposed services.

**D. Performance** ("Purchaser" may refer to DHS or other entities.)

1. Provide previous monitoring reports for this or similar service purchased by DHS or others.
2. Provide any corrective action plans with documentation of implementation and proof that purchaser was satisfied by the corrective actions taken.
3. If no previous monitoring reports, provide concrete, objective evidence that the purchaser of this or similar services was satisfied.

## **II. Work Plan (Program Implementation)**

### **A. Service Delivery**

1. In narrative form, please describe how you would implement the program described by DHS.
  - Program Implementation
    - Once the contract is awarded, describe how long it will be before your agency will be able to provide service (Please be specific, e.g. 30 days, 45 days, etc.)
    - Describe the methodology used to determine the amount of staff time (both management and direct) needed to fulfill the terms of the service as described.
    - Describe the manner in which your agency will interact with the following organizations involved with the client's plan of treatment: Court, DHS, and other agencies.
  - Target Population

Describe the needs and strengths of the targeted population and its impact on service delivery. Include how your service delivery is tailored to respond specifically to the client population with respect to:

    - Transportation needs.
    - Client characteristics.
    - Physical disabilities.
    - Language difficulties.
    - Cultural concerns.
    - Other.
  - Work Plan
    - Provide a description of how the specified service(s) would be provided to client(s).
    - Include each step, process or activity a typical client(s) would encounter in successfully completing this service, and how these steps contribute to client goal achievement, and program success.

- Include evidence of your ability to meet time frames required in the RFQ. If no required time frames, indicate anticipated time frames, with rationale for them.
  - Include a program flow chart if desired.
  - Include the total anticipated duration of service for each client, the frequency of contacts, and time spent with client during each contact.
2. If applicable, describe your agency's approach to notifying prospective clients of service availability. Describe past efforts for notification of this or similar service availability to a similar target population. Provide documentation that such efforts were successful in attracting the number of clients targeted to be served.
  3. Describe how your agency will attract and maintain a high degree of client participation, engagement, and investment in the program. Provide documentation that past efforts to engage clients were successful. Include agency's ability and plan to provide this service during non-traditional service hours.
  4. If applicable, describe your agency's method for determining client eligibility.
  5. Describe your agency's method for determining client assessment. Please include any formal tools or methods used.
  6. If applicable, provide a description of how the treatment plan is developed, including a sample treatment plan based on common characteristics of the targeted population. Explain how the treatment plan contributes to client's achievement of the client's individual goals and to the goals of the overall program.
  7. Describe how the agency collaborates with other relevant community systems and resources through:
    - Identifying resources within the community that are available to assist the family.
    - Connecting the family to those identified resources.
    - Advocating with the client for needed services or resources.
  8. Documentation and timeliness of Reports
    - Provide procedures in-place to meet service contacts and reporting deadlines.
    - Describe your procedures for case review of reports.

- Document your success in the past at meeting service contacts and reporting deadlines in this or in similar services provided.

9. Continuation of Service Plan

- Describe your agency's plan for continuation of service when staff turnover occurs.

**B. Staffing**

1. Provide organizational chart that includes proposed service, making sure that position titles match title designations in bid and budget.
2. Provide your agency's plan for staff screening in regard to criminal record checks and central registry clearance for employees who will have any direct contact with children.
3. Turnover Rate
  - Using the matrix and formula below, provide your agency's turnover rate for the listed job categories for the past three years:

**FORMULA** 
$$\frac{\text{Total \# of those who left over period X 100}}{\text{Average total \# employed over same period}}$$

Category	2006	2005	2004
Managerial/Supervisory			
Direct Service			
Total staff (including support)			

*The total # of leavers includes all leavers: voluntarily, involuntarily due to dismissal, retirement, etc.*

Example: *In 2006, in an organization with a total staff of 47 employees, 5 employees leave. The total number of leavers then is 5, which when multiplied by 100 equals 500. This is divided by the average total number employed for this period of time (45), which results in an 11% turnover rate for total staff.*

- Provide commentary regarding your agency's turnover rate
  - Explanation of past turnover rate.
  - Anticipated future turnover rate.
- Describe systems in place to encourage staff retention.

### **III. Availability/Accessibility**

- A. Specify your agency's normal hours of operation.
- B. Indicate your agency's ability and willingness to provide additional hours at other times or days if necessary.
- C. If required, describe how your agency would provide 24/7/365 accessibility to clients. (i.e., staffing allocation, communication, transportation, etc.) Be sure to include whether the client has access after hours to their identified worker.
- D. Identify each location where services will be provided. Include the street address, city, and zip codes for all locations.
- E. Using Attachment C (Availability/Accessibility to Clients) identify your agency's location in relation to public access.
- F. Describe your agency's plan for arranging and/or providing client transportation.
- G. Describe your agency's ability to provide outreach services in clients' homes or mutually agreed-upon locations if this is requested in the service description.
- H. Describe your agency's ability to respond to crisis situations.
- I. Do your agency's facilities and services allow/encourage participation by clients with disabilities? Are facilities accessible by wheelchair? Are restrooms accessible, etc.?
- J. Describe the size of your facilities and how that impacts your agency's ability to meet the demand for services in the geographic service area.
- K. Describe your agency's process for addressing client language barriers.
- L. Describe your agency's plan for use of specific assistance. How will it be used and when?

### **IV. Budget Completion/Fiscal Resource Allocation**

Complete the following Price Quotation sheet and a Budget Statement (CM-468) and Budget Detail Sheets (CM-468A) ([http://www.michigan.gov/documents/CM-468ex\\_15681\\_7.xlt](http://www.michigan.gov/documents/CM-468ex_15681_7.xlt)) in accordance with instructions. The bidder should complete the Budget forms only for the first 12 months if the bid response is for a multi-year period.

The bidder should submit price quotation and budget in an envelope separate from the rest of the bid response.

- If the initial period of the contract is for less than 12 months, a prorated contract amount will be calculated accordingly.
- The price established and approved by DHS will be in effect for the entire period of the contract and cannot be changed during that time.

### **Budget Narrative**

Use the attached template, Resource Grid (CM-0043) [www.michigan.gov/documents/CM-0043\\_162118\\_7.doc](http://www.michigan.gov/documents/CM-0043_162118_7.doc) to provide a narrative description of all resources the bidder requires to meet the requirements of the contract. Please be as brief as possible, while including all pertinent information.

1. Itemize (without indicating actual dollar amounts) the types of employees benefits offered, the square footage of each facility, supplies, travel mileage and other resources included in your budget. Be as specific as possible and quantify all resources whenever possible.
2. If resources will be provided through another source, identify the source and type of funds to be used. All match and in-kind funding should be identified and explained.

This information will be used to determine whether or not the resources included in the price quotation are adequate to provide the services DHS wishes to purchase as stated in the RFQ. The budget narrative will be compared to the price and budget documentation for each bid response submitted by an individual specifically assigned to conduct a fiscal review.

NOTE: Do not include figures that would indicate the dollar amount of bid response or unit cost in this section. Dollar amounts should be stated in the sealed price/budget portion of your response.

**PRICE QUOTATION**  
Michigan Department of Human Services

**BIDDER NAME:**

Use this form to state the price offered to DHS for the service to be provided. The price quoted is to be per unit of service as defined in the service description in the RFQ and extrapolated from the budget information provided. Please identify the service being bid, using the title as shown in the RFQ.

Service #1 (Name of Service):

a. Unit Definition:
b. Price per unit of service: _____/unit

Service #2 (Name of Service) (if applicable):

a. Unit Definition:
b. Price per unit of service: _____/unit

Service #3 (Name of Service) (if applicable):

a. Unit Definition:
b. Price per unit of service: _____/unit

Service #4 (Name of Service) (if applicable):

a. Unit Definition:
b. Price per unit of service: _____/unit

Bidder: Submit this form in a separate envelope with the budget. Complete only if bidding on a multiple service unit rate contract.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**BIDDER RESPONSE: STAFFING ALLOCATION AND QUALIFICATIONS**  
Michigan Department of Human Services

Bidder Name (1)	
County	Type of Service

CATEGORY	POSITIONS/TITLES (3)	RATE/ HOUR	HOURS/ WEEK <small>(providing this service solely)</small>	# OF WEEKS	QUALIFICATIONS
<b>(2) MANAGERIAL/ SUPERVISORY</b>					
<b>DIRECT SERVICE</b>					
<b>SUPPORT STAFF</b>					

- (1) Please provide information on staffing only for services to be provided for the request for quote/contract.
- (2) Managerial/supervisory refers to administrative positions. If a position is both administrative and direct service, place the position in whatever category the bulk of the individual's time will be spent.
- (3) Use same titles in narrative as on this page.

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**RESOURCE GRID**  
MICHIGAN DEPARTMENT OF HUMAN SERVICES

\* Do not include dollar amounts.

\*\* List any match resources your agency will be providing and the fund source of that match.

Resource	Description
Employee Fringe Benefits (FTEs by position)	
Occupancy (square feet and number of Facilities)	
Communications (fax, telephone, number of lines and phones)	
Supplies (general, program, duplicating)	
Equipment	
Local Transportation (number of miles for client transportation)	
Contractual Services	
Specific Assistance to Individuals	
Miscellaneous	

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**Availability/Accessibility To Clients**  
Michigan Department of Human Services

PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES YOUR AGENCY'S LOCATION IN RELATION TO PUBLIC ACCESS.	
Within 0 – 1 block of public transportation	<input type="checkbox"/>
Within 1 – 2 blocks of public transportation	<input type="checkbox"/>
Within 2 – 3 blocks of public transportation	<input type="checkbox"/>
Greater than 3 blocks from public transportation	<input type="checkbox"/>
Are your facilities easily accessible to clients with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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