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| **10-1943 PFSFletterhead** |  |  |
| **REQUEST FOR ADMINISTRATIVE QUALIFICATIONS** **FOR SERVICE PROVIDERS** |

**PURPOSE**

This request is intended to identify and pre-qualify providers that can offer a continuum of services for children and families in Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, and Union Counties and/or other counties served by Partnership For Strong Families, Inc. (PSF). All providers that wish to offer direct services to PSF clients will be required to complete this Request for Administrative Qualifications (RFQ) in order to join the PSF Provider Network.

**BACKGROUND**

PSF is the private, non-profit organization selected by the Florida Department of Children and Families (DCF) as the lead agency responsible for the privatization of child welfare and related services in Circuits 3 and 8, as outlined in Section 409.1671, Florida Statutes. Circuit 3 is comprised of Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor Counties; Circuit 8 includes Alachua, Baker, Bradford, Gilchrist, Levy and Union Counties.

**MISSION AND VISION**

PSF'smissionis to enhance the community’s ability to protect and nurture children by building, maintaining and constantly improving a network of family support services. This mission is driven by the vision that all children can grow up safe, healthy and fulfilled in families that love and nurture them, and the belief that securing and mobilizing adequate resources is the responsibility of the entire community.

Because it is essential that each child develops personal, long-term relationships in order to promote safety and build trust, every child needs a permanent home: either with the biological family or through adoption. Child welfare services must continue afterwards, in either case, to ensure stability and continuity of care.

Through PSF’s Provider Network, and through partnerships established to achieve PSF’s mission, PSF seeks to promote the safety, security, and well being of every child by offering a continuum of prevention, intervention and treatment services. PSF is committed to the development of strong children and families, and to building a strong and flexible child welfare system in which community resources are shared within all counties served.

**GENERAL INFORMATION**

**PSF Contact Person:** The designated contact person for the RFQ is:

Contracts Coordinator

Partnership for Strong Families

5950 NW 1st Place, Suite A

Gainesville, FL 32607

352-244-1627

**Notice of Intent to Submit Qualifications:** To be eligible to join the Provider Network, service providers must submit a completed RFQ. This may be done at any time or as part of a response to a PSF Request for Proposals (RFP) or other PSF request. Providers may have their qualifications (including an approved RFQ) on file and current with PSF, or may submit the completed RFQ with their response to a Request for Proposals (RFP) or other PSF solicitation for services.

**Notice of Qualification:** PSF staff will review all RFQ submissions, and will notify the service provider if its qualifications have been accepted. In that case, the provider may respond to RFPs and solicitations without re-submitting its administrative data. However, meeting the criteria in this RFQ, or any other request, does not of itself obligate PSF to extend a contract for, pay for, or utilize the provider’s services. Any information missing from the RFQ will have to be provided before invoices for services can be paid.

**Response Format for RFQ**: In order to be considered for selection, respondents must submit a complete response to this RFQ. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency and the services provided. Emphasis should be placed on completeness and clarity of content.

The RFQ response must have a cover letter on agency letterhead signed by the agency’s President or the Chair of the agency’s Board of Directors. If someone signs other than this individual, please include written verification indicating signature authority. The cover letter should be one (1) page, and should include the respondent’s correct mailing address and the name of a primary contact person who can answer questions about the RFQ response.

Please use the RFQ Cover Sheet as page two (2) of your application. On the RFQ Cover Sheet, the agency is asked to name a Provider Network contact that will represent the agency at all Provider Network functions. This person should have authority to speak for the agency, and have the flexibility in his or her schedule to participate on a regular basis.

Responses should be printed, one-sided, single-spaced, using an 11-point or larger font. Respondents areresponsible for all costs of response preparation. PSF is not liable for any costs incurred in response to the RFQ.

**Narrative Response**: The narrative response should include a one (1) page Summary of Services and the following information (which can fill a maximum of ten (10) pages):

* MISSION - What is the agency’s mission? Include a statement of purpose, goals and philosophy.
* HISTORY - What is the history of the organization? Explain when, how and why the organization was started and any significant events in the organization’s history. Please include parent organization relationships if appropriate.
* LEADERSHIP - How is the agency organized? Briefly describe the make-up of the volunteer and paid leadership of the organization.
* COLLABORATION – Which agencies and organizations do you work with? Describe your partnerships with, and support of and from, other community service providers.
* SERVICES – Which programs and services do you currently offer? Please outline them.
* CONSUMERS – Whom do you serve? Outline the size and characteristics of the people you serve, and statistical information about the numbers of people needing your type of service.
* FUNDING – How is your agency funded? List the types of funding you receive and the percentage of your total budget provided by each funding source. Also describe your funding development activities, including the timeframe for any ongoing or annual special events.
* ACCOMPLISHMENTS – What impact have you had on the individuals you serve? Include performance measures, results of internal or external evaluations, and results of consumer satisfaction surveys.

**RFQ COVER SHEET**

**Please use this document as your checklist and attach all of the items listed below, in the order listed.**

**All items are mandatory unless otherwise noted.**

|  |  |
| --- | --- |
| Legal name of organization:  | Federal ID#: |
| Mailing address:  |
| City: | Zip:  | Web address: |
| Lead Staff Person in \_\_\_\_\_\_\_\_\_\_\_ County(ies): | Title: |
| Phone: | Fax: | Email: |
| Provider Network Contact Name: | Title: |
| Phone: | Fax: | Email: |

**Narrative**

\_\_\_\_\_ Cover letter – 1 page Submission Page 1

\_\_\_\_\_ RFQ Cover Sheet – 1 page Submission Page 2

\_\_\_\_\_ Summary of Services – 1 page Submission Page 3

\_\_\_\_\_ Narrative Response – maximum 10 pages Submission Pages 4-13

 (include costs of services)

**Background**

 **\_\_\_\_\_** Most current Level II background check per s.435 Florida Statutes

 \_\_\_\_\_ Three peer review

 \_\_\_\_\_ Updated résumé

 \_\_\_\_\_ At least 2 references

**Certifications**

 **\_\_\_\_\_** Affidavit of Debarment

\_\_\_\_\_ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

\_\_\_\_\_ Certification Regarding Lobbying

\_\_\_\_\_ Conflict of Interest Declaration

\_\_\_\_\_ Assurance of Civil Rights Compliance

\_\_\_\_\_ Civil Rights Checklist 2 pages: (required only if organization has 15 or more employees)

**Incorporation**

\_\_\_\_\_ IRS 501(c)(3) determination letter (required only if organization is a non-profit entity)

\_\_\_\_\_ Organization chart with name and tenure of senior management staff

\_\_\_\_\_ Board of Directors member list and terms of office (if applicable)

\_\_\_\_\_ Articles of Incorporation (if applicable)

\_\_\_\_\_ Bylaws (if applicable)

\_\_\_\_\_ Written verification of signature authority

 (required if cover letter is signed by someone other than the President or Chair of the Board)

**Licensing and Accreditation**

\_\_\_\_\_ Evidence of licensing, including licensing agency, type and number; state in which license is

held; expiration date; programs licensed under each license number.

\_\_\_\_\_ Evidence of accreditation, including accrediting body; status; expiration date; and most recent

site visit survey report.

**Insurance**

Evidence of insurance, including Coverage Limits Expiration Date

\_\_\_\_\_ General Liability ($1 million/$3 million) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Evidence of insurance, including Coverage Limits Expiration Date

\_\_\_\_\_ Professional Liability ($1 million/$3 million) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Evidence of insurance, including Coverage Limits Expiration Date

\_\_\_\_\_ Sexual Abuse & Molestation ($1 million) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Evidence of insurance, including Coverage Limits Expiration Date

\_\_\_\_\_ Auto ($1 million) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Evidence of insurance, including Coverage Limits Expiration Date

\_\_\_\_\_ Worker’s Compensation ($100 thousand/$500 thousand) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_