

Chelan Douglas Counties Developmental Disabilities

**REQUEST
FOR
QUALIFICATION**

DEVELOPMENTAL DISABILITIES

**Individual Employment Services
Group Supported Employment Services
Community Inclusion**

Chelan Douglas Counties
Developmental Disabilities Program
23 S. Wenatchee Ave, Suite 203
Wenatchee, WA 98801
(509) 888-2377

TIMELINE

Open Enrollment

Qualifications must be received by Chelan Douglas Developmental Disabilities. Applicants should submit three (3) copies of the Statement of Qualifications along with a PDF electronic file. Douglas County or CDDD reserves the right to reject all proposals.

ATTN: Carrie Gavin, Program Manager
Chelan Douglas Developmental Disabilities
23 S. Wenatchee Ave, Suite 203, Wenatchee, WA 98801
cgavin@co.douglas.wa.us

The proposal may be hand-delivered, mailed, or delivered by parcel, courier, or other delivery service. A postmark or other mark will not be accepted as receipt of the proposal. The applicant assumes full responsibility for the delivery method chosen.

Qualification Evaluation Committee (QEC) convenes to interview applicants and prepare recommendations at Chelan Douglas Developmental Disabilities Office, 23 S. Wenatchee Ave, Suite 203, Wenatchee, WA 98801

Effective Date of Services

CDDD accepts, approves and offers provider Contract. Estimated timeline 60 days from when RFQ Packet was received.

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CHELAN DOUGLAS COUNTIES DEVELOPMENTAL DISABILITIES PROGRAM REQUEST FOR QUALIFICATION

Issuing Agency

This Request for Qualification (RFQ) is issued by the Chelan Douglas Counties, Developmental Disabilities (DD) Program, hereafter referred to as the "County".

Solicited Services

This RFQ is being issued to establish providers qualified to provide Individual Employment services. Periodic re-qualification for contracting is done through the Chelan Douglas County monitoring process. Enrollment in any qualified agency is determined by the choice of those authorized by DDA to receive services. Services must benefit residents of Chelan and Douglas Counties with developmental disabilities. The following basic benefits are the core of the County Guidelines and should be used in supporting individuals with developmental disabilities and their families. You are encouraged to point out how your qualification will further these basic benefits.

<i>Power and Choice</i>	Making our own choices and directing our own lives;
<i>Relationships</i>	Having people in our lives whom we love and care about and who love and care about us;
<i>Status/Contribution</i>	Feeling good about ourselves and having others recognize us for what we contribute to others and our community;
<i>Integration</i>	Being a part of our community, through active involvement. This means doing things we enjoy as well as new and interesting things;
<i>Competence</i>	Learning to do things on our own or be supported to do things for ourselves; and
<i>Health and Safety</i>	Feeling safe and secure, and being healthy.

Utilizing these values, the County Plan and the mission, providers are being sought for the following services:

Individual Employment Services - services are a part of an individual's pathway to employment and are tailored to individual needs, interests, abilities, and promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state's minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job.

Community Inclusion Services - Community Inclusion services are individualized services provided in typical integrated community settings for individuals in retirement. Services shall promote individualized skill development, independent living and community integration for persons' to learn how to actively and independently engage in their local community. Activities shall provide opportunity to develop relationships and to learn, practice and apply life skills that result in greater independence and community inclusion. Plans must consider individualization, integration, and safety and should be developed by the provider in collaboration with the Case Resource Manager, participant and his or her family (the team). These services may be authorized instead of employment support (Individual Employment, Group Supported Employment, Pre-vocational Services) for working age individual who have received nine months of employment support, have not found a job and decide not to continue looking for work.

Group Supported Employment Services - Group Supported Employment services are a part of an individual's pathway to integrated jobs in typical community employment. These services are intended to be short term and offer ongoing supervised employment for groups of no more than eight (8) workers with disabilities in the same setting. The service outcome is sustained paid employment leading to further career development in integrated employment at or above minimum wage. Examples include enclaves, mobile crews, and other business models employing small groups of workers with disabilities in integrated employment in community settings.

Eligible Applicants

Applicants must be able to demonstrate agency and staff capability for providing the proposed services.

Population Served

Services shall be provided to residents of Chelan Douglas Counties, who are eligible for services through the Department of Health and Social Services, Developmental Disabilities Administration "DSHS/DDA".

Client Eligibility Requirements

Clients must be determined eligible by DSHS/DDA. The Eligibility definition can be found under WAC 388-823 DDA Eligibility <http://apps.leg.wa.gov/wac/>

Services and Assurances to be provided:

Individual Employment
Group Supported Employment
Community Inclusion

Contractors shall provide in accordance with applicable RCWs: 71A.12, 71A.14.070, 49.17 and; WACs: 388-06, 388-823, 388-825, 388-828, 388-845, 388-850, 296-24, 296-62 Developmental Disabilities Administration Policies and any other requirements

set forth by DSHS and the County.

In this Request for Qualification, programs must assure the following:

- A.** A viable mission and a vision showing a history of operation as a mission based business.
- B.** Experience and capability in planning, implementing and building the capacity of the proposed services.
- C.** Program goals which are clearly described and include objectives.
- D.** Assure board of directors' involvement (if a non-profit organization).
- E.** A strong track record of providing quality employment services.
- F.** A strong, well-educated staff, with an emphasis on training specific to program proposal.
- G.** Capability and experience in using information systems for tracking data and web site communication.
- H.** Diverse source of revenue.
- I.** Internal controls including personnel, finance, operations, and quality control.
- J.** Assurance that service delivery will be appropriate to the cultural context of the client and/or client's family.
- K.** The ability to work cooperatively with other organizations and community entities.
- L.** CARF Certification currently or obtained within one year of receiving a contract
- M.** Provide Services through the Washington Department of Social and Health Services (DSHS) Division of Vocational Rehabilitation (DVR) funding.
- N.** Services provided must adhere to the Home and Community Based settings (HCBS) requirements of 42CFR 441 530(a)(1), including that:
 - a. The setting is integrated in the greater community and supports individuals to have full access to the greater community;
 - b. Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS;
 - c. The setting provides opportunities to seek employment and work in competitive integrated settings, and
 - d. The setting facilitates individual choice regarding services and supports, and who provides them.

1. **Individual Employment Services:** are a part of an individual's pathway to employment and are tailored to individual needs, interests, abilities, and promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state's minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job.
2. **Group Supported Employment Services:** are a part of an individual's pathway to integrated jobs in typical community employment. These services are intended to be short term and offer ongoing supervised employment for groups of no more than eight (8) workers with disabilities in the same setting. The service outcome is sustained paid employment leading to further career development in integrated employment at or above minimum wage. Examples include enclaves, mobile crews, and other business models employing small groups of workers with disabilities in integrated employment in community settings.

Applications should show the following:

- a. The ability to develop employment opportunities which include the benefits of paid vacation and sick leave, health insurance, disability insurance, retirement, and the option of union membership.
- b. The understanding and commitment to provide employment opportunities that offer wages that support self sufficiency, opportunity for advancement and are in the most integrated setting possible.
- c. A planning process that is centered on the person's needs and is offered in a way that promotes choice, independence, productivity, and financial security.
- d. The ability to provide and support employment opportunities that are based on individual's choice and interest.
- e. Ensure the use of the Division of Vocational Rehabilitation "DVR" services by having or obtaining Commission on Accreditation of Rehabilitation Facilities "CARF" certification within one year of receiving a contract.
- f. The ability to utilize Social Security Work Incentives "SSWI" such as Plans for Achieving Self Support "PASS", Impairment Related Work Expense "IRWE's" and Subsidies.

1. **Community Inclusion Services:** Community Inclusion services are individualized services provided in typical integrated community settings for individuals in retirement. Services shall promote individualized skill development, independent living and community integration for persons' to learn how to actively and independently engage in their local community. Activities shall provide opportunity to develop relationships and to learn, practice and apply life skills that result in greater independence and community inclusion. Plans must consider individualization, integration, and safety and should be developed by the provider in collaboration with the Case Resource Manager, participant and his or her family (the team). These services may be authorized instead of employment support (Individual Employment, Group Supported Employment, Pre-vocational Services) for working age individual who have received nine months of employment support, have not found a job and decide not to continue looking for work.

Applications should show the following:

- a. Ensure health and safety, promote positive image and relationships in the community, increase competence and individualizes skill-building, and achieve other expected benefits of Community Inclusion.
- b. Provide support necessary to build and strengthen relationships with community members who are not paid to be with the customer in service.
- c. Connect customers with community members that share the customer's interest, culture, talent and gifts that can contribute to and be shared with others with similar interest(s).
- d. Provide individualized community activities based on personal preference and within culturally appropriate settings.
- e. A planning process that is centered on the person's needs and is offered in a way that promotes choice, independence, productivity, and financial security.
- f. The ability to provide and support employment opportunities that are based on individual's choice and interest.
- g. Obtaining Commission on Accreditation of Rehabilitation Facilities "CARF" certification within one year of receiving a contract.

QUALIFICATION PROCEDURES

Availability of Funds

Douglas and Chelan Counties are soliciting qualifications for:

- 1) **Individual Employment Services**
- 2) **Group Supported Employment Services**
- 3) **Community Inclusion Services**

The current reimbursement rates are listed below; however an individualized rate may be negotiated during the contract cycle:

<u>Program</u>	<u>Funding per Person</u>
<u>Standard rates:</u>	
Individual Employment/Career Development	\$55 per hour
Individual Employment after three months Employed and/or immediate after DVR placement	\$75 per hour
Exception to Rule	Negotiated Rate
Group Supported	\$65 per hour
Community Inclusion	\$35 per hour

Period of Performance

Initial contracts shall be awarded approximately 60 days after RFQ submission. Subject to adequate performance, continued funding and the discretion of the county, contracts may be renewed without advertisement or solicitation of competing qualifications for the period.

Notice of Solicitation

Failure of the County to notify any party or parties directly regarding the availability of this RFQ shall not void the qualification process.

Submittal

Chelan Douglas
Developmental Disabilities Program
23 S Wenatchee Ave, Suite 203
Wenatchee, WA 98801
cgavin@co.douglas.wa.us

Phone: (509)888-2377

Copies of Qualifications

Applicants must submit **(3) three original and one PDF electronic file containing all documents in order to cgavin@co.douglas.wa.us** of their complete qualification. Qualifications, which do not contain an original, and the prescribed number of copies, will be deemed unacceptable and will not be considered.

Qualifications and other materials submitted in response to this request become the property of the County, are public record and will not be returned. It is understood and agreed that applicants claim no proprietary rights to the ideas or approaches contained in their qualifications.

Applicant's Conference and Inquiries

An Applicant's Conference will be held **at an agreed upon time** in Conference room of Chelan Douglas Developmental Disabilities, located at 23 S Wenatchee Ave, Suite 203 Wenatchee, WA 98801. The purpose of this conference will be to explain the RFQ process and answer general informational questions. All prospective applicants are expected to attend. Please email questions to Carrie Gavin, and we will email a response.

Qualification Costs

The County is not liable for any costs incurred by an applicant prior to the issuance of a contract. All costs incurred in response to this RFQ, including travel costs to attend the Applicant's Conference, meetings of the Qualification Evaluation Committee, or contract negotiation sessions, is solely the responsibility of the applicant.

Acceptance of Terms

By submitting a qualification in response to this request, the applicant demonstrates a willingness to accept all terms and conditions of this request and all County and State regulations and requirements pertaining to the operation of the solicited services. If issued a contract, the applicant's qualification will become part of the contract agreement. The applicants will be bound by the terms of the qualification, unless the County agrees that specific parts of the qualification are not part of the agreement. The County reserves the right to introduce different or additional terms and/or conditions during final contract negotiations.

Right to Reject or Negotiate

The County reserves the right to reject any or all qualifications if such a rejection is in the County's best interest. This request for qualifications is a solicitation for offers and is not to be construed as an offer, a guarantee or a promise that the solicited services will be purchased by the County. The County may withdraw this request for qualifications at any time and for any reason without liability to applicants for damages, including, but not limited to, bid preparation costs.

Additionally, the County reserves the right to negotiate with the potentially selected applicants and may request additional information or modification from an applicant. When deemed advisable, and before any contract is let, the County reserves the right to arrange

an onsite, pre-award review to determine the applicant's ability to meet the terms and conditions of the RFQ.

Qualification Evaluation Committee

A Qualification Evaluation Committee (QEC) appointed by the Director of Chelan Douglas Counties Developmental Disabilities Program reviews and evaluates eligible proposals and makes recommendations to the Director of Chelan Douglas Counties Developmental Disabilities. The QEC will consist of persons who are knowledgeable of the specific professional service requirements. It will convene to interview applicants and prepare recommendation. The meeting will not be open to the public; however, applicants should be prepared to meet with the QEC at a prearranged time on that date.

Qualification Evaluation Criteria

Qualification evaluations will be based on the applicant's interview and the response to this RFQ as follows: Application description (15%), Program Section (43%), Management Section (27%), and Financial Systems (15%). In evaluating each qualification, the County reserves the right to consider past County contract performance.

Evaluation Process

The QEC members will first independently evaluate and rate each qualification. They will then convene as a group to interview applicants concerning the content of their qualifications and may request that applicants provide clarification or additional information. Following the applicant interviews, the QEC will discuss the qualifications and perform any necessary review or verification of their content. Based on the content of the qualifications, the qualification interviews, and performance reviews, the QEC will score the qualifications to provide the required services. The QEC will present its recommendations to the Director of Chelan Douglas Counties Developmental Disabilities in regard to contracting with applicants who have submitted the most advantageous qualifications to the County. CDDD will decide upon Providers.

Unacceptable Qualifications

The QEC will also determine which qualifications are not responsive to the RFQ and must be deemed unacceptable. Unacceptable qualifications are those which meet at least one of the following criteria:

- 1) Does not address the essential requirements of the RFQ.
- 2) Clearly demonstrates that the applicant does not understand the requirements of the RFQ.
- 3) Are clearly deficient in approach.
- 4) Has a past history of providing poor services.
- 5) Does not meet the deadline for submittal.
- 6) Does not contain the prescribed number of copies.

Contract Award/Notification to Selected Applicant(s)

The authority to enter into a contract rests with Douglas County, except as designated. Decisions regarding contract awards for services solicited by this RFQ will be made on or

about 60 days after submission of RFQ packet. Contracts become effective, on the date signed by the County Executive or their representative.

Right to Appeal

Non-selected applicants have the right to appeal the decision of the County, limited to procedural or legal errors in the selection process. In the event that no such procedural or legal errors are found to have occurred, the decision of the County shall be final.

An aggrieved applicant may, within five (5) working days after the award of a contract, appeal in writing to the Director of Chelan Douglas Counties Developmental Disabilities. The appeal must state all facts and arguments upon which the appeal is based. The Director will review the RFQ and the facts alleged as grounds for the appeal. The Director will render a written decision within thirty (30) working days of the receipt of the appeal.

Method of Payment

Contractual payments for services solicited under this RFQ, will be made monthly. Provider payment requests shall be submitted within ten working days after the end of each month. Contractual payments will be mailed no later than twenty working days after receipt of accurate billing information.

Cancellation

The County reserves the right, with or without cause, to cancel any contract resulting from this RFQ with a thirty (30) day written notice sent by certified mail, return receipt requested, to the provider's address of record.

QUALIFICATION REQUIREMENTS

Qualifications shall be submitted utilizing Appendices A-B. Qualifications must be typewritten using 8 1/2 by 11-inch paper. They should be prepared without extensive artwork, photographs or printing. Covers are not necessary and three-ring binders should not be used. Each page of the qualification must be numbered.

Assurances

Applicants must indicate their intention to comply with all terms and conditions of this RFQ and the terms and conditions of any contract awarded by the County. These conditions include, but are not limited to:

1. Compliance with the Civil Rights Act of 1964, as amended. No person shall, on the grounds of race, color, religion, sex, creed, marital status, disabled or Vietnam era Veteran status, or the presence of physical, mental or sensory disability, national origin, age, citizenship, political affiliation or belief, be denied employment or benefits, or be discriminated against as a participant, administrator or staff person. In addition, discrimination on the basis of disability against persons who are perceived as having AIDS or related conditions is prohibited.
2. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (Public Law 101-336).
3. Compliance with Federal and State laws and requirements for safeguarding information. The use or disclosure by any party of any identifying information concerning a recipient or client for any purpose not directly connected with the administration of the Department of Social and Health Services or the Contractor's responsibilities with respect to services provided under a contract with the County is prohibited except on informed consent of the recipient or client, his or her attorney, or responsible parent or guardian; provided that, the County or Contractors may disclose information to each other or to the Department of Social and Health Services for purposes directly connected with the administration of their programs. Such purposes include but are not limited to, determining eligibility, providing a service, and participating in an audit; provided further that, the County or the Contractor may disclose information for research, statistical monitoring and evaluation purposes conducted by appropriate Federal agencies and the Department of Social and Health Services. Other entities to which information may be disclosed for the preceding purposes are those agents authorized by the Department of Social and Health Services in writing including the County and organizations and/or individuals under contract to the Department of Social and Health Services.
4. Assurance that all current or prospective employees, interns or volunteers who will or may have unsupervised access to children less than sixteen years of age, expectant mothers, developmentally disabled persons or vulnerable adults shall have criminal and child protective background checks conducted in accordance with RCW 43.43.830-840 and/or RCW 74.15.030, as applicable.

5. Identification of qualifications developed with the assistance of organizations or individuals outside of the applicant's own organization. No contingent fees for such assistance can be paid under any resulting contract.
6. **Purchase of comprehensive liability and bonding insurance as required by the County. (Contracts totaling \$18,000 or more in a given year require bonding insurance).**

Insurance

General Commercial Liability - \$2,000,000 Minimum, Each Occurrence
 \$2,000,000 Minimum, Annual Aggregate

Coverage shall include personal injury, bodily injury and property damage. Coverage shall not exclude or contain sub-limits less than the minimum required for Product/Completed Operations or Contractual Liability, unless approved in writing by the County.

B. Business Automobile Liability - \$2,000,000 Minimum, Each Occurrence
 \$2,000,000 Minimum, Annual Aggregate

Coverage shall include liability for all owned, non-owned and hired motor vehicles. Coverage may be satisfied by way of endorsement to the General Commercial Liability policy.

C. Professional Liability - \$2,000,000 Minimum, Each Occurrence
 \$2,000,000 Minimum, Annual Aggregate

A certificate of insurance identifying Chelan-Douglas Developmental Disabilities, it's elected officials, officers, employees and it's agents as an additional insured by way of endorsement and all coverage shall be primary and non-contributory shall be provided to the Chelan-Douglas Developmental Disabilities.

7. Contractors receiving \$25,000 or more from the County in a calendar year may be required to obtain an annual audit by an independent auditor.
8. Providing County officials access to financial and program records pertaining to the project and to the contract.
9. Maintenance of financial and program records for audit review.
10. Submission of program and fiscal reports required by the County.

11. Contractor will comply with Federal block grant requirements, if applicable.

NOTE: The assurance forms located in Appendix B must be completed by the applicant and attached to the Qualification.

APPENDIX A

**Request for Qualifications
Application Form
And
Information**

Request for Qualification Application Form

1. Applicant - Agency Legal Name:		
3. Street Address:		
4. Mailing Address (if different):		
4. Other Office Locations (attach listing, flyer, or brochure if appropriate):		
5. Executive Officer:		
1. Agency email:	Fax:	Phone:
7. Contact Person name:		Title:
8. Contact's email:	Fax:	Phone:
9. Type of Organization: (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation, Non-profit <input type="checkbox"/> Corporation, for profit <input type="checkbox"/> Governmental Entity		
10. Federal Tax ID #	11. WA State Unified Business ID (UBI) #	

I. Please answer the following questions as part of your application:

A. Summary of Qualification

Please provide a brief summary of the services for which you seek to be a provider.

B. Applicant's Description

1. What is your mission and vision?
2. Please provide an example of how your organization is a mission based business.
3. Please attach a copy of:
 - The current by-laws.
 - A recorded certificate of incorporation and articles of incorporation.
 - A list of the Board of Directors. Please include the board representation such as their expertise - you may voluntarily provide diversity. Also include an example of meeting minutes and the meeting schedule
 - An IRS tax-exempt determination letter if applicable.
4. Does your agency have a long range strategic plan, if so please attach

C. Program Description

1. Clearly describe the program you are applying for. The program description should also include the current capacity and the ability to and/or willingness to increase capacity.
2. Please describe how the agency incorporates the Basic Benefits (page 1) into your service delivery.
3. Provide data regarding individuals you currently serve, average hours worked in community based employment, percentage who works, percentage that work and receive benefits, and the average wage earned.
4. Clearly describe your process for Individualized Planning.
5. If applicable, please provide a copy of any recent site visit or program review from a monitoring entity, i.e. CARF or county government.

6. Clearly describe the agency plan for internal quality assurance in regards to outcomes.
7. Description of how your agency will value and support the cultural and ethnic diversity of enrolled individuals.
8. Description of how your agency will participate in activities that promote networking and collaboration among agencies serving adults with developmental disabilities.
9. Description of how your agency includes program participants and others relevant to agency policy development, ongoing agency operations and in evaluating agency performance.

D. Management of Program

Describe the policies and procedures and attach one copy of the following as applicable:

1. An organizational chart including staff to client ratios.
2. All policies and procedures including but not limited to Personnel, Program and Information systems.
3. The job descriptions of key staff who will be involved in the program, including their experience, education, or training in the proposed services.
4. Description of incentives and retention for high qualified employees.
5. Describe how your staff is trained in the core values of the County Guidelines for Employment and the DDD Policy 4.11 County Services for Working Age Adults.
6. Describe your experience using information systems for tracking data and reporting outcomes.
7. Describe your experience providing services to diverse populations.

E. Fiscal

Please describe your accounting system as it relates to the following questions as applicable:

1. If you would be starting a new program, please explain your initial plans and how you plan to meet your financial requirements.
2. Please provide a copy your accounting policies and procedures manual.
3. Please provide your most recent audit or audited financials.

4. Please complete the attached Spending Plan and Spending Plan for Salaries and Wages for contracted services.
5. Describe the role of each source of funding in this program.
 - a. Are there restrictions on these funding sources?
 - b. Describe your strategy for future program funding.
 - c. Please prioritize funding objectives for your program.
 - d. Describe any other available funding including in-kind and/or matching contributions.
6. Please provide a copy of your most recent monthly balance sheet and income statement.
7. In regard to your cash reserves/cash flow, does your organization have sufficient funds to cover payroll for two months if regular revenue sources stop temporarily?
8. What is the timeframe for your fiscal year?
9. Do you account for expenditures and revenues on a cash, accrual or modified accrual basis?
10. If you use a computer-based system, what accounting software do you use (manufacturer & version)?

SPENDING PLAN FOR

Agency's Name

ESTIMATED REVENUE

Account Number BA SUB:	DESCRIPTION		
	County Funds		
	In-Kind Donations		
334	State Grant in Aid		
333	Federal Indirect		
	Fees and Services		
TOTAL ESTIMATED REVENUES:			

ESTIMATED EXPENDITURES

Acct. No. BA SUB	OBJ	DESCRIPTION	County Funds	In-Kind Donation	State Grant	Federal Indirect	Total Budget
	11	SALARIES & WAGES					
	20	PERSONNEL BENEFITS					
	31	OFFICE & OPERATING SUPPLIES					
	35	SMALL TOOLS & MINOR EQUIP.					
	41	PROFESSIONAL SERVICES					
	42	COMMUNICATIONS					
	43	TRANSPORTATION					
	44	ADVERTISING					
	45	RENTALS					
	46	INSURANCE					
	47	PUBLIC UTILITIES					
	48	REPAIRS & MAINT.					
	49	MISCELLANEOUS					
TOTAL EXPENDITURES:							

Salaries & Wages Spending Plan

For

Agency's Name

FTE	# of Positions	Position Title	Back-ground check required for this position?	County Funds	In-Kind Donations	State Grant in aid Funds	Federal Indirect Funds	Total

1. Identify all personnel involved in the operation of your program by position title, number of positions under this title and the FTEs related. An FTE example: A director works 40 hours per week but works only 30 hours per week in the program for which you are requesting to become a qualified provider of; that would represent 75% FTE.
2. Identify the “Funds Source” that pays each person’s salary.

CHELAN DOUGLS DEVELOPMENTAL DISABILITIES

COMPLETION CHECKLIST FOR QUALIFICATION

ITEM	DESCRIPTION	CHECK
	Cover letter	
	Legal name of applicant's organization, business address, phone number, hours and days of operation	
	Contact person, title, email, and phone number	
	Employer Identification Number and Tax ID number	
	Signature authority	
	Business license and incorporation status (Articles of Incorporation, by-laws)	
	Specific services for which your agency is requesting qualification <ul style="list-style-type: none"> a. Individual Supported Employment, b. Group Supported Employment, c. Community Access 	
	Debarment Certification Statement or print out	
	Proof of Liability Insurance Certification	
	Statement of Intent to comply with: <ul style="list-style-type: none"> a. County-approved policies and procedures, including those involving individual rights, participant confidentiality, grievance/appeal rights, incident reporting b. OSHA and WISHA policies c. State Building Code Act compliance policies d. Uniform Fire Code compliance policies e. Applicable DDA policies f. Compliance with state and federal non-discrimination policy, Equal Opportunity Employer policy g. All other applicable state, federal, and local regulations 	
	Current organizational chart and description of the agency's structure that clearly defines roles and responsibilities of staff and lines of authority.	
	Job descriptions	
	Resumes of key staff	
	Applicable certifications/licenses	
	Copy of policies on keeping criminal background checks current for staff and regarding retaining or hiring staff persons, based on the information received through the criminal background check.	

	Copy of policies that protect individual rights that include but are not limited to ensuring: <ul style="list-style-type: none"> a. Respectful staff to client interactions b. A person's right to be treated with dignity, respect, and free from abuse; c. A person's right to privacy; d. Safeguarding personal information. 	
	Copy of policies on serving persons in the DDA Community Protection program consistent with DSHS/DDA policy 15.03 (if serving or intending to serve Community Protection participants).	
	Copy of policies regarding staff training	
	Completed IRS W-9 form	
	Completed Appendix A - B	
DDA policy 6.13		
	Exhibit ability to successfully develop and implement a plan for providing services, which are based on individual needs that include: <ul style="list-style-type: none"> a. Method of gathering information b. How needs are assessed c. Plan implementation d. Plan outcomes 	
	Demonstrate ability to provide service in accordance with the DDA County Guidelines	
	Exhibit administrative capabilities necessary to safeguard public funds, including maintaining books, records, documents, and other materials relevant to the provision of goods and services. This includes: <ul style="list-style-type: none"> a. Internal control policies; b. Evidence of fiscal stability; <ul style="list-style-type: none"> i. Existing agencies must submit financial statements for the past two years or Department of Social and Health Services (DSHS) and/or federal audits, if required ii. Newly applying agencies must be able to show cash reserves or a current line of credit to provide services for no less than two months of services; and c. Newly applying agencies must submit a projected budget for one year of services 	
	Maintain a management system that provided for systemic accumulation, filing, and retention of timely records and reports related to: <ul style="list-style-type: none"> a. Clients; b. Staff; c. The agency's structure, tax status, capabilities and performance 	
	Employ individuals who are 18 years of age or older and ensure that the following requirements are met for each employee who provides direct services: <ul style="list-style-type: none"> a. <i>Have proof of criminal history background clearance in accordance with RCW 43.43.830-845 and RCW 74.15.030. DDA requires the DSHS Background Check Central Unit (BCCU) be used to obtain background clearance</i> 	

	<p>Have at least one staff member with two years of experience related to the service for which the agency is providing or applying to provide as follows:</p> <ul style="list-style-type: none"> a. For employment providers: Experience must include developing, obtaining, and maintaining successful placements in paid employment at minimum wage or better with wages paid by a community-based business. <p>Note: An “Employment Professional” certificate from Highline Community College will substitute for one-year of experience with DDA Director approval.</p> <ul style="list-style-type: none"> b. For Community Access providers: Experience must include providing service in an integrated community setting that supports contribution by the client with local community members who are paid to be with that person. 	
	<p>Employment service providers must :</p> <ul style="list-style-type: none"> a. Be certified by the Commission on Accreditation of Rehabilitation Facilities (CARF) within two years of the date of this policy; or 	
	<p>Assurance that potential conflicts of interest will not arise. Such a conflict will arise when any employment or day program provider is a guardian, legal representative, or other decision maker for the client. A conflict may also arise when any employee of the agency is the decision maker for, or a family member of, a client of the agency. In these situations, the provider must document the measures taken specific to the situation to assure that a conflict of interest does not exist.</p>	
	<p>Individual Employment providers must be able to access the DSHS Division of Vocational Rehabilitation funding.</p>	
	<p>Service providers must develop and implement a training plan for employees who meet the requirements described below. The training plan must also address ongoing training and review of DDA policies.</p> <ul style="list-style-type: none"> 1. Prior to working unsupervised with clients, employees must provide proof of having received training in the following areas: <ul style="list-style-type: none"> a. Client confidentiality; b. Current individual work and/or support plans for each client with whom the employee works; c. DDA Policy 5.06 Client Rights d. DDA Policy 6.08, Mandatory Reporting Requirements for Employment and Day Program Service Providers; e. DDA Policy 9.07, HIV and AIDS; f. First Aid and CPR (current) ; g. DDA Policy 4.11, County Services for Working Age Adults, as applicable; and h. DDA Policy 15.03, Community Protection Standards for Employment and Day programs Services, as applicable. 	

	<p>2. Within one (1) month of employment, employees must have received training in the following:</p> <ul style="list-style-type: none"> a. DDD Policy 5.17, Physical Intervention Techniques, and b. Waiver requirements, as reference in contract. <p>3. Within three (3) months of employment, employee must have received training in the following:</p> <ul style="list-style-type: none"> a. DDA Policy 5.14, Positive Behavior Support, as applicable; and b. DDA Policy 5.15, Use of Restrictive Procedures, as applicable. 	
	Completed Qualified Service Provider Application Checklist	

Agency Name: _____

Completed By: _____

APPENDIX B:

Assurances Forms

ASSURANCE OF COMPLIANCE WITH
THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

_____ (Hereinafter called the "Applicant")
(Name of Contractor)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Washington State Department of Social and Health Services and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Washington State Department of Social and Health Services, this assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant by the Washington State Department of Social and Health Services, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date

Applicant

By:
(President, Chairman of Board,
Or comparable Authorized Official)

Applicant's Mailing Address

ASSURANCE OF COMPLIANCE WITH
SECTION 504 OF THE REHABILITATION
ACT OF 1973

_____, hereinafter called the "Contractor" agrees that it will comply with Section 504 of the Rehabilitation Act of 1973 and all requirements imposed by or pursuant to that Section to the end that no person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service, or activity provided by the Contractor to the Department of Social and Health Services. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient. The Contractor also assures that it will immediately take any necessary measures to effectuate this agreement.

Date

Signature

(Address)

(Authorized Official)

For contractors with 8 or more employees, indicate the name(s) of person(s) designated as coordinator of Section 504 compliance effort for the contractor.

(Phone)

(Phone)

CERTIFICATION

I certify that _____ will comply with all (Applicant's
Name)

Applicable state and federal statutes and regulations and all terms and conditions of the Chelan Douglas County Developmental Disabilities contract.

(Signature)

(Printed Name)

(Title)

(Date)

CHELAN DOUGLAS COUNTIES DEVELOPMENTAL DISABILITIES PROGRAM
Debarment, Suspension, Ineligibility and Voluntary Exclusion Certification

NAME	Doing business as (DBA)	
ADDRESS	Washington Uniform Business Identifier (Ubi)	Federal Employer Identification Number
<i>For Bidders:</i> This certification is submitted as part of a request to contract. The applicable Procurement or Solicitation Number, if any, is _____	<i>For Current Contractors:</i> Contract Number	

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant decides the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs (<http://epls.arnet.gov/>).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Bidder or Contractor Signature

Print Name and Title

Date

CHELAN DOUGLAS COUNTIES DEVELOPMENTAL DISABILITIES
Certification Regarding Lobbying
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS
45 CFR 93 and RCW 42.17.190

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

FOR RECIPIENTS OF FEDERAL FUNDS

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 employee or an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress to 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. 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.

For recipients of other public funds

1. No public funds received by the Contractor have been used directly or indirectly for lobbying, or as a direct or indirect gift or campaign contribution to any elected official or officer or employee or any agency. For the purposes of this section, the term "gift" means a voluntary transfer of any thing of value without consideration of equal or greater value, but does not include informational material transferred for the sole purpose of informing the recipient about matters pertaining to official agency business.
2. 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.

For recipients of federal or other public funds

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 agreement) and that all subrecipients shall certify and disclose accordingly.

This Certification is executed by the persons signing below who warrant that they have the authority to execute this Certification.

Signature _____

Title _____

Organization _____

APPENDIX C:

Q.E.C.
Evaluation Worksheet