



PROFESSIONAL, TECHNICAL AND EXPERT SERVICES

Clark County, Washington

Continuously Open Request for Information #2018-01 for:

SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Issue date 04/09/18

Submit one (1) original and five (5) complete copies to:

Clark County Community Services
Attn: Mary Strehlow
P.O. Box 5000
Vancouver, Washington 98660
(360) 397-2130

Refer All Questions to Project Manager:

Mary Strehlow
Program Manager
mary.strehlow@clark.wa.gov
360-397-2075 ext. 7825

General Terms and Conditions

ADMINISTRATIVE REQUIREMENTS - Contractors shall comply with all management and administrative requirements established by Washington Administrative Code (WAC), the Revised Code of the State of Washington (RCW), and any subsequent amendments or modifications, as applicable to providers licensed in the State of Washington.

ALL submittals become the property of Clark County. It is understood and agreed that the respondent claims no proprietary rights to the ideas and written materials contained in or attached to its response to this Request for Information (RFI). Clark County has the right to reject or accept proprietary information.

AUTHORSHIP - Respondents must identify any assistance provided by agencies or individuals outside the proposers own organization in preparing the proposal. No contingent fees for such assistance will be paid under any contract resulting from this RFI.

CANCELLATION OF AWARD - Clark County reserves the right to immediately cancel an award if the contractual agreement has not been entered into by both parties or if new state regulations or policy make it necessary to change the program purpose or content, discontinue such programs, or impose funding reductions.

CONFIDENTIALITY - Respondents shall comply with all applicable state and federal laws governing the confidentiality of information.

CONFLICT OF INTEREST - All submittals must contain a statement disclosing or denying any interest, financial or otherwise, that any employee or official of Clark County or applicable Advisory Board may have in the proposing agency or proposed project.

COST OF SUBMITTAL and AWARD - A contract award will not be final until Clark County and the prospective contractor have executed a contractual agreement. The contractual agreement consists of the following parts: (a) the basic provisions and general terms and conditions, (b) the special terms and conditions, (c) the project description and goals (Statement of Work), and (d) the budget and payment terms. Clark County is not responsible for any costs incurred prior to the effective date of the contract. Clark County reserves the right to make awards without further negotiation of the response submitted. Therefore, all responses to this RFI should be in final form and include all required documents.

DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - Respondents to this RFI agree that they shall not knowingly enter into any lower tier covered transaction with a person or party who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction. Respondents further agrees that they will fully comply with all requirements established in Title 2 C.F.R. Part 180, including its obligation to pass the requirement to comply with Title 2 C.F.R. Part 180 to each person or entity with whom they enter into a covered transaction at the next lower level.

DISPUTES: Clark County encourages the use of informal resolution to address complaints or disputes arising over any actions in implementing the provisions of this RFI. Written complaints should be addressed to Clark County Purchasing, P.O. Box 5000, Vancouver, Washington 98666-5000.

DIVERSITY IN EMPLOYMENT AND CONTRACTING REQUIREMENTS - Clark County is an equal opportunity employer, and it is the policy of Clark County to require equal opportunity in employment and in access to the provision of all services subject to eligibility standards that may be required for a specific program. Clark County's Equal Employment Opportunity Plan is available at <http://www.clark.wa.gov/hr/documents.html>. This commitment applies regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, or sexual orientation. Employment decisions are made without consideration of these or any other factors that are prohibited by law. In compliance with Department of Labor regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, discrimination is prohibited against people with disabilities in admission or access to any program or activity. Prospective contractors must agree to provide equal opportunity in the administration of the contract, and its subcontracts or other agreements.

LIMITATION - This RFI does not commit Clark County to award a contract, to pay any costs incurred in the preparation of a response to this RFI, or to procure or contract for services or supplies.

ORAL PRESENTATIONS: An oral presentation may be required of prospective contractors whose applications are being considered. Prospective contractors may be informed that an oral presentation is required and will be notified of the date, time, and location the oral presentation is to be conducted.

OTHER AUDIT/MONITORING REQUIREMENTS - Auditing or monitoring for the following purposes will be conducted at the discretion of Clark County: fund accountability; contract compliance; and program performance.

PRE-AWARD RISK ASSESSMENT - Proposers will be subject to a pre-award risk assessment which includes an evaluation of financial stability, quality of financial/management systems, experience with government fund requirements, reports and findings from previous audits or Dun & Bradstreet reports. pre-award risk assessments will be completed by Clark County prior to the issuance of any contract. Respondents to this RFI that fail to submit the required documents will not be eligible to contract with Clark County.

PROTESTS must be submitted to the Purchasing Department.

PUBLIC SAFETY may require limiting access to public work sites, public facilities, and public offices, sometimes without advance notice. The successful Proposer's employees and agents shall carry sufficient identification to show by whom they are employed and display it upon request to security personnel. County project managers have discretion to require a contractor's employees and agents to be escorted to and from any public office, facility or work site if national or local security appears to require it.

REJECTION OF SUBMITTALS - Clark County reserves the right to accept or reject any or all submittals received as a result of this RFI, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel this RFI in part or in its entirety.

SUBCONTRACTING - No activities or services included as a part of this proposal may be subcontracted to another organization, firm, or individual without the approval of Clark County. Such intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in a subcontract.

VERBAL SUBMITTALS: Verbal submittals will not be considered in making the award of any contract as a result of this RFI.

WORKERS COMPENSATION INSURANCE – All contractors shall be required to comply with RCW 51 with minimum coverage limits of \$500,000 for each accident, or provide evidence that State law does not require such coverage.

FOR ALTERNATIVE FORMATS

Clark County ADA Office; Voice (360) 397-2025;

TTY (360) 397-2445; ADA@Clark.wa.gov

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Part 1 Qualifications Requirements

Section 1.1. General Information

1.1.1. Introduction The purpose of this Request for Information (RFI) is to solicit new providers (hereinafter “Contractors”) for possible addition to the Clark County Developmental Disabilities Program (hereinafter “County”) Qualified Provider List.

Contractors currently working under a County contract need not respond to this RFI.

The County, the Clark County Developmental Disabilities Advisory Board, and the Washington State Developmental Disabilities Administration (DDA) prioritize Individual Supported Employment for working age adults with disabilities, regardless of the degree of disability. The County provides support in planning and implementing pathways to gainful employment for all DDA-eligible working age adults.

The County contracts with qualified service providers, utilizing funding from the State of Washington Department of Social and Health Services (DSHS), the DDA, and the County to provide the following services:

- Individual Supported Employment
- Community Inclusion Services
- Individualized Technical Assistance
- Early Intervention Services

A description of each service listed above is included in Section 1.2. – Work Requirements of this RFI.

Respondents that meet the requirements and qualifications specified in this RFI may be added to the Clark County Qualified Provider List.

Respondents may submit materials for consideration to be placed on the Qualified Provider List for any of the services referenced in this RFI. If a respondent submits an application to provide Individual Supported Employment services, the respondent must also submit an application to provide Community Inclusion services. Respondents may submit an application to provide only Community Inclusion services. If Contractors provide Community Inclusion and/or Individual Supported Employment services, they may not provide Benefits Analysis or Individualized Technical Assistance.

1.1.2. Background In compliance with DDA guidelines, the County is releasing this continuously-open RFI for developmental disability services. The County seeks to expand its existing Qualified Provider List. Individuals authorized by the DDA to receive these services will be able to select services from a variety of agencies on the Qualified Providers List. Through its contract with DSHS/DDA, the County is one of several public funding partners for developmental disability services in Clark County. Use of County funding is intended to enhance rather than duplicate developmental disability services for Clark County residents.

1.1.3. Funding Funding is determined by the number of individuals served by a Contractor and the type of services provided.

Section 1.2. Work Requirements

1.2.1. Accessibility County contractors must maintain a local phone and a fax number as well as an email address for customers to utilize without incurring charges.

1.2.2. Licenses and Certification For Individual Supported Employment, Community Inclusion and Early Intervention Services, County contractors must maintain the licensure and/or certification necessary to meet the requirements under DDA Policy 6.13 - Provider Qualifications for Employment and Day Program Services. For Individualized Technical Assistance, County contractors must maintain licensure and/or certification necessary to meet the requirements under DDA Policy 6.21 – Provider Qualifications for Individualized Technical Assistance.

1.2.3. Insurance County contractors are required to submit proof of the following insurance coverage with their application. Proof shall be on an ACORD Certificate(s) of Liability Insurance. Each certificate shall show the coverage, deductible, and policy period.

Commercial General Liability

\$1,000,000 in annually renewing occurrence-based Commercial General Liability (CGL) coverage or a Business Owners Policy (BOP) showing the broker of record, insurance limits, and renewal dates. The insurance must be maintained throughout the term of this Contract. In no event shall the deductible exceed \$5,000. A “Claims-Made Policy” is not acceptable. In the case where the underlying insurance policy is expended due to excessive defense and/or indemnity claims before renewal, the Contractor warrants and guarantees the coverage limits, to include indemnity and defense up to the listed limit, from its own resources regardless of coverage status due to cancellation, reservation of rights, or any other no-coverage-in-force reason. Coverage shall not contain any endorsements excluding nor limiting product/completed operations, contractual liability, or cross liability. The Contractor agrees that its policy is primary and also waives its right of subrogation.

Contractor agrees to endorse the County as an “Additional Insured” on the CGL or BOP policy with the following or similar endorsement providing equal or broader additional insured coverage: the CG2026 07 04 Additional Insured - Designated Person or Organization endorsement, or the CG2010 10 01 Additional Insured - Owners, Contractor, or the CG2010 07 04 Contractor, or Contractor endorsement, including the “Additional Insured” endorsement of CG2037 10 01 Additional Insured - Owners, Contractor - Completed Operations, which shall be required to provide back coverage for the Contractor’s “your work” as defined in the policy and liability arising out of the products-completed operations hazard.

The Additional Insured Endorsement shall read “Clark County Washington.”

Automobile Liability

Contractors are required to provide the County with proof of \$1,000,000 in annually-renewing, occurrence-based automobile coverage for all owned, used, or leased vehicles. The insurance must be maintained throughout the term of any resulting contract. If vehicles are not used, the Contractor shall provide the County with a written declaration on company letterhead stating that no vehicles will be used in the performance of the contract.

All insurers must have an A.M. Best’s Rating of A-VII or better.

Clark County shall be the named insured. The address for all certificates shall be written as follows: Clark County Community Services, Contracts Unit, P.O. Box 5000, Vancouver, WA 98666-5000.

1.2.4. E-Verify Applicants shall register with the Department of Homeland Security (DHS) Employment Verification Program (E-Verify) and provide a copy of the MOU to the County with their submittals. Whenever new employees are hired, contractors will be required to verify the employee’s legal work status on the E-Verify website and, at the end of any resulting contract, the contractor shall submit the written documentation of the authorized employment status of their

employees and those of any sub-contractors. E-Verify information and enrollment is available at the Department of Homeland Security web page: www.dhs.gov/E-Verify.

1.2.5.
Scope
of
Work

1.2.5.1. INDIVIDUAL SUPPORTED EMPLOYMENT SERVICES

This service is part of an individual's pathway to employment in accordance with the DDA Policy 4.11 *County Services for Working Age Adults*. Individual Supported Employment services are tailored to individual needs, interests and abilities to develop and promote career advancement. These are individualized services necessary to help persons with developmental disabilities obtain and continue with 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.

Phase 1

The Contractor shall assist and enable customers to progress toward their individual vocational goals. The Contractor shall support customer's abilities to increase their communication skills, develop their work ethic, employment skills and capabilities and to learn appropriate employment etiquette and attire ("soft skills") by developing and maintaining natural supports and broadening their awareness of job opportunities and goals through integrated vocational activities in the community. Activities may include, but are not limited to: volunteering, learning about and utilizing public transportation for employment, participating in clubs and organizations, taking classes and connecting with the Division of Vocational Rehabilitation (DVR). Career Development (Phase 1) shall be time-limited and shall constantly move customers forward on their individual employment path.

Phases 2 and 3

Contractor shall facilitate services that include: creating work opportunities through job development, supporting the employee's supervisors and/or peer workers to assist them in working with the person on the job, providing on-the-job training, and modification of the work site or tasks, encouraging employment retention, and developing career and promotional opportunities with wages being minimum wage or higher. Self-employment may also be an option within Employment Services.

1.2.5.2. COMMUNITY INCLUSION

These services are for retired individuals and are provided in typical inclusive community settings. Services will promote individualized skill development, independent living and community integration for persons' to learn how to actively and independently engage in their local community. Activities will provide opportunities to develop relationships and to learn practice and apply skills that result in greater independence and community inclusion.

1.2.5.3. INDIVIDUALIZED TECHNICAL ASSISTANCE

Benefits Analysis

Benefits Analysis is an analysis and planning service that helps individuals with developmental disabilities and their families understand Social Security and medical benefits, utilize appropriate work incentives and access strategies for addressing benefit issues to encourage successful employment outcomes. This is an Individualized Technical Assistance service and part of a customer's employment pathway. Benefits Analysis addresses Social Security issues and work incentives with a strong focus on the utilization of Plans for Achieving Self Support (PASS) and Impairment Related Work Incentives (IRWE). The service is delivered through individual consultation. Analysts also provide education to the community on Social Security work incentives and benefits. The goal of Benefits Analysis is to inform, educate, and support individuals in making informed decisions.

Individualized Technical Assistance

Individualized Technical Assistance services are a part of an individual's pathway to individual employment. This service provides assessment and consultation to the service provider to identify and address existing barriers to services and employment.

1.2.5.4. EARLY INTERVENTION SERVICES

Early Intervention Services include specialized therapeutic and/or educational services for eligible infants and toddlers from birth to the child's third birthday, and their families, or by written County exception, enrollment in public school. These services require 1) sharing information with and making referrals to a local Family Resources Coordinator (FRC); 2) documenting services as part of an individualized family service plan; and 3) participating with the local school district and others in the development of a transition plan prior to the child's third birthday.

The goal of Early Intervention Services is to enhance the development of infants and toddlers with disabilities and to minimize their developmental delays. Early Intervention Services in natural environments are intended to promote improved positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/communication), and use of appropriate behaviors to meet their needs. Services shall be designed to match the preferences, hopes and strengths of the family and enhance their capacity to meet the special needs of their infants and toddlers with disabilities. The number of eligible children to be funded under this Statement of Work is reviewed at least annually based on consumer choice of service providers and the total number of County-funded children.

Part 2

Application Preparation and Submittal

Section 2.1. Application Submission

Sealed applications must be received at the address listed on the cover page of this document. Shipping and/or mailing materials must be clearly labeled with the following information:

- 2.1.1. The title “RFI for Services for Persons with Developmental Disabilities”
- 2.1.2. The name and address of the person or agency responding to this RFI

Applications received with insufficient copies (as noted on the cover of this document) cannot be properly disseminated to the Review Committees and other reviewers for necessary action and, therefore, may be rejected.

Section 2.2. Application Content

Responses to this RFI shall include all the items listed below. During the evaluation process, the County may require additional or clarifying information from any applicant.

- 2.2.1. Attachment A – Cover Sheet
This form is to be used as the cover sheet to each submittal.
- 2.2.2. Attachment B – Qualifications
When completed, this form, along with the other required forms and documents, will serve as the “application.”
- 2.2.3. Attachment C – Submittal Checklist
This checklist must be included with each submittal.
- 2.2.4. Attachment D – Conflict of Interest and Debarment Certification
This form must be signed and included with each submittal.
- 2.2.5. E-Verify Memorandum of Understanding
This is a requirement for all Clark County contracts over \$25,000 unless the agency is a sole proprietorship.
- 2.2.6. Letters of Recommendation
Applicants must provide letters of recommendation from ALL agencies with which they have a current contract to provide services to persons with developmental disabilities.
- 2.2.7. Financial Statements or Fiscal Reports
Copies of the agency’s audited financial statements or fiscal reports for the previous three years.
- 2.2.8. Insurance
Copy of the agency’s Certificate of Insurance showing it has the required coverage types and levels specified in Section 1.2.3.

Part 3

Evaluation and Contract Award

Section 3.1

Application Review and Selection

3.1.1. Evaluation and Selection

Applications received in response to this RFI will be checked for completeness and administrative capability by an internal County review team. The internal administrative review covers the areas of significant agency turnover in upper staff levels; significant weaknesses identified in prior onsite reviews of the agency; cash flow issues; and a review of the agency's audit or financial statements. Submissions that pass this review will be given to the Review Committee to be evaluated.

3.1.2. Evaluation Criteria

This RFI process is non-competitive. Each submittal will be evaluated for agency experience, performance, financial strength, and quality of materials submitted in response to this RFI.

The County reserves the right to require additional follow-up information or documentation from any applicant responding to this RFI.

Section 3.2

Contract Award

Applicants responding to this RFI that are deemed "qualified" will be offered a contract and added to the County's Qualified Provider List of agencies contracted to provide developmental disabilities services in Clark County. Customers are assigned to contractors based on customer/family selection.

Contract allocations are based on the number of DDA customers receiving service from each Contractor.

Applicants responding to this RFI will be notified of the County's decision in writing.

Attachment A

COVER SHEET

Select the services your agency seeks to provide:

___ Individual Supported Employment and Community Inclusion

___ Community Inclusion

___ Benefits Analysis

___ Individualized Technical Assistance

___ Early Intervention Services

Legal Name of Applicant/Agency_____

Street Address_____

City_____ County _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____

Program Location (if different than above) _____

Email Address _____

Tax Identification Number _____

DUNS Number _____

I certify that to the best of my knowledge the information contained in this application is accurate and that I have the legal authority to commit this business or agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of Clark County officials.

Signature

Title

Date

Attachment B

QUALIFICATIONS

If additional space is needed, please attach separate sheets and limit your responses to a one page per response.

A. Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Private for-profit | <input type="checkbox"/> Unit of local or state government |
| <input type="checkbox"/> Public non-profit | <input type="checkbox"/> Private non-profit |
| <input type="checkbox"/> Other (specify) | |

B. Registration Requirement

Each applicant must provide or attach the following:

1. Washington State Tax Registration Number _____
2. Employer Identification Number _____
3. Washington State Business License (attach)
4. W-9 Form (attach)

C. Does your agency have a Governing Board?

- Yes No If yes, attach a list of all members and representation.

D. Agency Information

If your agency has more than one employee, please indicate whether the following policies and procedures are established and practiced (and are approved and adopted by the agency's Board of Directors, if applicable):

- | | | | |
|---------------------------|------------------------------|-----------------------------|------------------------------|
| Written Personnel Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written EEOC Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Staff Job Descriptions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written Benefits Policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Affirmative Action Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Financial Policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Program Policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Grievance Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Approved Usage Certificate

- | | | | |
|---------------|------------------------------|-----------------------------|------------------------------|
| Fire Marshal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| County Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| County Zone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

E. Litigation and Bankruptcy Status

Is your agency involved in any pending legal actions?

Yes No If yes, please explain.

Has your agency filed for bankruptcy in the past five years?

Yes No If yes, please explain.

F. Briefly describe your agency's accounting process for tracking expenditures/revenues to separate accounts.

G. Briefly describe your funding base/revenue sources for the past two years. Provide at least one financial reference, preferably a bank, which can attest to your business/agency's financial well-being and financial management capabilities.

H. Describe your agency's ability to repay any disallowed costs.

I. Does your organization conduct an internal audit of funds under its control?

Yes No If yes, how often is such an internal audit conducted?

J. How frequently is your organization audited by an independent auditing firm?
If one is conducted, attach a copy of your organization's last audit for the most recent fiscal year.

K. Within the past five (5) years, have independent audits identified deficiencies which resulted in questioned costs, costs recommended for disallowance, an "adverse opinion" by the auditors, or the auditors "disclaiming" any opinions?

Yes No If yes, explain.

L. Is your organization certified by the Washington State Office of Minority and Women's Business Enterprises as a minority and/or woman-owned enterprise?

Yes No If yes, provide certification number and date of certification or renewal.

M. Does your organization carry Commercial General Liability (CGL) insurance?

Yes No If yes, provide a copy of your current Certificate of Insurance.

N. Does your organization carry Professional Liability insurance?

Yes No If yes, provide a copy of your current Certificate of Insurance.

O. Does any employee or official of Clark County or member of any County Advisory Board have any financial or other interest in your agency or this project?

Yes No If yes, explain.

P. Describe your availability and accessibility to the public (days, hours per week, proximity to bus line, etc.) for the provision of services.

Q. Please answer the following:

1. Have you ever had a contract terminated or not renewed? If yes, explain the circumstances.
2. Have you had any findings or reports with corrective action? If yes, please explain issue and how the problem was resolved.
3. Have you/your agency or any staff of your agency been named in any civil or criminal suit related to providing services? If yes, explain.
4. Has your agency/business ever operated under a different name? (Include information if current director was a director of another agency.) If yes, what name(s)?

Yes No If yes, list most recent.

5. For agencies, please attach a projected organization chart that shows the name, title/role and date of hire of each staff person whose work would be related to services in Clark County. Include all applicable service, administrative and finance staff.

R. For all Applicants:

In addition to Attachments A, B, C, and D, please include the following with your agency's submission materials:

1. A complete and thorough narrative of your agency's capacity to provide services to persons with developmental disabilities.
2. Letters of recommendation from all agencies with which your agency has a contract to provide services to persons with developmental disabilities.
3. Copies of your agency's audited financial statements or fiscal reports for the previous three years.
4. Copies of all job descriptions relevant to the services to be provided under any resulting contract
5. Resumes for all staff members who will be providing services under any resulting contract. (Resumes should describe education, licenses, certifications, and previous relevant experience.)
6. A copy of the Table of Contents of your agency's written policies and procedures
7. A copy of your Washington State Business License and W-9 Form
8. Provide written assurance that potential conflicts of interest will not arise. Such a conflict will arise when the Individualized Technical Assistance provider is a legal representative, a family member, a current service provider, or other decision maker for the client.

S. For Individual Supported Employment and Community Inclusion Applicants:

1. Provide evidence of compliance with DDA Policy 6.13, *Provider Qualifications for Employment and Day Program Services*.
2. Provide a narrative demonstrating experience and success in providing Individual Employment services to individuals on the Community Protection waiver in Clark County, WA, if applicable. Experience must include developing, obtaining, and maintaining successful placements in paid employment at minimum wage or better with the wages paid by a community-based business.
3. Explain how your agency will provide services in accordance with DDA Policy 6.13, *Provider Qualifications for Employment and Day Program Services* and the DDA County Guidelines at <https://www.dshs.wa.gov/dda/county-best-practices>.
4. Provide the resumes of your employees with a minimum of two (2) years of experience providing Individual Supported Employment or Community Inclusion services. For Individual Supported Employment, experience must include developing, obtaining, and maintaining successful placements for and with people with intellectual and developmental disabilities in paid employment at minimum wage or better with the wages paid by a community-based business.
5. Explain how your agency will track and report the following performance indicators, by acuity: number of new jobs; job losses and reasons for job losses; the percentage of persons employed earning minimum wage or better; and the average number of hours worked.
6. Provide evidence of compliance with DDA Policy 5.06, *Client Rights*.
7. Provide evidence of compliance with DDA Policy 6.08, *Incident Management and Reporting Requirements for County and County Contracted Providers*.

T. For Community Inclusion Only Applicants:

1. Explain how your agency will provide services in accordance with DDA Policy 6.13, *Provider Qualifications for Employment and Day Program Services* and the DDA County Guidelines at <https://www.dshs.wa.gov/dda/county-best-practices>.
2. Provide the resumes of your employees with a minimum of two (2) years of experience providing Community Inclusion services.
3. Provide evidence of compliance with DDA Policy 5.06, *Client Rights*.
4. Provide evidence of compliance with DDA Policy 6.08, *Incident Management and Reporting Requirements for County and County Contracted Providers*.

U. For Benefits Analysis Applicants:

1. Submit a copy of your Benefits Analysis Certification(s) and explain your experience with coordinating successful Social Security Impairment Related Work Expenses (IRWE) and Plan to Achieve Self-Support (PASS) and subsidies.
2. Submit a resume demonstrating expertise.
3. Provide evidence of compliance with DDA Policy 6.21, *Provider Qualifications for Individualized Technical Assistance*.

4. Submit your agency's proposed hourly service rate.
5. Provide evidence of compliance with DDA Policy 5.06, *Client Rights*.
6. Provide evidence of compliance with DDA Policy 6.08, *Incident Management and Reporting Requirements for County and County Contracted Providers*.

V. For Individualized Technical Assistance Applicants:

1. Provide detailed information on the type of training your agency seeks to provide.
2. Describe the education and experience your agency has that qualifies it to develop and implement a plan for providing technical assistance in removing employment barriers.
3. Submit professional certification or credentialing, as applicable.
4. Submit copies of all staff resumes demonstrating education and expertise.
5. Provide evidence of compliance with DDA Policy 6.21, *Provider Qualifications for Individualized Technical Assistance*
6. Provide evidence of compliance with DDA Policy 5.06, *Client Rights*
7. Provide evidence of compliance with DDA Policy 6.08, *Incident Management and Reporting Requirements for County and County Contracted Providers*.
8. Submit your agency's proposed hourly service rate.

W. For Early Intervention Services Applicants

1. Provide evidence of compliance with DDA Policy 6.13, *Provider Qualifications for Employment and Day Program Services*.
2. Provide the resumes of your employees with a minimum of two (2) years of experience providing Early Intervention services.
3. Review the DDA County Guidelines and explain how your agency will provide services in accordance with the DDA County Guidelines at <https://www.dshs.wa.gov/dda/county-best-practices>.
4. Provide evidence of compliance with DDA Policy 5.06, *Client Rights*.
5. Provide evidence of compliance with DDA Policy 6.08, *Incident Management and Reporting Requirements for County and County Contracted Providers*.
6. Describe your agency's experience providing *Early Intervention Services*.

ATTACHMENT C

SUBMITTAL CHECKLIST

Applicant must submit one (1) original and five (5) copies of the submittal documents as shown below:

- Attachment A – Cover Sheet
- Attachment B – Qualifications (include all required supporting documents)
- Attachment C – Submittal Checklist
- Attachment D – Conflict of Interest and Debarment Certification
- Copy of E-Verify Memorandum of Understanding
- Letters of Recommendation

ATTACHMENT D

CONFLICT OF INTEREST/DEBARMENT CERTIFICATION

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

STATE OF INCORPORATION: _____ DUNS NUMBER: _____

Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Private for-profit | <input type="checkbox"/> Unit of local or state government |
| <input type="checkbox"/> Public non-profit | <input type="checkbox"/> Private non-profit |
| <input type="checkbox"/> Other (specify) | |

ASSURANCES

The applicant attests and recognizes the following:

1. The person signing this offer has the authority to submit an offer and to represent Proposer in all phases of this procurement process;
2. The information provided herein is true and accurate;
3. Any false statement may disqualify this offer from further consideration or because of contract termination; and
4. The applicant will notify the County's Developmental Disabilities Program Manager within 30 days of any change in the information provided on this form.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER MATTERS

The applicant certifies to the best of its knowledge and belief that neither it nor any of its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency;
2. Have within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently indicted for, or otherwise criminally charged with, commission of any of the offenses enumerated in paragraph 2 of this certification;
4. Have, within a five-year period preceding the date of this certification had a judgment entered against contractor or its principals arising out of the performance of a public or private contract;
5. Have pending in any state or federal court any litigation in which there is a claim against contractor or any

of its principals arising out of the performance of a public or private contract; and

6. Have within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated or not renewed for any reason related to contract performance.
7. Have failed to pay taxes owed to a public body or failed to comply with the tax laws of the State of Washington and all political subdivisions of the State of Washington.

CERTIFICATION REGARDING CONFLICT OF INTEREST

“Organizational conflict of interest” means that, because of other activities or relationships with other persons or firms, an applicant (including its principal participants, directors, proposed consultants or subcontractors) would be unable or potentially unable to render impartial, technically sound assistance or advice to Clark County; or the applicant’s objectivity in performing the Work would or might be otherwise impaired. The applicant certifies to the best of its knowledge and believes that neither it nor any of its principal participants and agents has any relationship with any firm or individual that are, or appear to be, an organizational conflict of interest.

If unable to certify any of the statements in this Certification, the applicant shall attach an explanation below.

<i>SIGNATURE OF APPLICANT’S AUTHORIZED REPRESENTATIVE</i>	
Signature:	
Printed Name and Title:	
Phone:	