

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

State of Michigan  
Department of Human Services

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

Amount: <b>900.000.00</b>  <b>(300,000.00 annually)</b>	ITB Number  <b>DHS IHC 10-41002</b>
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Service Title: Kent County – Child Sexual Abuse Intervention

Bid Description:  
Kent County - In-Home Care, Child Care Fund contract for Child Sexual Abuse Intervention.

Services shall include clinical, outreach and group counseling for up to six (6) months for 300 families (100 per year).

\$30,000 of the annual contract amount will be set aside for mileage, to be billed on an actual cost basis. No additional dollars are to be added to the mileage line item.

\$5,000.00 of the annual contract amount will be set aside for specific assistance, to be billed on an actual cost basis. No additional dollars are to be added to the specific assistance line item.

\$265,000 of the annual contract amount will be available for clinical, outreach and group counseling, to be billed on a unit rate basis.

Due Date For Response:  
**December 7<sup>th</sup>, 2009 by 3:00 p.m.**

Contact Person Name: <b>Sandra Anderson</b>	Phone #: <b>(616) 248-1853</b>
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E-Mail Address: <b>AndersonS6@michigan.gov</b>
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## Instructions for completing the RFQ Notification Sheet

The RFQ Notification Sheet requires the following information.

### Amount

Enter the annual amount and the total amount which has been authorized for the entire period of the contract for which you are seeking a bid, even though bids are expected to come in at a lesser amount.

### ITB Number

The invitation to bid (ITB) number is a fifteen character number which, for DHS, is constructed as follows:

- a) The first three characters are **DHS** (already included on the form).
- b) The next *five* characters are derived from the acronym customarily used to describe the contract type being sought. If an acronym (GUARD for Guardianship, for example) exceeds four characters, just use the first four. If an acronym (DV for Domestic Violence, for example) has less than four characters, substitute an underscore for each of the absent characters.

Examples:        GUARD (Guardianship) becomes GUARD  
                      FF (Families First) becomes FF  
                      PRV (Prevention) becomes PRV

- c) The next *two* characters are *digits which represent the fiscal year in which the service will be purchased* (e.g. contracts that begin October 1, 2008=09)

The next two characters are digits representing the county in which most of the services being sought will be delivered. (e.g. Ingham = 33; Wayne = 82; Statewide = 99)

- d) The last three characters are digits which sequential digits within each contract type for that county. Example: The ITB number for a county's fourth RFQ in a particular contract type would be **004**. Each county should maintain for each contract type only one sequence of numbers.

As an example, ITB number **DHSCAN09-23003** would identify the third RFQ issued by Eaton County for services dealing with child abuse and neglect.

### Bid Description

The bid description begins with the name of the **county** in which most of the services will be delivered. (Use the word "Statewide" for contracts to deliver services statewide.) The county name will be followed by an identification of the **type of contract** being sought. Following that will be a listing of the **services to be delivered** under that contract. Examples:

Kent County – Child abuse and neglect contract for parent aide services;  
Eaton County – Delinquency contract for day treatment;  
Washtenaw County – Domestic violence contract for emergency shelter, crisis counseling and hot line services.

### Due Date

This is the deadline for the submission of bids. The bid information required by this notification **must** appear on the DMB website for at least 3 weeks prior to the due date.

**Email this entire document to [DHS-OCRS@michigan.gov](mailto:DHS-OCRS@michigan.gov)**

**REQUEST FOR QUOTE (RFQ)**  
**Cover Sheet**  
Michigan Department of Human Services (DHS)

Contract/RFQ Number: **IHC 10-41002**

Bid Submission Due Date & Time: **December 7<sup>th</sup>, 2009 by 3:00 p.m.**

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

Service Titles: **Child Sexual Abuse Intervention**

Anticipated Contract Begin and End Dates: **01/01/10-09/30/12**

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

Maximum Annual Contact Amount:    \$ **300,000.00**                    per year

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

Contact Person: **Sandra Anderson**

Telephone #: **616-248-1853**                    Fax #: **616-248-1059**

Email Address: **AndersonS6@michigan.gov**

**November 20, 2009 @ 9:00 a.m. Kent  
County DHS, 121 Franklin St. SE,  
Conference Room 3A. Please RSVP by  
calling 616-248-1853 by noon on  
11/19/09. Please bring a copy of the  
RFQ to the conference.**

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

Bidder Questions Due Date & Time: **November 23, 2009 by 3:00 p.m.**

Submit 6 copies of the bid response and two (2) copies of the budget document, in a separate sealed envelope, to this address:

<b>Kent County</b>		
DHS Office		
<b>121 Franklin St SE</b>		
Street Address		
<b>Grand Rapids</b>	<b>MI</b>	<b>49507</b>
City	State	Zip

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

Bidders must submit all **bid responses** either in person or by surface mail. Bid responses which are faxed or emailed will not be considered for award. For in person delivered proposals, please do not put in the drop box outside of the building. Go to the guard's desk on the first floor and have them call 248-1859 and someone will come down to pick up your proposal. If there is no guard at the desk, feel free to call the number directly. Postmarks are not sufficient proof of delivery.

Bid responses that exceed the maximum annual dollar amount indicated for the RFQ will not be considered for award.

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

Bids must substantially comply with the RFQ specifications or the bidder will be disqualified and their proposal will not be reviewed.

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

Rating

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

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

## **BIDDER OVERVIEW**

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

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

## **Description of Services for Bidder Response**

### **I. CONTRACTOR RESPONSIBILITIES**

#### **A. Geographic Area**

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

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

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

The Contractor shall provide services described herein in client homes, the contractor's usual place of business or, with prior DHS approval, at a mutually agreed upon site. Individual counseling services should normally take place in the client's home unless there is rationale provided in the treatment plan for change of location.

#### **C. Client Eligibility Criteria**

##### **1. Definition of Eligibility.**

- Family members, and children active for Delinquency services if DHS is providing care and supervision.
- Families open to the Children's Protective Services Program and other "preponderance of evidence" Category III (P.A. 484 of 1998) families who are referred to community based services.
- Family members and children in foster care (including neglect and delinquent wards placed in foster care).
- Family members and children of an adoptive family for whom a need for post-adoptive services has been identified by the Agency.
- Pursuant to 1999 PA 135 Sec. 509:
  - The adult sexual abuse perpetrator does not have access to the minor child(ren).
  - There is a court order requiring the preservation or reunification of the family through counseling services if either of the following would result:

- A child would be living in the same household with a parent or other adult, an individual age 18 or older, who has been convicted of criminal sexual conduct against a child.
- A child would be living in the same household with a parent or other adult, an individual age 18 or older, against whom there is a substantiated charge of sexual abuse against a child.
- This does not prohibit counseling or other services if the service is not directed toward influencing the child to remain in an abusive environment, justifying the actions of the abuser or reuniting the family.

## 2. Determination of Eligibility

The local DHS office shall determine eligibility. Each person to be provided service shall be identified by name in a written referral to the Contractor. A local office may initiate a referral by telephone as long as it is followed up within 5 business days with a written referral. Written referrals may come via fax.

## D. Credentials and Employee Clearances

The Contractor shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement. All therapists/counselors shall have a minimum of a Master's Degree and either certified or licensed by the State to provide individual, group, marital or family counseling or psychotherapy.

All staff who have direct contact with youth or families on an ongoing basis shall have the following documentation in their personnel files prior to having any direct contact with youth/families: Documentation of a national criminal history background check, in accordance with the Volunteers for Children Act - amending the National Child Protection Act. Any prior felony convictions or other irregularity must have written evidence of upper management review and acknowledgement, which justifies employment. Central Registry documentation that he or she has not been named in a central registry case as a perpetrator of child abuse or neglect. In addition to the above, any staff who may transport families must also possess a valid driver's license with no restrictions as to when and where the staff may drive and a current copy (at time of hire) of their driving record.

## E. Services to be Delivered

- a. Respond to a written referral from Kent County DHS by assigning the case to a Master's level therapist to complete a social work family assessment/treatment plan in conjunction with the family. Kent DHS will be notified by the contractor within two days of who

has been assigned to the case for assessment/intervention services. The referring worker may alert the Contractor by telephone to the details of any referral needing immediate attention and may choose to fax the written referral to the Contractor for a more immediate response. Each person to be provided service will be identified by name in the written referral to the Contractor with the initial risk level clearly indicated as low, moderate, high, or intense. The referring worker will forward additional information, the initial risk assessment, and Initial Service Plan and Service Agreement to the Contractor as soon as possible, but no later than 30 days from the referral date.

- b. Gather all necessary documentation and acquire all releases of information to make the best assessment and evaluation of a case. Documentation shall include investigation reports written by DHS Child Protective Services workers (which are forwarded to the Contractor as soon as possible by the DHS Child Protective Services staff). This documentation also includes past psychological, social histories, school reports, etc. The contractor may use the DHS-1555-CS or equivalent. Service records often contain confidential information. Agencies have a legal obligation to ensure that the confidentiality of those records is strictly maintained. Children's services case record information is confidential and may be released only when supported by law.
- c. Meet with the client and the DHS Child Protective Services worker to make a joint assessment of the family's treatment needs. Emphasis should be on assessing the client's circumstances, including information on birth development, childhood, adolescence, physical health, marriage adjustment, employment, family structure, mental status and reaction. The assessment will determine if individual intervention sessions will be provided in the home or in the office or a combination of both. It will also determine whether or not individual or group intervention or a combination of both is appropriate to best suit clients needs. Joint assessment meetings will usually occur at the client's home, within 72 hours of receipt of referral information.

NOTE: In some Child Protective Services cases, it may be necessary to meet with the family on a more immediate basis. The DHS Protective Services worker will alert the Contractor when an emergency situation requires more immediate contact with the referred family.

The assessment process for the families referred for services is to be completed as prescribed above, but it is not part of the budget for this contract, rather is to be a coordinated approach to this service and will be reimbursed via DHS-93. Please see IV Budget

Completion/Fiscal Resource Allocation and Budget Narrative for additional information.

Service #1 of 2: INDIVIDUAL INTERVENTION SEXUAL ABUSE

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Develop and submit an Initial Treatment Plan to the referring worker within 30 days of receipt of referral. Each plan shall include a record of contacts including time/duration and location for face to face contacts, the presenting problem, a summary assessment of each individual and of the entire family, a plan for the intervention and recommendations. The assessment/service plan shall be strength-based and shall be developed in conjunction with the family.
- b. Provide individual, conjoint and family intervention meetings directed at:
  - 1) Strengthening the bond between victim and non-abusive parent.
  - 2) Identifying and altering self-defeating behavior.
  - 3) Teaching appropriate family roles.
  - 4) Teaching the victim how to protect against further victimization.
  - 5) Teaching healthy sexuality.
  - 6) Reuniting the nuclear family when appropriate (it is not appropriate to reunite the child victim and the perpetrator of sexual abuse).
  - 7) Monitoring visitation.
  - 8) Changing inappropriate family roles.
  - 9) Facilitating more adaptive family and interpersonal roles.
  - 10) Ameliorating dysfunctional sexual behaviors.
  - 11) Teaching about the effects of violence.
  - 12) Teaching healthy communication.
  - 13) Alleviating guilt or depression resulting from victimization.
  - 14) Developing effective personal and interpersonal problem-solving methods.
  - 15) Resolving issues of regressed sexual behaviors in perpetrators.
  - 16) Resolving individual and/or family dysfunction identified through assessment or in ongoing treatment, which are relative to mistreatment of children.
- c. Provide in person contact at least once a week.

In person contact is defined as face to face contact with the perpetrator, victim or caretaker (parent, guardian or other person responsible) for the purpose of observation, clinical intervention or interview about substantive case issues

The location of where the face to face contact shall occur, will be made in consultation with and consensus between the family, referring worker and therapist. It shall also be documented in the Initial Treatment Plan and Service Agreement as prescribed below.

- d. Maintain regular telephone contact with the referring worker as frequently as deemed necessary by either the referring worker or Contractor for the duration of service provision. At a minimum, contractor staff shall notify the referring worker monthly to report attendance and progress of the family referred. The therapist will return calls made to them regarding progress of the client within 72 hours of the call with exceptions made for contract staff being unavailable due to absence. Contractor staff will provide notification of such absences on their voice mail with clear instructions on who callers may contact during the therapist's absence.
- e. Develop a written safety plan in conjunction with the child and DHS worker when appropriate. The safety plan must be signed by the therapist, parent and/or caregiver, DHS worker and therapist's supervisor and filed in the case file. A copy of the safety plan is given to the parent/caregiver.
- f. Document the case through the following:
  1. Develop an Initial Treatment Plan for each family and submit the plan to Kent County DHS within 30 days of the initial CPS case opening whenever possible or when not possible because 30 days from the CPS referral has elapsed they will be due within 30 days of the date of the referral to the Contractor. It shall be developed in collaboration with the family and the therapist. It must identify and address the reason for the referral from the referring worker. Other elements of the plan shall include, but are not limited to, identifying family strengths, helping the family define the specific goals of the intervention, and connecting the family to other community resources to meet their needs and obtain needed support. The format shall include the following:

- a. Identifying Information-Family name, DHS case number, contract agency worker, referring worker, date of referral, date the report was written, the date the report was typed and date the report was submitted to DHS
- b. List of all “family” members residing in the home.
  1. Record of all client/family and collateral contacts made during the period covered, including:
    - a. Dates and type (type of contact-phone, home call, etc.) of all collateral contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained.
    - b. Dates, type, location and duration of all client family contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained and clinical service provided during the contact.
    - c. Include attempted contacts and scheduled, but uncompleted appointments.
    - d. Presenting problem and reason for the referral both from referring worker’s perspective and the family’s perspective.
    - e. Family Assessment - Includes assessment details of all family members.
    - f. A summary of how the Service Agreement, specified below, will work toward alleviating the reason for the finding of preponderance of evidence of child/abuse neglect or for the referral to CPS intake.
  2. The DHS worker in conjunction with the contractor will develop a Service Agreement with each family. The family’s involvement shall be clearly documented by their signing of the Service Agreement.
    - The Service Agreement documents all service referral activity for the case and aids in evaluation of the outcomes for each service referral. This form provides a chronology of services for the family and explicit evaluation of each service for all family members.
    - Upon completion of the Service Agreement and when the Service Agreement is updated, the parent is given a copy for review. The **worker** needs to ensure the parent

understands all areas within the agreement. Parental and therapist signatures are required with the date.

3. Develop quarterly reports. The first quarterly report is due 75 days from the CPS complaint date or if referred through foster care 75 days after the due date for the Initial Service Plan. Submit all further quarterly reports 90 days after the due date of the first quarterly report. The reports shall include:
  - Brief synopsis of the reason for the referral for treatment.
  - Record of all client/family and collateral contacts made during the period covered, including:
    1. Dates and type (type of contact-phone, home call, etc.) of all collateral contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained.
    2. Dates, type, location and duration of all client family contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained and clinical service provided during the contact.
    3. Include attempted contacts and scheduled, but uncompleted appointments.
  - Progress made during the quarter toward treatment goals/objectives.
  - Any significant changes in the family circumstances.
  - Recommended changes in treatment goals.
  
4. Submit closing reports. Closing reports must be submitted before the case is officially recorded as closed by the agency. The closing report must include:
  - Brief synopsis of the reason for the referral to CPS.
  - Record of all client and collateral contacts made during the period covered by the report.
    1. Dates and type (type of contact-phone, home call, etc.) of all collateral contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained.
    2. Dates, type, location and duration of all client family contacts. Include the specific reason for the contact and a brief summary of the facts/information obtained and clinical service provided during the contact.
    3. Include attempted contacts and scheduled, but uncompleted appointments.

- Specify the number of each: clinical, outreach and group units provided to the family during the entire intervention.
  - Progress made during the intervention stated in narrative form.
  - The current family situation and level of family functioning including an assessment of the well-being of each child individually.
  - Clear statement of whether the goals were achieved.
  - Any recommendations made to the family for follow-up services .
- f. For office (clinical) counseling sessions, ensure therapist meets in a confidential physical space at the Contractor's facility and ensure that services will accommodate the academic and employment schedules of the client families.
- g. Provide court reports that address the goals of the intervention and recommendations to the referring worker's agency. Issues addressed in this report shall include:
- i. Child:
    - a) Impact of abuse.
    - b) Identification of protector, should re-abuse occur.
    - c) Ability to provide self-protection.
  - ii. Non-Offending Parent:
    - a) Degree of dependency on spouse/abuser.
    - b) Degree of support for the child.
    - c) Recognition of responsibility.
    - d) Ability to set and enforce limits.
    - e) Type of support system available.
  - iii. Perpetrator:
    - a) Presence of remorse.
    - b) Acknowledgment of responsibility.
    - c) Degree of impulse control.
    - d) Accessibility to children.
    - e) Impact of abuse and/or violence acknowledged.
    - f) Compliance with court orders.
    - g) Commitment to engaging in the intervention.

iv. Diagnostic Statement:

- a) Parents' capacity to change.
- b) Parents' willingness to change.

v. Goals of Service and progress made towards those goals..

vi. Recommendations.

Court reports shall be delivered to the court hearing coordinator and the DHS referring worker at least seven days prior to the hearing.

- h. Provide childcare on site for office (clinical) counseling sessions.
- i. Testify in court at the request of the referring worker.
- j. Provide emergency after hour therapist contact to clients for emergencies through an approved method. If any method other than the therapist cell phone or answering service that contacts the therapist, prior DHS approval is necessary
- k. Complete a written Request for Extension of Service Provision for any intervention that exceeds six months from the date of the referral. The request shall include the summary of progress, current risk assessment and recommendations of the therapist. Specify the number of each: clinical, outreach and group units provided to the family during the entire intervention, and number of scheduled contacts that were either no-shows or cancelled by the client family. Requests will be reviewed and approved by the DHS worker and supervisor.

2. Volume of Service (Clients/Units):

- a.) Clients: The estimated number of unduplicated clients to be served during the term of this Agreement shall be 300 families (100 per year)
- b.) Unit Title:

Individual Clinical Sexual Abuse Intervention

Unit Definition(s): One unit equals fifty (50) minutes of a therapist's/counselor's time in a face-to-face appointment with a referred client and/or family members and/or other person(s) significant to the client (if specified in the Agency referral) at a client homes, the

contractor's usual place of business in a confidential setting or, with prior DHS approval, at a mutually agreed upon site.

Number of Units: The anticipated numbers of units to be provided shall be 5,100 (1,700 per year).

Individual Outreach Sexual Abuse Intervention

Unit Definition(s): One unit equals fifty (50) minutes of a therapist's/counselor's time in a face-to-face counseling session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the DHS referral) at the client's home or, with prior DHS approval, at a mutually agreed upon site.

Number of Units: The anticipated number of units to be provided shall be 5,100 (1,700 per year).

For outreach counseling units billed, the contractor may bill for mileage at the standard state rate for mileage (currently .399 per mile) or at the established contractor rate, which ever is lower.

The Contractor may bill for partial units in increments of one-half of one unit.

Service #2 of 2: GROUP INTERVENTION SEXUAL ABUSE

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Provide a group intervention sequence directed at the goals stated above, which shall focus on:
  1. Strengthening the ability of the victims of sexual abuse to provide protection and safety for themselves and for their minor children.
  2. Assisting the parents of victims of child sexual abuse in dealing with feelings of rage, guilt, helplessness, etc.
  3. Encouraging the perpetrator to accept responsibility for his/her offenses and the consequences of the behavior.
  4. Changing inappropriate family roles.
  5. Facilitating more adaptive family and interpersonal roles.

6. Ameliorating dysfunctional behaviors.
  7. Alleviating guilt or depression resulting from victimization.
  8. Developing effective personal and interpersonal problem-solving methods.
  9. Resolving issues of regressed sexual behaviors in perpetrators.
  10. Teaching impulse control to the perpetrator.
  11. Teaching the victim self-protection against further victimization.
  12. Identifying and altering self-defeating behavior.
- c. Assign a therapist to maintain communication with the referring worker regarding referrals, progress and continuation of the client in the intervention, and summary consultation as the client finishes group treatment.
  - d. Provide confidential physical space and ensure that services shall be available weekend and evening hours as necessary.
  - e. Provide a maximum of two therapists paid by the Contractor per children's and adolescent's group when children's and adolescent's group initial enrollment is six (6) or more persons and a maximum of two therapists paid by the Contractor per adult group when adult group initial enrollment is eight (8) or more persons.
  - f. Provide written documentation with billings of who was served in the group, the hours the group met, the day the group met, and the topic covered in group.
  - g. Provide childcare on site.
  - h. Complete a written Request for Extension of Service Provision for any intervention that exceeds six months from the date of the referral. The request shall include the summary of progress, current risk assessment and recommendations of the therapist. It shall also include the number of group units provided to each family member during the first six months of service. Requests will be reviewed and approved by the DHS worker and supervisor.

## 2. Volume of Service (Clients/Units):

a. Clients: The estimated number of unduplicated clients to be served during the term of this Agreement shall be 300 (100 per year)

b. Unit Title: Group Intervention for Sexual Abuse

Unit Definition(s): One unit equals 1 and ½ hours of therapist time spent facilitating or co-facilitating a group. For one therapist, group size must be three or more per unit of service. For two therapists' co-facilitating a group, group size for children and adolescent groups must be six or more. For two therapists co-facilitating an adult's group, group size must be eight or more. No group shall exceed 15 members in size excluding therapists in the count. Each group shall include not fewer than two unrelated family groups. For payment purposes, a partial unit shall be billed if the group consists of non-eligible as well as Agency clients served under this Agreement. The portion to be charged to the Agency shall equal the percentage of Agency clients in the group times the unit rate. The Contractor may bill for partial units in increments of one-tenth of a unit.

c. Number of Units: The anticipated numbers of units to be provided shall be 360 (120 per year).

F. Evaluation Reporting Requirements

The Contractor shall submit to the DHS monthly reports that indicate the status and effectiveness of activities performed under this Agreement as indicated:

1. Monthly Activity Roster.
2. Any other reports requested by the local DHS office.

The Contractor shall submit to the DHS annual reports that indicate the status and effectiveness of activities performed under this Agreement as indicated:

1. Administer Client Satisfaction Questionnaire to the family and if age appropriate child, within 90 days of completion of the program. Provide a copy of the completed questionnaires to the local DHS office on a monthly basis.
2. Administer an annual Satisfaction Questionnaire to be completed by referring workers of the DHS office. Provide a copy of the completed questionnaires to the local DHS office annually.

The services provided by the Contractor under this Agreement shall be evaluated by the Agency on the basis of the following criteria:

1. Eighty percent (80%) of the families referred for services who are intact at the time of referral shall remain intact upon completion of treatment.
2. Seventy percent (70%) of foster care cases shall result in a successful return home for the child/ren with families reunited upon completion of treatment. Reunification in this case being with the non-offending parent.
3. Ninety percent (90%) of joint assessment meetings will occur at the client's home within 72 hours.
4. Ninety five percent (95%) of the initial treatment plans will be developed and submitted to the referring worker within 30 days of receipt of the referral.
5. Within three days of a missed appointment, the Contractor will inform the client by letter or telephone call to schedule a follow-up appointment one hundred percent (100%) of the time.
6. Ninety five percent (95%) of the quarterly reports will be developed and submitted to the referring worker by the due dates as defined under the services to be delivered (3.).
7. Ninety five percent (95%) of the court reports shall be delivered seven days prior to the court hearing.
8. One hundred percent (100%) of cases requiring intervention that exceeds six (6) months shall obtain written approval from DHS prior to providing the additional service.
9. Closing reports must be submitted before a case is officially closed one hundred percent (100%) of the time and as described under the services to be delivered (4).

## REQUEST FOR QUOTE - RATING CRITERIA

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

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

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

#### **A. Agency**

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

Considerations:

- How recently were services provided and for what duration?
2. To what degree is experience with other similar services relevant to the service(s) being bid?
  3. Has the bidder demonstrated the ability to collaborate with, or otherwise utilize, relevant community system resources to enhance outcomes for clients?

#### **B. Staff**

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

Considerations:

- Length of experience
  - Similarity of experience to services to be required
2. Does the bidder describe an acceptable level and structure for supervision with regard to the following?

- Amount of supervisory time dedicated to this project.
- Number of staff and programs for which each supervisor is responsible.
- Availability of supervisor for emergencies and during non-traditional hours (where appropriate).

Considerations:

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

Considerations:

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

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

1. Are educational requirements appropriate for each of the following types of staff?
- Direct Services
  - Supervisory
2. Is the bidder's training program for new staff acceptable with regard to the number of hours of training, and the training curriculum?
3. Is the training scheduled in a manner that assures new staff will have appropriate skills prior to service delivery?

4. Does the bidder provide an acceptable level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs?

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

1. Were the services monitored by the purchasing agency? Was there documentation provided in a monitoring report regarding quality of service?
2. Were the terms of the agreement(s) fulfilled satisfactorily? (Was objective, supportive, documentation from the purchaser provided?)

3 If not, did the bidder submit and implement a corrective action plan that met the needs of the purchaser?

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

**A. Service Delivery**

1. Does the bidder’s work plan demonstrate an understanding of service objectives?
2. Does the bidder demonstrate ability to fully implement all aspects of the service design? Does the bidder adequately describe the methodology used to determine the amount of staff (both management and direct) needed to fulfill the terms of the service?
3. Does the work plan describe an approach that integrates service delivery to the client population in a way that assures achievement of goals for the client population?
4. Is the bidder’s plan for addressing the needs of a diverse client population adequate with respect to:
  - Transportation needs
  - Client characteristics
  - Physical disabilities
  - Language difficulties
  - Cultural concerns
5. Does the bidder describe an effective approach for attracting and maintaining a high degree of client participation and investment in the program?

6. Does the proposal include documentation that past efforts at client engagement were successful?
7. If the bidder is responsible for assessment of client needs, is the assessment process well defined and appropriate? Client centered? Does the bidder perform pre and post evaluative testing?
8. Does the work plan demonstrate that the bidder will be able to make initial contact with clients within the required time period?
9. If the bidder is responsible for the development of client treatment plans:
  - Is treatment plan development integrated with the assessment process?
  - Does the bidder describe an approach to encourage client participation in decision making and identification of their needs?
  - Does the bidder demonstrate that treatment plans will be individualized to the needs of each client/family?
  - Does the bidder provide documentation that they have a history of completing assessment and treatment plan development in a timely manner?
10. Does the bidder demonstrate that treatment plans will help clients achieve the goals of children being safe in their family homes?
11. Does the bidder demonstrate successful collaborative working relationships with other relevant community systems by:
  - Identifying resources within the community that are available to assist the family?
  - Does the bidder describe established formal and informal working relationships with relevant community agencies and staff? Was there documentation of ability to advocate and secure resources for clients?
12. Did the bidder demonstrate that past service contract and reporting deadlines were met?
13. Does the bidder have an acceptable plan in place to assure that service will begin on the identified date?
14. Does the bidder have an acceptable plan to ensure compliance with contract requirements?

## **B. Staffing**

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

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

- A. Is the bidder reasonably accessible to the client population during non-traditional service hours? Is the bidder able to provide services at times when most clients can access them?
- B. Does the bid response adequately describe how bidder will provide outreach services?
- C. Transportation
  - Is the bidder located close to public transportation?
- D. Are the bidder's facilities and services easily accessible to clients with disabilities?
- E. Is the facility large enough to meet the demand for services in the geographic area?
- F. Is the bidder's plan for addressing client language barriers feasible and appropriate?
- G. Does the bidder have an appropriate plan for serving clients with physical disabilities?
- H. Does the bidder identify an adequate plan to assure an appropriate level of client confidentiality while providing services in the office?
- I. Does the bidder identify an adequate plan to assure an appropriate level of safety for clients while providing services in the office, home and group sessions?

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

- A. Does the bid response demonstrate that the bidder's resources can provide a consistent capacity to sustain an adequate level of service throughout the life of the agreement (including staffing, communication, resources, and the described facility [both location and size])?
- B. Is supervisory and administrative support adequate with respect to:
  - . Consultation
  - . Back-up
  - . Span of control
- C. Are the number of direct-care staffing hours adequate to deliver the level of needed service, as identified in both the fiscal and narrative portions of the bid response?
- D. Are the resources (budgeted details such as salaries, occupancy, communication, supplies & equipment, transportation, contracted services, and miscellaneous) reasonable to accomplish the bidder's work plan, and reasonably adequate to provide a consistent level of service throughout the life of the agreement?
- E. Are the resources identified in the narrative portion of the proposal consistent with those in the budget?
- F. Does the proposal specifically identify what resources the bidder has available and how it will utilize (all) those resources to facilitate 24/07/365 accessibility (i.e., staffing allocation; communication; transportation, community contacts, etc.)?
- G. Is the quantity of resources appropriate and reasonable for the level of proposed services? Do they match?
- H. Has the bidder identified other funding and/or donated or non-cash resources to support services and use the funding efficiently? Note: this does not include the DHS-93 assessments.
- I. Does the bid response include unallowable costs that will impact the ability of the bidder to implement the work plan?
- J. If the bidder provides in-kind, do they demonstrate a dependable, consistent source of in-kind funding?

## **V. Price Competition**

Competitiveness in pricing will be determined using a formula that will divide the lowest bid price by the bidder's price, and then multiply that by the bidder's initial score, determined through the above rating criteria. Mileage and Specific Assistance will not be included in this calculation.

## REQUEST FOR QUOTE POLICY

### General Information

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

#### 1. Contract Award

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

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

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

#### 2. Rejection of Bid Responses

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

#### 3. Incurring Costs

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

#### 4. Inquiries

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

#### 5. Amendment to the RFQ

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

6. Response Date

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

7. Bid Response

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

8. Acceptance of Bid Response Content

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

9. Economy of Preparation

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

10. Prime Contractor Responsibilities

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

11. News Releases

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

12. Disclosure of Proposal Contents

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

13. Independent Price Determination

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

## BIDDER INFORMATION

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

### To register on MAIN:

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

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

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

**BIDDER RESPONSE SECTION**

1. Bidder Name:

2. Bidder Mailing Address:

Bidder E-mail Address:

Bidder Fax Number:

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

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

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

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

(Name)

(Telephone Number/Email)

7. Statement of Intent

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

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

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

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

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

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

### **A. Agency**

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

### **B. Staff**

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

2. Provide position descriptions for any current staff charged in the price quotation that indicate these specific staff possess the educational credentials, knowledge, skills abilities and other characteristics that qualify them to provide proposed services.
3. Complete the staffing allocations and qualifications form, CM-011, Bidder Response: Staffing Allocations and Qualifications at [http://www.michigan.gov/documents/CM-0011\\_162116\\_7.doc](http://www.michigan.gov/documents/CM-0011_162116_7.doc)
  - Titles used in this attachment must match titles used elsewhere in narrative.
  - For each position, list the number of hours and number of weeks to be committed to the services being bid. This should not include hours/resources dedicated for completion of assessments through the DHS-93.
4. Describe your agency's supervision structure and plan with regard to the following:
  - Amount of supervisory time dedicated to this project.
  - Number of staff and programs for which each supervisor is responsible.
  - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).
  - Supervision plan for direct care staff.
  - If any, supervision plan for staff team.
5. For your agency's supervision staff, provide the following:
  - Length of experience in direct service provision in proposed or similar services.
  - Length of supervisory experience.

### **C. Education / Training**

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

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

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

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

**A. Service Delivery**

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

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

    - Transportation needs.
    - Client characteristics.
    - Physical disabilities.
    - Language difficulties.
    - Cultural concerns.
    - Other.
  - Work Plan
    - Provide a description of how the specified service(s) would be provided to client(s).

- Include each step, process or activity a typical client(s) would encounter in successfully completing this service, and how these steps contribute to client goal achievement, and program success.
  - Include evidence of your ability to meet time frames required in the RFQ. If no required time frames, indicate anticipated time frames, with rationale for them.
  - Include a program flow chart if desired.
  - Include the total anticipated duration of service for each client, the frequency of contacts, and time spent with client during each contact.
2. Describe how your agency will attract and maintain a high degree of client participation, engagement, and investment in the program. Provide documentation that past efforts to engage clients were successful. Include agency's ability and plan to provide this service during non-traditional service hours.
  3. Describe your agency's method for determining client assessment. Please include any formal tools or methods used.
  4. Provide a description of how the treatment plan is developed, including a sample treatment plan based on common characteristics of the targeted population. Explain how the treatment plan contributes to client's achievement of the client's individual goals and to the goals of the overall program.
  5. Describe how the agency collaborates with other relevant community systems and resources through:
    - Identifying resources within the community that are available to assist the family.
    - Connecting the family to those identified resources.
    - Advocating with the client for needed services or resources.
  6. Documentation and timeliness of Reports
    - Provide procedures in-place to meet service contacts and reporting deadlines.
    - Describe your procedures for case review of reports.
    - Document your success in the past at meeting service contacts and reporting deadlines in this or in similar services provided.
  9. Continuation of Service Plan

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

**B. Staffing**

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

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

Category	2008	2007	2006
Managerial/Supervisory			
Direct Service			
Total staff (including support)			

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

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

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

**III. Availability/Accessibility**

- Specify your agency's normal hours of operation.

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

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

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

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

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

- Actual mileage costs will be reimbursed up to \$30,000.00 annually. For the purposes of this bid please prepare your budgets using this figure but do not include it in your unit rates.
- Actual specific assistance will be reimbursed up to \$5,000 annually. For the purposes of this bid please prepare your budgets using this figure but do not include it in your unit rates.
- Do not include the State's DHS-93 reimbursement in your budget.

### **Budget Narrative**

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

1. Itemize (without indicating actual dollar amounts) the types of employees benefits offered, the square footage of each facility, supplies, travel mileage and other resources included in your budget. Be as specific as possible and quantify all resources whenever possible.
2. If resources will be provided through another source, identify the source and type of funds to be used. All match and in-kind funding should be identified and explained. Do not include State's DHS-93 reimbursement as a funding source or the associated costs, including but not limited to staff time committed to completing assessments through the DHS-93 process.

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

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

**PRICE QUOTATION**  
Michigan Department of Human Services

**BIDDER NAME:**

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

Service #1 (Name of Service):

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

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

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

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

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

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

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

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

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

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

Bidder Name (1)	
County	Type of Service

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

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

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**RESOURCE GRID**  
MICHIGAN DEPARTMENT OF HUMAN SERVICES

\* Do not include dollar amounts.

\*\* List any match resources your agency will be providing and the fund source of that match, including documentation that supports the sustainability of any match funds.

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

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

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

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