

LACKAWANNA COUNTY CHILDREN AND YOUTH SERVICES

**ANNUAL
REQUEST FOR QUALIFICATION (RFQ)
FOR SERVICE PROVIDERS**

August 3, 2011

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submissions will be received by Lackawanna County Children and Youth Services (LCCYS) at its offices at 200 Adams Avenue, 4th Floor, Scranton, Pennsylvania 18503 for provision of services to eligible individuals served by our Department. This RFQ will be used in applying for funds to provide services for **July 2011 to June 2012**.

Respondents must submit their written requests by **4:00** p.m. prevailing time on **Wednesday August 17, 2011**.

Submissions received will be reviewed and evaluated by LCCYS, based upon such criteria as LCCYS, in its sole discretion, deems appropriate. LCCYS reserves the right to request clarification or additional information from any respondent. LCCYS, in its sole discretion, may accept the proposal of a respondent, may choose a respondent with which LCCYS will enter into negotiations, or may reject all proposals.

LCCYS reserves the opportunity to modify this Request for Qualifications at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

A. PURPOSE:

The purpose of this RFQ for service providers is to solicit submissions from qualified agencies and/or individuals to provide services on behalf of the County in connection with the administration of the Lackawanna County Children and Youth (LCCYS) as defined by Pennsylvania Office of Children, Youth, and Families. Service areas include:

- **Adoption Services**
- **Day Treatment- Dependent/Delinquent**
- **Life Skills- Dependent/Delinquent**
- **General Protective Services**
- **Service Planning**
- **Group Home- Dependent/Delinquent**
- **Foster Care- Dependent/Delinquent**
- **Independent Living- Dependent/Delinquent**
- **Residential Services- Dependent/Delinquent**
- **Juvenile Detention**

B. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

1. RFQ submissions will include four (4) copies and contain all information required within Section C. Qualifications must be submitted to LCCYS , 200 Adams Avenue, 4th floor Scranton, PA 18503 by 4:00 p.m. on **Wednesday, July 27, 2011** in a sealed envelope with the name of the agency or individual submitting clearly marked on the outside of the envelope. The LCCYS assumes no responsibility for delays in any form of carrier, mail, or delivery service causing the submission to be received after the above-referenced due date and time. Submission by fax, telephone, or email is not permitted.

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2. All questions regarding this RFQ should be made in writing to LCCYS, 200 Adams Avenue, 4th Fl., Scranton, PA 18503. All responses to questions will be posted on the Lackawanna County website at www.lackawannacountv.org.
3. **Submission Format:** Each submittal must be in sufficient detail to permit evaluation, at minimum, with respect to the areas outlined in Section C. Submittals must include the information that is specifically requested herein as well as such additional information as an agency/individual deems relevant. Submissions should adhere to the following outline:
 - a. Cover letter
 - b. Qualification Requirements (Section C)
 - i. Agency Summary (Form A)
 - ii. Scope of Services - Qualification statements (Form B)
 - iii. Conflict of Interest (Form C)
 - c. Copy of your most recent audit
 - d. A copy of the licenses that pertain to the services provided
 - e. Certificates of Insurance
 - f. Program Descriptions
 - g. Proposed Fee/ Rate Sheet

C. QUALIFICATION REQUIREMENTS:

LCCYS is requesting agencies and individuals to provide the following information in their Request for Qualification:

1. **Agency Summary** - All summaries submitted to LCCYS shall include the following:
 - a) Name and address of your agency and the corporate officer authorized to execute agreements.
 - b) A brief description of your agency's history, ownership and organizational structure as well as whether or not your agency is for profit or non-profit.
 - c) A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Office of Children, Youth, and Families (OCYF) that may have any impact on your agency's operations.
 - d) A statement that your agency is not involved in any current litigation with Lackawanna County.
 - e) A list of the type of license that your agency holds.
2. **Scope of Services** - LCCYS is requesting qualification statements to provide those allowable services/cost centers listed under Section A "Purpose."
 - a) All submittals must detail the proposed service and the agency's qualifications and experience in providing this service.
 - b.) The name, experience, qualifications, and applicable licenses held by the individual primarily responsible for providing service and any other person(s), whether as employees with specialized skills that would be assigned to provide service.

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3. Conflict of Interest Statement

- a.) All submittals must state that there are no conflicts of interest to which the agency would be subject if it were to provide the requested service on behalf of LCCYS.

D. CRITERIA FOR EVALUATION OF QUALIFICATION:

LCCYS will independently evaluate each submission and selection will be made upon the following criteria:

1. Experience and reputation in the field;
2. Experience and reputation in the field with respect to contracting with governmental entities to provide services on behalf of the County;
3. Knowledge of Pennsylvania's Department of Public Welfare Grants and the organizational structure of LCCYS;
4. The administrative and programmatic capacity to manage the volume of work.
5. Availability to accommodate any required meetings of LCCYS;
5. Ability to meet reporting requirements and timelines for completion as set forth by LCCYS;
6. Other factors determined to be in the best interest of the County in LCCYS's sole discretion.

CONFIDENTIALITY:

This Request for Qualifications and all submissions received in response, will remain confidential (with the exception of information that was previously public information), and will not be used for any purpose other than the evaluation of the proposals received by LCCYS. Each respondent, by responding to this Request, acknowledges the terms above and agrees to safeguard the details of this process and the contents of this document. If your organization does not agree to these conditions concerning confidentiality, or if you elect not to respond to this Request for Qualifications, please return this Request to LCCYS and retain no copies thereof.

QUALIFICATIONS BASED SELECTION PROCESS:

The statement of qualifications will be evaluated in accordance with the County's Qualifications Based Selection Process. Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.

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AGENCY SUMMARY

FORM A

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

I. GENERAL INFORMATION

Agency Name:
Corporate Address:
City: | State: | Zip Code:
Services Provided:
Corporate Officer's Name: | Title:
Corporate Officer's Signature:
Person authorized to execute agreements

DESCRIPTION

In the space below, please provide a brief description of your agencies history, ownership, type of organization and organizational structure. Please attach any supporting documents.

EMPLOYEE DETAILS

In the space below, please provide the names, experience, proposal, and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

- I ATTEST that [TYPE NAME OF AGENCY] currently carries the following types of insurance coverage:
 - Workers' Compensation Insurance
 - Commercial General Liability Insurance
 - Professional Liability Insurance
 - Automobile Insurance

- I ATTEST that [TYPE NAME OF AGENCY] is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Public Welfare (DPW) that may have any impact on your agencies operations.

- I ATTEST that [TYPE NAME OF AGENCY] does create/have a *conflict of interest* with the submission of this Request for Qualification.

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SCOPE OF SERVICES

FORM B

Instructions: In the space below, please list all services and the address of service delivery provided by your agency.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

Service Name	Address

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CONFLICT OF INTEREST STATEMENT

FORM C

All submittals must state that there are no conflicts of interest to which the agency would be subject if it were to provide the requested service on behalf of the LCCYS.