

LACKAWANNA COUNTY BOARD OF COMMISSIONERS

DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH & FAMILY SERVICES

REQUEST FOR QUALIFICATIONS
FOR PROVIDING THE DEVELOPMENT AND IMPLEMENTATION OF RESEARCH MEASURES AND
PROGRAM EVALUATION FOR THE LACKAWANNA COUNTY INDEPENDENT LIVING MENTORING
PROGRAM FOR TRANSITION AGE YOUTH
Fiscal Year JULY 1, 2021 THROUGH JUNE 30, 2023

Issued: JUNE 8, 2021

RFQ ID #: 159/21/1100/01

1. INTRODUCTION:

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the County of Lackawanna ("COUNTY") Board of Commissioners ("Board of Commissioners") for the provision of services to eligible individuals served by the Department of Human Services / Office of Youth and Family Services. This RFQ will be used in applying for funds to provide services for Fiscal Year July 1, 2021 to June 30, 2023.

Submission Deadline:

Respondents must submit their written Submittals by 4:00 p.m. prevailing time: **June 21, 2021**

Contact Person:

Cristin Wormuth

Email: wormuthc@lackawannacounty.org

Submissions received will be reviewed and evaluated by the Department of Human Services /Office of Youth & Family Services (herein after referred to as the Department), based upon such criteria as the Department, in its sole discretion, deems appropriate. The Department reserves the right to request clarification or additional information from any respondent. The Department, in its sole discretion, may accept or reject any or all submittals.

The Department reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) 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.

2. PURPOSE

The Independent Living (IL) Program of Lackawanna County Department of Human Services/Office of Youth and Family Services (DHS/OYFS) is soliciting proposals from qualified agencies, institutions, or individuals to provide development of research measures and program evaluation of the Mentoring program that is in development and should be operational in the Fall of 2021 through funding of the Independent Living grant.

A qualified agency, institution, or individual will assist in developing research measures and provide an independent program evaluation to determine the impact of the IL mentoring program for youth in transition to adulthood.

A qualified agency and/or individual will be selected through a competitive, quality-based, fair and open process at the sole discretion of the Lackawanna County Independent Living program based on recommendations of the RFQ review empaneled by the County.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original copy of the Submittal must be provided.

Submittals must be emailed directly to Lackawanna County Department of Human Services, OYFS - Attn: Cristin Wormuth at wormuthc@lackawannacounty.org. Submittals must be sent with the submitting agency or individual and the RFQ number clearly marked in the Subject Box. Submittals by fax, telephone, or UPS is not permitted. Failure to follow the proper submission format may cause the submission to be rejected.

The final selection will be made in the sole discretion of the Department.

4. PRE-SUBMITTAL MEETINGS:

There will be an opportunity for prospective Submitters to meet with the County staff for a Question and Answer session: **Only Submittals from the Submitters that attended the Pre-Submittal Meeting will be accepted.**

Date: N/A

Time: N/A

Location: N/A

5. QUESTIONS:

- **All questions pertaining to this RFQ must be submitted via email to : wormuthc@lackawannacounty.org on or before Wednesday, June 16, 2021 and will be answered and posted on the County website (www.lackawannacounty.org) on Friday, June 18, 2021.**

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Department will independently evaluate each submittal and selection will be made upon the following criteria:

1. The Provider must be able to provide the development and implementation of research tools for program evaluation the DHS/OYFS Independent Living Mentoring Program for Transition Age Youth.
2. It is desired that the proposed rate would be inclusive of all costs that support the service delivery.
3. Cultural Competency and Diversity: The Provider shall promote policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
4. Experience and reputation with respect to providing services for governmental entities.
5. Knowledge of the subject matter of the services to be provided to the County.
6. Ability to meet timelines and schedules for completion on an expedited basis as set forth by the Department.
7. Availability to accommodate any required meetings of the Department.
8. Other factors determined to be in best interest of the County in the Departments sole discretion.

7. SUBMISSION REQUIREMENTS:

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each submitter agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date.

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

Title Page:

(1 page): Show name of your firm, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and number of the RFQ.

Table of Contents:

All Submissions to the County must include the following:

- SECTION 1** Agency Information (see Form A)
- Name, address, phone number and email address of the agency;
 - The corporate officer's name, title and signature. This person must be able to execute agreements on behalf of the agency;
 - The service(s) for which the submittal has been prepared.
- SECTION 2** Agency Description (see Form A)
- A brief description of your agency's history, ownership and organizational structure;
 - Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.
- SECTION 3** Agency Services (see Form A)
- List all services provided by your agency and address at which they are provided.
- SECTION 4** Scope of Services/Statement of Qualifications (see Form B)
- Provide a description of the proposed service and your agency's qualifications and experience in providing this service;
 - Provide the names, experience, qualifications 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.
- SECTION 5** County Contracts (see Form C)
- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.
- SECTION 6** Statement of Assurances (see Form D)
- A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on your agency's operations;
 - A statement of assurance that your agency has no conflict of interest in providing service on behalf of Lackawanna County;

- A statement of assurance that your agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;
- A statement of the insurances currently held by your agency.

SECTION 7 Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.
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SECTION 8 Subcontractors

- **RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS**

8. RESPONSIBILITIES:

The successful submitter shall have primary responsibility for the following:

1. The applicants with optimal qualifications are providers with an established history of successfully developing research measures and conducting program evaluation for human/social service agencies.
2. The applicants will collaborate with the OYFS Office of Social Services Research and Development and the Independent Living Department to determine the data elements and formal evaluation tools necessary to evaluate the IL Mentoring Program.
3. The applicants will conduct a program evaluation for a minimum of the first year of the program and provide a final report at the conclusion of the program evaluation.

9. CONFIDENTIALITY:

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term “CONFIDENTIAL” on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

10. CONFLICT OF INTEREST:

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

11. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any firm that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

12. FORMS ATTACHED

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- Form C – County Contracts
- Form D – Statement of Assurances

Qualification Base Selection Process

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

DHS-OYFS DEVELOPMENT AND IMPLEMENTATION OF RESEARCH MEASURES AND PROGRAM EVALUATION FOR THE LACKAWANNA COUNTY INDEPENDENT LIVING MENTORING PROGRAM FOR TRANSITION AGE YOUTH

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. AGENCY INFORMATION | | |
|--------------------------------|--------|-----------|
| Agency Name: | | |
| Corporate Address: | | |
| City: | State: | Zip Code: |
| Phone: | Email: | |
| Services Provided: | | |
| EIN Number: | | |
| *Corporate Officer’s Name: | Title: | |
| Corporate Officer’s Signature: | | |

* Person authorized to execute agreements

II. AGENCY DESCRIPTION

In the space below, please provide a brief description of your agency’s history, ownership and organizational structure. Include as attachments an organizational chart, copy of your most recent audit, applicable licenses and other supporting documents.

III. AGENCY SERVICES

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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SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS

FORM B

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, 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.

COUNTY CONTRACTS

FORM C

Instructions: In the space below, please provide a listing of all like or similar service contracts with other county programs or Mutually Agreed Upon Written Arrangement (MAWA) to provide services listed on Form A. If no other service contracts exist, please mark N/A in the first space.

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.

| OTHER SERVICE CONTRACTS | | | | |
|--------------------------------|-----------------------|----------------|----------------------|------------------------|
| Agency | Contact Person | Service | Contract Date | Contract Amount |
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STATEMENT OF ASSURANCES

FORM D

- 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 Human Services (DHS) that may have any impact on our agency's operations.
- I ATTEST** that there are no conflicts of interest to which [TYPE NAME OF AGENCY] would be subject if it were to provide the requested service on behalf of Lackawanna County.

If unable to attest to the above statement, please explain below:

- I ATTEST** that [TYPE NAME OF AGENCY] is not involved in any current or pending litigation with Lackawanna County or any of its Departments or Authorities.
- 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