

GOVERNMENT OF THE DISTRICT OF COLUMBIA



HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

FAMILY BASED FOSTER CARE SERVICES

STATUTORY AND REGULATORY AUTHORITY

D.C. Code section 2-354.06, authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award Human Care Agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a Human Care Agreement with the District of Columbia in accordance with 27 DMCR Chapter 19.

GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement (HCA), Contractor Qualifications Record (CQR) form. All information must be completed in the spaces provided, or marked "N/A."
2. Original signatures must be included. Copies or a stamped signature is not acceptable.
3. The Standard Contract Provisions (SCP) for use with District of Columbia Government Supplies and Services Contracts dated March 2007 ("SCP") are incorporated as part of the HCA resulting from this CQR. Please read this document carefully before you complete the Contractor's Qualifications Record. To obtain a copy of the SCP go to www.ocp.dc.gov, click on Opportunities and Support, OCP Solicitations, Required Solicitation Documents, then click on "Standard Contract Provisions (March 2007)". The SCP will be incorporated by reference into each Human Care Agreement that is entered into between a Provider of human care services and the District of Columbia.
4. The following documents shall be completed and return with package. To obtain a copy of the documents go to www.ocp.dc.gov:
 - a. Tax Certification Affidavit
 - b. Bidder/Offeror Certification
 - c. Equal Employment Opportunity (EEO) Information, Mayor's Order 85-85
 - d. First Source Agreement
5. Qualifications Review: See Attachment

In those instances where check boxes are provided, please check only the box or boxes that apply. Please include and attach all information, documentation, and data as instructed and required. You may use the "Remarks Section", or attach a separate sheet, to provide additional information.

6.

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach Disclosure Information?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization?	<input type="checkbox"/>	Did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?

1. DATE OF FILING				2. FILING TYPE:		(FOR CFSA USE ONLY)	
/ /		<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> REMOVAL		DATE RECEIVED BY CFSA:			
SECTION I – GENERAL INFORMATION							
1. NAME OF INDIVIDUAL/ ORGANIZATION			2. TYPE OF ORGANIZATION <i>(Please check the appropriate box.)</i>				
a. Name:			<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> JOINT VENTURE		
b. Title:			<input type="checkbox"/> CORPORATION		<input type="checkbox"/> GENERAL PARTNERSHIP		
c. Physical Street Address:			<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> LIMITED PARTNERSHIP		
d. City, State & Zip Code:			3. STATE OF INCORPORATION <i>(Please check the appropriate box.)</i>				
e. Office Phone:			<input type="checkbox"/> DISTRICT OF COLUMBIA		<input type="checkbox"/> COMMONWEALTH OF VIRGINIA		
f. Office Facsimile No:			<input type="checkbox"/> STATE OF MARYLAND		<input type="checkbox"/> STATE OF DELAWARE		
g. E-Mail:			<input type="checkbox"/> OTHER:		Date Of: _____		
5. SOCIAL SEC. / TAXPAYER ID NO:			6. DUNN & Bradstreet No:		3. TYPE OF ORGANIZATION?		
					<input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT		
					7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS?		
					<input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned		
					<input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident		
SECTION II – FINANCIAL RESPONSIBILITY INFORMATION <i>(Please Provide and Attach a Copy of Your Most Recent Financial Statement)</i>							
1. Name and Address of Accountant:				2. Name and Address of Financial Institution:			
3. Name and Title of Contact Person:				4. Name and Title of Contact Person:			
5. Telephone No.:		6. Fax No.:		7. Telephone No.:		8. Fax No.:	
9. Date of Attached Financial Statement (Must be Within Last 12 Months):				10. Do You or the Organization Owe Any Outstanding District or Federal Taxes?			
				District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES			
11. MEDICAID – MEDICARE INFORMATION:							
a. Are You / Organization a Certified Medicaid Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid Number: _____ Date: _____							
b. Are You / Organization a Certified Medicare Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicare Number: _____ Date: _____							

SECTION VI – SERVICE DATA AND INFORMATION

- 1. GENERAL SERVICE CATEGORIES: Please Check the General Service Categories for which this Application is Submitted:**
2. CFSA seeks family based foster care that specifically serves lesbian, gay, bisexual and transgender children and youth within Traditional, Therapeutic and Specialized Care programs.

- Traditional Family Based Foster Care Services
 Specialized Family Based Foster Care Services

- Therapeutic Family Based Foster Care Services

2. LANGUAGE SKILLS: Please Check All that Apply in terms of Language Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> English (ENG) | <input type="checkbox"/> French (FRN) | <input type="checkbox"/> Chinese–Cantonese (CCA) |
| <input type="checkbox"/> Spanish (SPN) | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA) |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN) | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL) | <input type="checkbox"/> Korean (KOR) | <input type="checkbox"/> Others: _____ |

SECTION VII

Please use this section for additional response to any previous request for information. In addition, please feel free to use this section to provide additional information pertinent to determining qualifications for entering into a Human Care Service Agreement with the District of Columbia's Child and Family Services Agency.

SECTION VIII – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE

1. DRUG-FREE WORKPLACE CERTIFICATION: *Please provide certification that you or the Organization will operate in a Drug-Free Manner.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
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(May be signed on behalf of individual or organization.)

2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS: *Please provide Certification that You or the Organization Agrees to be bound by the Standard Contract Provisions of the District of Columbia.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts (“Standard Contract Provisions”), dated March 2007, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
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3. INFORMATION CONSENT: *Please Provide Certification that you or the organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, _____ of _____

Hereby give, provide and express my consent for representatives of the Child and Family Services Agency, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Child and Family Services Agency. I further understand that the Child and Family Services Agency will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
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FAMILY BASED FOSTER CARE SERVICES – DCRL-2016-H-0050

QUALIFICATION REVIEW

The Contracting Officer shall certify the financial and professional responsibility of each potential provider based on the following:

- (a) The type of business or organization and its history;
- (b) The resumes and professional qualifications of the business of the or organization’s staff, including relevant professional and/or business licenses, affiliations, and specialties;
- (c) Information attesting to financial capability, including financial statements;
- (f) A summary of similar contracts awarded to the service provider, and the service provider’s performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and district equal employment opportunity law;
- (j) Information about pending lawsuits or investigation, and judgment, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and

Specialized Qualifications for Family Based Foster Care Human Care Agreement

- (l) Submit current child placing agency license; or, evidence of pending license eligibility to include a copy of the licensing application with contact information for the licensing entity in the respective jurisdiction.
- (m) Submit evidence of its three (3) most recent, consecutive annual monitoring evaluations that demonstrate favorable and effective performance for children, youth, and families.
- (n) Submit organizational structure that has a Quality Assurance System that includes a Quality Assurance Coordinator to manage programmatic outcomes, PPW (Placement Provider Web) data and other performance indicators.
- (o) Demonstrated organizational or CEO experience (3 years minimum) in providing similar human care services.
- (p) Contractor shall submit documentation that clearly describes the number of years the contractor has been providing family based foster care services, the segment of the population served (i.e. age range and type such as: traditional, therapeutic or specialized) and demonstrated outcomes achieved towards permanency through reunification and/or adoption.
- (r) If the contractor is submitting a CQR and proposes to provide specialized family based foster care services, contractor should provide detailed information that clearly demonstrates their ability to have homes to the physical care needs of children that may have physical handicap and submit documentation of homes currently equipped with handicapped accommodations.

the
specialized

PRE-QUALIFICATIONS CONFERENCE WILL BE HELD ON FEBRUARY 23RD, 2016, AT 200 I STREET SE, WASHINGTON, DC 20003, FROM: 10:00AM EST. TO 12:00PM EST.