City and County of Denver
CORE SERVICES PROGRAM
REQUEST FOR APPLICATIONS
PACKAGE
RFA NO. BM/CS /CW 2012_05/07

ADDENDUM NO. 2
Adding Domestic Violence Services
The above reference application is hereby addended as follows on August 1, 2013:

NOTICE OF REQUEST FOR APPLICATIONS
City and County of Denver
Core Services Program
Adding Domestic Violence Services

The City and County of Denver through the Department of Human Services (DDHS) is expanding the ongoing Request for Applications (RFA) and seeking Domestic Violence Offender Management Board (DVOMB) Certified Providers to provide Domestic Violence (DV) Services to their clients. Beginning in January of 2013 the DVOMB requires that all providers are to be DVOMB certified. If you are a current Core Service provider and you are providing or wish to provide DV services, you will be required to submit a new application through this addendum to the RFA for DV services.

DDHS released the ongoing open RFA in May 2012 to develop a pool of potential providers who are qualified to offer services through the Core Service Program in the following categories to children and families involved in the child welfare system:

- Home Based Services
- Intensive Family Therapy
- Sexual Abuse Treatment
- Day Treatment
- Multi-Systemic Therapy Services
- Life Skills
- Mental Health Services
- Substance Abuse Treatment
- After Care Services

Domestic Violence Services through the Core Service Program in Denver are provided through a county designed and approved program by the State. According to Colorado Revised Statutes 16-11.8-104; Department of Human Services shall use only Domestic Violence Offender Management Board (DVOMB) Certified Providers to provide services to their clients.

If an individual provider is no longer DVOMB Certified, Denver Human Services will be notified immediately and any clients being seen will be referred within the agency to a provider that is DVOMB certified.

Following are the Special Conditions required of Domestic Violence providers:

- Before completing a Domestic Violence Evaluation at a minimum the following information is required:
  - Required external sources of information- such as police reports, victim impact statements, criminal history, victim input, previously performed offender evaluations, caseworker input, etc.
- Required Assessment Instruments -such as the SARA, Substance abuse screening instrument, the DVRNA.
- Required Minimum Content of Offender interview-including offender accountability, responsively factors, and criminogenic needs.
- Provider written brief report that highlights the outcome from the initial evaluation including an overview of the findings from the risk assessment instrument for probation or court or caseworker
- Collateral information required. Never on offender’s self reported alone.
- Two different types of evaluations: pre or post sentence, pre must be done by licensed mental health professional who is approved provider.

- All evaluations or assessments completed will be submitted to the caseworker within 30 days of completion of all interviews and gathering of collateral information.
- DDHS strongly desires:
  - DVOMB provider that is using the Caring Dads parenting curriculum or similar parenting education.
  - Assist the Victim with connecting to a Victim Advocate.
- No couples or family therapy shall be recommended without a TDM that includes:
  - Multidisciplinary Team (treatment Provider, Victim Advocate, Probation, Child Protection Caseworker etc.) and
  - The offending parent has met Core Competencies as determined by the DVOMB provider that indicate that couple or family therapy is appropriate.

Meeting the criteria of this RFA, or any other solicitation, does not of itself obligate DDHS to extend a contract for services, utilize, or pay for these services in any circumstance. Parties interested in submitting their applications to provide such services are required to follow the recommended guidelines and instructions contained in this RFA and must complete and submit the Request for Application Form (Attachment 1).

The RFA packet may be obtained by visiting “Bidding Opportunities” on the denvergov.org website at Denver Human Services, Contracting Services for an electronic download. If you are unable to download the RFA packet please contact Contracting Services at 720.944.2233 to pick up a packet at DDHS during the hours of 9:00 A.M. to 4:30 P.M., M-F.

This RFA is open-ended and will remain in effect until rescinded. Applications will be accepted on an ongoing basis until further notice.

All applicants are required, at their expense, to secure and deliver to the City a current Certificate of Insurance (COI) showing coverage for all required insurance with their application in hard copy. In addition, prior to the initiation and execution of any contractual agreement, proof the insurance is still current and is to be kept in force at all times during the term of the contract, as the same may be extended, the insurance coverage in the types and amounts required by the City and County of Denver as shown in the Insurance Information and Sample Certificate of Insurance Form attached to this RFA. Your application will not be considered without this proof. (See Attachment 4 - Insurance Information and Sample Certificate of Insurance Form). Please submit Request of Application form and attachments to the attention of the:

RFA Information Contact Person:

Allyson Shuldberg
Denver Department of Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 720-944-1662
Fax: 720-944-2224
E-mail: allyson.shuldberg@denvergov.org
Only applicants that meet the minimum qualifications as set forth in the complete Request for Applications packet will be reviewed. The responses from this RFA will be reviewed for appropriate qualifications and experience in relation to the services to be provided.

The Manager reserves the right, at his/her sole discretion, to reject any or all responses and to waive informalities and minor irregularities in responses received and to accept any portion or all items proposed if deemed in the best interest of the City and County of Denver.

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This Request for Applications package is divided into two parts.

Part I contains general information and instructions necessary for submission of an application to the City and County of Denver.

Part II contains information regarding the scope of services to be provided, any general specifications, and documents specific to this solicitation to be completed and submitted as part of a response.
PART I
INSTRUCTIONS FOR SUBMITTING APPLICATIONS

To be considered, all applications must be submitted in accordance with these instructions.

Note: The following are general instructions for submitting applications. Additional and/or conflicting instructions outlined in the general specifications in this Request for Applications (RFA) may supersede these instructions.

1. ISSUING OFFICE
This RFA is issued for the City and County of Denver by the Denver Department of Human Services (DDHS), 1200 Federal Boulevard, Denver, Colorado 80204.

2. PURPOSE
This RFA is designed to provide qualified applicants sufficient information to prepare and submit an application.

3. SCOPE
This RFA contains the instructions for submitting an application, the information to be included in the response and any mandatory requirements, which must be met, for the applicant to be eligible for consideration.

4. WHO SHOULD RESPOND
All interested applicants, who have the capability to meet the specifications, are invited to submit an application in accordance with the specification, procedures, dates, and times as set forth herein. Applications will be accepted from public, private non-profit, or private for-profit firms, which meet at least one of the following criteria:
   a. political entity of the State of Colorado,
   b. incorporated in the State of Colorado and in good standing,
   c. a foreign corporation registered with the Colorado Secretary of State and in good standing.

Prior to contracting, private corporations must either be incorporated in the State of Colorado or registered with the State as a foreign corporation, and must be in good standing. Proof of such standing is required prior to the start of the contracting process.

5. INQUIRIES
Applicants may present questions concerning this RFA to the contact person specified below in this RFA. Any such inquiries must be submitted by e-mail to Allyson Shuldberg (allyson.shuldberg@denvergov.org) or in writing and faxed to 720-944-2224. Questions must be typed or printed clearly, and include the applicants’ name, telephone number, e-mail address and the name of the organization(s) being represented. All questions will be answered in a timely fashion.

6. ADDENDUM TO REQUEST FOR APPLICATIONS
In the event that it becomes necessary to revise any part of this RFA, an appropriate addendum will be issued by the City. The City may re-publish, at its sole discretion, any such addendum.
7. RFA CANCELLATION
The City and County of Denver reserves the right, at its sole discretion, to cancel this RFA in whole or in part, at any time if it is in the best interest of the City and County of Denver.

8. APPLICATION SUBMISSION
This Request for Application is open-ended and will remain in effect until rescinded. Applications will be accepted on an ongoing basis until further notice. Providers mailing their applications should send their response to:

Denver Department of Human Services
Contracting Services
1200 Federal Boulevard, 4th Floor
Denver, Colorado 80204-3221

Please include one (1) request for application packet clearly marked “ORIGINAL” and one (1) copy of the application packet. These should be submitted in an envelope or container with the name of the applicant clearly shown on the top left hand corner of the envelope or container.

9. REJECTION OF APPLICATIONS
The manager reserves the right, at his/her sole discretion, to reject any or all applications and to waive informalities and minor irregularities in applications received and to accept any portion or all items proposed if deemed in the best interest of the City And County of Denver.

10. NO ARREARAGES/NO DEFAULTS
No application shall be accepted from, and no contract will be awarded to, any person, firm or corporation that is in arrears to the City And County of Denver, upon debt or contract, or that has defaulted, as surety or otherwise, upon any obligation to the City And County of Denver, or that has failed to attain or demonstrate compliance with any law, ordinance, city regulation, or contract term or condition as may be provided for or required in any city contract, or that may be deemed irresponsible or unreliable by the City. Applicant may be required to submit satisfactory evidence that they have the necessary financial resources to perform and complete the work outlined in the application.

11. RESULTING CONTRACT
A selected applicant will be required to execute a contract with the city. All contracts will be executed in accordance with the City and County of Denver’s contract administration process. The selected application and budget may become an attachment to the contract. Services and payment will commence upon final execution of the signed contract between the successful applicant and the City.

12. INSURANCE
To be in accordance with the terms and conditions of a contract agreement between your agency and the City And County of Denver, the successful applicant will be required to have a current and valid insurance policy in effect at all times that is in compliance with Mayoral Executive Orders, Denver Charter, And The Revised Municipal Code. Proof of insurance is a major aspect of contract compliance.

The successful applicant will be required, at its own expense, to secure and deliver to the City a current Certificate of Insurance (COI) showing coverage for all required insurance with their application in hard copy as shown in the Insurance Information and Sample
Certificate of Insurance Form attached to this RFA as **Attachment 4.** The applicant will submit a signed Compliance with Insurance Certification Form labeled as **Attachment 5** which acknowledges their understanding of insurance requirements. In addition, prior to the initiation and execution of any contractual agreement, applicant will provide proof the insurance is still current and to be kept in force at all times during the term of the contract, as the same may be extended, the insurance coverage in the types and amounts required by the City and County of Denver.

13. **CONFLICT OF INTEREST**
No official, officer, or employee of the City shall have any personal or beneficial interest whatsoever in connection with the services, agency, or business proposed within this RFA. The applicant agrees not to hire or contract for services with any official, officer, or employee of the City or any other person in any manner, which would be in violation of the Denver Revised Municipal Code Chapter 2, Article Iv, Code Of Ethics, Or Denver City Charter 1.2.9, And 1.2.12.

14. **NON-DISCRIMINATION**
Applicants shall comply with all city, state and federal laws, rules, and regulations involving non-discrimination based on race, color, religion, national origin, gender, age, military status, sexual orientation, marital status or physical or mental disability.

15. **APPLICATION DISPOSITION/APPLICATION OPEN RECORD**
All applications and the materials attached thereto submitted in response to this RFA, except for any identified proprietary material, shall become the property of the City upon delivery to the City. The City reserves the right in its sole discretion to use without limitation any and all information, concepts and data contained therein. Any portions of the application that the applicant deems confidential shall be clearly marked as such. An entire application marked “confidential” or “proprietary information” will be declared non-responsive.

If a request to inspect the application, or any portion thereof, is made by a third party, the City will endeavor to treat all materials requested to be kept confidential and nondisclosable to the extent provided by C.R.S. § 24-72-201, Et. Seq., The Colorado Open Records Act. The applicant understands that the City may be subject to the provisions of such act together with the uniform trade secrets act. The City will endeavor to inform the applicant of any third party request for disclosure of such information pursuant to the Colorado Open Records Act or as may be otherwise made to the City. If the applicant requests that such information be held confidential and not disclosed by the City, the applicant will assume the defense of such position, up to and including litigation, and will indemnify and save and hold harmless the City, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation.

16. **APPLICANT DISCLOSURE OF PRINCIPALS**
Section 20-69 of the Denver Revised Municipal Code (D.R.M.C.) requires all applications for certain contracts for professional or personal services to disclose certain information as to company principals and political contributions, as set forth in the attached Bidder/Contractor/Vendor/Proposer/Disclosure Form. This form is attached to this RFA as **Attachment 2** and is also available in an electronic format. If you desire an electronic copy, please request the form be sent to you by email. Complete the form and include it with your application in hard copy.
17. COMPLIANCE WITH FEDERAL, STATE, AND CITY LAWS
The applicant agrees to comply with all federal, state and local laws and regulations applicable to the funding source authorizing any program or activity funded through this RFA (including, but not limited to Title VI of the Civil Rights Act of 1964, including The Limited English proficiency requirements) and with all laws, policies, procedures, ordinances, and regulations of the City And County of Denver.

18. PROHIBITION AGAINST EMPLOYMENT OF ILLEGAL ALIENS TO PERFORM WORK UNDER THIS AGREEMENT:
The applicant is prohibited from knowingly employing or contracting with illegal aliens to perform services pursuant to this application, and shall execute a certification to that effect at the time of entering into a contract with the city.

The applicant will not enter into a contract with a subcontractor that knowingly employs or contracts with an illegal alien or that fails to certify to the successful applicant that it does not knowingly employ or contract with illegal aliens to perform work with the applicant.

If the applicant executes a contract with the City and fails to abide by these prohibitions, the City may terminate the contract, and the applicant will be liable for actual and consequential damages to the City.

19. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
Federal law implementing Executive Order 12549 requires that prospective applicants certify that it and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal or state or local) transaction or contract under a public transaction; or are in violation of federal or state antitrust statutes or are indicted for or otherwise criminally or civilly charged with a commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. This form is attached to this RFA as Attachment 3 and is also available in an electronic format. If you desire an electronic copy, please request the form be sent to you by email. Complete the form and include it with your application in hard copy.

20. GENERAL EVALUATION CRITERIA
Information submitted by the applicant should be in the order as outlined in the RFA specifications. Applications will be evaluated according to the following criteria: responsiveness to the Request for Applications, overall merit of the application, agency experience, capacity to provide proposed services to address the needs of child welfare clients, ability to provide culturally competent services, and availability of services. Also considered is the ability to sustain services to clients if funding from DDHS were not available, the applicant’s experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

21. TERM OF SERVICES
Services by selected applicants are to commence on June 1, 2013 and continue through May 31, 2014 with the option in the City to extend the term. All contracts, contract amounts, and extensions are contingent upon funding availability and contractor performance.
A. BACKGROUND

In 1991, Article 5.5 was enacted to create the Colorado Family Preservation Act. Although the program is defined in State statutes as Family Preservation, the program is referenced in Code of Colorado Regulations (12 CCR 2509) Colorado Department of Human Services (CDHS) Volume VII Section 7.303 (12 CCR 2509-4) as Core Services. The Core Services Program was established within the Colorado Department of Human Services in 1994 and is statutorily mandated to provide strength-based resources and support to families when children are at imminent risk of out of home placement and/or are in need of services to maintain a least restrictive setting.

This refers to children who, without immediate intervention, services, and support would very likely have been removed from the home and placed under county or tribal custody. A central goal of the Core Services program is to keep children and families together, by serving children who are at risk for out of home placement in the home, whenever appropriate and possible.

The goals of the Core Services Program are to:

I. Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child;

II. Prevent out-of-home placement of the child;

III. Return children in placement to their own home; or,

IV. Unite children with their permanent families.

V. Provide services that protect the child.

"To return children in placement to their own home or to unite children with their permanent families" is defined as return to the home of a parent, an adoptive placement, guardianship, independent living placement, foster-adoptive placement or to live with a relative/kin if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.

B. GENERAL INFORMATION

Through this process DDHS proposes to develop a pool of providers offering a variety of services important to the clients served by Child Welfare Divisions. Applicants who are able to successfully demonstrate responsiveness will be given preference for contracts with DDHS.

To be in accordance with the terms and conditions of a contract with the City and County of Denver, the successful applicant will be required to have a current and valid insurance policy in effect at all times that is in compliance with Mayoral Executive Orders, Denver Charter, and the Revised Municipal Code. Proof of insurance is a major aspect of contract compliance.

This RFA is designed to provide sufficient information for providers to prepare and submit a Request for Applications Form. All responses should provide a straightforward, concise description of qualifications, and include any details of interest in the specific service areas you will be providing services for.
C. APPLICANT REQUIREMENTS

DDHS requires of all contracted agencies the following:

1. Workload Standards:
   a. Each worker engaged in home based intervention, intensive family therapy, shall have at least two (2) and not more than twelve (12) at risk families depending on the intensity of service needed per family.
   b. Each worker and supervisor engaged in Multi Systemic Therapy or Functional Family therapy must be in compliance with standards for each treatment modality.
   c. Supervisory workload ratio shall be six (6) caseworkers per supervisor. Contractors shall provide comparable supervision.

2. Performance Standards:
   a. Availability to provide services evenings and weekends is preferable and must be noted on the application.
   b. Transportation for clients.
   c. Ability to meet the City and County of Denver Required Insurance for Commercial General Liability, Professional Liability, Automobile and Workers Compensation Insurance as applicable to provider. (See Attachment 6)

3. Staff Qualifications:
All personnel who supervise or provide professional services in child welfare services must possess the following minimum qualifications:
   a. Professional Entry (Training) Level Position
      A Bachelor’s degree with a major in a human behavioral sciences field.
   b. Professional Journey Level Position
      This position has obtained the skills, knowledge, and abilities to perform duties at the full independent working level through experience and education.
      i. A Bachelor's degree with a major in a human behavioral science field and one year of professional caseworker experience acquired after the degree in a public or private social services agency; or,
      ii. A Bachelor’s of Social Work degree with a major in public child welfare and successful completion of an approved field placement in a county department of social/human services; or,
      iii. A Master's degree in social work or human behavioral sciences field.
   c. Casework Supervisor Position
      i. A Bachelor's degree with a major in a human behavioral sciences field (no substitution) and three years professional casework experience at the journey level obtained after the degree; or,
      ii. A Master’s degree or higher in social work or human behavioral sciences field and two years professional casework experience at the journey level obtained before or after the advanced degree.
   d. Education Requirements
      i. In order to meet the minimum educational requirements of a human behavioral science degree, the applicant must have a degree with major course work (equivalent to 30 semester hours or 45 quarter hours) in either development of human behavior, child development, family intervention techniques, diagnostic measures or therapeutic techniques such as social work, psychology, sociology, guidance and counseling, and child development.
D. SERVICES
The areas of services are:

- **Home-Based Interventions**
  Services provided primarily in the home of the client and includes a variety of services which can include therapeutic services, concrete services, collateral services and crisis intervention directed to meet the needs of the child and family.

- **Intensive Family Therapy**
  Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

- **Sexual Abuse Treatment**
  Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

- **Day Treatment**
  Comprehensive, highly structured services that provide education to children and therapy to children and their families.

- **Life Skills**
  Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

- **Mental Health Services**
  Diagnostic and/or therapeutic services to assist in the development of the family services plan, to assess and/or improve family communication, functioning, and relationships.

- **Substance Abuse Services**
  Diagnostic and/or therapeutic services to assist in the development of the family service plan, to assess and/or improve family communication, functioning and relationships, and to prevent further abuse of drugs or alcohol.

- **After Care Services**
  Any of the Core services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.

- **Multi-Systemic Therapy Services**
  Evidence based research-proven and cost-effective treatment for youth with serious behavioral problems. MST targets juvenile offenders and their families. The targeted youth are chronic, violent, or substance abusing juvenile offenders at high risk of out-of-home placement.

- **Domestic Violence Services**
  Providers shall be Domestic Violence Offender Management Board (DVOMB) Certified Providers. DDHS strongly desires DVOMB provider that is using the Caring Dads parenting curriculum. Provider will assist the Victim with connecting to a Victim Advocate. No couples or family therapy shall be recommended without a TDM that includes: Multidisciplinary Team (Treatment Provider, Victim Advocate, Probation, Child Protection Caseworker etc..) and Recommended from the DVOMB treatment offending parent has met Core Competencies to engage in above treatment.

E. MAXIMUM ALLOWABLE RATES
DDHS establishes Maximum Allowable Rates (MAR) for Core Program services. By responding to this RFA, the applicant agrees to accept the established rates for the service(s)
awarded. DDHS may not pay providers more than the established MAR rate nor should a provider bill more than established rates.

In addition, DDHS desires applicants to be authorized Medicaid providers or qualified to become an authorized Medicaid provider. Families within the Child Welfare System rely on Medicaid as their health care provider and the continuity of care for clients is a high priority.

F. REVIEW AND EVALUATION

Applications will be reviewed and evaluated according to the following criteria: responsiveness to the Request for Applications, overall merit of the application, agency experience, capacity to provide proposed services to address the needs of child welfare clients, ability to provide culturally competent services, and availability of services. Also considered is the ability to sustain services to clients if funding from DDHS were not available, relevance and justification of costs included in the budget, the applicant’s experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

G. APPLICATION AND ATTACHMENTS

The RFA packet is designed to provide sufficient information for providers to prepare and submit a Request for Application Form and attachments. All responses should provide a straightforward, concise description of qualifications. Your completed application form (Attachment 1) is limited to six (6) one sided pages, plus the following attachments.

- Attachment 2 - Bidder/Contractor/Vendor/Proposer/Disclosure Form
- Attachment 3 - Certification Regarding Debarment, Suspension, And Other Responsibility Matters
- Attachment 4 –Insurance Information and Sample Certificate Of Insurance
- Attachment 5 - Compliance with Insurance Certification Form
Attachment 1
Updated 8/1/2013

Denver Human Services
CORE SERVICES APPLICATION FORM

(Please Print or Type)

Agency/Name: _________________________________________________________

Type (LLC/Sole Prop/etc.): ________________________________________________

Address:  ______________________________________________________________

City: _______________ State: ____________ Zip: ________

Telephone Number: ______________ Fax Number: _________________________

Website: __________________________   Email Address: _______________________

Contact Person for this Application:  ___________________________________________

Title: ________________________________ Phone: _______________________

Email Address: _______________________

Executive Director, CEO, or Owner:  ________________________________________

Title: ________________________________ Phone: _______________________

Email Address: _______________________

Federal Identification Number or Social Security Number: ____________________

Service area applying for: (Select all that apply) Requested Amount per Service:

☐ Home-Based Interventions $___________
☐ Intensive Family Therapy $___________
☐ Sexual Abuse Treatment $___________
☐ Day Treatment $___________
☐ Life Skills $___________
☐ Mental Health Services $___________
☐ Substance Abuse Services $___________
☐ After Care Services $___________
☐ Multi-Systemic Therapy Services $___________
☐ Domestic Violence $___________

Total Application Request $___________
A. Agency Information
1. Provide a very brief description of your agency, and/or organization including total staff size, number of years in operation, mission, and history.

2. List any professional, state, or required licenses, and accreditation/certification levels if any.

3. Are you a Domestic Violence Offender Management Board (DVOMB) Certified Provider? ☐ YES ☐ NO
   Proof of DVOMB Certification is attached (Required): ☐ YES
   Do you use the Caring Dads Parenting curriculum? ☐ YES ☐ NO

4. Are you a Medicaid provider? ☐ YES ☐ NO
   Are you qualified to become an authorized provider? ☐ YES ☐ NO

B. Services, Experience, and Qualifications
1. What specific type (s) of service and area of specializations do you provide?
   a) What service delivery methods and mechanisms would you implement? Include specific methods and techniques you will use for engaging and motivating clients and families.

   b) Describe any relevant aspects that demonstrate capacity to provide the services.

2. In the specific service area, please explain how this service will address the five Core Services goals of:
   a) Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child:

   b) Prevent out-of-home placement:

   c) Return children in placement to their own home:

   d) Unite children with their permanent families:

   e) Provide services that protect the child:
3. Do you have experience working in the Child Welfare System, particularly with traumatized children and families? Please describe.

4. Describe how you will be multi-culturally responsive and how you plan to provide services to non-English speaking clients?

C. Collaboration
Providing services for Child Welfare clients involves the ability to advocate and collaborate on behalf of the clients you serve and yourself. This includes collaboration with DDHS, community-based organizations and other government entities.

1. How do you plan to coordinate services and reporting with Child Welfare Social Case Workers?

2. Will you provide other supportive services through collaborative agreements with other programs/providers? If so, define these services:

3. It is likely that you or your staff will be expected to testify on the witness stand during Court Hearings. Briefly describe your (their) experience and the qualifications that would qualify you as experts in child welfare or other fields.

D. Reporting and Accounting Systems

1. DDHS requires monthly reports with specific information. Briefly describe your methodology and ability to track data and provide these reports on client progress.

2. Describe the accounting system you utilize to provide fiduciary accountability.

E. Target Population

1. How did you determine that there was a need or an unmet need for your service in the Denver Metropolitan community?

2. Which, if any, in the Denver Metropolitan area/neighborhoods do you see as your targeted Clientele?
F. Availability
a. Please indicate the hours your services can be provided:

*Availability to provide services evenings and weekends is preferable.

☐ Monday – Friday (what hours?): _____ a.m. to _____ p.m.

☐ *Evenings (specify): days __________________ until _____ p.m.

☐ Weekends (specify): days__________________ hours _____________

☐ Other:

Can services be provided in the client’s home? ☐ YES ☐ NO
Can you transport a client for services **? ☐ YES ☐ NO

** This will result in a requirement for higher than State minimum insurance coverage

G. Service Outcomes
Please provide the following data for clients who have received your services:

1. Average length of stay in treatment: ________________

2. How do you define “successful” treatment in your program?

3. What percentage of clients successfully discharged within the last 12 month from your program? ________________

H. Sustainability
DDHS does not guarantee a specific number of case referrals and contracts may be terminated at any time. DDHS values continuity and sustainability of care for clients involved in the child welfare system and desires providers that adopt sustainable business practices to promote fiscal and programmatic efficiencies.

Do you receive referrals from other County Department of Human Service Agencies, Denver Juvenile Court, etc.? If so, please list:
**Attachment 2**

**BIDDER/CONTRACTOR/VENDOR/PROPOSER DISCLOSURE**

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<th>Bidding Entity's/Proposer's Name</th>
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Section 20-69, D.R.M.C. requires the disclosure of the name of each officer, director, shareholder who owns or controls 5% or more of the business entity, principal, and owner of each bidding or proposing entity, and either the names of the spouses of those individuals and the names of their children under the age of eighteen (18), or a statement in lieu of the disclosure of the names of such spouses and children as set forth below in the "Certified Statement in Lieu of Disclosure". **The names of officers, directors, 5% shareholders, principals and owners must be disclosed in either event.** Required disclosures also include the names of any subcontractor/supplier receiving more than $100,000.00 of work and the names of any unions with which the bidder/proposer has a collective bargaining agreement. Not-for-profit entities are also required to identify individuals in executive positions and disclose their relationship within such entity.

This page may be photocopied if additional space is required.

The individuals listed below are disclosed as having the noted relationship with the business entity/proposer listed above. Show appropriate letter in the box to the left. Use center box for relationship to another line number: A=Officer, B=Director, C=Principal, D=Owner, E=Controller of 5% or more of the stock, F=Spouse, G=Child under age 18, H=Subcontractor, I=Supplier, J=Union. Identify with an asterisk (*) all listed persons who have made a contribution or contribution in-kind, as defined by Section 15-32 D.R.M.C., within the last five years.

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6. [ ] [ ] 14. [ ] [ ]
7. [ ] [ ] 15. [ ] [ ]
8. [ ] [ ] 16. [ ] [ ]

**BIDDER/CONTRACTOR/VENDOR/PROPOSER CERTIFIED STATEMENT IN LIEU OF DISCLOSURE**

I hereby certify that, except as identified by an asterisk above, no officer, director, shareholder who owns or controls 5% or more of the business entity, principal, or owner or his or her spouse or child under eighteen years of age has made a contribution, as defined at Section 15-32 D.R.M.C., or a contribution in kind, as defined at Section 15-32 D.R.M.C., to a candidate, as defined at Section 15-32 D.R.M.C., during the last five years.

Signature of Officer/Owner of Bidding/Proposing entity

Bids/disc/rev.
Rev. 5-19-95
Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency’s determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminated this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

CERTIFICATION

(1) The prospective primary participant certifies to the best of knowledge and belief, that it and its principals:
   (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department;
   (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federally, State or local) with a commission of any of the offenses enumerated in paragraph (1) (b) or this certification; and
   (d) Have not within a three-year period preceding this application proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the Prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_________________________________________   _______________________________
Signature Principal Officer     Title

__________________________________________  ________________________________
Name of Agency      Date

__________________________________________  ________________________________
Address       City, State, Zip Code
**Attachment 4**

**Insurance Information and Sample Certificate of Insurance Form**

Following are the insurance requirements that must be provided. Please provide a copy of this information to your insurance agent or broker to insure you have complete and appropriate coverage. The agent should send only the Certificate of Insurance (COI) /ACORD form (see attached sample) with the evidence of the following items.

<table>
<thead>
<tr>
<th>Insurance Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial General Liability</strong> - $1,000,000 for each occurrence, $1,000,000 for each personal and advertising injury claim, $2,000,000 products and completed operations aggregate, and $2,000,000 policy aggregate.</td>
</tr>
</tbody>
</table>

| **Professional Liability** – Contractor shall maintain limits of $1,000,000 for each claim and $1,000,000 aggregate limit for all claims. |

| Evidence of Sexual Abuse and Molestation Insurance (may also be referred to as Sexual Misconduct) |
| Contractor shall maintain a sublimit of $100,000 or more. Sublimits below $100,000 will not be accepted. |
| - The City requires that contractors working with children, the elderly, disabled, or other vulnerable populations have no exclusion for sexual abuse or molestation on their general liability policies. |
| - It is essential that this contractual coverage requirement be evidenced on the Certificate of Insurance because insurance policies may (1) specifically exclude this coverage, (2) specifically include this coverage, or (3) be silent on the coverage (no mention of an exclusion or inclusion). Therefore, acceptable evidence of the coverage may take two forms, as described in Evidence of Coverage below. |
| - Evidence of Coverage: Coverage should be evidenced on the ACORD forms in the General Liability and/or Professional Liability section per the attached sample(s). It is acceptable for the broker to provide a statement in the description section such as “sexual abuse and molestation coverage is not excluded” or “policy is silent on sexual abuse and molestation coverage” or, to show the $100,000 or higher sublimit for the coverage. |
| - Policies and/or endorsements in lieu of certificates will be rejected. |
| - Coverage Included in the Professional Liability Policy: Coverage will be accepted under a professional liability policy, if part of a combined general/professional liability policy or if also covered under a separate general liability policy. |

| **Business Automobile Liability** – Maintain Business Automobile Liability with limits of $1,000,000 combined single limit applicable to all owned, hired, and non-owned vehicles used in performing services under this Agreement. Proposers may request substitution of Business Automobile Liability with an adequate justification for the substitution and with provided proof of Personal Automobile Liability with limits of $100,000 bodily injury per person; $300,000 bodily injury per accident; $50,000 property damage for all vehicles used in performing services under this Agreement. The personal automobile liability policy will include a business use endorsement. |

| **Workers’ Compensation/Employer’s Liability Insurance** - $100,000 per occurrence for each bodily injury claim; $100,000 per occurrence for each bodily injury caused by disease claim, and $500,000 aggregate for all bodily injuries caused by disease claim. If proposer is exempt from the legal requirement to have Workers’ Compensation Insurance, and has in fact properly rejected Workers Compensation Insurance with the Colorado Department of Labor and Employment (CDLE) as of the date of submission of its application to this RFA, then proposer will provide with its application proof of approval of rejection by CDLE. |

In addition to the types of insurance, the Certificate must show:

1. The City and County of Denver Department of Human Services listed as the Certificate Holder in the box at the lower left corner. In the lower right hand box it should be noted and include a 30 days written notice of cancellation, and 10 days notice for nonpayment of premium.

2. In the description/endorsement box, the following is to be the only wording included: “The City and County of Denver, its elected and appointed officials, employees and volunteers as additional insured” with regards to XXXXX (insert the appropriate policies only such as “commercial general liability policy and the business auto liability policy”).

To remain compliant to the terms & conditions of the contract agreement, please have your agent or broker provide proof that the insurance for this agreement (COI/ACORD) is updated and that there is no lapse in coverage of required insurance.
City and County of Denver
Contractor Certificate of Insurance Requirements

Contractors, please provide this sample certificate to your insurance agent or broker.
Certificates must mirror this sample.

Note the additional insured special instructions below.

**The “description” box must only contain the wording: “The City and County of Denver, its elected and appointed officials, employees and volunteers as additional insured” with regards to the appropriate policies only. QUALIFYING LANGUAGE SUCH AS “SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY” CAN NOT BE INCLUDED. * If Sexual abuse & molestation coverage is not excluded, or policy is silent, it is acceptable to include a statement in the description section indicating this. If coverage exists under the professional liability policy, it is acceptable to indicate this in the “Other” Section D. Do not include any other language in the description section. Policies, endorsements and references to policy provisions will not be accepted.

Sexual abuse & molestation coverage evidenced here, if required*
I, on behalf of the applicant identified below, hereby certify that I have submitted and provided a Certificate of Insurance with this application that shows evidence of the insurance required as described in the Description of Required Insurance within this RFA and as stated in the Sample Certificate of Insurance (Attachment 4).

**There will be NO modifications to insurance provisions except in regards to the waiver of Workers’ Compensation for sole proprietors and personal auto in place of business auto for those who use personal autos for business use):**

Applicant Name: __________________________________________________________

Program Name (if applicable): __________________________________________

Authorized Signature: __________________________________________________

Signature       Date

Name (please print): ________________________ Title: ____________________