



ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
RFP Number: 2016-859-01	RFP Title <i>Shelby County Wraparound Services</i>
Proposal Due Date and Time: <i>Thursday, April 07, 2016</i> 12:00 p.m., Central Time	Number of Pages: 47
Procurement Officer: Vicki Cooper-Robinson, Procurement Manager Phone: (334) 353-2471 E-mail Address: vicki.robinson@dhr.alabama.gov Website: http://www.dhr.alabama.gov	Issue Date: <i>February 25, 2016</i> Issuing Division: <i>Shelby County Department of Human Resources</i>

INSTRUCTIONS TO VENDORS	
Submit Proposal to: Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2153 50 Ripley Street Montgomery, AL 36130-4000	Label Envelope/Package: RFP Title/Number: Shelby County Wraparound Services/2016-859-01 Proposal Due Date: <i>Thursday, April 07, 2016</i> Special Instructions:

VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
Vendor Name/Address:	Authorized Vendor Signatory:
DUNS NUMBER: _____	(Please print name and sign in ink)
Vendor Phone Number: ()	Vendor FAX Number: ()
Vendor Federal I.D. Number:	Vendor E-mail Address:
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
Total number of proposal pages: _____	
Trade Secret Declarations: (<u>reference section/page(s) of trade secret declarations</u>)	

APPENDIX B: TAXPAYER IDENTIFICATION NUMBER FORM
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**STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE**

INSTRUCTIONS. In order to receive payment by the State of Alabama, a correct tax identification number, name and address must be on our files. To insure that accurate tax information is reported on Form 1099 for federal income tax purposes, please:

1. In PART 1 below provide your Tax Identification Number and check FEIN or SSN. Also provide the name and address to which payments should be sent. In addition, provide the name of the legal signatory authority for your organization (the individual authorized in your Constitution and/or By-laws to legally obligate the organization, for example, sign a contract on behalf of the organization).
2. Circle the business designation that identifies your type of trade or business in PART 2.
3. Sign and return this form as part of the response to the RFP:

PART 1 – TAXPAYER IDENTIFICATION NUMBER, NAME AND ADDRESS.

IDENTIFICATION NUMBER _____
 Check one _____ Federal Employer Identification Number (FEIN)
 _____ Social Security Number (SSN)

NAME OF ORGANIZATION: _____ PHONE: _____

LEGAL BUSINESS ADDRESS: _____

FAX: _____ EMAIL: _____

NAME & TITLE OF LEGAL SIGNATORY AUTHORITY: _____

PART 2 – BUSINESS DESIGNATION. Circle the designation that identifies your type of trade or business.

- 1 - CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws of any state within the United States)
- 2 - NOT FOR PROFIT CORPORATION (Section 501 (c) (3))
- 3 - PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
- 4 - SOLE PROPRIETORSHIP OR SELF-EMPLOYED (Identification number must be Social Security Number)
- 5 - NONCORPORATE RENTAL AGENT
- 6 - GOVERNMENTAL ENTITY (City, County, State or U.S. Government)
- 7 - FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY
(A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the United States who pays taxes as a citizen of a country other than the United States.)

NOTE: Failure to complete and return this form may subject you to backup withholding in the amount of 20% of future payments pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

 SIGNATURE DATE () TELEPHONE NUMBER
 _____ (If different from above)

 TITLE

PLEASE INCLUDE FEDERAL IDENTIFICATION NUMBER ON ALL INVOICES

APPENDIX C: TRADE SECRET AFFIDAVIT

Alabama Department of Human Resources

AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY

DEPARTMENT OF _____)

)ss.

County of _____)

_____ (Affiant), being first duly sworn under oath, and representing _____ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of _____, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # _____. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
- (b) information requested by the Department to establish vendor responsibility unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are

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APPENDIX C: TRADE SECRET AFFIDAVIT

solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its contents cannot be returned to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

Affiant's Signature

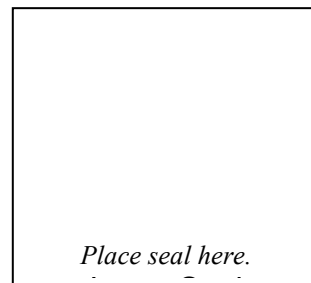
Signed and sworn to before me on _____ (date) by _____

(Affiant's name).

Name of Notary Public: _____ for the

Department of: _____

My Commission Expires: _____



APPENDIX D: CERTIFICATE OF COMPLIANCE

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department or
Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

_____(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

_____(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

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APPENDIX D: CERTIFICATE OF COMPLIANCE

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

this _____ day of _____ 20____.

WITNESS: _____

Printed Name of Witness

APPENDIX E: COST PROPOSAL

Contract Number:		DHR USE ONLY	Taxpayer ID#:		
Agency:					
Address:					
Project Title:					
Budget Period:			to		

BUDGET ITEMS					TOTAL DHR SHARE
1. PERSONNEL					\$
2. SUBCONTRACTS					\$
3. TRAVEL					\$
4. SPACE					\$
5. SUPPLIES					\$
6. EQUIPMENT					\$
7. OTHER					\$
8. BUDGET TOTAL					\$

Itemize the sources of ALL non-departmental funds:

				Total Non-DHR Funding:	\$

DHR USE ONLY

Approved for Mathematical Accuracy:

Assistance Payments, Finance Division	DATE
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1. PERSONNEL

A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Project Cost (AxCx DxEx)
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
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		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
				Subtotal Salaries:	\$

FRINGE BENEFITS (Project Share Only)

		FICA		\$
		Workman's Compensation		\$
		Health Insurance		\$
		Other (specify)		\$
				\$

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APPENDIX E: COST PROPOSAL

					\$
				Subtotal Fringe Benefits:	\$
				TOTAL PERSONNEL:	\$
2. SUBCONTRACTS	All subcontracts require the Department's prior written approval.				TOTAL DHR SHARE
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL SUBCONTRACTS:	\$
3. TRAVEL	Out-of-state travel is not allowable. Out-of-region travel requires the Department's prior written approval.				TOTAL DHR SHARE
				Within project coverage area	\$
				In-state (out-of-coverage area)	\$
					\$
				Board Members - Within project coverage area	\$
				Board Members - In-state (out-of-coverage area)	\$
					\$
					\$
				TOTAL TRAVEL:	\$
4. SPACE	All repairs to facilities, regardless of the cost, require the Department's prior written approval.				TOTAL DHR SHARE
				Basic Local Phone Service	\$
				Long Distance	\$
				Rent/Lease	\$
				Use Allowance	\$
				Utilities	\$

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APPENDIX E: COST PROPOSAL

				Upkeep (buildings/ grounds)	\$
				Minor Repairs	\$
				Other (specify)	\$
				TOTAL SPACE:	\$
5. SUPPLIES					TOTAL DHR SHARE
				Office Supplies	\$
				Computer- related Supplies	\$
				Custodial Supplies	\$
				Other (specify)	\$
				TOTAL SUPPLIES:	\$
6. EQUIPMENT	The Department's prior written approval is required for all property items having a total unit or individual cost of \$100 or greater.				TOTAL DHR SHARE
				Purchase	\$
				Rental/Lease	\$
				Repairs	\$
				Maintenance Agreements	\$
				Use Allowance	\$
				Office Furniture	\$
				Office Furnishings	\$
				Other (specify)	\$
				TOTAL EQUIPMENT:	\$
7. OTHER					TOTAL DHR SHARE

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APPENDIX E: COST PROPOSAL

				Membership Dues (itemize and attach a separate listing)	\$
				Subscriptions (itemize and attach a separate listing)	\$
				A-133 Audit	\$
				Liability Insurance	\$
				Attorney (Legal) Fees	\$
				Other (specify)	\$
				TOTAL OTHER:	\$