



ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
RFP Number: 2014-100-08	RFP Title: <i>Intensive Residential Services For Children</i>
Proposal Due Date and Time: <i>Thursday, October 30, 2014 12:00 p.m., Central Time</i>	Number of Pages: 39
Procurement Officer: Starr Stewart, Director Phone: (334) 353-4744 E-mail Address: starr.stewart@dhr.alabama.gov Website: http://www.dhr.alabama.gov	Issue Date: <i>Thursday, September 18, 2014</i>
	Issuing Division: <i>Family Services</i>

INSTRUCTIONS TO VENDORS	
Submit Proposal to: Starr Stewart, Director Division of Resource Management-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: <i>Intensive Residential Services For Children/2014-100-08</i> Proposal Due Date: <i>Thursday, October 30, 2014</i>
	Special Instructions: <i>Complete the Proposed Service Summary Form and submit with the original proposal.</i>

VENDOR INFORMATION	
(Fill in the information fields below and return this form with RFP response)	
Vendor Name/Address: DUNS NUMBER: _____	Authorized Vendor Signatory: (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 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

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

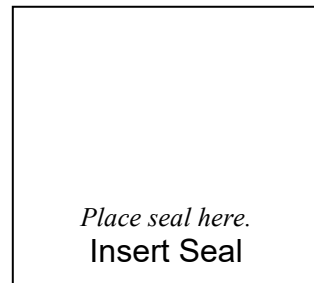
Signed and sworn to before me on _____ (date) by _____

(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:

- 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".
- 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:

- 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.
- 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.

- 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;
- 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 FORM

Contract Number: _____ Taxpayer ID#: _____

Agency: _____

Address: _____

Budget Period: _____ to _____

Budget Expenses

I. PERSONNEL

- A. Salaries (Attach Personnel Addendum) _____
- B. Fringe Benefits: _____

II. SUBCONTRACTED SERVICES

- A. Consultants: _____
- B. Audit Service: _____
- C. Other (Identify) _____

III. TRAVEL

- A. Mileage (Show rate of Reimbursement) _____
- B. Per Diem (Show Rate of Reimbursement) _____

IV. SPACE

- A. Telephone _____
- B. Rent (include copy of lease) _____
- C. Use Allowance (No More than 2% of Acquisition Cost/Year) _____
- D. Rental Rate System _____
- E. Utilities _____
- F. Maintenance of Building/Grounds _____
- G. Minor Repairs to Building _____

V. SUPPLIES

- A. Office _____
- B. Household _____
- C. Recreational _____
- D. Educational _____
- E. Medical _____

F. Personal Care _____

VI. EQUIPMENT

A. Rental (include rental agreement) _____

B. Repair _____

C. Depreciation
(Attach Depreciation Addendum) _____

VII. OTHER

A. Insurance _____

B. Vehicle Operation _____

C. Taxes _____

D. Food in Excess of USDA _____

E. Other Allowable Costs _____

F. Specify General Categories _____

VIII. TOTAL PROGRAM COST _____

IX. PROGRAM INCOME. Please report all income from all sources available to your program.
(Detail Sources)

_____	_____	_____
_____	_____	_____
_____	_____	_____

X. CAPACITY INFORMATION

A. License Capacity _____

B. Slots Allocated to DHR _____

C. Slots Allocated to Other Contracts _____

XI. RATE INFORMATION

A. Propose _____ Slots at \$ _____ Fixed Rate for
\$ _____ Total

APPENDIX F: INSTRUCTIONS FOR COST PROPOSAL FORM

I. PERSONNEL

- A. **Salaries.** Total all salaries paid to staff person working under this contract. The figure should not include fringe and should equal the total reflected on the Personnel Addendum, which must be attached to this form.
- B. **Fringe Benefits.** Total fringe benefits provided for employee (FICA, Work Comp., Health Insurance, etc. – each detailed)

II. SUBCONTRACTED SERVICES

- A.-C. These lines are to be used when the main contracting agency has a written agreement with another party to supply some services; for example, a contract with a psychiatrist to provide therapeutic consultation, or a contract with an accounting firm to perform an audit.

III. TRAVEL

- A. **Mileage.** Use this line to reflect staff travel as well as the rate of reimbursement.
- B. **Per Diem.** Use this line to reflect costs associated with travel such as meals, overnight stay, etc., when away from base station.

IV. SPACE

- A. **Telephone.** List actual costs when the phone is used solely for the contract program. When the contract program is part of a larger operation, the monthly charges should be prorated using sound accounting principles. Do not include deposit fees in this cost.
- B. **Rent.** Use this line if the contract is occupying privately-owned buildings and being charged rent. If the contract program is occupying only a portion of the building(s), rent should be prorated using sound accounting principles.
- C. **Use Allowance.** This line should be used when the program occupies a building it owns. The program may not claim more than 2% of acquisition cost per year.
- D. **Rental Rate System.** This line should be used when a contractor is purchasing the building housing the contract program. It should include only taxes and interest incurred, not any of the principal. (Include a copy of the lease for the properties)
- E. **Utilities.** List the cost of utilities for the program. Utilities should be prorated on the same basis as rent.
- F. **Maintenance of Buildings and Grounds.** This line should be used for the cost of persons such as janitor, lawn keeper, or maintenance person(s) when this person(s) is not employed on a regular basis.
- G. **Minor Repairs to Buildings.** List repair costs necessary for the upkeep of buildings/property which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in efficient operating condition.

V. SUPPLIES

- A.-C. Use these lines to list the cost of supplies by category for the contract program.

- D. **Educational.** This line should include the cost of pencils, paper, notebooks, etc., for the participants at the program, which are not included as part of an educational program.
- E. **Medical.** Use to show the cost of non-prescription medical supplies such as aspirin, bandages, vitamins, etc.
- F. **Client Personal.** This line should reflect costs of items purchased for clients, such as clothing, shoes, deodorant, etc. that are of a personal nature.

VI. EQUIPMENT

- A. **Rental.** List any costs associated with the rental of equipment used specifically for the contract program and **include a copy of the rental agreement.**
- B. **Repair.** See Section IV-G of these instructions.
- C. **Depreciation:** Fixed rate providers cannot claim the cost of equipment purchases. A depreciation schedule must be set up on all equipment purchased. The total depreciation claimed for the current fiscal year should be shown on this line. Supplementary information is required on the Depreciation Addendum.

VII. OTHER

- A. **Insurance.** List the total of all allowable costs for insurance. Do not include the cost of liability insurance and life insurance if it is not group coverage for the staff in general (no individual policies).
- B. **Vehicle Operation.** Use this line to report all costs associated with vehicle operation, (gas, oil, tires, tune-up, etc.).
- C. **Taxes.** List taxes associated with program operation.
- D. **Food in Excess of USDA.** Use this line to show food costs over and above amounts received by USDA. If no USDA is received, list total food costs.
- E. **Other Allowable Costs.** This line should be used to list any other costs identified as allowable costs that have not been shown elsewhere. Specify general cost categories.

VIII. TOTAL PROGRAM COSTS. The total of all allowable costs.

IX. PROGRAM INCOME. List the source and the amount of all income to the program for the next year (United Way, Trust Fund, etc.).

X. CAPACITY INFORMATION. Self-Explanatory.

XI. RATE INFORMATION.

- A. **Proposed.** List the number of slots, and rate you are requesting for the upcoming fiscal year to arrive at the allocation total.

