



ALABAMA DEPARTMENT OF HUMAN RESOURCES REQUEST FOR PROPOSALS

PROCUREMENT INFORMATION	
RFP Number: 2009-100-08	RFP Title: <i>Moderate Residential Services for Children</i>
Proposal Due Date and Time: <i>Tuesday, August 25, 2009 12:00 p.m., Central Time</i>	Number of Pages: 37
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>Tuesday, July 14, 2009</i>
	Issuing Division: <i>Family Services</i>

INSTRUCTIONS TO VENDORS	
Submit Proposal to: Starr Stewart, Director Policy, Planning and Research Alabama Department of Human Resources Gordon Persons Building, Room 2344 50 Ripley Street Montgomery, AL 36130-4000	Label Envelope/Package: RFP Title/Number: <i>Moderate Residential Services for Children/2009-100-08</i> RFP Due Date: <i>Tuesday, August 25, 2009</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:	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. ☐ Original ☐ Copy	
Total number of proposal pages:	
Trade Secret Declarations: (<u>reference section/page(s) of trade secret declarations</u>)	

STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE

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:

NAME & TITLE OF LEGAL SIGNATORY AUTHORITY: _____

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

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: _____

Place seal here.

APPENDIX D: IMMIGRATION STATUS FORM
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I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signature of Contractor

Witness

APPENDIX E: FORM TO ESTABLISH RATE FOR SERVICE

VENDOR NAME: _____

Budget Recap of 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 OF INFORMATION

- A. Proposed _____ Slots at \$ _____ Fixed Rate for
\$ _____ Total Allocation

APPENDIX G: PERSONNEL ADDENDUM

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 (AxCxDxE)
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
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		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%	Subtotal Salaries:	\$

FRINGE BENEFITS (Project Share Only)

		FICA			\$
					
					
		Workman's Compensation			\$
					
					
		Health Insurance			\$
					
					

Other (specify)		
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2. SUBCONTRACTS (All subcontracts require the Department's prior written approval.)					TOTAL DHR SHARE
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL SUBCONTRACTS:	\$
				Rental/Lease	\$
				Repairs	\$
				Maintenance Agreements	\$
				Use Allowance	\$
				Office Furniture	\$
				Office Furnishings	\$
				Other (specify)	\$
				TOTAL EQUIPMENT:	\$