

Application for Contract
Transitional Living/Independent Living Program for Children

Entire packet must be submitted via email
to sdhr.procurement@dhr.alabama.gov

Date of Submission:

Vendor Name:

Vendor Address (no P.O. Boxes):

Vendor Phone:

Vendor Federal I.D. Number:

Vendor E-mail Address:

Authorized Vendor Signatory:
(Please print name and sign in ink)

Resource Management use only:

Application number:

Date and Time:

Received by:



Alabama Department of Human Resources

Application Instructions – Transitional Living/Independent Living Programs for Children

Thank you for your interest in contractual services through the Alabama Department of Human Resources (ADHR). Please carefully review the Application Instructions, Evaluation and Selection Process, Vendor's Document Checklist, and Addendum A before completing and submitting your application. Incomplete or incorrectly submitted applications may delay the review process or result in denial of acceptance of application.

The entire application packet must be submitted via email to sdhr.procurement@dhr.alabama.gov.

Services Overview:

The Alabama Department of Human Resources seeks qualified vendors to provide *Transitional Living and/or Independent Living services* to children in the custody of the state. Transitional Living Programs (TLP) will provide transitional living services in a residential setting or in an alternative setting, such as specialized foster home care. Independent Living Programs will provide independent living programs (ILP) in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or a group home setting. A more complete description of the services sought for this project is provided in the Addendum A section of this application.

Eligibility:

Eligible vendors may include governmental agencies, faith-based organizations, non-governmental public or private organizations and individuals who:

- 1) are legally authorized to conduct business within the State of Alabama
- 2) possess a high degree of professional skill in this area of services
- 3) possess the skills needed to perform the services
- 4) meet the terms and conditions of this service
- 5) must demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.

Mandatory Requirements:

- All vendors must provide a detailed plan explaining all items in Addendum A and addressing how all requirements of Addendum A will be met.
- Vendors must be licensed by the Department of Human Resources. Vendors must obtain a Child Placing Agency license to provide services in a foster home setting or a Residential Child Care Facility License to provide services in a congregate care setting and must include a copy of their license with their application. Unlicensed vendors must include a copy of their application for licensure with their application.
- Vendors must complete or provide the following forms (All required fields must be completed entirely and accurately.):
 - Disclosure Statement
 - Taxpayer Identification Number Form **OR** W-9 and Legal Status Letter
 - Certificate of Compliance
 - E-Verify Memorandum of Understanding (MOU) (Issued by Department of Homeland Security)
 - Cost Proposal
 - Attestation and Declaration for Provision of Services
 - Provide all required documentation outlined in the Attestation and Declaration for Provision of



Services

○ Vendor Certifications

- All vendors must provide a detailed Start-up Plan with a project schedule that comprises of the detailed work plan for the entire contract. Vendors must provide a detailed description of the work plan and the methods to be used that will convincingly demonstrate to the Department what the vendor intends to do, the timeframes necessary to accomplish the work, and how the work will be accomplished.
- Vendor must attach all supporting documents as PDFs, including but not limited to licenses, certifications, audits or financial statements, and resumes/job descriptions for all employee levels assigned to the contract.

Evaluation and Selection Process:

DHR will review all applications for completeness, eligibility, and alignment with program requirements. Applicants may be contacted for clarification or additional documentation and will have 10 days to provide requested information.

During pre-screening, applications will be reviewed to ensure compliance with all general and mandatory requirements. Upon completion of this initial review, applications will be classified and “accepted” or “denied”.

All accepted applications will be evaluated against the stated criteria. In scoring against the stated criteria, the Department may consider such factors as accepted industry standards and a comparative evaluation of all other qualified application responses in terms of differing price, quality, and contractual factors to determine the most advantageous offering to the Department. Don't assume the Department or evaluation committee will know what your companies' capabilities are or what items/services you can provide, even if you have previously contracted with the Department. Vendors are evaluated solely on the information and materials provided in your application.

Vendors selected to engage in a contract will be notified in writing by Resource Management- Office of Procurement.

Selection of a vendor shall not be binding upon the Department and may or may not, at the Department's discretion, result in the Department entering a contract with the vendor if it is in the best interest of the Department not to proceed with contract execution.



VENDOR'S DOCUMENT CHECKLIST

1. _____ **CONTRACT APPLICATION with signature of person legally authorized to bind vendor to contract**
2. _____ **Licenses/Certificates/Credentials**
3. _____ **Disclosure Statement (Appendix A)**
4. _____ **Taxpayer ID # (Appendix B) or W-9 and Legal Status Letter**
5. _____ **Certificate of Compliance (Appendix D)**
6. _____ **E-Verify (MOU) (Issued by Department of Homeland Security)**
7. _____ **Start-up Plan must have a Detailed Schedule Submitted**
8. _____ **Detailed explanation of all items in Addendum A with a plan addressing how the requirements of the contract will be met.**
9. _____ **Appendix F (Cost Proposal) & Appendix G (Budget Forms)**
10. _____ **Completed Attestation and Declaration for Provision of Services**
11. _____ **Audits or Financial Statements**
12. _____ **Resumes/Job Descriptions for All Employee Levels assigned to this contract**
13. _____ **Signed Vendor's Certifications**

This checklist is provided for assistance only and should not be submitted with Vendor's response.



ADDENDUM A

1.0 SERVICE DESCRIPTION

Transitional Living Programs (TLP) provide foster youth (ages 16-19) with opportunities to practice independent living skills in a variety of congregate settings with decreasing degrees of care and supervision. Services may be offered in a foster home setting or a congregate setting.

Independent Living Programs (ILP) are offered in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or a group home setting (ages 17 – 20). This living arrangement allows youth the opportunity to continue the decreased care and supervision needed so that they will ultimately be responsible for their own care and be prepared to live on their own in the same location when the Department of Human Resources no longer holds custody. Participation in the Independent Living Program must be approved by the Office of Foster Care/ ILP.

1.1 PLANNING RESPONSIBILITY

The County Department of Human Resources that has planning responsibility for a child has the responsibility to provide appropriate documentation including services relating to the Individual Service Plan (ISP). All services provided must be authorized on an ISP. Prior to placement, Providers should be provided with copy of Youth Assessment Summary and Alabama Transition Plan for the youth. An ISP meeting must be held at the time of placement with a plan developed to include discharge planning. If such documentation is not provided within ten (10) days from placement date, the contract provider should notify the County Department of Human Resources, State Department of Human Resources- Resource Management Division, and State Department of Human Resources - Family Service Division.

1.2 PROGRAM REQUIREMENTS

Transitional Living Programs (TLP) must meet the licensing criteria set forth in the Minimum Standards for Residential Child Care Facilities or the Minimum Standards for Child Placing Agency. Foster Homes that provide Transitional Living Services must meet the Minimum Standards of Foster Family Homes.

1.3 RESPONSIBILITIES OF THE TLP PROGRAMS

- Maintain licensed, safely staffed, secure settings which adhere to state minimum standards, policies, and procedures.
- Ensure that staff receives the additional training as detailed in *The Minimum Standards for Residential Child Care Facilities, the Minimum Standards for Child Placing Agencies, and the Transitional and Independent Living Programs and Placement Requirements* within the time frames indicated.
- Provider must include credentials and training of individuals providing service.
- Staff must have an additional 16 hours training annually in the following areas: Emotional & Physical Development of Teens, Development of Youth's Strengths & Assets, and Positive Youth Development in addition to the training requirements outlined in Minimum Standards
- Provider must have a detailed plan to be able to Accept, Review and give a Decision on both County and SDHR referrals for admissions 24/7 – 365 days a year. Provider must indicate in the proposal how this will be achieved.
- Screen referrals to ensure the referral meet the criteria in Section 1.0. All children meeting the criteria above must be considered for placement. Utilize specific admission criteria.
- Utilize specific admission criteria to include obtaining a copy of the youth's Alabama Transition Plan and Youth Assessment Summary. For admissions to Independent Living placement, county must obtain prior approval from Family Services as indicated on the Independent Living Placement Referral Form.
- Provide the contact information for intake staff, Directors, and Chief Executive Officers to the County DHR Offices and SDHR – Resource Management Division for after hour emergencies.
- Require and conduct a pre-placement visit **ONLY** as determined appropriate by County DHR, ISP Team, and/or SDHR-Division of Resource Management.
- Participate and/or provide meaningful input in the ISP process which will include Coordinating, monitoring, and evaluating services required to meet youth's needs.



- Initial treatment plan developed within ten (10) days from admission date; the comprehensive treatment plan developed within thirty (30) days from admission date and, a treatment plan review held every ninety (90) days thereafter. (Note: The discharge plan shall be developed at the time of placement.) The treatment plan should include goals that are measurable and address the reduction of duration, frequency, and intensity of symptoms, and what interventions will be used to meet each goal.
- Develop and administer an individualized behavioral management plan for the child or youth with input and collaboration with the family's ISP team. The behavioral management plan should be positive and focus on the strengths of the child. Implement and monitor the behavioral management plan. Ensure the County DHR is provided a copy of the current Behavioral Management Plan.
- Assist in developing a behavioral or crisis management plan for the youth.
- Submit monthly reports to referring county DHR describing skills from ILP framework that are being taught along with services provided during the month and the youth's progress toward achieving the goals outlined in the treatment plan. Progress notes shall be received by the 15th day of the following month outlining goals achieved from the previous month treatment plan.
- Submit monthly Placement Reports to the Office of ILP on form DHR-FCS-2140. Forms should provide youth status in the designated program that includes but is not limited to the educational, employment information, as well as overview of expenses being paid by youth in Independent Living placement.
- Provide structured and planned extracurricular activities individualized to the youth's interests consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. **DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation.**
- Provide local transportation at no additional costs for medical appointments, court, school, therapy appointments, child/family team meetings, recreational activities, home visits and family visits.
- Provider must prohibit their personnel from text messaging while driving a government-owned vehicle or while driving their own privately-owned vehicle during official business or from using government-supplied electronic equipment to text message or email while driving.
- Utilize the Independent Living Skills Assessment for youth 14 and older. Providers shall incorporate the assessment outcomes into service planning and curriculum and provide opportunity for youth to develop independent skills including but not limited to:
 - Personal Care- health/medical, food/nutrition, clothing care, household chores, money management, leisure time, safety, community resources, housing, transportation, and legal issues
 - Psychosocial- decision making, relationship building, parenting, sexuality, self-image, communication, and response to authority.
 - Education- basic education, high school graduation, vocational training, preparation for higher education
 - Employment and Money Management- job, career, work habits, basic money management.
- Ensure that youth are receiving needed educational services, including homework assistance (not tutoring), participation in and follow-up on children's IEP's, monthly contact with the schools of the residents, quarterly site visits with the schools of residents, transportation to school, and access to alternative educational settings as identified in the family's ISP. An emphasis should be placed on training youth toward increasing responsibility of managing their own educational outcomes with appropriate supports. Consistent with the ISP, provide two (2) hours per week of tutoring by a person qualified to offer specialized assistance in a certain subject; monitor the tutoring for the achievement of outcomes in the child's educational setting.
- Work with the placing DHR office to ensure that the EPSDT screening is completed according to schedule; update EDS software with the provider number and screening dates, as appropriate; provide copy of screening to county DHR. An emphasis should be placed on training youth toward increasing responsibility of managing their own medical needs with appropriate supports. In conjunction with the ISP team, the Provider must develop a discharge plan to include a recommendation for aftercare. The discharge plan must be developed at the time of placement.
- Youth who reach 19 years of age and are still in TLP should have a plan in place to moved out of TLP no later than age 19 years and 6 months; youth aged 20 are not appropriate for TLP.
- Ensure that all youth and the provider agency shall adhere to DHR's *Telephone and Mail Contacts* policy. The telephone may be limited to local calling if a "calling plan" or "calling card" is provided for youth to contact parents, relatives, siblings, and other pertinent individuals who live outside the local calling area.



- Ensure all youth have 24/7 telephone access to independent living program staff and an alternative placement must be in place by Provider, in the event the independent living placement is unsuccessful.
- Monitor and administer medication, as appropriate to meet the needs of the individual youth with an increasing responsibility placed on the youth to manage their medical and mental health needs. Demonstration related to medication competency should be assessed with a focus on building capacity to afford youth the ability to administer their own medication, when deemed appropriate by the ISP Team. The treatment plan includes the use of psychotropic medication, informed consent is required. Informed consent requires that the prescribing physician inform the youth and legal guardian (county DHR worker) of the risks and benefits of the proposed treatments and the risks and benefits of alternative treatments, including no treatment. This includes information about the potential benefits of the medication, the possible risks, and the range of doses. Information about serious adverse effects and how to contact the physician must be discussed. Youth, staff and DHR workers should be given ample time for questions and discussion before consent is requested.
- Referencing the ILP Framework, provide basic living skills training a minimum of one (1) hour daily in accordance with the outcomes identified in the ISP for activities including the development, or improvement and reinforcing of age-appropriate social, communication and behavioral skills. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the youth and should be authorized in the context of the ISP and Alabama Transition Plan. Skill building must be tailored to a youth's current level of functioning moving them from an awareness of skill to learning and doing the skills. Skill areas include Personal growth/social development; family supports/healthy relationships; health education/risk prevention; education, employment and career preparation; money management; housing and home management; and transportation.
- Provide local transportation to appointments such as physicians, counseling, extra-curricular, family visits, etc. as identified in the ISP with an emphasis on helping youth learn skills needed to master their transportation needs. Any establishment of cost to the youth associated with transportation should be addressed and approved by ISP team prior to implementation. If youth are not skilled in accessing public transportation, the Provider is responsible to orient the youth. This should be initiated according to individual needs of youth.
- Consistent with the ISP, provide opportunities for youth to get involved in at least one extra-curricular activity of their choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the youth's participation.
- Provide a minimum of \$5-\$10 per week allowance based on the youth's age and per discussion with the ISP team. **Allowances may not be used to recoup for damages/restitution or to directly cover rent or housing fees due. If additional monies are earned, recoupment for damages or payments for restitution may be made from them** with an emphasis on helping the youth learn skills needed to master their financial needs. Timely payments are mandatory.
- Provide up to \$50 per month for special needs and occasions, e.g. haircuts, feminine hygiene products, oral and body hygiene products, over-the-counter medications, gifts for birthdays, Christmas or other special occasions, etc. Anything above \$50 per month must be paid by the county DHR. Youth should be provided a payment structure whereby they purchase their own items with this provided income. Timely payments are mandatory.
- Conduct mental health consultations with DHR, counselors, teachers, and other professionals relevant to the youth not to exceed the daily caps in the Medicaid Rehab Manual. This should be done with increasing responsibility placed on the youth to manage their own medical and mental health needs; with monitoring and documentation provided to the Department by the Provider.
- Make at a minimum, quarterly contact with the therapist of the youth or family to monitor progress or outcomes in counseling. This should be done with increasing responsibility placed on the youth to manage their own medical and mental health needs, with monitoring and documentation provided to the Department, by the Provider.
- Provide supportive services to the family as agreed in the ISP. This may include but is not limited to supervision of family visitation, providing space where the family can visit comfortably, and flexibility of program structure that allows family contact at times that work for them. Supportive services to the family as agreed in the ISP.
- When youth do not have an established or healthy relationship with their family, Provider will work to establish at least one adult in the youth's life that will remain once they have left foster care: promoting permanent connections.
- Provide five (5) hours per week of crisis intervention services, as needed, to alleviate a crisis for the youth or to assist the family to alleviate a crisis for the youth.

1.4 RESPONSIBILITIES OF THE ILP PROGRAMS

- Maintain safely staffed, secure settings which adhere to state standards.



- Provider must include credentials and training of individuals providing service.
- Staff must have an additional 16 hours training annually in the following areas: Emotional & Physical Development of Teens, Development of Youth's Strengths & Assets, and Positive Youth Development in addition to the training requirements outlined in Minimum Standards
- Provider must have a detailed plan to be able to Accept, Review and give a Decision on both County and SDHR referrals for admissions 24/7 – 365 days a year. Provider must indicate in the proposal how this will be achieved.
- Screen referrals to ensure the referral meet the criteria in Section 3.0. All children meeting the criteria above must be considered for placement. Utilize specific admission criteria.
- Provide the contact information for intake staff, Directors, and Chief Executive Officers to the County DHR Offices and SDHR – Resource Management Division for after hour emergencies.
- Housing units used for Independent Living placements must comply with HUD Inspection Checklist form HUD-52580.
- Youth may co-sign the housing lease with the provider agency when they are of legal age (The legal age in Alabama is 19 years), with the intention to assume full lease on their own by the time they exit foster care.
- Youth may share housing with one (1) other person of the same (or near the same) age and of the same sex. An exception may allow additional siblings to share housing but must be agreed upon by the ISP Team and the provider. This exception will depend upon the plan for the youth and the availability of housing space for the additional siblings. Providers must provide an option for individual (1 person) or joint housing (2 persons) according to the ISP needs with an emphasis on appropriately matching youth based on their individual strengths and needs and compatibility, not provider availability.
- Youth must have their own bedroom.
- Require and conduct a pre-placement visit ***ONLY*** as determined appropriate by County DHR, ISP Team, and/or SDHR-Division of Resource Management.
- Participate and/or provide meaningful input in the ISP process which will include Coordinating, monitoring, and evaluating services required to meet youth's needs.
- Submit monthly Placement Reports to the Office of ILP on form DHR-FCS-2140. Forms should provide youth status in the designated program that includes but is not limited to the educational, employment information, as well as overview of expenses being paid by youth in Independent Living placement.
- Initial treatment plan developed within ten (10) days from admission date; the comprehensive treatment plan developed within thirty (30) days from admission date and, a treatment plan review held every ninety (90) days thereafter. (Note: The discharge plan shall be developed at the time of placement.) The treatment plan should include goals that are measurable and address the reduction of duration, frequency, and intensity of symptoms, and what interventions will be used to meet each goal.
- Develop and administer an individualized behavioral management plan for the child or youth with input and collaboration with the family's ISP team. The behavioral management plan should be positive and focus on the strengths of the child. Implement and monitor the behavioral management plan. Ensure the County DHR is provided a copy of the current Behavioral Management Plan.
- Assist in developing a behavioral or crisis management plan for the youth.
- Submit monthly reports to referring county DHR describing skills from ILP framework that are being taught along with services provided during the month and the youth's progress toward achieving the goals outlined in the treatment plan. Progress notes shall be received by the 15th day of the following month outlining goals achieved from the previous month treatment plan.
- Provide structured and planned extracurricular activities individualized to the youth's interests consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. **DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation.**
- Provide local transportation at no additional costs for medical appointments, court, school, therapy appointments, child/family team meetings, recreational activities, home visits and family visits.
- Utilize the Independent Living Skills Assessment for youth 14 and older. Providers shall incorporate the assessment outcomes into service planning and curriculum and provide opportunity for youth to develop independent skills including but not limited to:
- Personal Care- health/medical, food/nutrition, clothing care, household chores, money management, leisure time, safety, community resources, housing, transportation, and legal issues



- Psychosocial- decision making, relationship building, parenting, sexuality, self-image, communication, and response to authority.
- Education- basic education, high school graduation, vocational training, preparation for higher education
- Employment and Money Management- job, career, work habits, basic money management.
- Ensure that youth are receiving needed educational services, including homework assistance (not tutoring), participation in and follow-up on children's IEP's, monthly contact with the schools of the residents, quarterly site visits with the schools of residents, transportation to school, and access to alternative educational settings as identified in the family's ISP. An emphasis should be placed on training youth toward increasing responsibility of managing their own educational outcomes with appropriate supports. Consistent with the ISP, provide two (2) hours per week of tutoring by a person qualified to offer specialized assistance in a certain subject; monitor the tutoring for the achievement of outcomes in the child's educational setting.
- Work with the placing DHR office to ensure that the EPSDT screening is completed according to schedule; update EDS software with the provider number and screening dates, as appropriate; provide copy of screening to county DHR. An emphasis should be placed on training youth toward increasing responsibility of managing their own medical needs with appropriate supports. In conjunction with the ISP team, the Provider must develop a discharge plan to include a recommendation for aftercare. The discharge plan must be developed at the time of placement.
- Ensure that all youth and the provider agency shall adhere to DHR's *Telephone and Mail Contacts* policy. The telephone may be limited to local calling if a "calling plan" or "calling card" is provided for youth to contact parents, relatives, siblings, and other pertinent individuals who live outside the local calling area.
- Ensure all youth have 24/7 telephone access to independent living program staff and an alternative placement must be in place by Provider, in the event the independent living placement is unsuccessful.
- Monitor and administer medication, as appropriate to meet the needs of the individual youth with an increasing responsibility placed on the youth to manage their medical and mental health needs. Demonstration related to medication competency should be assessed with a focus on building capacity to afford youth the ability to administer their own medication, when deemed appropriate by the ISP Team. The treatment plan includes the use of psychotropic medication, informed consent is required. Informed consent requires that the prescribing physician inform the youth and legal guardian (county DHR worker) of the risks and benefits of the proposed treatments and the risks and benefits of alternative treatments, including no treatment. This includes information about the potential benefits of the medication, the possible risks, and the range of doses. Information about serious adverse effects and how to contact the physician must be discussed. Youth, staff and DHR workers should be given ample time for questions and discussion before consent is requested.
- Provide local transportation to appointments such as physicians, counseling, extra-curricular, family visits, etc. as identified in the ISP with an emphasis on helping youth learn skills needed to master their transportation needs. Any establishment of cost to the youth associated with transportation should be addressed and approved by ISP team prior to implementation. If youth are not skilled in accessing public transportation, the Provider is responsible to orient the youth. This should be initiated according to individual needs of youth.
- Consistent with the ISP, provide opportunities for youth to get involved in at least one extra-curricular activity of their choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the youth's participation.
- Conduct mental health consultations with DHR, counselors, teachers, and other professionals relevant to the youth not to exceed the daily caps in the Medicaid Rehab Manual. This should be done with increasing responsibility placed on the youth to manage their own medical and mental health needs; with monitoring and documentation provided to the Department by the Provider.
- Make at a minimum, quarterly contact with the therapist of the youth or family to monitor progress or outcomes in counseling. This should be done with increasing responsibility placed on the youth to manage their own medical and mental health needs, with monitoring and documentation provided to the Department, by the Provider.
- Provide supportive services to the family as agreed in the ISP. This may include but is not limited to supervision of family visitation, providing space where the family can visit comfortably, and flexibility of program structure that allows family contact at times that work for them. Supportive services to the family as agreed in the ISP.
- When youth do not have an established or healthy relationship with their family, Provider will work to establish at least one adult in the youth's life that will remain once they have left foster care: promoting permanent connections.
- Provide five (5) hours per week of crisis intervention services, as needed, to alleviate a crisis for the youth or to assist the family to alleviate a crisis for the youth.



- Make every effort to maintain the placement of a youth until the treatment goals are accomplished. Unless there is clearly documented evidence that a youth is a danger to himself or others, the provider must notify State DHR-Family Services, the intent to issue the placing county agency at least thirty (30) days in advance of a proposed discharge. State DHR must concur, and an ISP Team meeting must be held prior to discharge.
- Maintain that the frequency of face-to-face supervision may vary due to many factors (e.g., readiness for independence; living arrangements chosen; presence or availability of other adults; other factors unforeseen until after placement); however, the following supervisory schedule, at a minimum, shall be followed during the first eight (8) weeks in placement.
 - 1st -3rd Weeks Daily Supervision
 - 4th-8th Weeks Twice a Week Supervision
 - 9th-12th Weeks Once a Week

After the 12th week, supervision must occur no less often than twice a month, and the ISP team will reconvene to determine the level of on-going supervision that is needed.

- Ensure that the following criteria are met for youth in the **Independent Living** programs:
 1. Youth may co-sign the housing lease with the provider agency when they are of legal age (The legal age in Alabama is 18 years), with the intention to assume full lease on their own by the time they exit foster care.
 2. Youth may share housing with one (1) other person of the same (or near the same) age and of the same sex. An exception may allow additional siblings to share housing but must be agreed upon by the ISP Team and the provider. This exception will depend upon the plan for the youth and the availability of housing space for the additional siblings. Providers must provide an option for individual (1 person) or joint housing (2 persons) according to the ISP needs with an emphasis on appropriately matching youth based on their individual strengths and needs and compatibility, not Provider availability.
 3. Youth must have their own bedroom.
 4. The Provider shall assist each youth in locating certain articles and supplies for furnishing their home. The articles and supplies may be new or used but must be in condition and be inventoried. The articles and supplies must include, at a minimum: bed (mattress and frame that allows for mattress to be off the floor) and bed linens; dining table and chairs; living or sitting room furniture; stove and refrigerator; kitchen furnishings (e.g., pots, pans, cooking and eating utensils); and telephone.
- Providers should be assisting youth toward management of their life without the ongoing supports provided by DHR to youth in foster care. An established plan should be in place to assist youth with preparing to assume total financial responsibilities of their housing needs during the time they are in ILP. In addition, to the combined core services for both Transitional and Independent Living Placements, the following additional core services are to be provided to youth that are in an Independent Living Placement:
 1. Realistic living experience in which they can take full responsibility for themselves (e.g., their own living space; time management; food preparation; leisure activities) this should include a structured plan that would prepare youth to assume full responsibility for their own housing needs by the time of discharge from foster care.
 2. Experience with the natural consequences of daily actions and decisions. This should include a plan should youth fail to meet the requirements of maintaining their own home.
 3. Life skills practice while having access to staff for support and advice. Provider should assist with establishment of adult support that would maintain support structure for youth after they discharge from foster care.
 4. In partnership with youth's Alabama Transition Plan, steps should be developed that determine needed areas of support before emancipation or move of youth to their own residence.
 5. Daily social contacts that allow them to strengthen personal and interpersonal skills. This would include written guidelines establishing rules for having guest visit their apartment.
 6. Use of emergency medical procedures.
 7. Negotiating a rental agreement that would allow youth to assume full responsibility for their own housing needs by the time of discharge from foster care.
 8. Use of leisure time.
 9. Youth must attempt to obtain and maintain ongoing employment to learn and demonstrate practice in money management and budgeting. This should include a plan should youth fail to maintain ongoing employment resulting in their not being able to financial support their housing needs as they would in real life.
 10. Experience in shopping, food preparation, and consumer skills.



1.5 RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN RESOURCES

- County DHR is responsible for visiting each child at least once a month. Additional visits could be warranted if directed in the ISP or if a child's status changes
- DHR is responsible for making board payments to the foster parents in accordance with the ADHR board payment rates.
- County DHR is responsible for conducting ISPs per policy and distributing a copy of the plan within the required ten (10) days.
- DHR is responsible for all aspects of a child's medical care. This includes the following:
 - ✓ Prescription medication - the County DHR is responsible for ensuring that each child receives prescribed medication through Medicaid, payment through child's earmarked funds, payment through flex funds etc. If a child is prescribed psychotropic medications the County DHR is responsible for monitoring these medications and following Health Care Oversight & Coordination Plan that is mandated by the Federal government.
 - ✓ Doctor's appointments – the County DHR is responsible for ensuring that each child receives the required medical treatment needed.
 - ✓ Surgery – the County DHR should be notified of any surgical procedure prior to the procedure unless it is an emergency. The County DHR is responsible for being present when a child is having surgery of any type when that is planned. ADHR or County DHR have the right and duty to make medical decisions subject to any residual parental rights and responsibilities and/or ADHR policy.
 - ✓ Emergency treatment – providers will initiate emergency attention and treatment for a child requiring immediate medical attention, but the County DHR is responsible for seeing the child as soon as possible and determining that appropriate care is being received. The County DHR is responsible for follow up and discharge planning.
 - ✓ The County DHR is responsible for ensuring the child's eligibility for Medicaid and or private insurance coverage if not eligible for Medicaid.
 - ✓ The County DHR is responsible for the EPSDT periodic screening and inter-periodic screenings for children in custody. The County DHR is responsible for the initial medical exam which can be obtained through the periodic screening.
- VISITATION/TRANSPORTATION – Provider services requires that the Provider assist with local transportation. The county is responsible for transportation that is not local. The county is responsible for assessing the progress or lack of progress of family visits. If, a Provider is supervising visits the worker should be reviewing the reports of the visits and periodically observe the interactions themselves due to required court testimony to support any recommendation made by the county.
- CLOTHING – The county department is responsible for ensuring that the child has the required initial clothing and works with the provider to address any specific clothing needs over the time of the placement, such as for extracurricular activities, school requirements, and etc. Community resources should be accessed if there are no private earmarked funds or other funding sources to cover the expenditures needed for the child.
- EXTRA CURRICULAR ACTIVITIES - Consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation. The Department can use a child's private earmarked funds, the foster care trust fund, ILP funds, or flex funds to pay for items such as musical instruments, lessons, sports equipment, etc. The ISP should address the activity for the child.
- FOR ILP ONLY – Provide the Youth with a food allowance of up to \$200 per month for a maximum of three months at the time of initial placement or until such time as the youth receives SNAP or other food assistance.

1.6 REJECTIONS

- Rejections: Provider must accept all appropriate referrals that meet the contract requirements. Provider should maintain a rejection rate of less than 10% throughout the Contract period.
- Rejections that are rejected due to no available contracted slots will not be counted against the Provider's rejection rate.



1.7 DISCHARGES

- A Provider should not exceed 5% unsuccessful closure rate.
- All Immediate and 30-Day Discharge Requests must come through the prescribed format for approval through SDHR-Resource Management.
- Immediate and 30-day discharges are counted as unsuccessful discharges.
- All Discharge Planning Notifications (a child stepping down to a lower level of care) should be sent through the prescribed format to SDHR-Resource Management.

1.8 OUTCOMES AND TRACKING

- It is expected that all outcomes will be directly related to safety, permanency, and well- being.
- Successful Discharges or Unsuccessful Discharges - the percentage of the children who have an immediate discharge request, 30-day discharge request, or discharge planning notification. Submit Discharge Requests and Discharge Planning timely to include but not limited to: Discharge Notification Type, Level of Care Recommended, and Discharge Request Reason (Recommendation Letter and Required SDHR-Division of Resource Management Forms Required
- The percentage of the children needing additional services that the County Department of Human Resources are required to reimburse and the reason for these additional services.
- Submit Child Referrals to SDHR-Office of Resource Management through prescribed method within 72 hours of receiving referral to include but not limited to: Date of Referral, DHR County, Pre- Placement Days (if applicable), Referral Status (Reason if applicable), and Admission Date.
- Administer a Discharge Survey to the child, family, and DHR social workers to assess satisfaction with the services, care, and treatment. A Quarterly Summary of the Survey Results must be submitted to SDHR-Division of Resource Management and must include any program changes instituted because of the survey process.
- Submit Invoices to SDHR-Division of Resource Management by the 5th calendar day of each month for children served during the prior month. All billing including Revisions to invoices already processed are to be submitted no later than 60 days from month of service, unless otherwise specified. Failure to submit request for payment within appropriate time frames may result in payment not being made.

Partnership Commitment and Collaboration Requirement

- Provider must maintain a strong working relationship with the Department at the state and county levels
- Provider must be committed to active collaboration, transparency, responsiveness, and solution-focused communication with DHR staff
- Provider must ensure a cooperative partnership, including strategies for conflict resolution, shared decision-making, and alignment with Department priorities

1.9 QUALITY ASSURANCE

The Quality Management deliverables will include:

- Minimum qualitative and quantitative reporting of measures reflecting the operational and service development status, delivered annually.
- This report will be in the format determined by SDHR-Office of Resource Management.
- This report should be submitted to centralized.intake@dhr.alabama.gov by October 31st of every year for the prior fiscal year.

1.10 RECORD RETENTION

All records must be kept until the age of majority of the child (19) plus two years (21).



ATTESTATIONS AND DECLARATIONS FOR PROVISION OF SERVICES

VENDOR PROFILE AND EXPERIENCE

I (Vendor) attest that I have _____ months/years of experience providing Transitional Living/Independent Living Program services and/or services similar to those requested in Addendum A for this procurement.

PAST AND PRESENT CONTRACTUAL RELATIONSHIPS WITH THE DEPARTMENT

I (Vendor) attest that I have listed below all current and past contracts with the Department and other state agencies including colleges/universities within the last three (3) years. If no such contract exists, so declare.

I currently have the following contracts with the state agencies listed below:

OR

I (Vendor) declare that I have had no contracts with the Department or any other state agency including colleges/universities within the last three (3) years.

AND;

I (Vendor) declare that none of our employees have been an employee of the State of Alabama within the past two (2) years.

OR



I (Vendor) declare that the following employees have been an employee of the State of Alabama within the past two (2) years. _____

CONTRACT PERFORMANCE

I (Vendor) declare that neither I nor any proposed subcontractor has had a contract terminated for default during the past five years. We did not receive notice to stop performance delivery due to non-performance or poor performance and no issues were (a) not litigated due to inaction on the part of the Vendor; nor (b) litigated where litigation determined the vendor to be at default.

OR

I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

AND

I (Vendor) declare that at no time during the past five years, have we had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

OR

I (Vendor) declare that during the past five years, we have had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

PROJECT STAFF/ JOB DESCRIPTIONS

I (Vendor) attest that I have attached to this application, job descriptions for all staff involved in this project. Each position has been described in a separate document, and the description includes the following: (1) title of the position; (2) the process or procedure for supervision; (3) minimum education, training and experience required; (4) working hours; (5) salary range; (6) narrative job summaries; and, (7) specific duties and responsibilities.

I (Vendor) attest that I have sufficient staff to perform the services required in the Addendum A for this procurement. I further attest that if sufficient staff is not currently available, staff will be obtained to provide the services by the start of the contract.

BACKGROUND CHECKS

I (Vendor) attest that I will adhere to the Department's background policy. I will ensure that no staff, regardless of level, has not been the subject of any incident or investigation which would call into question the propriety of that employee's working with this population of vulnerable adults.



- I (Vendor) have attached to this application, documentation that each employee has a criminal background check, which includes ABI, FBI, and the CAN registry. I attest that I will adhere to the Department of Human Resources’ policies and procedures for reporting allegations of abuse, neglect, and exploitation. I attest that I will adhere to the Department of Human Resources’ policies and procedures for addressing occurrences when an incident allegation is indicated or non-indicated.

VENDOR FINANCIAL STABILITY

- I (Vendor) have attached to this application, the audited financial statement for the past year and letters from the auditor(s) who performed the previous two (2) financial audits immediately preceding the date of this application.

OR

- I (Vendor) attest that I am a newly formed organization, who has been in business less than one year. I have attached to this application, copies of quarterly financial statements that have been prepared since the end of the period reported by our most recent annual report.

METHOD OF PROVIDING SERVICES

SERVICE DELIVERY APPROACH

- I (Vendor) _____ agree to provide services as described in the Addendum A for this procurement and to provide services at rates not to exceed those specified in the contract. By submitting an application for a contract, if awarded, I agree to acceptance of the Standard Terms and Conditions and any other provisions that are specific to this contract.

START-UP PLAN

- I (Vendor) attest that I will be fully operational by the date indicated in the start-up plan.

ASSESSMENT OF BENEFITS AND IMPACT

- I (Vendor) attest that I will assess the services provided to determine their effectiveness. I attest that I will implement a process approved by the Family Services Division to determine if expected benefits have occurred and their impact to program participants.

OFFICE LOCATION

- I (Vendor) attest that the physical address where services will be performed under a contract with the Department in the event the Vendor becomes the Contractor will:



VENDOR CERTIFICATIONS

VENDOR CERTIFICATIONS

Vendors must sign each statement below attesting that they warrant and represent to the Department that the vendor accepts and agrees with all certifications and terms and conditions of this Application. Further, by submitting this Application, the vendor certifies to the Department that they are legally authorized to conduct business within the State of Alabama and to carry out the services described in this document.

DEBARMENT

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees (whether paid or voluntary) is debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension."

Authorized Vendor Signatory

Date

STANDARD CONTRACT

I (Vendor) agree to the use of the Department's standard contract document. The vendor will further comply with all the terms and conditions of that document, including, but not limited to, compliance with the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, Alabama Act No. 2000-775 (governing individuals in direct service positions who have unsupervised access to children), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable, and all other federal and state laws, rules and regulations applicable to receiving funds from the Department to carry out the services described in this Application. Further, any contract executed pursuant to the Application must be subject to review by the Department's legal counsel as to its legality of form and compliance with State contract laws, terms and conditions, and may further be subject to review by the Alabama Legislative Contract Review Committee, Examiners of Public Accounts, the State Finance Director and the Office of the Governor.

Authorized Vendor Signatory

Date

FINANCIAL ACCOUNTING

I (Vendor) agree that the vendor's accounting system will be consistent with General Accepted Governmental Accounting Principles (GAAP). The vendor must maintain sufficient financial accounting records documenting all funding sources and applicable expenditure of all funds from all sources.

Authorized Vendor Signatory

Date

VENDOR WORK PRODUCT

I (Vendor) attest that the application submitted is the work product of said vendor. If the application is determined not to be the work product of the vendor, the application may, at the Department's sole discretion, be rejected.

Authorized Vendor Signatory

Date

APPENDIX F: COST PROPOSAL

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

Rate Information:

YEAR 1:

Proposed Cost for Year 1: Number (No Gender Specified) Transitional Living Slots _____ x
 \$ _____ Fixed Daily Rate X 365 Days = \$ _____ Total Annual Cost

Proposed Cost for Year 1: Number of (No Gender Specified) Independent Living Slots \$ _____
 x \$ _____ Fixed Daily Rate X 365 = \$ _____ Total Annual Cost

YEAR 2:

Proposed Cost for Year 2: Number of (No Gender Specified) Transitional Living Slots _____ x
 \$ _____ Fixed Daily Rate X 365 Days = \$ _____ Total Annual Cost

Proposed Cost for Year 1: Number of (No Gender Specified) Independent Living Slots \$ _____
 x \$ _____ Fixed Daily Rate X 365 = \$ _____ Total Annual Cost

Indicate the age group that your agency is willing to accept: _____

APPENDIX G: BUDGET FORM

Contract Number:		DHR USE ONLY	Taxpayer ID#:		
Agency:					
Address:					
Project Title:					
Budget Period:	Year 1				
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	

3. TRAVEL	All out-of-state travel requires the Department's prior written approval.		
	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.		
	Basic Local Phone Service		\$
	Long Distance		\$
	Rent/Lease		\$
	Use Allowance (Requires an FM-05 "USE ALLOWANCE – SPACE Form)		\$
	Utilities		\$
	Upkeep (buildings/grounds)		\$
	Minor Repairs		\$
	Other (specify)		\$
	TOTAL SPACE:		\$
5. SUPPLIES	Competitive bids may apply		
	Office Supplies		\$
	Computer-related Supplies		\$
	Custodial Supplies		\$
	Other (specify)		\$
	TOTAL SUPPLIES:		\$
6. EQUIPMENT	Itemize (attach a separate listing if needed.)		
	Purchase		\$
	Rental/Lease		\$
	Rental/Lease		\$

	Repairs	\$
	Maintenance Agreements	\$
	Use Allowance	\$
	Office Furniture	\$
	Office Furnishings	\$
	Other (specify)	\$
	TOTAL EQUIPMENT:	\$
7. OTHER		
	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:	\$

Contract Number:		DHR USE ONLY	Taxpayer ID#:		
Agency:					
Address:					
Project Title:					
Budget Period:	Year 2				
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	

3. TRAVEL	All out-of-state travel requires the Department's prior written approval.			
	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.			
	Basic Local Phone Service			\$
	Long Distance			\$
	Rent/Lease			\$
	Use Allowance (Requires an FM-05 "USE ALLOWANCE – SPACE Form)			\$
	Utilities			\$
	Upkeep (buildings/grounds)			\$
	Minor Repairs			\$
	Other (specify)			\$
	TOTAL SPACE:			\$
5. SUPPLIES	Competitive bids may apply			
	Office Supplies			\$
	Computer-related Supplies			\$
	Custodial Supplies			\$
	Other (specify)			\$
	TOTAL SUPPLIES:			\$
6. EQUIPMENT	Itemize (attach a separate listing if needed.)			
	Purchase			\$
	Rental/Lease			\$
	Rental/Lease			\$

	Repairs	\$
	Maintenance Agreements	\$
	Use Allowance	\$
	Office Furniture	\$
	Office Furnishings	\$
	Other (specify)	\$
	TOTAL EQUIPMENT:	\$
7. OTHER		
	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:	\$

APPENDIX H: MEDICAID BILLING CHART

Medicaid Billing Information				
Medicaid Rehab Mental Illness Services				
Effective October 1, 2025 Continuation of Same Rates Since October 1, 2022				
Billing Code	Service Description	Maximum Units	Current Rate	Service Recipient for Medicaid Reimbursement
90791-HE	Intake Evaluation	Unit = episode	\$195.46	Child
H0032-HE	Treatment Plan Review	8 units/year 2 units/quarter units = 15 min	\$23.10	Child
H2027-HE	Individual Psychoeducational Services	416 units/year 8 units/day unit = 15 min	\$14.70	Adult/Child
H2027-HQ	Group Psychoeducational Services	416 units/year 8 units/day/client unit = 15 min	\$4.20	Adult/Child
H0036-HE	Individual Basic Living Skills	2080 units/year 20 units/day unit = 15 min	\$14.70	Child
H0036-HQ	Group Basic Living Skills	2080 units/year 8 units/day/client unit = 15 min	\$4.20	Child
H0046-HE	Mental Health Care Coordination	312 units/year unit = 15 min 24 units/day/client	\$23.10	Child
H0004-HE	Medical Assessment & Treatment	52 units/year 6 units/day unit = 15 min	\$54.60	Child
	<i>Diagnostic Testing by Psychologist</i>			Child
96130-HE	Testing Evaluation- 1st hour	1 unit/year unit = 1 hour	\$132.70	Child
96131-HE	Testing Evaluation- Each additional hour (additional 31 minutes of work performed)	7 units/year unit = 1 hour	\$98.68	Child
96136-HE	Test Admin and Scoring- 1st 30 minutes	1 unit/year unit = 30 min	\$49.15	Child
96137-HE	Test Admin and Scoring- Each additional 30 minutes (additional 16 minutes of work performed)	11 units/year unit = 30 min	\$44.24	Child
	<i>Diagnostic Testing by Technician</i>			Child

96130-HE	Testing Evaluation- 1st Hour	1 unit/year unit = 1 hour	\$132.70	Child
96131-HE	Testing Evaluation- Each additional hour (additional 31 minutes of work performed)	7 units/year unit = 1 hour	\$98.68	Child
96138-HE	Test Admin and Scoring- 1st 30 minutes	1 unit/year unit = 30 min	\$38.92	Child
96139-HE	Test Admin and Scoring- Each additional 30 minutes (additional 16 minutes of work performed)	11 units/year unit = 30 min	\$38.92	Child
96146-HE	Diagnostic Testing by Computer	1 unit/year	\$2.27	Child
90832-HE	Individual Counseling (C)- 30 (16-37) min	52 units/year	\$85.07	Child
90834-HE	Individual Counseling (C)- 45 (38-52) min	1 unit/day	\$112.29	Child
90837-HE	Individual Counseling (C)- 60 (53 or greater) min	Unit = 1	\$164.84	Child
90846-HE	Fam C/tx w/o child	104 units/year	\$107.37	Adult
90847-HE	Fam C/tx w/ch present	1 episode/day	\$111.15	Child & Adult
90849-HE	Multi-fam group C/tx	Episode= Minimum of 60 Minutes	\$38.56	Child & Adult
90853-HE	Group C/tx	104 units/year	\$29.87	Child
		1 episode/day		
		Episode- Minimum of 60 Minutes		
H2012-HA	Child/Adolescent Mental Illness Day Treatment	1040 units/year	\$21.00	Child
		4 units/day		
		unit= 1 hour		
	<i>Medication Admin</i>	1095 units/year		Child
96372-HE	Injectable	3 units/day	\$23.12	Child
H0033-HE	Oral	unit = episode	\$14.70	Child
H0034-HE	Medication Monitoring	52 units/year	\$23.10	Child
		2 units/day		
		unit = 15 minutes		
H2011-HE	Crisis Intervention	20 units/day	\$23.10	Child
		7300 units/year		
		unit = 15 minutes		
H0002-HE	Behavioral Health Placement Assessment	16 units/year	\$46.20	Child
		4 units/day		
		unit = 30 minutes		



State of Alabama Disclosure Statement

Required by Article 3B of Chapter 16 of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

Contract Proposal Request for Proposal Invitation to Bid Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

By signing below, I certify under penalty of perjury (in the jurisdiction in which it is executed) that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a person who knowingly violates this article shall be subject to civil penalty in an amount of ten thousand dollars (\$10,000), or 10 percent of the amount of the contract, whichever is less, to be deposited in the State General Fund. Also, the contract or grant shall be voidable by the awarding agency.

Authorized Signatory _____ Date _____ Jurisdiction in which this Disclosure Statement is executed _____

The disclosure statement is required to be completed and filed with grant proposals in excess of \$25,000 and contracts that meet or exceed the threshold for bid or other formal solicitations under Article 5 of Chapter 4 of Title 41 or any other law that requires formal solicitation procedures for awarding public contracts.

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;

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