# Attachment A

## Cover Sheet

General Information:

Select the Employment and Day Program Services Your Agency Seeks to Provide:

Community Access

Individual Supported Employment / Group Supported Employment

Legal Name of Applicant Agency

Mailing Address

City County State Zip

Contact Person Title

Phone Fax

Email address

Program Location (if different than above)

Tax Identification Number

I certify that to the best of my knowledge the information contained in this Submission of Qualifications is accurate and complete and that I have the legal authority to commit this business or agency to a contractual agreement. I realize the final funding for any service is based upon funding levels and the approval of County officials.

Signature and Title Date

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# Attachment B

## Qualifications

***Note:*** If additional space is needed, please attach additional sheet(s) and limit your responses to a half page per response.

1. Type of Organization (Attach incorporation documentation, if applicable):
   * Private for profit
   * Public non profit
   * Local or state government
   * Other (Please specify: )
2. Each prospective contractor must provide the following:
   * Washington State Tax Registration Number
   * Employer Identification Number
   * Business License
3. Does your agency have a Governing Board?
   * Yes (attach a list of all members and representation)
   * No
4. Agency Information

If your agency has more than one employee, please indicate whether the following policies and procedures are established and practiced (and are approved and adopted by the agency's Board of Directors, if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Policy | Yes | No | N/A |
| Written Personnel/EEO |  |  |  |
| Staff Job Descriptions |  |  |  |
| Written Benefits Policy |  |  |  |
| Affirmative Action Plan |  |  |  |
| Financial Policies |  |  |  |
| Program Policies |  |  |  |
| Grievance Policy |  |  |  |
| Fire Marshal Approved Usage |  |  |  |
| Health Department Approved Usage |  |  |  |
| County Zoning Approved Usage |  |  |  |

1. Litigation Status

Is your agency or business currently involved in or does it have any pending legal actions? Has your agency or business filed for bankruptcy in the past five years?

* Yes (Please Explain)
* No

1. Briefly describe your business/agency’s accounting process for tracking expenditures/revenues to separate accounts.
2. Briefly describe your funding base/revenue sources for the past two years. Provide at least one financial reference, preferably a bank, which can attest to your business/agency's financial well- being and financial management capabilities.
3. Describe your business/agency's ability to repay any disallowed costs.
4. Does your organization conduct an internal audit of funds under its control?

* Yes. How often is such an internal audit conducted?
* No

1. How frequently is your organization audited by an independent auditing firm?

If one is conducted, attach a copy of your organization's last audit for the most recent fiscal year.

1. Within the past five (5) years, have independent audits identified deficiencies which resulted in questioned costs, costs recommended for disallowance, an "adverse opinion" by the auditors, or the auditors "disclaiming" any opinions?
   * Yes. Please Explain
   * No
2. Is your organization certified by the Washington State Office of Minority and Women's Business Enterprises as a minority and/or woman-owned enterprise?
   * Yes. Please provide certification number and date of certification or renewal:
   * No
3. Does your organization carry general liability insurance?
   * Yes, state amount, carrier, coverage period and attach a copy of your current insurance certificate
   * No
4. Does your organization carry professional liability insurance?
   * Yes, state amount, carrier, coverage period and attach a copy of your current insurance certificate
   * No
5. Does any employee or official of Kittitas County or member of any County Advisory Board have any financial or other interest in your agency or this project?
   * Yes, please explain
   * No
6. Describe your availability and accessibility to the public (days, hours per week, proximity to transportation services, etc.) for the provision of services.
7. Have you ever had a contract terminated?

* Yes, please explain the circumstances.
* No

1. Have you had any findings or reports with corrective action?
   * Yes, explain the issue and how the problem was resolved.
   * No

1. Have you/your agency or any staff of your agency been named in any civil or criminal suit related to providing services?
   * Yes, please explain
   * No
2. Has your agency/business ever operated under a different name? (Include information if the current director was a director of another agency.)
   * Yes, please indicate other name:
   * No
3. Within the past three years, has all staff had clear DSHS Background Central Check Unit (BCCU)?
   * Yes, please provide copies of their most recent background checks
   * No
4. Please attach a projected organization chart that shows the name, title/role, and date of hire of each staff person whose work would be related to services in Kittitas County. Include all applicable service, administrative and finance staff.
5. Please attach a narrative or documentation in response to the following questions and include them with your agency’s submission materials:
   * Please describe your agency’s capacity to provide Employment and Day Program Services to individuals.
   * Signed Debarment/Suspension Statement.
   * Copy/copies of all job descriptions relevant to provide Employment and Day Program Services.
   * Information on staff that will be providing services, including brief resumes of each that describe education, licenses and/or certifications, and experience.
   * A copy of your agency’s table of contents of all written policies and procedures.
   * A copy of your Business License.
   * Proof of your agency’s Commission on Accreditation of Rehabilitative Facilities (CARF) accreditation.
   * A copy of your agency’s current Washington State Division of Vocational Rehabilitation (DVR) Contract.
   * Attach forms and/or explain your agency’s process to successfully develop and implement a plan for providing services that are based on individual needs that include:
     + Method for gathering information;
     + How needs are assessed;
     + Plan implementation; and
     + Plan outcomes
   * Review the DDA County Guidelines and explain how your agency will provide services in accordance with the DDA County Guidelines: <https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/c_guidelines.pdf>
   * Provide the resume(s) of your employee/employees with a minimum of two (2) years of experience providing Individual Supported Employment or Community Access services. For Individual Supported Employment, experience must include developing, obtaining, and maintaining successful placements for and with people with intellectual and developmental disabilities in paid employment at minimum wage or better with the wages paid by a community- based business.

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## Certification Regarding Debarment or Exclusion

I certify that this agency, its current employees or officers, are not debarred or suspended or otherwise excluded from or are ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension" and will not contract with a subcontractor that is debarred or suspended.

I, the undersigned have read and reviewed all of the above statements and attest, to the best of my knowledge, that they are correct and that I have the legal authority to commit this agency/business to a contractual agreement.

Signature, Chief Administrator Date

of Applicant Agency/Business

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# Attachment C

## Data/Information Systems Questionnaire

These answers are for County information only.

1. Describe your current information system and network, including hardware.
2. Do you currently have internet access?

* Yes, what type of firewall is being used to protect your system?
* No

1. Is electronic information backed up on a regular, automated basis?

* Yes, how?
* No

1. Is there an established, written disaster recovery plan for technology hardware and software?

* Yes
* No

1. Is virus protection software used on all servers and workstations?

* Yes, what software is used? Is it set up for automate downloads of the virus library update?
* No