

INDIANA DEPARTMENT OF CHILD SERVICES

Request for Proposal to Provide:

Healthy Families Indiana

Response Due Date:

April 22, 2016

Services and Outcomes
Indiana Department of Child Services
302 W. Washington St., Room E306
Indianapolis, Indiana 46204

Department of Child Services
Community Partners for Child Safety
Term September 1, 2016 to August 31, 2018

SECTION ONE

1.0 GENERAL INFORMATION & REQUESTED PRODUCTS/SERVICES

1.1 INTRODUCTION

The Department of Child Services (DCS), in accordance with its State Plan requires child prevention services in all 92 counties. It is the intent of DCS to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is a competitive process for providers who are accredited by Healthy Families America. This RFP is being posted to the DCS website (www.in.gov/dcs/) for downloading. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

1.2 PURPOSE OF THE RFP

The purpose of this RFP is to select Healthy Families Indiana (HFI) vendors/providers that can satisfy the DCS need for the provision of prevention services to all 92 counties. HFI is a voluntary program designed to promote healthy families and healthy children through a variety of services. Agencies must be in compliance with local and state requirements, as well as, be nationally accredited with Healthy Families America.

Respondents are expected to propose services in accordance with the Healthy Families America accreditation standards. Respondents should be sure the program and budget are outlined in detail in the service narrative and budget worksheets. Billable units must be assigned a rate and defined.

1.3 SUMMARY SCOPE OF WORK

Contractors chosen will be expected to provide services in a manner that is consistent with the Healthy Families America Critical Elements (Attachment A). These specifications include but are not limited to, length, quality and type of service, qualifications of staff, documentation requirements, as well as program reports and evaluation.

1.4 QUESTION/INQUIRY PROCESS

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **10:00 am Eastern Standard Time (EST)** on March 22, 2016. Questions/Inquiries may be submitted via email (preventionquestions@dcs.in.gov) and must be received by the Department of Child Services by the time and date indicated above. Questions should be submitted utilizing Attachment M.

Following the question/inquiry due date, the Department of Child Services personnel will compile a list of the questions/inquiries submitted by Respondents. The responses will be posted to the Department of Child Services website according to the RFP timetable established in Section 1.13. Only answers posted on the Department of Child Services website (www.in.gov/dcs/) will be considered official and valid by the State. No Respondent shall rely upon, take any action, or make any decision based upon any verbal communication with any State employee.

Inquiries are not to be directed to any staff member of DCS. Such action may disqualify Respondent from further consideration for a contract resulting from this RFP.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on the Department of Child Services website. If such an addendum issuance is necessary, the Department of Child Services may extend the due date and time of proposals to accommodate such additional information requirements, if required.

1.5 DUE DATE FOR PROPOSALS

To be considered, proposals must be submitted electronically through the Proposal Portal by 10am EST April 22, 2016.

All electronic copies of the proposal must be submitted online on or before 10:00 am EST on 4/22/2016.

Any proposal not submitted electronically by 10 am EST on 4/22/2016 will not be considered.

1.6 PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

The State reserves the right to request clarifications on proposals submitted to the State. The State also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the State may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The State will provide equivalent information to all respondents which have been chosen for discussions. Discussions, along with negotiations with responsible respondents may be conducted for any appropriate purpose.

The Department of Child Services or its appointed representatives will initiate and facilitate all discussions. Any information gathered through oral discussions must be confirmed in writing.

1.7 REFERENCE SITE VISITS

If awarded a contract, the Agency will consent to annual visits by the Healthy Families Indiana Quality Assurance team and/or any visits requested by DCS. This will include, but is not limited to an onsite visit where the Agency's quality assurance plan is assessed by the team for review and feedback. Such site visits aid the agency in maintaining compliance with Healthy Families America and Indiana.

1.8 TYPE AND TERM OF CONTRACT

The State intends to sign a contract with multiple Respondent(s) to fulfill the requirements in this RFP (Exhibit 1 of the Contract is in Attachment H).

The term of the contract shall be for a period of 24 months, **beginning September 1, 2016 and ending August 31, 2018**. The state may exercise the option to extend contracts for up to two years.

1.9 CONFIDENTIAL INFORMATION

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq., and, after the contract award, the entire RFP file may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of that envelope that confidential materials are included. The Respondent must also specify the statutory exception of APRA that applies. The State reserves the right to make determinations of confidentiality. If the Respondent does not identify the statutory exception, DCS will not consider the submission confidential. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to APRA, it may seek the opinion of the General Counsel for the Department of Child Services. Prices are not confidential information.

1.10 SECRETARY OF STATE REGISTRATION

If awarded a contract, the Respondent will be required to register with the agency's legal name, and be in good standing, with the Secretary of State. This legal name must be used on all documents included in the proposal process. The registration requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies. Information concerning registration with the Secretary of State may be obtained by contacting:

Secretary of State of Indiana
Corporation Division
402 West Washington Street, E018
Indianapolis, IN 46204

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(317) 232-6576
www.in.gov/sos

Note: When you complete the application, the agency's legal name must match the registered name with the Secretary of State. If it does not and that agency is selected for a contract, the contract will be delayed until this is resolved.

Before contracts are moved through the signature process they must pass review by the Department of Workforce Development (DWD) and Department of Revenue (DOR). If an agency that is accepted for a contract by DCS has unpaid unemployment insurance or unpaid taxes to the State, the contract will be held until these issues are resolved. Any issues must be resolved with DWD/DOR. It is extremely important that all agencies are aware of this review to prevent delays in the timely execution of the contract.

1.11 COMPLIANCE CERTIFICATION

Responses to this RFP serve as a representation that the respondent has no current or outstanding criminal, civil, or enforcement actions initiated by the State, and it agrees that it will immediately notify the State of any such actions. The Respondent also certifies that neither it nor its principals are presently in arrears in payment of its taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Respondent agrees that the State may confirm, at any time, that no such liabilities exist. If such liabilities are discovered, the State may bar the Respondent from contracting with the State, cancel existing contracts, withhold payments to setoff such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State. If, in an audit or review by the State, it is discovered there is a non-compliance issue with either the service standard or the contract, the State may elect to impose a financial penalty.

1.12 AMERICANS WITH DISABILITIES ACT

The Respondent specifically agrees to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq. and 47 U.S.C. 225).

1.13 SUMMARY OF MILESTONES

| Key RFP Dates: Activity | Date |
|--|--------------------------------|
| Issue of RFP | March 14, 2016 |
| Deadline to Submit Written Questions | March 22, 2016 by 10:00 am EST |
| Answers to Vendor questions posted on DCS website | April 8, 2016 |
| Submission of Proposals | April 22, 2016 by 10:00 am EST |
| The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, | |

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| these dates are commonly subject to change. | |
|---|-------------------|
| Proposal Evaluation | May-June 2016 |
| Notification of Awards | July 1, 2016 |
| Contract Start | September 1, 2016 |

Bidders' Conference

A Bidders' Conference is being held on March 18, 2016 from 2pm-3pm EST via WebEx.

While this meeting is not required, it is strongly recommended to attend. **Please RSVP to preventionquestions@dcs.in.gov to register for the webinar. Only those who have sent RSVP to the email address provided will receive the webinar log in information.**

SECTION TWO

2.0 PROPOSAL PREPARATION INSTRUCTIONS-HEALTHY FAMILIES INDIANA PROGRAM

2.1 GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. -The proposal will be submitted electronically (See Attachment B Instructions on Electronic Submission).

Each Program Proposal must include:

1. Application: The application information needed to complete the application process is located online at this website: <http://www.in.gov/dcs/3359.htm>. The electronic application is located at <https://magik.dcs.in.gov/financials/Public/RFP/RequestAvailable.aspx>. It includes agency information, geographic area to be covered.
2. Service Narrative: The Service Narrative template must be used (Attachment C). One Service Narrative should be completed for each County being proposed. This portion of the proposal allows the applicant to provide specific information regarding the proposed service.
3. Budget: One budget must be completed for each county proposed (Attachment D). Respondents shall submit a budget that reflects the cost for one (1) year of service. The Budget template must be used.

Respondents shall submit an Actual Cost Report Worksheet (Attachment E) reflecting the program cost for State Fiscal Year 2015 (July 1, 2014 to June 30, 2015) for each county proposed. The Actual Cost Report template must be used. If Respondent did not operate a Healthy Families site for State Fiscal Year 2015 then Respondent may submit a purposed budget only.

Respondents will be required to print the Program Proposal from the Proposal Portal website and sign the application in blue ink. This application and all of the submitted attachments should be submitted and uploaded as indicated in the table below.

Note: Respondents will submit only one proposal for all counties/regions to be served. Please submit a budget and actual cost report for each proposed county.

The RFP submissions must include the following:

| | Submitted Electronically by 4/22/16 by 10:00 am EST |
|-------------------------------------|--|
| Upload Application | <input type="checkbox"/> |
| Attachment C –Service Narrative | <input type="checkbox"/> |
| Attachment D – Budget Worksheets | <input type="checkbox"/> |
| Attachment E-Actual Cost Report | <input type="checkbox"/> |
| Change Proposal Status to Submitted | <input type="checkbox"/> |

Prior to submitting the proposal, it is vital that the proposal be reviewed to ensure that all required information is included.

Proposals cannot be submitted electronically without the required attachment(s). All proposals must be submitted in entirety electronically no later than the date listed on the RFP and a signed copy uploaded no later than the date listed on the RFP.

During the submission process, if a provider experiences technical difficulties, preventionquestions@dcs.in.gov should be emailed. Only technical questions will be allowed. All other questions should be submitted as prescribed in the Q&A section above.

2.2 APPLICATION

The application is prepared online through www.in.gov/dcs. It includes agency information, geographic area to be covered and proposed services with corresponding unit rates. It also includes the certification that the respondent agrees to the Assurances (Attachment G), Sample Contract (Attachment L), Principles of Child Welfare (Attachment F) and Critical Elements (Attachment A). The application should be signed by a person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions. This document is to be uploaded.

2.3 SERVICE NARRATIVE

The Service Narrative (Attachment C) must utilize the provided templates. Each program proposal will include one Service Narrative for each county being proposed. The Service Narrative will outline the specific services to be delivered.

Proposals must identify and meet service components in the HFA Critical Elements (See Attachment A). Proposals must demonstrate the organizational and procedural structure that are necessary to deliver the services proposed.

2.4 BUDGET WORKSHEETS

DCS has set standardized unit rates for each billable component. Providers will submit their proposed rates in the online application. The Budget Worksheets are required (Attachment D). Federal Selected Disallowed Expenses (Attachment J) list all expenses that cannot be included in the budget.

One budget must be completed for each county proposed (Attachment D). Respondents shall submit a budget that reflects the cost for one (1) year of service. The Budget template must be used.

Respondents shall submit an Actual Cost Report (Attachment E) reflecting the program cost for State Fiscal Year 2015 (July 1, 2014 to June 30, 2015) for each county proposed. The Actual Cost Report template must be used. If Respondent did not operate a Healthy Families site for State Fiscal Year 2015 then Respondent may submit a proposed budget only.

2.5 RATES

DCS will set a standard unit rate for billable components for agencies during the contracting process. For estimated county allocations for State Fiscal Year 16-17 see attachment K.

SECTION THREE

3.0 PROPOSAL EVALUATION

3.1 PROPOSAL EVALUATION PROCEDURE

The State will select a group of personnel to act as a proposal evaluation team. Subgroups of this team, consisting of one or more team members, will be responsible for evaluating proposals with regard to compliance with RFP requirements. All evaluation personnel will use the evaluation criteria stated in Section 3.2.

The Department of Child Services designee will, in the exercise of sole discretion, determine which proposals offer the best means of servicing the interests of the State.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated for adherence to requirements and Assurances on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.
2. Each proposal will be evaluated on the basis of the categories included in Section 3.2. A point score has been established for each category.
3. If technical proposals are close to equal, greater weight may be given to price

4. Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the State, taking into account all of the evaluation factors, may be selected by the Department of Child Services for further action, such as contract negotiations. If, however, the Department of Child Services decides that no proposal is sufficiently advantageous to the State, the State may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the Department of Child Services may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists. The State may also choose multiple respondents to provide services.

3.2 EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described in the Proposal Scoring Tool with a brief explanation of the basis for evaluation in that category (Attachment I). The points associated with each category are indicated following the category name (total maximum points = 30). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.



ATTACHMENT I PROPOSAL SCORING TOOL

| | | |
|--|--|---------------------------------------|
| Proposal ID: _____ | County: _____ | Date: ___/___/___ |
| Provider: _____ | | |
| Service: Healthy Families Indiana | | |
| Instructions: | | |
| 1. Adherence to mandatory requirements is Pass/Fail. The Prevention Program Coordinator will supply information of Pass/Fail for this question. 2. Please complete one score sheet for each county being proposed. 3. Remember to rate each statement listed on the score sheet. A rating should be selected for each numbered item. The leader will collect the evaluations and the confidentiality forms and return them to the Prevention Program Coordinator. | | |
| Adherence to Mandatory Requirements (followed instructions and standard format and inclusion of a budget if applicable) | | (circle one) PASS FAIL |
| Justification for Fail: | | |
| 1. BUDGET SECTION | | |
| Budget worksheet is filled out completely and accurately making sure to include affiliations fees, administrative cap and accreditation costs for purposed county. Actual Cost Report for State Fiscal Year 2015 is filled out completely and accurately reflecting the operating cost of the program in the purposed county (Agencies who did not operate a Healthy Families site for State Fiscal year 2015 do not need to submit an Actual Cost Report). | | |
| Fail (0 Points) | Does Not Meet Criteria (1-2 Points) | Meets Criteria (3- 4 Points) |
| | | Exceeds Criteria (5 Points) |

| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|--|---|--|
| Proposal fails to address this section. | Budget worksheet is not filled out in its entirety and fails to include all relevant costs associated with the program. Actual Cost Report is not filled out in its entirety and fails to include all relevant costs associated with the program. | | Budget worksheet is filled out in its entirety and provides the minimal information regarding on programmatic costs, affiliation fees, and administrative cap and accreditation costs. Actual Cost Report is filled out in its entirety and provides the minimal information regarding program operating cost. | | The budget worksheet is filled out in its entirety and includes detailed information on programmatic cost, affiliation fees, and administrative cap and accreditation costs. The Actual Cost Report is filled out in its entirety and includes detailed information on programmatic cost |

2. HISTORY OF QUALITY SERVICES

This section should cover all important history and development of the organization to date, along with the organizational chart. The organizational history and your agency's ability to deliver home visiting services to at-risk children and their families. Include the program name(s). This section of the narrative should also document how the provider has been able to provide Healthy Families home visiting services to at-risk children and families. This section should document your agency's history of collaboration and work with DCS or other community agencies. Information should be specific to county/agency/region served. An organizational chart including the Board of Directors and any other affiliates should be included in this section.

| Fail (0 Points) | Does Not Meet Criteria (1-2 Points) | | Meets Criteria (3- 4 Points) | | Exceeds Criteria (5 Points) |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Proposal fails to address this section. | Proposal does not clearly state service provision history. They fail to deliver an effective plan for serving at risk children and families. The agency does not clearly define history of working relationships with DCS and/or other community agencies within proposed county or region. | | The proposal provides a detailed history of past services rendered. The plan for delivering Healthy Families Indiana to at risk families and children is clear and concise and takes into account demographic information for the areas served and provides documentation of experience in serving that demographic. The organizational chart of Board of Directors/affiliates is included. | | The proposal provides a concise, detailed outline specific to the services rendered to at risk children and their families. The agency provides documentation of an exemplary long standing partnership with DCS and/or community agencies within the specific counties or regions served. The organizational chart of Board of Directors/affiliates is included. |

3. PROGRAM NAME/SCREENING/REFERRAL PROCESS

The section should describe the intake and referral process to be utilized in the program including respondent's procedure/methods for a guaranteed time frame for initiation of services. This section should include information on what is done when the site is unable to service a referral.

| Fail (0 Points) | Does Not Meet Criteria (1-2 Points) | | Meets Criteria (3- 4 Points) | | Exceeds Criteria (5 Points) |
|---|---|---|--|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Proposal fails to address this section. | Proposal does not does not have a clear description of the screening/referral process. Fails to identify the plan for initiation of the referral. Fails to identify the staff members that will ensure compliance to the required timeframes. | | Identifies and proposes a structured and clear screening/referral process. Includes detailed information regarding the initiation process and how timelines will be adhered to. Key staff members are identified in regards to responsibilities in adhering to the timeframes established in HFI policy. | | Recognition of HFI screening/referral timeframes and a concise/detailed explanation of the agency's referral and initiation process. Provides detailed information, in regards to the organization of the agency: focusing on the key elements of ensuring the screening/referral process is smooth (even in the absence of the reported key personnel), including a back-up plan to ensure timelines are always met. |

4. SERVICE DEMOGRAPHICS

This section should define the priority target population, the geographical service area, and provide the projected number of clients the provider/agency intends to serve. Describe how the agency meets the capacity needs in the service area.

| Fail (0) | Does Not Meet Criteria (1-2 Points) | | Meets Criteria (3- 4 Points) | | Exceeds Criteria (5 Points) |
|----------|-------------------------------------|--|------------------------------|--|-----------------------------|
|----------|-------------------------------------|--|------------------------------|--|-----------------------------|

| Points) | | | | | |
|---|---|----------|--|----------|--|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Proposal fails to address this section. | Proposal fails to identify the priority target population that will benefit from the service. Fails to identify not only caseload capacity per worker for the specific service standard but also agency capacity. Fails to describe agency's effort to serve a culturally diverse population. | | Agency clearly identifies the priority target service population and describes how the agency meets the capacity needs of the service area. Proposal provides caseload and agency capacity and identifies the agency's ability to serve a culturally diverse population. | | Agency provides demographic information for the area to be served and matches that information with their proposed priority target population. Provides concrete and detailed information regarding their capacity, how it meets the service area needs and provides a detailed plan for increasing capacity if needed in the future. Agency provides a detailed description of ability to serve the identified cultures in the proposed area. |

5. PRACTICE MODEL

Describe how the service delivery model is consistent with DCS Principles, Healthy Families America Critical Elements and Healthy Families Indiana Policy Manual.

| Fail (0 Points) | Does Not Meet Criteria (1-2 Points) | | Meets Criteria (3- 4 Points) | | Exceeds Criteria (5 Points) |
|---|---|----------|---|----------|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Proposal fails to address this section. | The proposal fails to describe the service delivery and how they will ensure fidelity to Healthy Families Indiana model and Healthy Families America Critical Elements. | | The proposal effectively describes the service delivery and how they will assure fidelity to the Healthy Families Indiana model and Healthy Families America Critical Elements. The proposal demonstrates a full understanding of the model and required components including training, certification, fidelity, and assurance. | | The agency provides a clear and concise plan to implement Healthy Families Indiana, describing how they will adhere to DCS Principles and Healthy Families America Critical Elements They provide a clear and concise plan for implementation, sustainability, and integration into daily service provision. The agency clearly articulates how model fidelity will be ensured. |

6. PROGRAM EVALUATION

Describe adherence to Quality Assurance, discuss any corrective action plans undertaken, and any outcomes that should be highlighted. Description should also include specific quality improvement/assurance plans that the agency has implemented to ensure quality service delivery.

| Fail (0 Points) | Does Not Meet Criteria (1-2 Points) | | Meets Criteria (3- 4 Points) | | Exceeds Criteria (5 Points) |
|---|---|----------|--|----------|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Proposal fails to address this section. | Proposal fails to describe any prior years' outcome data related to the target population and/or does not describe the agency's adherence to quality assurance and/or outcomes. No mention of quality improvement or quality assurance is included. No information provided on any corrective action plans undertaken and/or any other outcomes that should be highlighted. | | The agency's prior years' outcomes/quality assurance adherence are discussed and/or the proposal described the agency's plan to capture service outcomes. A detailed quality improvement/quality assurance plan is referenced. Information is provided regarding any corrective action plans undertaken and/or highlighted other outcomes. | | The agency clearly demonstrates collection of outcome data and implementing their quality improvement/quality assurance plan. Adherence to quality assurance is clearly stated. An effective use of outcome data is provided and includes the use of outside stakeholder input in planning improvements. Detailed information is provided regarding any corrective action plans undertaken and/or other outcomes highlighted. |

| | | |
|-----------------------------|--------------------|--------------|
| STEP 2 TOTAL POINTS | | /30 |
| Comments: | | |
| | | |
| Evaluator Signature: | Print Name: | Date: |
| Evaluator Signature: | Print Name: | Date: |
| Evaluator Signature: | Print Name: | Date: |

The Department of Child Services designee will, in the exercise of sole discretion, determine which proposal(s) offer the best means of servicing the interests of the State. The exercise of this discretion will be final. DCS reserves the right to contract with multiple respondents for the same service within the same region & local office.

SECTION FOUR

4.0 OTHER INFORMATION

4.1 REPORTS

All direct services/information provided to a family are to be documented in the DCS approved database. All HFI sites are required to have internet access to send and receive mandatory information. All HFI staff using the database are required to be trained on proper use of the database and assigned an appropriate password. Services/information to be documented in the database, include but not limited to: assessment, maternal record screen, target child data, home visits, Ages and Stages Questionnaire Developmental Screen, Individual Family Support Plan, Well Child, Immunization, referrals, medical provider information for family and child, and all other required fields (in adherence to the HFI policy manual). Entering all data in a timely manner is very important. All home visit reports, referrals, Incident Reports, and secondary activities are to be entered within one (1) week of activity. All assessments are due in Home

Visit Tracking Information System within two (2) days of completion. All secondary's and referrals are due within (one) 1 week. All documentation should be verified for billing purposes by the end of the month in which they are collected. HFI staff are to enter all known information. Assigned local staff and supervisors will routinely monitor the data, watching for missing information/blank data fields and incorrect information.

All reports and collected information will be entered by the agency into the DCS' approved database. The agency also agrees to prepare, maintain, and timely provide to DCS, upon request, any case record documentation, statistical reports, program reports, service information reports, client data and service data reports, outcome monitoring reports, etc.

SECTION FIVE

ATTACHMENTS

| | | |
|----------|---|---|
| A | Critical Elements | Critical Elements of Healthy Family America |
| B | Application | Instruction on how to complete the electronic Application |
| C | Service Narrative | One per proposal |
| D | Budget Worksheet | Completed using standardized budget template. |
| E | Actual Cost Report | Actual cost of program operation cost for SFY15 |
| F | Principles of Child Welfare | For your information. A signed application certifies agreement to adhere to the DCS Child Welfare Services/Principles. |
| G | Assurances | For your information. A signed Application certifies the Assurances. |
| H | Exhibit 1 | Certification of Completion of Required Criminal and Background Checks |
| I | Proposal Scoring Tool | Tool that DCS staff will use to score the proposals |
| J | Federal Selected Disallowed Expenses | For your information. Expenses that are not allowed. |
| K | County Allocations | For your information. |
| L | Sample Contract | HFI Sample Contract |
| M | Required Question Form | RFP questions must be submitted with this form to the dcspreventionquestions@dcs.in.gov |
| N | Healthy Families Service Definitions | Service definitions for Healthy Families services. |

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