

## Request for Qualifications (RFQ) for Chronic Disease Self-Management Services

### RFQ Information and Guidelines

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RFQ No. 12-001-ADR

Chronic Disease Self-Management Services

Issue Date: February 14, 2012

Closing Date: March 9, 2012

### Contact

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Brian Guthrie

Pierce County Community Connections – Aging and Disability Resources

1305 Tacoma Ave S. STE 104

Tacoma, WA 98402

Phone: (253) 798-4378

Email: bguthri@co.pierce.wa.us

### Applicant Information – Must Be Completed and Submitted by All Applicants

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Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Return s by 12:00 noon, Friday, March 9, 2012 to:

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Pierce County Community Connections – Aging and Disability Resources

Attn: Brian Guthrie

1305 Tacoma Ave S. STE 104

Tacoma, WA 98402

Phone: (253) 798-4378

## APPLICATION –CDSMP SERVICES

Applicants must answer the following questions and/or provide the requested information in their applications:

### A. ORGANIZATIONAL INFORMATION

<b>1. Organization Legal Name:</b>	
<b>2. Street Address:</b>	
<b>3. Mailing Address:</b>	
<b>4. Website Address (if applicable):</b>	
<b>5. Other Office Locations (state and nationwide):</b>	
<b>6. Business Office Hours:</b>	
<b>7. Executive Officer:</b>	<b>Phone:</b>
<b>Title:</b>	<b>E-Mail:</b>
<b>8. Primary Contact Person:</b>	<b>Phone:</b>
<b>Title:</b>	<b>E-Mail:</b>
<b>9. Type Of Organization:</b>	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company (LLC)	
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, Non-Profit	
<input type="checkbox"/> Other (specify)	
<b>10. Experience:</b>	
a) Date of Incorporation: _____	
b) Number of years providing CDSMP services: _____	
<b>11. Taxpayer Identification Number:</b>	
<b>12. Washington State Unified Business Identifier (UBI) Number:</b>	
<b>13. Litigation:</b> Provide the caption, cause number, Court, Counsel, and general summary of any litigation pending or judgment rendered within the past three (3) years against the applicant, as applicable.	

**14. Suspension & Debarment:** Indicate the extent, if any, to which the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state or local funds is currently under suspension, debarment, voluntary exclusion, or determination of eligibility by any agency; has been suspended, debarred, voluntarily excluded or determined ineligible by any agency within the past three (3) years; does have a proposed debarment pending; has been indicted, convicted or has a civil judgment rendered against said person, firm, association or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.

**15. Provide a copy of the following documents, as applicable:**

- a. Internal Revenue Service (IRS) tax-exempt determination letter
- b. Organization chart for the CDSMP
- c. Provide any recent (within the last 24 months) site visit or program review reports received from monitoring entities (i.e. United Way, local or state government) other than Pierce County Community Connections Aging and Disability Resources.
- d. Management letter of the organization's most recent financial audit or audited financial statements. If there are findings please include the entire audit.
- e. Current CDSMP License issued by Stanford University
- f. Job descriptions, resumes and current certifications for CDSMP Master Trainers and/or Lay leaders

**16. Targeted Population To Be Served:**

**17. Language Capacity:** Indicate languages spoken by staff.

**18. Program Staffing:**

- A. Number Of Trained / Certified CDSMP Master Trainers
- B. Number Of Trained / Certified CDSMP Lay Leaders

## B. Program Qualification Requirements

Prospective providers of CDSMP services for Pierce County ADR shall fulfill and abide by the following requirements:

1. Contractor agrees to conduct all Living Well workshops in accordance with Stanford University's "CDSMP Leader Manual". Contractor also agrees not to create derivatives of the program nor reproduce or distribute material derived or adapted from the program without permission.

Describe how the program will be evaluated to ensure fidelity to the CDSMP model.

2. Contractor agrees to have a minimum of two staff trained and certified as Master Trainers and/or Lay Leaders and have met all requirements set forth in the Stanford agreement.

Describe recruitment strategies the organization will use to ensure adequate availability of trained / certified CDSMP Leaders.

3. Contractor agrees to obtain a criminal background check for each designated Master Trainer and / or Leader. Please provide a copy of the agency's policy and procedure related to criminal history background checks.

4. Contractor personnel designated to become trained as either Master Trainer or a Lay Leader must agree to the following training time commitments as outlined by Stanford University:

- Master Training, 4.5 days training
- Lay Leader Training, 4 days training.

5. Contractors are required to have a minimum of one year experience in providing the CDSMP in Washington State. Describe the organization's experience in providing CDSMP to the identified target population.
6. Priority consideration will be given to contractors proposing to serve a targeted ethnic / minority elder population. Describe the target population to be served and demonstrated need and/or analysis used in selecting this population.
7. Contractors agree to participate in the evaluation of client satisfaction and program outcomes (Attachments C and D). Describe the organization's experience conducting program evaluation and provide a summary of recent evaluation results for the CDSMP.
8. Describe any changes or improvements implemented as a result of the program evaluations described in number 7 above.

## C. Fiscal Management

1. Complete a proposed one year budget using the **Proposed Budget and Revenue Summary Form (Attachment A)**. This is a "linked object" in this document. To enter the data on the spreadsheet, double click any cell in the worksheet to open the worksheet in Excel.
2. Complete the **Salary and Wage Detail Form (Attachment A)** for all personnel/volunteers

who will provide direct or indirect support of the applicant's proposed CDSMP services.

3. Contractor will receive a reimbursement of \$300 for each workshop participant age 60 and over who completes at least four (4) of six (6) consecutive workshop sessions. List the number of participants 60+ years of age projected to complete the workshop and the number of workshops you propose to hold per year.
4. Describe your organization's current financial condition and outlook for sustainability. Provide sufficient detail to illustrate your organization's financial viability to carry out the services proposed in this RFQ. If the organization is facing financial challenges, describe what steps are being taken to strengthen the organization's financial condition.
5. Please describe how the applicant will assure the proper use and safeguarding of public funds. Please include policies and procedures regarding financial operations of the organization and recent reviews or audits of the organization by a certified public accountant or other financial professional noting any weaknesses in the organization's financial internal controls and provide written report identifying the weaknesses and describe how the organization has responded to the report.
6. A fifteen percent (15%) match requirement is required for recipients of Older American's Act funds and must be documented in the Contractor's internal records. Describe how the organization will fulfill the match requirement.
7. If the program award were increased or decreased by 10%, what would the impact be on the CDSMP services?
8. In the past seven (7) years, have any bankruptcy proceedings been initiated by or against the organization (whether or not closed) or is any bankruptcy proceeding pending by or against the organization regardless of the date of filing?

## **ACKNOWLEDGEMENT OF REQUIRED ASSURANCES**

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**This page must be signed and submitted with the application.** Applicants who do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration.

By submitting the accompanying application, and by my signature on this document, I understand and agree that any contract resulting from this solicitation will require compliance with the requirements of the contract, and with the statutes, regulations, requirements, and policies identified below, including but not limited to:

- Compliance with the policies of Pierce County Community Connections.
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information.
- Purchase of comprehensive liability insurance and bonding, as required by the County.
- Completion of an annual financial audit, and/or as applicable, providing the County with a copy of the organizations audited financial statement.
- Completion and subsequent renewal of background checks for all employees, volunteers, or interns who will or may have unsupervised contact with children or vulnerable adults.
- Verification of a new employee's eligibility to work legally in the United States. Pierce County requires that all businesses which contract with the County for contracts in excess of \$25,000 and of duration longer than 120 days, and are not specifically exempted by [PCC 2.106.022](#), be enrolled in the Federal [E-verify](#) Program. The requirement extends to every subcontractor meeting the same criteria.
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the County.
- Submission of program and financial reports, as required by the County.
- Certification that the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted or has not had a civil judgment rendered against said person, firm, association or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.

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Organization

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Printed Name and Title of Person Authorized to Sign Contracts

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Signature

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Date

**ATTACHMENT A- PROPOSED BUDGET AND REVENUE SUMMARY/SALARY AND  
WAGE DETAIL**

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**PIERCE COUNTY COMMUNITY CONNECTIONS  
 PROPOSED BUDGET AND REVENUE SUMMARY  
 Chronic Disease Self-Management Services  
 April 1, 2012 to March 31, 2013**

Object	Description	COUNTY FUNDS	OTHER FUNDS					TOTAL ALL FUNDS
			Program Income	In-Kind	Donations	(Identify Source)	(Identify Source)	
11	Salaries & Wages							
20	Personnel Benefits							
31	Office & Operating Supplies							
35	Small Tools & Minor Equipment							
41	Professional Services							
42	Communications							
43	Travel & Training							
44	Advertising							
45	Rentals							
46	Insurance							
47	Public Utilities							
48	Repairs & Maintenance							
64	Machinery & Equipment							
90	Other							
	Indirect (Admin.)							
	<b>GRAND TOTAL</b>							

\*Please provide details on Salary and Wage Detail form

