**APPENDIX A**

**SUBMITTAL LETTER & PROVIDER PROFILE**

**Bethany Walker**

**Provider Relations & UM Director**

**Saint Francis Ministries**

**9218 Bedford Ave.**

**Omaha, NE 68134**

Dear Ms. Walker:

This letter is an intention to provide a response to the following RFx released April 1, 2021 for the following agency/organization/individual provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

꙱ Agency/Organization ꙱ Individual Provider

RFA/RFQs

꙱ RFA 1 Mediation

꙱ RFA 2 Family Group Conference

꙱ RFA 3 Drug Testing

꙱ RFA 4 Respite Care

꙱ RFA 5 Facilitation

꙱ RFA 6 Relinquishment Counseling

꙱ RFA 7 Emergency Shelter

꙱ RFA 8 Interpretation

꙱ RFA 9 Group Home A

꙱ RFA 10 Group Home B

꙱ RFA 11 Parenting Time

꙱ RFA 12 Day-Evening Reporting

꙱ RFA 13 Safety Monitoring

꙱ RFA 14 Short Term Foster Care

꙱ RFA 15 Agency Supported Foster Care

꙱ RFA 16 Adoption Home Study/Updated Adoption Home Study

꙱ RFA 17 Approval Home Study/Updated Approval Home Study

꙱ RFA 18 Kinship Support

꙱ RFA 19 Family Support – Motivational Interviewing (MI)

꙱ RFA 20 Peer to Peer Mentoring

꙱ RFQ 1 Integrated Family Care

꙱ RFQ 2 Assessment Foster Care

꙱ RFQ 3 Triage Foster Care

꙱ RFQ 4 Resource Family Home

꙱ RFQ 5 Intensive Family Preservation

꙱ RFQ 6 Intensive Family Reunification

꙱ RFQ 7 Qualified Residential Treatment Program

In submitting this response, I hereby certify that the RFA(s) and/or RFQ(s) have been read and understood and I will comply with the requirements set forth in the RFA(s) and/or RFQ(s), the materials requested by the RFA(s) and/or RFQ(s) are enclosed, all information provided is true, accurate and complete to the best of my knowledge, and this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should a contract be awarded.

**Signature of Authorized Official Date**

**Name of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Employer**

**ID# or SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROVIDER PROFILE/REQUIREMENTS**

**Provider Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Responses to the following questions or statements should go in the space provided.

1. What is the Provider’s physical address, mailing address, telephone number and fax number?
2. Who will be the primary point of contact (must be authorized to negotiate a contract) during the evaluation process? (Please provide name, title, phone number, e-mail address, fax number, and mailing address.)
3. Provide a brief history of Provider’s business and an organizational overview.
4. Provide detailed information on the Provider’s service capacity.
5. Indicate the total number of employees and their distribution by function.
6. Comment on any partnership(s) with other Providers.
7. Has provider had a contract within the last five (5) years that was terminated for cause due to breach or similar failure to comply with the terms of the contract? If yes, please provide detailed explanation.
8. If services the Provider is contracted for involve the transportation of Saint Francis clients the following must be complied with:
   1. Comply with all federal and state laws, rules and regulations. Violations of such laws, rules and regulations may result in non-payment and/or termination of contract.
   2. In the event that the services to be provided by Contractor hereunder involve the transportation of children referred by Saint Francis, or their family members or guardians, Contractor shall make reasonable effort to maintain consistency in the individual driver(s) providing transportation and/or a transportation escort for the child and ensure that the person (i.e., driver) providing such transportation (the “Driver”):
      1. Is at least nineteen (19) years of age; provided, this requirement does not apply to foster family members and immediate family members;
      2. Possesses a current, valid driver’s license issued by the State in which driver resides without State-imposed restrictions, other than corrective eyewear restrictions, such as, but not limited to, restrictions related to the time of day when driving is permitted, limited trip origins and/or destinations, limited trip duration or distance, safety interlocks, driver supervision, or such other restriction as would interfere with safe driving;
      3. Has no more than six (6) points assessed against his/her State issued driver’s license, or meets a comparable standard in the state where he/she was previously licensed to drive; provided, this requirement does not apply to immediate family, foster parents, and adoptive parents;
      4. Provides and uses seat belts and child passenger safety restraint devices, as required by and in accordance with State law, which restraint devices shall not include any type of mechanical restraint intended to restrict the movement and behavior of a child being transported (e.g., straight jackets, waist-wrist cuffs, or ankle-wrist cuffs);
      5. Does not smoke while driving and does not drive while under the influence of alcohol or any drug that impairs the ability to drive safely;
      6. Obeys the Nebraska driving/traffic laws and rules of the road;
      7. Does not, at the time of transportation, have any communicable disease which may pose a threat to the health/well-being of the client, or any other known physical or mental limitation or condition that would interfere with his/her ability to drive safely;
      8. Has completed a defensive driving course as sanctioned by the Nebraska Safety Council or a similar agency; provided, this requirement does not apply to immediate family, foster parents, and adoptive parents;
      9. Has and maintains minimum automobile liability and medical insurance coverage as required under State law; and
      10. Operates a vehicle that is: (1) licensed and registered as required by State law; (2) kept in proper physical and mechanical conditions; (3) equipped with operable seat belts, turn signals, headlights, taillights, and horn; (4) equipped with proper child passenger restraint devices, as required by State law; and (5) equipped to provide comfortable cabin temperature and to control safe and adequate ventilation.
9. Provider will be responsible for obtaining and maintaining the following insurance while providing services for Saint Francis. If subcontractors are providing direct service, provider shall require the subcontractor to obtain and maintain general and professional liability insurance at the levels specified in this section. 
   1. Workers’ Compensation Insurance. Contractor shall have and maintain workers’ compensation and employer’s liability insurance, meeting the statutory requirements of the State and written by an entity authorized by the State’s Department of Insurance to write such insurance, to cover Contractor’s employees engaged in work under this Agreement. The policy shall include a waiver of subrogation in favor of the State, and the certificate of insurance shall expressly state the following: “Workers’ Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska.” The amount of the workers’ compensation insurance shall be no less than the statutory limit, and the employer’s liability component shall have limits of no less than $500,000 per occurrence and $500,000 in annual aggregate.
   2. Commercial General Liability Insurance. Contractor shall have and maintain such commercial general liability insurance as shall protect Contractor from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from activities under this Agreement, whether such activity be by Contractor or by persons employed by Contractor. The policy shall be written on an occurrence basis, shall include a waiver of subrogation in favor of the State, and the certificate of insurance shall expressly state: “Commercial General Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured.” The policy shall provide the following coverages with limits no less than those herein specified: (i) products/completed operations, with an aggregate limit of $2,000,000; (ii) personal/advertising injury with a limit of $1,000,000 per occurrence; (iii) bodily injury/property damage with a limit of $1,000,000 per occurrence; (iv) fire damage with a limit of $50,000 per any one fire; (v) medical payments with a limit of $5,000 per any one person; and (vi) general coverage with an aggregate limit of $2,000,000. The policy shall include coverage for contractual, independent contractor, and abuse/molestation liability.
   3. Commercial Automobile Liability Insurance. Contractor shall have and maintain such commercial automobile liability insurance as shall protect Contractor from claims for damages for bodily injury, including death, as well as claims for property damage, which may arise from activities under this Agreement, whether such activity be by Contractor or by persons employed by Contractor. The policy shall be written to cover all owned, non-owned, and hired vehicles, and shall include a waiver of subrogation in favor the State, and the certificate of insurance shall expressly state the following: “Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured.” The amount of the commercial automobile liability insurance shall be no less than a $1,000,000 combined single limit for bodily injury/property damage.
   4. Professional Liability Insurance. Contractor shall have and maintain professional liability insurance in an amount not less than $1,000,000 per occurrence and $2,000,000 in annual aggregate for any liability claims arising from Contractor’s performance of the services under this Agreement.

꙱ *Check this box to indicate provider acknowledgement of this requirement.*

1. If selected to provide services, Provider is required to meet the documentation and reporting requirements set forth in these RFA/RFQ(s).

꙱ *Check this box to indicate provider acknowledgement of this requirement.*