**APPENDIX C**

**RFQ SERVICE RESPONSE FORM**

**PROVIDER (AGENCY) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LANGUAGES:** List all languages you are able to provide services in:

**SERVICE EXPECTATIONS:**

1. Describe Provider’s experience with the target population. Also include information about Provider’s knowledge of and experience with families involved in the child welfare system.
2. Describe Provider’s experience with coaching and skill building in order to effect positive outcomes for children and families.
3. Detail Provider’s experience, knowledge and education (or combination thereof) in the following:
   1. Family engagement
   2. Wraparound principles
   3. Trauma informed care
   4. Skill training with directed practice
   5. Engaging ongoing support in natural communities
   6. Community resources and ability to collaborate
   7. Child development
   8. Skill building
   9. Ability to incorporate FFPSA models
4. Describe how Provider will meet the service requirements detailed in this RFQ. Please provide a specific, detailed service model that addresses all service requirements.
5. What strategies will be utilized to ensure compliance with the identified service performance outcome measures?
6. Detail plan to train necessary staff in FFPSA service models required within the RFQ.
7. Please provide a proposed rate structure and methodology for service delivery. Methodology should include administrative costs, payment provided to staff, reimbursement provided to foster parents (if applicable), and any costs. See RFQ for services that require multiple rates.
8. When will you be able to begin accepting referrals for this service? If after 12/31/2021, please wait to apply for this service until the next procurement opportunity.