



Invitation for Proposal 2021-CC-1000 Title: Dual Diagnosis Study

Attention Interested Parties

Date of Release: February 9, 2021

Due Date: All submissions must be received by 4:00 p.m. (EDT) on March 15, 2021.

Notification of Winning Proposal Results: April 13, 2021

Contact: All questions related to this Invitation for Proposal shall be sent via email by 4:00 p.m. (EST) on February 18, 2021 to:

Holly Hohmeister, Senior Manager, Programs and Contracts
Florida Developmental Disabilities Council, Inc.
proposal@fddc.org

QUESTIONS ARE TO BE SUBMITTED IN WRITTEN FORMAT ONLY. THIS IS A LEGAL PROCESS AND WE CANNOT ANSWER QUESTIONS VERBALLY. Answers to any questions received will be posted on the FDDC website (fddc.org) by February 23, 2021.

Cone of Silence: For purposes of this solicitation, FDDC has established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods or services (formal proposals, Request for Proposals, Invitation for Proposals, Request for Bids) issued by the FDDC with the exception of the formal written questions that may be submitted as described above. The period commences from the date of advertisement until award of contract.

Applicable Laws and Regulations: All applicable Federal and State laws, county and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the services to be provided shall apply to the bid/proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

Funds Available: The Florida Developmental Disabilities Council, Inc. (FDDC) has set aside a maximum of **\$150,000** federal funds for a period not to exceed 12 months for fiscal support of this proposal. The award will remain firm for the contract period unless addendums to the scope of work are required by the funder.

Funding Source: 100% federal funds, CFDA #93.630 from the U.S. Department of Health & Human Services, Administration on Intellectual and Developmental Disabilities, through FDDC.

Required Match: A match of not less than 33.333% of the approved cost of the project is required.

Ineligible Entities: Federal regulations limit and restrict the ability of individuals or entities debarred or suspended by a Federal Agency from doing business with, or contracting for the use of federal funds with, the Council. See 29 CFR, Part 98; 45 CFR, Part 76.

Evaluation of Award: All proposals received by the due date and time will be evaluated by the FDDC. Each submitted proposal that is responsive as determined by FDDC by meeting the minimum qualifications and price will be reviewed and scored according to the criteria set forth in the Invitation for Proposals by a scoring committee. The Council will then undertake a risk review of the offeror for each proposal scoring over a 70. This review will consist of three components: (1) a self-assessment of risk completed by the applicant; (2) inherent risk assessment; and (3) an assessment of prior performance if the offeror has previously contracted with the Council.

An offeror will receive a rating of LOW, MODERATE, or HIGH for each applicable component. A rating of HIGH risk does not preclude the offeror from receiving the subaward if determined appropriate under the circumstances by the Council's State Plan Committee; however, the ratings may be used to determine which subawards may require specific award conditions, closer supervision and/or more detailed monitoring strategies. The Council's State Plan Committee may also choose not to fund an award based upon the risk assessment if it determines that elevated risk will adversely affect the Council's ability to fulfill its duty as a steward of federal funds.

The Council's State Plan Committee will utilize the Risk Assessment ratings in addition to the score received from the scoring committee as part of the evaluation in its decision to fund the subaward. The State Plan Committee will review the risk assessment ratings for the top-scoring offeror and determine whether or not to fund the top-scoring proposal. If the top scoring proposal is not funded because the Risk Assessment has been determined to be too great by the Council's State Plan Committee or if negotiations with the top scoring offeror are unsuccessful, the proposal will no longer be considered, and the State Plan Committee may review the risk assessment ratings for the second highest scored proposal and determine whether or not to fund the proposal. This process will continue until a subaward is made, or until the State Plan Committee recommends otherwise. Please note that the State Plan Committee may use the prior performance ratings for proposers with a history of contracting with the Council as the deciding factor of an award based on specific experiences of compliance/non-compliance with Council guidelines.

The FDDC reserves the right to reject any or all proposals. No work shall begin until a contract is executed by the FDDC.

Project Contract Type: Cost reimbursement based on review of deliverables that demonstrates a satisfactory level of performance and expenditures.

Project Contract Period: All work shall be completed within 12 months of the contract execution date.

Background and Purpose of Proposal

Across the United States, approximately 1.5% to 2.5% of the population has an intellectual or developmental disability (I/DD). Epidemiological studies have established that the incidence and prevalence of mental health conditions for individuals with I/DD is typically two to three times that of the general population and those mental health conditions often contribute to challenging behavior. For individuals with I/DD, aggression and self-injurious behavior are two of the most common reasons for referrals for mental health services.

In 2018, the FDDC convened a stakeholder workgroup to address emerging issues and identify unmet needs and potential solutions for individuals who are dually diagnosed with an intellectual or developmental disability and mental health diagnosis or are in crisis. There are various points of entry into current systems of support based on the individual's age, living situation, and eligibility criteria for existing services. Anecdotal reports and testimonials received by the FDDC suggest that the number of dually diagnosed individuals receiving unnecessary and

traumatizing interventions is increasing and is the primary means for many individuals to access mental health services.

Additionally, data collected by Florida's Agency for Persons with Disabilities (APD) between calendar years 2015 and 2020, indicate that of the general population of individuals with intellectual and developmental disabilities served by APD who have behavior scores under 5, only .01% reflect use of the Baker Act or Arrest. However, among individuals with I/DD served by APD who have behavior scores of 5 or 6, which indicate more significant behavioral issues, the number of individuals reflecting use of the Baker Act or Arrest increases to 10%. This indicates a disparity in outcomes (i.e., application of the Baker Act or Arrest) for individuals served by APD with more significant behavioral issues.

This project seeks to conduct an investigation into the dual diagnosis issue as an unmet need to prevent unnecessary interventions, ensuring that an agency and stakeholder collaborative group provides oversight and convenes to plan the implementation of recommendations to improve service delivery for individuals with intellectual and developmental disabilities (I/DD) and mental health (MH) diagnoses and/or in crisis.

The FDDC is seeking entities to apply who meet the following qualifications and can demonstrate the ability to fulfill the scope of work outlined in this proposal.

Preferred Qualifications:

1. Have professional experience in:
 - a. Project management
 - b. Collaborating with and facilitating diverse stakeholder groups
2. Have professional experience in:
 - a. Conducting evidence-based research
 - b. Developing, writing, and editing reports of findings
 - c. Developing strategic plans.
3. Have professional experience working with and documented knowledge of individuals with intellectual and developmental disabilities and with mental health diagnoses and/or in crisis.

Scope of Work and Services to be Provided:

Specifically, the selected offeror will:

1. Establish an agency and stakeholder collaborative group to provide oversight and support the implementation of recommendations. The workgroup should include representation from:
 - i. Individuals with I/DD
 - ii. Family members of individuals with I/DD, including at least one family member represented on the Florida Developmental Disabilities Council.
 - iii. Disability Rights Florida
 - iv. Florida Agency for Persons with Disabilities
 - v. Florida Department of Education
 - vi. Florida Association of Rehabilitation Facilities
 - vii. Arc of Florida
 - viii. Florida Department of Children and Families:
 1. Substance Abuse and Mental Health
 2. Child Welfare
 3. Foster Care
 4. Behavioral Health Managing Entities
 - ix. Florida Agency for Healthcare Administration
 - x. Florida Department of Juvenile Justice

- xi. Florida Law Enforcement, First Responders and other Receiving Agencies
 - xii. Hospitals (public and private) or their association representatives
 - xiii. Psychiatric hospitals/centers/receiving entities or their association representatives
 - xiv. National Alliance on Mental Illness (NAMI) Florida
2. Convene the agency and stakeholder collaborative group for a minimum of four (4) remote meetings.
 3. Conduct a research study to:
 - a. Identify existing systems within and outside of Florida to address the needs of individuals dually diagnosed with intellectual and developmental disabilities and mental health diagnoses and/or in crisis. Existing systems are defined as the state, regional, or locally funded and supported structures that serve the identified population.
 - b. Identify how agencies and organizations are currently addressing the needs of the targeted population, data on encounters, and what training agencies and organizations receive.
 - c. Identify community-based crisis management strategies that prevent unnecessary interventions within and outside of Florida.
 4. Develop a strategic plan with recommendations for next steps that will lead to state-wide implementation.

Sections for Offeror to Complete

Section 1: Describe the organizational capacity of the offeror to meet the specified qualifications, address the need/purpose of this project, and complete the scope of work and services to be provided as described on pages 2-4 of this Invitation for Proposal.

The offeror must complete the Dual Diagnosis Study Work Plan Template, provided as a separate, editable document, and available on the Council's website at <https://www.fddc.org/node/3222> to describe their unique plans for implementing the scope of work, timeframes for completing the scope of work, and staff and/or providers who will perform the scope of work.

As prescribed by the Council's Invitation for Proposal Protocol, a sample of work must be provided and evaluated for projects with a primary end purpose of a written product or products. Attach a current sample of work, preferably aligned with the scope of work to be provided in this project.

Section 2: Provide the name of key staff who will work on the project, including educational background, length of time with the organization, and current title. Attach current resume or curriculum vitae (CV) of each team member to be involved in the project.

Section 3: Provide an all-inclusive cost to conduct work and a brief budget narrative using the attached format on page 7. Indirect cost cannot exceed ten percent (10%) of total salary and fringe benefits unless the entity has an approved federally recognized negotiated indirect cost rate in accordance with the Uniform Guidance.

Calculate total hours to complete work and provide an hourly rate and total of hours for each team member involved. The budget narrative should explain and demonstrate that each entry on the line item budget is allowable, reasonable, and necessary. **The funds requested from FDDC must remain within the identified range of available funding.** The budget and budget narrative must present a cost-effective funding level for achieving the purpose of the project. **Costs must be in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards (Uniform Guidance)** <https://www.gpo.gov/fdsys/pkg/CFR-2017-title2-vol1/xml/CFR-2017-title2-vol1-part200-subpartE.xml>.

Proposers must match \$1 for every \$3 requested to reach a 33.333% match of the total approved cost of the project. Documentation of 33.333% match of project expenses must be maintained. The match requirement may be satisfied by values placed on in-kind contributions or through contractor-incurred costs, or by a combination of the two. Costs paid by other federal grants may not be used for match. The match must fund activities directly related to the project. *Note: To calculate the match share for the 33.333% required match, divide the amount of your request by three. Then, to calculate the total contract amount, combine the one-third figure with the dollars requested (e.g., funds requested \$150,000 divide by 3 = match amount of \$50,000. \$150,000+\$50,000 =total project cost of \$200,000).*

All proposed budget items and amounts are subject to final approval.

Section 4: Provide references using the attached format on page 8. Each proposal may contain up to seven (7) references who can be contacted to obtain a recommendation concerning the offeror's performance in providing services similar to those required by this IFP. References must be based upon work done within the last five (5) years. **At a minimum, two (2) references will be contacted.**

Council members or Council staff must not be used as references. Additionally, prior performance assessments for offerors who have a history of contracting with the FDDC must not be used as references.

Section 5: Provide completed required Forms 1-6 by uploading electronically signed, dated, and scanned Portable Document Format (PDF) files at the specific Dropbox link.

Format for Submission

Offeror shall submit a written narrative answering each section in the “Sections for Offeror to Complete” (all five sections must be completed with section headings in the order listed above). Use a 12 point Arial font size, 1.5 space, and limit your response to 15 numbered pages, not including the Work Plan Template, resumes, curriculum vitae, references, and required forms. The Work Plan Template response must not exceed 15 numbered pages. Attachments beyond the Work Plan Template, Section 3 Budget Template with narrative, and required forms identified in Section 5 will only be used to support the IFP requirements.

All submissions must be in Portable Document Format (PDF) files.

All submissions must be marked with the Invitation for Proposal #2021-CC-1000.

Proposals shall be electronically submitted via FDDC’s Dropbox at <https://www.dropbox.com/request/nPm4sFmhKmdoFxALUPUW>

Due Date: All submissions must be received by 4:00 p.m. (EDT) on March 15, 2021. Please allow enough time to upload your proposal into the FDDC’s Dropbox. Depending on the size of the proposal, it may take additional time to upload. Any proposals received after the date and time set forth above will be considered unresponsive and will not be considered by FDDC.

Submit proposal to: Holly Hohmeister, Senior Manager, Programs and Contracts
Florida Developmental Disabilities Council, Inc.
<https://www.dropbox.com/request/nPm4sFmhKmdoFxALUPUW>

BUDGET REQUEST FORMAT

BUDGET ITEM	FDDC REQUESTED FUNDS	MATCH AMOUNT	BUDGET NARRATIVE
Personnel			
Benefits			
Subcontracted personnel			
Telecommunications and meeting expenses			
Office Supplies and Printing			
Indirect Costs			
Other: Describe any other budget items listed.			
TOTAL	\$		

REFERENCES FORM

Offerors are required to submit **up to** seven (7) references who can be contacted to obtain a recommendation concerning the offeror's performance in providing services similar to those required by this IFP. References must be based upon work done within the last five (5) years. At a minimum, two (2) references will be contacted.

Offerors who have a history of contracting with the FDDC are instructed to not list the FDDC (including current Council members or staff) as a reference.

- 1) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

- 2) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

- 3) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

- 4) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

- 5) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

6) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

7) Name of Company or Agency:
Contact Person:
Address:
Phone Number:
Email Address:
Project or service name or identifier:
Approximate dates work was undertaken/completed:

Mandatory Terms and Conditions for Procurement

1. **Offeror Information:** Completed information and authorized signature required on Form #1.
2. **Certification of Disbarment and Suspension:** Authorized signature required on Form #2.
3. **Conflict of Interest:** Authorized signature required on Form #3.
4. **Cone of Silence:** Authorized signature required on Form #4.
5. **Indemnification and Hold Harmless:** Authorized signature required on Form #5.
6. **Self-Assessment of Risk:** Completed self-assessment with authorized signature required on Form #6.
7. **Termination:**
 - a. Termination at Will.
This contract may be terminated, without cause, by either party upon no less than thirty (30) calendar days notice, in writing, unless a lesser time is mutually agreed upon by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
 - b. Termination Because of Lack of Funds.
In the event funds to finance this contract become unavailable, the Council may terminate the contract upon no less than twenty-four (24) hours notice, in writing, to the Provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Council shall be the final authority as to the availability of funds.
 - c. Termination for Breach.
This contract may be terminated by the Council for non-performance by the Provider upon no less than twenty-four (24) hours notice, in writing, to the Provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the Council's right to remedies at law or in equity, or to damages.
8. **Records and Documentation:**
 - a. The provider shall keep and maintain public records required by public records laws for a minimum of three (3) years following the end date of the contract.
 - b. Upon request from the Council, the provider will provide a copy of the requested records or allow the records to be inspected or copied within a reasonable time, at a cost that does not exceed the guidelines of Chapter 119, Florida Statutes.
 - c. The provider shall ensure the public records that are exempt or confidential and exempt from public record disclosure requirements are not disclosed, except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the Council.
 - d. The provider shall not use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state regulations and federal law or regulations (45 CFR s. 205.50), except upon written consent of the recipient, or the responsible parent or guardian when authorized by law.
 - e. The provider is responsible for maintaining documentation of all tasks and deliverables under this contract. Records and documentation of events sponsored under this contract include, but are not limited to, the agendas, meeting minutes, conference calls, Best Practices Manual, brochures, handouts, sign-in sheets, evaluations, survey reports, and documentation of printed materials.
 - f. The provider agrees to retain all records of individuals receiving services, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of three (3) years after termination of the contract, or if any audit has been initiated and audit findings have not been resolved at the end of three (3) years, the records shall be

retained until resolution of the audit findings. The provider will cooperate with the Council to facilitate the duplication and transfer of any said records or documents during the required retention period.

- g. Upon completion of the contract, the provider may transfer, at no cost, to the Council all public records in possession of the provider or keep and maintain public records required by the public agency to perform the service. If the provider transfers all public records to the Council upon completion of the contract, the provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the provider keeps and maintains public records upon completion of the contract, the provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the Council's custodian of public records, in a format that is compatible with the information technology systems of the Council. §119.0701(2), F.S.

9. Nondiscrimination Policy:

- a. All contractors who are the recipients of FDDC's funds or who propose to perform any work or furnish any goods under agreements with FDDC, shall agree to these important principles:
 - i. Contractors will not discriminate against any employee or applicant for employment because of race, religion, color, sexual orientation, or national origin, except where religion, sex, or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractors.
 - ii. Contractors agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for meeting the intent of this section.

10. Trafficking Victims Protection Act (TPVA) of 2000, as amended (22 U.S.C.7104): Provider will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits contractor/consultant from (1) engaging in severe forms of trafficking in persons during the period of time that this agreement is in effect; (2) procuring a commercial sex act during the period of time that this agreement is in effect; or (3) using forced labor in the performance of the contracted services under this agreement.

11. Contracting with small and minority businesses, women's business enterprises, and labor surplus area firms: Provider will comply with the requirements of 2 CFR 200.321 to take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

FORM #1

OFFEROR INFORMATION

OFFEROR NAME:	
ADDRESS (including city, state, and zip code):	
PHONE NUMBER:	
CONTACT PERSON'S NAME:	
CONTACT PERSON'S TITLE:	
CONTACT PERSON'S EMAIL ADDRESS:	
NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF THE REPRESENTATIVE OF THE PERSON WHO WILL BE RESPONSIBLE FOR ADMINISTRATION OF THE PROGRAM(S) IF FUNDED:	
NAME, ADDRESS AND TELEPHONE NUMBER OF THE REPRESENTATIVE OF WHERE THE PROVIDER'S FINANCIAL AND ADMINISTRATIVE RECORDS WILL BE MAINTAINED IF FUNDED:	
TAX IDENTIFICATION NUMBER (TIN):	
DUNS (DATA UNIVERSAL NUMBERING SYSTEM) NUMBER:	
SAM.GOV REGISTRATION STATUS (CHECK ONE):	<input type="checkbox"/> ACTIVE REGISTRATION <input type="checkbox"/> DATE REGISTRATION SUBMITTED _____

FDDC Federal Grantee Registration Requirements – FDDC is the state designated agency to receive federal funds under a formula-based grant per P.L. 106-402 (Developmental Disabilities Act) from the U.S. Department of Health & Human Services, Administration for Community Living. To that end, entities receiving or applying for federal awards must meet certain registration requirements. Entities are defined by SAM.gov to include individuals, businesses, organizations, state governments, local governments, tribal governments, and foreign governments.

The following registration requirements must be met:

1. Provide a DUNS Number;
2. Have a Tax identification number, and
3. Register at System for Award Management – www.SAM.gov prior to submitting an application for funding and update registration annually.

By signing this certification as an authorized official of the below-referenced offeror, we hereby certify that we have registered with the System for Award Management (SAM) or that our registration is pending.

OFFEROR NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

FORM #2

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS**

This certification is required by the regulations (2 CFR Part 200, Appendix (II)(H)) implementing Executive Order 12549 and 12689, 2 CFR part 180, Section 180.355.

As the duly authorized representative of the offeror, I certify, to the best of my knowledge and belief, that neither the offeror nor its principals:

- 1) Are presently excluded or disqualified;
- 2) Have been convicted within the preceding three years of any of the offenses listed in s.180.800(s) or had a civil judgment rendered against it for one of those offenses within the time period;
- 3) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission or any of the offenses listed in s.180.800(s); or
- 4) Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

OFFEROR NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE: _____

FORM #3

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all offerors, must disclose if any FDDC employee, appointed official, or if any of its agencies is also an owner, corporate officer, agency, or employee of their business.

Indicate either "yes" (a FDDC employee, appointed official, or agency is also associated with your business), or "no".

YES _____

NO _____

If yes, give person(s) name(s) and position(s) with your business.

NAME(S)

POSITION(S)

OFFEROR NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE: _____

FORM #4

CONE OF SILENCE CLAUSE

FDDC has established a solicitation silence policy for this procurement (**Cone of Silence Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Invitation for Proposals, Requests for Qualifications, Invitation to Quote, Invitation to Negotiate) issued by the FDDC through its staff.

The period commences upon receipt of the procurement proposal, by FDDC, and terminates upon FDDC's approval to award a contract or reject all responses.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents and members of the FDDC, the Executive Director, employees or members of the FDDC Approved Review Committee. All questions or requests for information regarding the solicitation **MUST** be directed to the designated Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids/proposals are due, should be directed to the Executive Director or an appointed representative. It shall be the Executive Director decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

By signing this certification as an authorized official of the below-referenced offeror, we hereby agree to abide by the FDDC Cone of Silence Clause and understand that violation of such shall result in disqualification of the proposal.

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

OFFEROR NAME: _____

DATE: _____

FORM #5

INDEMNIFICATION AND HOLD HARMLESS

Offeror shall indemnify and hold harmless FDDC, its officers and employees from liabilities, damages, losses, and costs, including but not limited to attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Offeror and other persons employed or utilized by the Offeror in the performance of this Agreement.

OFFEROR NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE: _____

FORM #6
SELF-ASSESSMENT OF RISK
PURPOSE AND BACKGROUND

The purpose of the Self-Assessment is to obtain an understanding of your organization’s capacity to adequately document, record, track, and report expenditures of federal funds as well as evaluate your organization’s risk of noncompliance with federal statutes, regulations, and the terms and conditions of the resulting subaward. The assessment of risk is a requirement for use of our federal funds.

During the funding process, each submitted proposal will be reviewed and scored according to the criteria set forth in the Invitation for Proposals. The Council will then undertake a risk review of the offeror for each proposal scoring over a 70. This review will consist of three components: (1) a self-assessment of risk completed by the applicant; (2) inherent risk assessment; and (3) an assessment of prior performance if the offeror has previously contracted with the Council.

Based upon the following scale, an offeror will receive a rating of LOW, MODERATE, or HIGH for each applicable component. Please note that a rating of HIGH risk does not preclude the offeror from receiving the subaward. The Council’s State Plan Committee will utilize the Risk Assessment ratings in its decision to fund the subaward.

Score	Rating	Assessment
0-3	HIGH	Requires intensive follow-up and may require action plan to address identified risks. Specific follow-up requirements will vary but may include contract conditions such as providing additional or more detailed financial and project reports; establishing additional prior approvals; or undergoing specific technical assistance. An action plan may be required to address specific areas of identified risk.
4-6	MODERATE	May need improvement or technical assistance to improve identified risks. Specific follow-up requirements for improvement will vary but may include contract conditions such as periodically providing detailed financial and project reports; establishing prior approvals; or undergoing specific technical assistance.
7-12	LOW	Indicates offeror’s internal controls likely to reduce non-compliance or fraud. Requirements typically include standard contract conditions for providing detailed financial and project reports; prior approvals; or technical assistance.

FORM #6
SELF-ASSESSMENT OF RISK

INSTRUCTIONS: Each offeror MUST COMPLETE the following self-assessment questions and sign/date the form.

1	Does your organization have experience managing state or federal funds?	YES	NO
2	Is the amount of the proposed funding less than 50% of your average revenues for the last 24 months?	YES	NO
3	Does your organization have the capacity to operate on a cost reimbursement basis?	YES	NO
4	Is it a correct statement that your organization has not experienced a significant change in personnel or accounting systems within the past 12 months?	YES	NO
5	Does your organization have an annual audit?	YES	NO
6	Is it a correct statement that your organization is not under a corrective action plan as a result of audit or monitoring findings?	YES	NO
7	Is it a correct statement that your organization is not involved in active lawsuits or has not been made aware of any potential lawsuits?	YES	NO
8	Does your organization have a history of submitting timely deliverables?	YES	NO
9	Does your organization have a history of submitting timely and accurate fiscal reports?	YES	NO
10	Does your organization have an accounting system that will track receipts and expenditures by grant/contract?	YES	NO
11	Does your organization have the ability to record and track staff time incurred by project?	YES	NO
12	Does your organization have written policies and procedures for procurement, personnel, property, and subcontracts (if applicable)?	YES	NO

To calculate your total score, count 1 point for each "Yes" response.
Total = ____ /12

I have made a good faith effort to complete this Self-Assessment form. The information provided is correct, current, and complete to the best of my ability. I understand that any false or misleading responses are grounds for dismissal of this proposal, termination of the resulting subaward, and possible restrictions on future awards. I certify that my organization is currently not suspended or disbarred from doing business with the federal government.

Offeror Name

Signature of Authorized Representative of Offeror

Date

Printed Name and Title