Brevard Family Partnership

Protecting Children, Strengthening Families, Changing Lives.

Brevard Family Partnership
A Community Based Care Agency
389 Commerce
Pkwy, Suite 120
Rockledge, FL
32955
(321)752-4650
www.brevardfp.org

REQUEST FOR ADMINISTRATIVE QUAL/FICATIONS FORSERWCEPROWDERS

PURPOSE

This request is intended to identify and pre-qualify providers that can offer a continuum of services for children and families in Brevard County. All providers that intend to pursue a contractual relationship for programs or services with Brevard Family Partnership (BFP) and wish to join the Provider Network will be required to complete the Request for Administrative Qualifications.

BACKGROUND

Community Based Care of Brevard, Inc., dba Brevard Family Partnership (BFP) is the private, non-profit organization selected by the Florida Department of Children and Families as the lead agency responsible for the privatization of child welfare and related services in Brevard County as outlined in F.S. Section 490.1671.

MISSION AND VISION

BFP's mission is to develop and manage a comprehensive, community-based, coordinated system of care for abused, neglected, and abandoned children and their families. This mission is driven by the vision that all children can grow up safe, healthy and fulfilled in families that love and nurture them and the belief that securing and mobilizing adequate resources is the responsibility of the entire Brevard community.

In order to ensure the safety, security, and wellbeing of every child in Brevard County, a continuum of child welfare services must be provided for children and families to address the prevention, intervention and treatment of child abuse and neglect. It is essential that each child develops personal, long-term relationships in order to promote safety and build trust.

Every child needs a permanent home with either their biological families or through adoption and child welfare services must continue afterwards, in either case, to insure stability and continuity of care. BFP is committed to the development of a child welfare system in which community resources are shared within Brevard County, between counties, and through partnerships established to achieve BFP's mission.

GENERAL INFORMATION

CBCB Contact Person: The designated contact person for the RFQ is:

BFP Compliance Specialist, Attn: Christine Singletary
389 Commerce Parkway, Suite 120
Rockledge, FL 32955
321-752-4650 x 3060
chrisitne.singletary@brevardfp.org

Notice of Intent to Submit Qualifications: Service providers are requested to submit a letter of intent at any time in order to join the Provider Network. Providers must have their qualifications on file and current with BFP or submit their response to the Administrative RFQ with a service solicitation according to the published schedule within the programmatic request document.

Notice of Qualification: BFP staff will review the documents and materials submitted and notify the service provider within 30 days if their qualifications have been preliminarily accepted and that the agency may respond to future solicitations without re-submitting the administrative data. Any information missing from the RFQ will be considered a fatal error if the RFQ is being submitted as part of an RFP or ITN for programs or services. Meeting the criteria in this request does not obligate BFP to extend a contract for services to any service provider.

Response format for RFQ: In order to be considered for selection, respondents must submit a complete response to this RFQ. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency and the services provided. Emphasis should be placed on completeness and clarity of content.

The RFQ must have a cover letter on agency letterhead signed by the President or Chairman of the Board of Directors. If someone signs other than this individual, please include written verification indicating signature authority. The letter should be one (1) page and include the respondent's correct mailing address and the name of the primary point of contact to answer questions about the RFQ.

Please use the RFQ Cover Sheet as page two (2) of your application. The agency is asked to name a Provider Network contact that will represent the agency at all Provider Network functions. This individual should have authority to speak for the agency and have the flexibility in their schedule to participate on a regular basis.

Narrative Response: The narrative response should include a one (1) page Executive Summary and the following information which can be a maximum of ten (10) pages:

- MISSION -What is the agency's mission? Include a statement of purpose, goals and philosophy.
- HISTORY- What is the history of the organization? Explain when, how and why the organization was started and any significant events in history. Please include parent organization relationships if appropriate.
- LEADERSHIP - How is the agency organized? Briefly describe the make-up of the volunteer and paid leadership of the organization.
- COLLABORATION- Which agencies and organizations do you work with? Describe partnerships and support of other community services.
- SERVICES - What programs or services do you offer? Outline your current activities,
- CONSUMERS -Who does the agency serve? Outline the size and characteristics of the consumers you serve, and statistical information about the numbers of people needing your type of service.
- FUNDING – How is your agency funded? List the types of funding received and the percentage provided by each. Describe your fund development activities including the timeframe for any ongoing or annual special events.
- ACCOMPLISHMENTS -What impact have you had on the individuals you serve? Include performance measures, results of internal or external evaluations, and results of consumer satisfaction surveys.

RFQ COVER SHEET

Please use *this document* as *your checklist and attach all of the items listed below in* the order *listed. All items* are *mandatory* unless *noted.*

Legal name of organization:		Federal ID#:
Mailing address:		
City:	Zip:	Web address:
Lead Staff Person in Brevard County:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:

Narrative

_____Cover letter-1 page — Page 1
_____RFQ Cover Sheet-1 page — Page2
_____Executive Summary-1 page — Page3
_____Narrative Response-maximum 10 pages — Pages 4-13

Certifications

_____Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
_____Certification Regarding Lobbying Form
_____Copy of most recent 211 Brevard update
Conflict of Interest

Incorporation

_____ IRS 501(c)31etter
_____Organization chart with name and tenure of senior management staff
Board of Directors list and terms of office
_____Articles of Incorporation
_____Bylaws
_____*Written verification of signature authority

Licensing and Accreditation

_____Evidence of licensing including licensing agency, type and number, state in which license is held, expiration date, programs licensed under each license number
_____Evidence of accreditation including accrediting body, status, expiration date, and most recent site visit survey report

Insurance

Evidence of Insurance including	Coverage Limits	Expiration Date
General Liability	____________	____________
Property Casualty	____________	____________
Directors and Officers	____________	____________
Professional Liability	____________	____________
Umbrella	____________	____________
Worker's Compensation	____________	____________

Finance

_____Rate Sheet, indicating requested unit rates for services to be provided
_____Current budget
Most recent annual financial statement
_____Most recent financial audit and any management letters

- *Required only if cover letter is signed by someone other than the President or Chairman of the Board*

CONFLICT OF INTEREST CERTIFICATION FORM

All Applicants must disclose the name of any officer, director, or agent who is also an employee of BFP or member of the board of directors. Further, all Applicants must disclose the name of any BFP employee or member of the reviewing board of directors who owns, directly or indirectly, any interest in the Applicant's firm or any of its branches.

I certify that I understand the above and that no conflict of interest exists between my agency and BFP.

______I am in compliance with the policy.

______I am reporting the following potential conflicts.

I understand that I am expected to report promptly any changes in my affairs that might affect compliance with this policy.

____________________	____________________	____________
Name (print)	Signature	Date

Disclosures required above are as follows:

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