



**SEDGWICK COUNTY, KANSAS**  
***DIVISION OF FINANCE***  
**PURCHASING DEPARTMENT**  
525 N. Main, Suite 823 ~ Wichita, KS 67203  
Phone: 316 660-7255 Fax: 316-383-7055  
<http://www.sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR PROPOSAL**  
**RFP #17-0108**  
**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION (SCDDO)**  
**INTELLECTUAL AND DEVELOPMENT DISABILITY PROGRAMS (NON-HCBS)**

**December 13, 2017**

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Community Service Capacity Development. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request Proposal. Responses are due no later than 1:45pm CST January 9, 2017.

**All contact concerning this solicitation shall be made through the Division of Purchasing.** Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

**Britt Rosencutter**  
**Buyer**

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## **I. About this Document**

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

## **II. Background**

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

The Sedgwick County Developmental Disability Organization (SCDDO) oversees the service system for individuals with intellectual and/or developmental disabilities (IDD) in Sedgwick County. The agency's mission is to assist people with developmental disabilities to receive quality services and achieve greater independence. Specifically, the SCDDO acts as a central point of application and information, manages local and state funding, maintains a network of IDD service providers and monitors services for quality assurance. Annually SCDDO is the recipient of state aid funds distributed pursuant to K.S.A. 65-4411 et seq, and K.A.R. 30-22-31 et seq. The SCDDO is allocating up to \$561,000 of these state aid dollars for specifically targeted service areas identified as a priority by community stakeholders.

The State of Kansas limits the use of CDDO state aid funds to service activities meeting the activity definitions as defined in the state's official taxonomy. During 2017 community stakeholders were engaged to review and rank the activity definitions to facilitate targeting state aid dollars to those services of highest priority. SCDDO is seeking proposals from affiliated IDD service providers for projects that include the priority services as defined below.

## STATE OF KANSAS TAXONOMY

Service Definition	Ranking
<p><b>Attendant Care – Children:</b> One or more personal care providers on an individualized (one-to-one) basis ensuring the health and welfare of the person (17 years of age and under) during times when the person is not typically sleeping. Supporting the person with the tasks typically done for or by himself/herself if he/she did not have a disability. Such services include assisting persons in performing a variety of tasks promoting independence, productivity, and integration. This service provides necessary assistance for beneficiaries both in their homes and communities.</p>	1
<p><b>Attendant Care – I/DD Adult:</b> One or more personal care providers on an individualized (one-to-one) basis ensuring the health and welfare of the person (18 years of age or older) during times when the person is not typically sleeping. Supporting the person with the tasks typically done for or by himself/herself if he/she did not have a disability. Such services include assisting persons in performing a variety of tasks promoting independence, productivity, and integration. This service provides necessary assistance for beneficiaries both in their homes and communities.</p>	2
<p><b>Attendant Care – Children (Group):</b> One or more personal care providers ensuring the health and welfare of more than one person (17 years of age and under) during times when the persons are not typically sleeping. Supporting the persons with the tasks typically done for or by themselves if they did not have a disability. Such services include assisting persons in performing a variety of tasks promoting independence, productivity, and integration. This service provides necessary assistance for persons in community settings such as a day care, after school program or camp.</p>	3
<p><b>Attendant Care – I/DD Adult (Group):</b> One or more personal care providers ensuring the health and welfare of more than one person (18 years of age or older) during times when the persons are not typically sleeping. Supporting the persons with the tasks typically done for or by themselves if they did not have a disability. Such services include assisting persons in performing a variety of tasks promoting independence, productivity, and integration. This service provides necessary assistance for persons in community settings such as an after school program or camp.</p>	4
<p><b>Respite Care – Children:</b> Purchase of 1:1 respite care and is designed to provide temporary relief for the primary caregiver(s) for the person (17 years of age and under). This service may be provided for varied periods of time in a location agreed to by the customer, caregiver, and when involved, the case manager. This service may include: a) Supervision to assist the person in accomplishing activities of daily living and supervision/physical assistance for the instrumental activities of daily living, meal preparation, assisting with the use of the telephone, laundry, and housekeeping. b) Response to emergency situations by calling 911 or appropriate emergency community assistance. Respite cannot be provided for more than seven (7) consecutive days.</p>	5

<p><b>Respite Care – I/DD Adult:</b> Purchase of 1:1 respite care and is designed to provide temporary relief for the primary caregiver(s) for the person (18 years of age or older). This service may be provided for varied periods of time in a location agreed to by the customer, caregiver, and when involved, the case manager. This service may include: a) Supervision to assist the person in accomplishing activities of daily living and supervision/physical assistance for the instrumental activities of daily living, meal preparation, assisting with the use of the telephone, laundry, and housekeeping. b) Response to emergency situations by calling 911 or appropriate emergency community assistance. Respite cannot be provided for more than (7) consecutive days.</p>	6
<p><b>Infant/Toddler Subsidy:</b> Subsidy paid to defray costs related to infant/toddler screenings and/or early intervention services. Including but not limited to family training and counseling, OT, PT and psychological services.</p>	7
<p><b>Education to Employment Transition:</b> Funding to support activities that assist individuals (up to age 22) transitioning from the school setting to find competitive employment in an integrated setting.</p>	8
<p><b>Supported Employment:</b> Competitive work in an integrated setting with on-going support services for people who have an Intellectual and/or Developmental Disability. The following supported employment activities are designed to assist persons in acquiring and maintaining supported employment: individualized assessment, individualized job development and placement, on-the-job training, ongoing monitoring, ongoing support services necessary to ensure job retention, and training in related skills essential to secure and retain employment.</p>	9
<p><b>Respite Care – Children (Group):</b> Purchase of group respite care designed to provide temporary relief for the primary caregiver(s) for the person (17 years of age and under). Respite may be provided for day care, after school and or camp activities. Respite cannot be provided for more than seven (7) consecutive days.</p>	10

State aid dollars can only be utilized for services meeting the definitions above. Additionally, services rated higher priority will be given preference over services rated lower priority; although, funding decisions will be based on multiple factors to include priority ranking and quality of the program proposed. There is no requirement to fund a program for every ranked service. Grant projects must exclusively serve individuals determined eligible for the IDD service system, with the only exception being infant/toddler subsidy programs which include screening components designed to identify whether the child might have an IDD.

### III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Community Service Capacity Development related to workforce issues. The following objectives have been identified for this contract.

The selection process for funding will be based on responses to this Request for Proposal and any interviews required to verify the ability of a proposer to provide services in response to this document. A committee will evaluate each agency's response as determined by meeting the following criteria:

3.1 Meeting all Request for Proposal conditions, requirements and miscellaneous instructions as outlined herein, and the clarity, completeness and comprehensiveness of the proposal.

3.2 Provide current letters of support verifying exemplary performance for similar services or for the agency in general. Letters of support should not be from internal staff or board members.

3.3 Provide comprehensive and understandable budget information for funds required for successful completion

of the proposed project(s). The budget should include all project funding sources, including any revenue from other sources. The budget should be attached as Appendix A.

3.4 Projects with the most advantageous cost/benefit ratio to the County.

#### **IV. Submittals**

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Britt Rosencutter  
Sedgwick County Purchasing Department  
525 N. Main, Suite 823  
Wichita, KS 67203

**SUBMITTALS are due NO LATER THAN 1:45 p.m. CST, TUESDAY, January 9, 2017.** Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CST, on the due date. No information other than the respondent's name will be disclosed at bid opening.

#### **V. Scope of Work**

##### **MANDATORY REQUIREMENTS**

The County requires the most thorough and professional services available. The following requirements are listed to assist proposers in understanding the objectives and in submitting a thorough response. All proposals must speak to their ability to meet the following requirements. Any proposals that do not satisfactorily meet the mandatory requirements will not be considered for funding. The successful proposer shall:

- 5.1 Applicants are limited to agencies affiliated with the SCDDO to provide IDD services in Sedgwick County.
- 5.1.1 Agree to abide by the terms and conditions of any Federal/State/County contract provisions and guidelines.
- 5.2 Have the capability of entering into a written agreement with the County, setting forth the specific terms and conditions with which the proposer must comply.
- 5.3 Provide the agency's most recent annual audit, including any single Audit Act Reports that are required of the agency (OMB A-128 or OMB A-133 audit); or, financial statement prepared by a professional accountant or accounting firm if no audit is available.
- 5.4 Assure the County that grant funds will not be used to supplant existing resources. Funding is intended to encourage additional investment in services, not to duplicate or replace funding already allocated for that purpose.
- 5.5 Ensure that regular status (outcome and financial) reports are provided within the timeframe required.
- 5.6 Appropriately fill out the Proposal Response Form, following the directions and ensuring the **narrative (which includes the sections on project description, management plan and outcomes) is no longer than five pages with at least one inch margins and font no smaller than 12 pt.**

## **SPECIFIC PROGRAM COMPONENTS**

All proposals must speak to the agency's ability to meet the following desired criteria. Responses must reflect in detail the degree to which they can be provided. The ability to provide these components will factor heavily in determining award(s). Applicant agencies should:

5.7 Demonstrate knowledge and experience in serving individuals with IDD.

## **VI. Sedgwick County's Responsibilities**

- Provide information, as legally allowed, in possession of the County, which relates to the County's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- Conduct final inspection and approve payment.

## **Proposal Terms**

### **A. Questions and Contact Information**

Any questions regarding this document must be submitted in writing to Brit Rosencutter at [britt.rosencutter@sedgwick.gov](mailto:britt.rosencutter@sedgwick.gov) by 5:00 p.m. CST Monday, December 18, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp), under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CST, Wednesday, December, 20, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

### **B. Minimum Firm Qualifications**

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Demonstrate knowledge and experience providing services to individuals with intellectual and/or developmental disabilities and difficulties related to obtaining and maintaining qualified staff to provide these services.
2. Have an understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
7. Provide project supervision (as required) and quality control procedures.
8. Have appropriate material, equipment and labor to perform specified services.
9. Park only in designated areas and display parking permit (if provided).
10. Wear company uniform or ID badge for identification purposes.

C. [Evaluation Criteria](#)

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

Component	Points
Project Design	20
Funding Strategy	20
Program Schedule	20
Vendor Qualifications	20
Proposal Organization	20
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	<b>December 13, 2017</b>
Questions and clarifications submitted in writing by 5:00 p.m. CST	<b>December 18, 2017</b>
Addendum Issued	<b>December 20, 2017</b>
Sealed Proposal due before 1:45pm CST	<b>January 9, 2018</b>
Evaluation Period	<b>January 9 – January 12, 2018</b>
Board of Bids and Contracts Recommendation	<b>January 18, 2018</b>
Board of County Commission Award	<b>January 24, 2018</b>

E. [Contract Period and Payment Terms](#)

A formal contractual agreement will be finalized prior to commencement of services. A contractual period will commence, preceded by the County Commission's approval of the recommended proposal(s), for a 12-month period or less depending on project timeline. Payment will be made in a single upfront payment based on project budget. The contractual period shall not begin until after the County has secured a state tax clearance certificate and any other required legal documents required for this type of service (e.g. - bonds, insurance certificates, etc.). This or a similar selection process must be repeated should grant funds continue for future years past the initial timeframe. All contracts are contingent on final approval of budgeted funds by the Sedgwick County Commission annually.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.



Payment and Invoice Provisions

[http://www.sedgwickcounty.org/purchasing/payment\\_and\\_invoice\\_provisions.pdf](http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf)

F. Insurance Requirements

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas **(must be acknowledged on the bid/proposal response form).**

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

**Workers' Compensation:**

Applicable coverage per State Statutes

**Employer's Liability Insurance:** \$100,000.00

**Commercial General Liability Insurance:**

Each Occurrence \$500,000.00

Aggregate \$500,000.00

**Personal Injury:**

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

**Automobile Liability:**

Combined single limit \$500,000.00

**Professional Liability**

**If required**

***Special Risks or Circumstances:***

***Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.***

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. [Confidential Matters and Data Ownership](#)

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. [Proposal Conditions](#)

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Proposal%20Terms%20%20Conditions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf)

General Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/General%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf)

Mandatory Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Mandatory%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf)

Sample Contract

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Sample%20Contract.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf)

VII. Required Response Content

**THE PROPOSAL SUBMISSION MUST BE ORGANIZED IN THE FOLLOWING FORMAT AND INFORMATION SEQUENCE**

**A. PROPOSAL RESPONSE FORM** should be the first page of the proposal so the firm name and contact information are clearly visible (copy included in this RFP document but an electronic copy can be provided upon request).

**Cost Information - (Un-allowed costs include fundraising and depreciation).**

1. State the total amount requested for the project, meeting ALL Mandatory Requirements, Specific Program Components, and Conditions listed in this Request for Proposal:

2. State the proposed project's name.

**B. NARRATIVE**

**The following information (items B.1 – B.3) must be presented and shall be no longer than five pages with margins no less than one inch and font no smaller than 12 pt (not including appendices). Only five pages of narrative will be reviewed. Please be concise and reference sources as required.**

**B.1. Project Description and Community Need:**

- a) Provide a description of the proposed program and program services. Describe the specific community problems and needs this program/service is designed to address. Identify whether the program serves adult or children or both.
- b) Indicate all state aid taxonomy services the proposed program includes and how the activities meet the service definitions:
  - Attendant Care Children
  - Attendant Care IDD Adult
  - Attendant Care Children (group)
  - Attendant Care IDD Adult (group)
  - Respite Care Children
  - Respite Care IDD Adult
  - Infant/Toddler Subsidy
  - Education to Employment Transition
  - Supported Employment
  - Respite Care Children (group)
- c) Is the proposed program considered “evidence-based” and, if so, what standards is this designation based on?
  - If it is considered an evidence-based program, discuss steps to ensure fidelity with the program model and any staff qualifications.
- d) Provide information on why existing community resources do not adequately serve the needs which this proposed program would serve. Describe if the program duplicates any other services available in the community.

- e) Provide information on the targeted population and number to be served. Include any information relevant to participant recruitment, service location and environment.
  - Discuss how the program will ensure state aid funds are utilized for services to individuals determined eligible for the IDD service system (not applicable for infant/toddler services).
- f) Provide a brief statement about the proposer’s background, experience and understanding of the services required.

**B.2. Management Plan:**

- a) Describe the management plan for the proposed program.
- b) State whether the proposed program is an expansion or continuation of an existing program or a new program; clearly identify how state aid funds would improve the program if it is an expansion or continuation grant.
- c) For new programs, include an implementation timeline and staff patterns. Job descriptions of relevant staff should be attached as Appendix B.
- d) Identify any additional revenue sources that fund the program being proposed, including any fee-for-service revenue. Explain how the revenue will be tracked, reported and restricted within the proposed program.

**B.3. Outcomes:**

- a) Define measurable outcomes of the proposed program and describe how the outcomes will be measured.

**C. MISCELLANEOUS AGENCY INFORMATION:**

Provide the following information about the proposer:

- 1. Date established: \_\_\_\_\_
- 2. Provide information about any current relevant litigation in which you are a defendant.

**D. APPENDICES**

- 1. Appendix A: Budget
- 2. Appendix B: Job Descriptions
- 3. Appendix C: Letters of Support
- 4. Appendix D: Audit

VIII. Response Form

REQUEST FOR PROPOSAL  
RFP #17-0108

**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION (SCDDO)  
INTELLECTUAL AND DEVELOPMENT DISABILITY PROGRAMS (NON-HCBS)**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME \_\_\_\_\_

DBA/SAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ HOURS \_\_\_\_\_

STATE OF INCORPORATION or ORGANIZATION \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF LOCATIONS \_\_\_\_\_ NUMBER OF PERSONS EMPLOYED \_\_\_\_\_

TYPE OF ORGANIZATION: Public Corporation \_\_\_\_\_ Private Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_ Other (Describe): \_\_\_\_\_

BUSINESS MODEL: Small Business \_\_\_\_\_ Manufacturer \_\_\_\_\_ Distributor \_\_\_\_\_ Retail \_\_\_\_\_

Dealer \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Not a Minority-Owned Business: \_\_\_\_\_ Minority-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_\_\_ African American (05) \_\_\_\_\_ Asian Pacific (10) \_\_\_\_\_ Subcontinent Asian (15) \_\_\_\_\_ Hispanic (20)

\_\_\_\_\_ Native American (25) \_\_\_\_\_ Other (30) - Please specify \_\_\_\_\_

Not a Woman-Owned Business: \_\_\_\_\_ Woman-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_\_\_ Not Minority -Woman Owned (50) \_\_\_\_\_ African American-Woman Owned (55)

\_\_\_\_\_ Asian Pacific-Woman Owned (60) \_\_\_\_\_ Subcontinent Asian-Woman Owned (65) \_\_\_\_\_ Hispanic Woman Owned (70)

\_\_\_\_\_ Native American-Woman Owned (75) \_\_\_\_\_ Other – Woman Owned (80) – Please specify \_\_\_\_\_

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: \_\_\_\_\_ Yes \_\_\_\_\_ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: \_\_\_\_\_ Yes \_\_\_\_\_ No

**ACKNOWLEDGE RECEIPT OF ADDENDA:** All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp).

NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Dated \_\_\_\_\_