

**APPENDIX A  
SUBMITTAL LETTER**

Suzanne Eggert  
Contracts and Grants Manager  
Administrative Office of the Courts  
PO Box 98910  
Lincoln, NE 68509-8910

Dear Ms. Eggert:

In response to your Request for Qualifications (RFQ), I certify that:

1. the RFQ has been read and understood;
2. vendor will comply with the requirements and expectations set forth in the RFQ;
3. the materials requested by the RFQ are enclosed;
4. all information provided is true, accurate, and complete to the best of my knowledge;
5. this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should they be selected for an award.

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Signature of Authorized Official

Date

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

Vendor: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Employer ID# or SSN#: \_\_\_\_\_

**APPENDIX B  
PROVIDER PROFILE**

**Provider's Legal Name:** \_\_\_\_\_

1. Are you currently licensed by MST Services, LLC to provide MST Services to youth in Nebraska? YES  NO  *(If No, you must complete Appendix E pursuant to the directions described herein.)*
  
2. List Provider's physical address(es), mailing address(es), telephone number(s), and fax number(s) of all office locations.
  
  
  
  
  
  
  
  
  
  
3. Who will be the primary point of contact (must be authorized to negotiate a contract) during the evaluation process? Please provide name, title, direct phone number, e-mail address, fax number, and mailing address(es).
  
  
  
  
  
  
  
  
  
  
4. Provide a brief history of Provider's business.
  
  
  
  
  
  
  
  
  
  
5. Indicate the total number of employees, their distribution by function, education levels, and percent of staff with advanced degrees.

6. Comment on any partnership(s) with other Providers.
  
7. Has Provider had a contract or account within the last five (5) years that was lost/cancelled or terminated for cause due to breach or similar failure to comply with the terms of the contract? If yes, please provide detailed explanation.
  
8. Outline the hiring qualifications / procedure for employees or subcontractors (including any substitutes that you will use to cover vacation or sick time).
  
9. Include Provider's Drug Testing Policy and any Policies relating to background checks.
  
10. Provider will be responsible for obtaining and maintaining general and professional liability insurance at \$1,000,000 per occurrence and \$3,000,000 aggregate levels while providing services to Probation. Provider agrees:  Yes  No

11. Provide the job description(s), resume(s) of personnel or subcontractors that will be responsible for direct service provision (provide as attachment).

12. Provide professional (BA and MA) staff turnover rate in last 12 months as a percentage of total professional staff. If currently provider of MST, provide program-specific turnover rates.

13. How are you currently funded?

14. Has your agency experienced any challenges with funding compliance within the last 24 months that either did or may require pay back of funding received? If so, please explain.

15. Provide the name and physical location of personnel that will be providing direct service provision (provide attachments as necessary).

16. Has Provider provided service(s) to Probation in the past? If so, list the service(s) and how long Provider has delivered such service(s)?

17. Is Provider a Registered Service Provider with the Nebraska Office of Probation Administration?  Yes  No (if “No”, Provider will be required to register prior to providing any service for Probation.)

18. What Juvenile Justice Services does the agency currently provide?

19. What in-home services does the provider currently provide?

20. Is Provider using other evidence-based or promising programs? If so, list the program(s) as well as any organization(s) that have identified such programs as being an evidence-based or promising program (e.g. Blueprints). Briefly describe the service and target population.

21. Provider shall include up to three (3) letters of support/recommendation\* from community stakeholders regarding the quality of its services, as well as in support of the agency providing MST services. If the stakeholder will make referrals to the program, please have them describe the type and number of referrals they expect to send on an annual basis. If it is a collaborative stakeholder, please have them indicate how they will support the agency's MST program through collaboration.

\*Letters shall be attached in a separate pdf pursuant to the requirements specified herein.