## APPENDIX A SUBMITTAL LETTER

Suzanne Eggert
Contracts & Grants Manager
Administrative Office of Probation
521 S. 14<sup>th</sup> St.
Lincoln, Nebraska 68508

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Dear Ms. Eggert:			
	=	FQ), this response is submitted for the fo	_
A	gency/Organization	Individual Provider	
comply with the requestioned, all information	uirements set forth in the tion provided is true, accura itted by, or on behalf of, th	the RFQ has been read and understood a RFQ, the materials requested by the te and complete to the best of my knowled party that will be legally responsible for	RFQ are edge, and
Signature of Authoriz	zed Official	Date	
Name of Signatory:			_
Provider:			-
Title:		Phone:	-
Mailing Address:			-
Email Address:			-
Federal Employer ID# or SSN#:			_

## APPENDIX B PROVIDER PROFILE/REQUIREMENTS

PROVIDER'S LEGAL NAME:		
Responses to the following questions or statements should fit in the space provided.		
1. What is Provider's physical address, mailing address, telephone number, and fax number's		
2. Who will be the primary point of contact (must be authorized to negotiate a contract) during the evaluation process? (Please provide name, title, phone number, e-mail address, fax		
number, and mailing address.)		
3. Provide a brief history of Provider's business.		
4. Indicate the total number of employees and their distribution by function.		

5.	Comment on any partnership(s) with other Providers.
6.	Has Provider had a contract within the last five (5) years that was terminated for cause due to breach or similar failure to comply with the terms of the contract? If yes, please provide detailed explanation.
7.	List any background checks run on employees when hired. Also, include what vetting procedures and background checks are done on subcontractors prior to contracting with them.
8.	Provider shall provide three (3) Letters of Recommendation (see Submittal Documents in Section 5). Recommendations from Probation staff and Judges will <u>not</u> be accepted.  Letters of Recommendation are included in submittal documents:   Yes  No

9.	Co	ovide the resume(s) of all CYC, substitutes, and subcontractors that will provide mmunity Youth Coaching (provide resumes as one attachment per the requirements set th in the RFQ). In addition the resumes, include the following information as a cover ge for each resume submitted:
	a.	Whether the facilitator is the main facilitator or a substitute,
	b.	Whether the facilitator is an employee or a subcontractor, and
	c.	A short paragraph explaining what the facilitator's approach or theory is when working with justice involved youth.
	Re	sumes are included in submittal documents: Yes No
10.	lial pro sha	ovider will be responsible for obtaining and maintaining general and professional bility insurance at \$1,000,000 per occurrence and \$3,000,000 aggregate levels while oviding services to Probation. If subcontractors are providing direct service, Provider all require the subcontractor to obtain and maintain general and professional liability urance at the levels specified in this section.
		Check this box to indicate Provider acknowledgement of this requirement.
11.	pro Of	ovider, facilitators, substitutes, and subcontractors responsible for direct service ovision to are required to be Registered Service Provider(s) with the Administrative fice of the Courts & Probation. Please note: Supervisor(s) of Provisionally Licensed lividuals must also be Registered Service Provider(s).
		Check this box to indicate Provider acknowledgement of this requirement.
12.	the Ma res Wh	ce a Provider has been qualified and a contract awarded, any new ovider/CYC/substitute/subcontractor not specified in the response to the RFQ, must meet RFQ requirements. Provider must submit the applicable resume to the AOCP Program mager ("Program Manager") for review <b>prior to the start of service</b> . Program Manager erves the right to deny new personnel or subcontractors from providing service. The newer possible, the current CYC is expected to train the new CYC to include job adowing for one month.
		Check this box to indicate Provider acknowledgement of this requirement.

<ul> <li>13. For Agencies: It is vital that continuity exists in the provision of Community Youth Coaching. While understanding that Agencies do experience turnover, it is important that the turnover is not excessive. Should a CYC turnover more than two times, Probation may terminate its contract with the Provider.</li> <li>Check this box to indicate Provider acknowledgement of this requirement.</li> </ul>
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14. For Agencies: If ownership of the Agency changes, or if there are any substantive changes from what was originally submitted as a response to the RFQ, Agency shall notify Probation. Failure to notify Probation in a timely manner may result in termination of the contract.
Check this box to indicate Provider acknowledgement of these requirements.
15. Provider shall be responsible for substitutes to provide services if the main CYC is on vacation, sick, etc. As stated above, substitutes shall be meet the minimum requirements of this RFQ and Service Definitions.
Check this box to indicate Provider acknowledgement of this requirement.
16. Has Provider provided services to youth under Probation supervision in the past? If so, list the service(s) and how long Provider has delivered such service(s)?
17. If selected to provide Community Youth Coaching, Provider shall be paid for services provided directly to youth and their families through the Financial Assistance Voucher Program at the published rate. Such payment shall be made pursuant to the rules and requirements of the Financial Assistance Voucher Program.
Check this box to indicate Provider acknowledgement of this requirement.
18. If selected to provide Community Youth Coaching, the CYC is required to meet the documentation requirements set forth in this RFQ.
Check this box to indicate Provider acknowledgement of this requirement.

19.	Probation, as part of the Judicial Branch, maintains high standards. Probation staff are
	expected to act as role models in both manner and dress. It is expected that our Providers
	also maintain these same high standards. Therefore, a business casual dress code is
	enforced. Tattoos should be covered and facial piercings (excluding ears) removed when
	providing services to justice-involved youth.
	Check this box to indicate Provider acknowledgement of this requirement.
20.	Provider shall coordinate his/her activities with the applicable Supervising Officer and
	shall abide by all rules and regulations as set forth by Probation. The Supervising Officer
	shall determine of the disposition of a youth's discharge from Community Youth Coaching.
	Check this box to indicate Provider acknowledgement of this requirement.
21.	The standard rate for the Service is specified in this RFQ.
	Check this box to indicate acknowledgement of the rate.
	Check his ook to indicate debito heagement of the rate.