

**APPENDIX A  
SUBMITTAL LETTER**

Suzanne Eggert  
Contracts & Grants Manager  
Administrative Office of Probation  
521 S. 14<sup>th</sup> St., Ste. 220  
Lincoln, Nebraska 68508

Dear Ms. Eggert:

In response to your Request for Qualification (RFQ), this response is submitted for the following agency/organization/individual provider: \_\_\_\_\_.

☐ Agency/Organization

☐ Individual Provider

In submitting this response, I hereby certify that the RFQ has been read and understood and I will comply with the requirements set forth in the RFQ, the materials requested by the RFQ are enclosed, all information provided is true, accurate and complete to the best of my knowledge, and this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should a contract be awarded.

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Signature of Authorized 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?
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 that are 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 the RFQ). Recommendations from Probation staff and Judges will not be accepted.
9. 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
10. Provider, facilitators, substitutes, and subcontractors responsible for direct service provision to are required to be Registered Service Provider(s) with the Nebraska Office of Probation Administration. Please note: Supervisor(s) of Provisionally Licensed individuals must also be Registered Service Provider(s).

Are all parties (Provider, Supervisor, facilitator, and any subcontractors) Registered Service Providers? ☐ Yes ☐ No (if “No,” such parties will be required to register prior to providing any service for Probation.)

11. Once a Provider has been qualified and a contract awarded, any new provider/facilitator/subcontractor/substitute not specified in the response to the RFQ, must meet the RFQ requirements (e.g. service definitions, experience with the target population). Provider must submit the applicable resume to the Reporting Center Coordinator (“RC Coordinator”) for review **prior to the start of any service**. Probation reserves the right to deny new personnel or subcontractors from providing service(s). Whenever possible, the current group facilitator is expected to train the new facilitator and sit in on the group with the new facilitator for one month.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

12. For Agencies: It is vital that continuity exists in the provision of service(s). While understanding that Agencies do experience turnover, it is important that the turnover is not excessive. Should a group's facilitator turnover more than two times, Probation may terminate its contract with the Provider.

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.*

13. It is expected that unless otherwise notified by the RC Coordinator, programming shall be held. Provider shall be responsible for substitutes to provide services if the main facilitator 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.*

14. Provider, facilitators, subcontractors, and substitutes responsible for direct service provision are required to attend onboarding orientation prior to providing services. Orientation shall be scheduled at a location and time determined by the RC Coordinator. Following initial onboarding orientation, it is the responsibility of the Provider to provide the Service Definition, RFQ requirements, and Orientation information to any new facilitator, subcontractor, or substitute prior to providing service.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

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

16. Describe Provider's experience with the target population. Also include information about Provider's knowledge of and experience with criminogenic risk and coaching techniques.

17. If selected to provide a contracted service, Provider will be required to submit invoices for payment using a Probation-supplied invoice template.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

18. If selected to provide a contracted service, the group provider/facilitator is required to document group attendance, Stage of Change, and participation notes (specific behavior-based documentation is required for licensed clinician-based services) for each program participant into Probation's case management system (NPACS) within seven (7) business days of each group session. Provider will be trained on the use of the system. Probation defines the different Stages of Change as:

**Pre-Contemplation:** “I don’t have a problem.”

**Contemplation:** “Maybe I have a problem.” Not considering change in the next month.

**Planning:** “I am planning steps toward change.” Planning to act within 1 month.

**Action:** Have been practicing new behavior for three to 6 months.

**Maintenance:** Continued commitment to new behavior. Maintaining for six months to five years.

*Relapse is not a stage of change in itself – it may be part of the process. People can return to Pre-Contemplation, Contemplation, or Planning following a relapse.*

☐ *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 Probation clients.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

20. Some services require up to one hour of staffing/consultation with probation officers at the Service Definition rate. Such groups that are **Open** require in-person **monthly** staffing/consultation while groups that are **Closed** require in-person staffing/consultation to occur **within two weeks of completion of the group**. Staffing/consultation will consist of the group facilitator talking with probation officers in-person, or via teleconference at the discretion of the RC Coordinator, about clients’ progress, any red flags, warning signs, practical practice, recommendations, referrals, and any other items related clients’ status. Staffing/consultation will be scheduled by the RC Coordinator in a manner that ensures the best possible attendance by officers.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

21. Maximum session and preparation/documentation time is specified in each Service Definition. Billing should reflect actual time for sessions and preparation/documentation, up to the max amount specified in each Service Definition. Please round to the quarter hour (e.g. it took .25 minutes to prepare for group and .15 minutes to enter notes in NPACS the total time is 40 minutes = round to .45).

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

22. Provider shall not be paid for services that have not been performed. In the event no clients show for the scheduled group session, it shall be considered a No-Show session. Provider shall not be paid for a No-Show session, but shall document it on the applicable invoice. Provider shall be paid for any actual preparation/documentation time associated with the No-Show session, up to the max amount specified in each Service Definition. In the case of Employment Services, preparation/documentation time may be paid up to .5 hour per No-Show session.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

23. Probation, at the discretion of the RC Coordinator, may cancel programming in the case of inclement weather. Provider shall not be paid in the event Probation cancels programming due to inclement weather. However, Provider may be paid for any preparation/documentation time associated with a weather-related cancellation. In the case of Employment Services, preparation/documentation time may be paid up to .5 hour per No-Show session.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

24. Programming shall not be held on State Holidays. In the event programming falls on a holiday where Probation offices are closed, Provider shall not be paid. Provider shall not be paid for any preparation/documentation time for a session that falls on a holiday.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

25. In the event that the RC Coordinator cancels programming (excluding Holidays), Provider shall not be penalized for not meeting the required number of sessions set forth in a Service Definition (e.g. Relapse = 48 sessions per year).

☐ *Check this box to indicate Provider acknowledgement of this requirement.*

26. Provider shall coordinate his/her activities with the applicable RC Coordinator and shall abide by all rules and regulations as set forth by Probation. The RC Coordinator or supervising officer shall determine of the disposition of a client's discharge from programming in the event of a difference of opinion between Probation and the Provider.

☐ *Check this box to indicate Provider acknowledgement of this requirement.*