

**State Funded Services  
REQUEST FOR PROPOSALS  
(RFP)**

**For**

**Managing Developmental Disabilities Residential Group  
Homes and Apartments**

**The Beacon Center  
Local Management Entity**

**RELEASE DATE: April 21, 2011**

**PROPOSAL DUE DATE: May 12, 2011**

**NOTE:**

**The Beacon Center RESERVES THE RIGHT TO MODIFY THIS RFP TO CORRECT ANY ERRORS OR TO CLARIFY REQUIREMENTS. Any changes will be posted on our website and emailed to our Provider Network.**

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## KEY EVENTS AND DATES

Release of RFP	April 21, 2011
Deadline for Submission of Proposals	May 12, 2011 5:00pm

## DEFINITIONS

**LME:** Local Management Entity

**RFP:** Request For Proposals

**Contractor:** A company or individual with a formal contract to do a specific job, supplying labor and materials and providing and overseeing staff and consumers.

**Supervised Living Low:** See page 5

**Group Living Moderate:** See page 6

**The Beacon Center uses the following Good Standing requirements for selection of State Funded Contracts: Per the Division of Mental Health, Developmental Disabilities and Substance Abuse Services Policies and Procedures: Endorsement Policy 1/1/2011:**

**Good Standing - LME:** A provider is in good standing with a Local Management Entity (LME) if the provider organization has a history of compliance with DMA Clinical Policy specific to service delivery and does not have an open Plan of Correction (POC) with an LME. A POC must be timely submitted, approved, and implemented before the POC action can be closed. A POC is fully implemented when the POC is being followed and all out of compliance findings have been minimized or eliminated as determined by the LME in a maximum of two follow-up reviews. The POC action is closed when the provider receives the official notification from the LME stating the action is closed.

**Good Standing – Department of Health and Human Services (DHHS):** A Provider is not in good standing with the DHHS if any of the following conditions are present, regardless of any appeal filed by the provider:

a) The provider owes an outstanding accounts receivable to the DHHS, including but not limited to Medicaid overpayments, cost settlements, penalties and interest. An

outstanding account is one that is more than thirty days past due from the date of notification. A provider that entered into an approved payment plan in accordance with Rule 10A NCAC 22F .0601(a), and who has made all payments on time and in full, and has met all other requirements that may be in the payment plan agreement, is considered to be in good standing;

- b) The Provider is required to submit its Medicaid claims for prepayment claims review to DMA or its contractor;
- c) The current owners, operators, or managing employee(s) of the provider agency were previously the owners, operators, or managing employee(s) of a provider agency which had its participation in the N.C. Medicaid program involuntarily terminated for any reason or owes an outstanding accounts receivable to the DHHS, irrespective of whether the provider agency is currently enrolled in the N.C. Medicaid program;
- d) The provider and its owners, operators and managing employee(s) are listed on the U.S. Department of Health and Human Services Office of Inspector General Exclusion list;
- e) The provider, or its corporate, has unresolved tax or payroll liabilities owed to the U.S. or N.C. Departments of Revenue or Labor;
- f) The provider abandoned or destroyed patient medical records or staff records in violation of federal or state law, rule or regulation;
- g) The current owners, operators, or managing employee(s) of the provider agency were previously the owners, operators, or managing employee(s) of a provider agency which abandoned or destroyed patient medical records or staff records in violation of federal or state law, rule or regulation;
- h) The provider has an open Plan of Correction (POC) with the DMH/DD/SAS Accountability Team. A POC must be timely submitted, approved, and implemented before the POC action can be closed. A POC is fully implemented when the POC is being followed and all out of compliance findings have been minimized or eliminated as determined by DMH/DD/SAS in a maximum of two follow-up reviews. The POC action is closed when the provider received the official notification from the DMH/DD/SAS Accountability Team stating the action is closed;
- i) If the provider is subject to licensure requirements, the provider fails to meet any of the requirements for enrollment and/or licensure set forth in N.C.G.S. 122C-23 (e).
- j) Where the provider is incorporated, or where otherwise applicable, the provider fails to maintain, and produce upon request, a current, valid Certificate of Existence issued by the NC Secretary of State's Office.

## **I. DESCRIPTION**

### **A. Introduction**

#### **The Beacon Center Catchment Area Needed Services**

This RFP includes 8 apartments in Wilson County, 6 apartments in Greene County, 2 Scattered Living apartments and 4 Supervised Living Developmental Disabilities Adult group homes in Wilson. Two of the Supervised Living group homes are for female with one having 5 beds and one having 6 beds. Two of the Supervised Living group homes are for males with one having 5 beds and one having 6 beds. This is a bundled program and it is the preference of the LME that the program not be divided up. These facilities provide services for consumers with Developmental Disabilities. All aspects of the Service Definitions must be followed for each service. The Beacon Center seeks a contractor(s) who will provide these services as described in this Request for Proposal. It is anticipated that a contract will be signed with the contractor(s) on a fiscal year basis.

#### **Supervised Living Low**

This is typically provided in individual apartments, sometimes clustered in a small development that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home and they are not licensed facilities. In limited cases residents may receive an amount of rental assistance from the area program, but no mental health services are attached to the apartment. This individual may receive periodic mental health services such as outpatient treatment, structured day programming, etc., independent of the "supervised living" apartment. Community based mental health services such as case management or ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home. The costs reimbursed under this service vary according to setting and may include rental assistance on behalf of the tenant, or other operating expenses of the household including the salary of the onsite manager, if applicable, that is paid for out of the area program operating budget.

#### **Guidelines:**

- A service should be considered as Supervised Living when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget.
- Supervised Living-Low may include different frequencies of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as Personal Assistance.
- Preparation and documenting time are NOT to be reported.
- Documentation in the client record is required.

- The payment unit is client bed day. Staff who supports a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. Therapeutic leave does not apply to this service.

### **Group Living Moderate**

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

#### **GUIDELINES:**

- Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, and Psychosocial Rehabilitation).
- Group Living-Moderate Intensity must be provided in a licensed facility and may include:
  - a. Residential Treatment for Children and Adolescents;
  - b. Group Homes for MR/DD/Behavioral Disturbed;
  - c. Therapeutic Residential Camping Programs; and
  - d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities). [As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.
- Documentation in the client record is required.

### **B. Services to be provided by the Contractor under this RFP**

#### **1. Operate a 6 Bed Female Developmental Disabilities licensed as 27G. 5600C Supervised Living DD Adult Group Home**

This program is located in Wilson and currently 6 of the 6 beds are full. Provider would be required to work with Division of Health Service Regulation in order to transfer license.

This is also a HUD home. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12 payment. Provider must submit invoice each month for YP770 Group Living- Moderate which is a 24 hour service. This is a fee for service. Occupancy for beds must be maintained at 75%. Quarterly review will not result in reduction of funding unless occupancy drops.

**2. Operate a 5 Bed Female Developmental Disabilities licensed as 27G.5600C Supervised Living DD Adult Group Home**

This program is located in Wilson and currently 5 of the 5 beds are full. Provider would be required to work with Division of Health Service Regulation in order to transfer license.

This is a HUD home. Provider would need to work with HUD on this transition. Funding includes a monthly 1/12payment. Provider must submit invoice each month for YP770 Group Living-Moderate which is a 24 hour service. This is a fee for service. Occupancy for beds must be maintained at 75%. Quarterly review will not result in reduction of funding unless occupancy drops.

**3. Operate a 6 Bed Male Developmental Disabilities licensed as 27G.5600C Supervised Living DD Adult Group Home**

This program is located in Wilson County and currently 5 of the 6 beds are full leaving one vacancy. Provider would be required to work with Division of Health Service Regulation in order to transfer license.

This is a HUD home. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12payment. Provider must submit invoice each month for YP770 Group Living-Moderate which is a 24 hour service. This is a fee for service. Occupancy for beds must be maintained at 75%. Quarterly review will not result in reduction of funding unless occupancy drops.

**4. Operate a 5 Bed Male Developmental Disabilities licensed as 27G.5600C Supervised Living DD Adult Group Home**

This program is located in Wilson County and currently 4 of the 5 beds are full leaving one vacancy. Provider would be required to work with Division of Health Service Regulation in order to transfer license.

This is a HUD home. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12payment. Provider must submit invoice each month for YP770 Group Living Moderate which is a 24 hour service. This is a fee for service. Occupancy for beds must be maintained at 75%. Quarterly review will not result in reduction of funding unless occupancy drops.

### **5. Manage 8 Apartments in Wilson County**

This program is located in Wilson. Currently all apartments are full.

These are HUD apartments. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12 payment. Provider must submit invoice each month for YP 710 Supervised Living Low which is a 24 hour service. Provider will be responsible for submitting authorizations for service.

### **6. Manage 6 Apartments in Greene County**

This program is also located in Greene County and currently all apartments are full.

These are HUD apartments. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12 payment. Provider must submit invoice each month for YP 710 Supervised Living Low which is a 24 hour service. Provider will be responsible for submitting authorizations.

### **7. Manage 2 Scattered Living Apartments in Greene County**

This program is located in Greene County and currently both apartments are full.

These are HUD apartments. Provider would need to work with HUD on this transition.

Funding includes a monthly 1/12 payment. Provider must submit invoice each month for YP 710 Supervised Living Low which is a 24 hour service. Provider will be responsible for submitting authorizations.

## **C. Other Requirements**

Contractors who provide these services must conform to certain standards, including:

- Be community based and culturally competent in service delivery.
- Adhere to all applicable State Statutes, Licensure Rules, and Accreditation Standards and Federal laws in the performance of this agreement. This includes maintenance of a Quality Assurance Plan that complies with Accreditation Standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and has been endorsed by the Area Program.
- Comply with APSM 95-2 Client Rights in Community Mental Health, Developmental Disabilities, Substance Abuse Services.

- Comply with application standards as promulgated by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, APSM 30-1.
- Adhere to Public Law 103-227 also known as the Pro Children Act of 1994 (ACT)
- Comply with APSM 75-1 (Budgeting and Procedures manual).
- Comply with Title VI and VII of the Civil Rights Act of 1964.
- Comply with the Rehabilitation Acts of 1973, section 504.
- Assure that facilities are accessible to those with physical disabilities.
- Remain in compliance with OSHA regulations concerning exposure risks and controls to reduce risks of exposure to blood borne pathogens.
- Provide the LME's Client Rights Committee an annual report from the Provider's client grievance committee by the first Monday of August each year. This report will summarize the actions of the committee related to client grievances, alleged violations of rights including cases of abuse, neglect or exploitation, or failure to provide services.
- Follow all aspects of the State Contract and The Beacon Center's Provider Manual.

### **Documentation**

Maintain documentation as required by the Records Management and Documentation Manual.

### **D. Staff Requirements**

The contractor will provide staff as stated in the Service Definition for each service.

All staff responsible for the provision of services to consumers under the terms of this contract must have:

- a. Verification of employment history of personnel.
- b. Criminal record check and if they have not been in the State of North Carolina for the last five years a national criminal records check must be done.
- c. Department of Motor Vehicles driving record check for personnel transporting recipients.
- d. Ensure staff providing transportation maintain emergency information on consumers in the event of an accident. Information should include but not limited to: client name, address, emergency contact, Dr.'s name, address and phone number, preferred hospital, and allergic information.
- e. Ensure staff providing transportation via private vehicle maintain annual inspections as required by North Carolina law.
- f. Minimum of two positive work related references on personnel.
- g. Employers may access the Health Care Personnel Registry voice response system by calling (919) 715-0562 for information regarding individuals with substantiated findings of abuse, neglect, misappropriation of property, diversion of drugs or fraud.

The Contractor will insure staff are clinically supervised and privileged to deliver all services. Record of such supervision and privileging are maintained by the Provider readily available for the Local, State or Federal review.

#### **D. Eligible Bidders**

Proposals may be submitted by any private for-profit, not-for-profit or public agency Demonstrating the ability to complete the desired project and being approved by the LME and able to receive IPRS funding.

### **II. THE PROPOSAL**

The proposal must outline the required services and deliverables, describe the applicant's proposed program(s) to complete these services and explains how the applicant organization is qualified to undertake this project. The proposal must include the following items:

- Cover letter
- Executive Summary
- Relevant Experience of Applicant (and subcontractors)
- Project Narratives(s)
- Staffing Proposal- Do you indent to interview any of the current staff or higher all new staff.
- Reference List Form
- Budget Request Form for the current fiscal year and the following year.
- A copy of the provider's most recently completed fiscal audit.
- A statement indicated any investigative actions by any Local, State or Federal entity indicating the dates of the investigation, the entity conducting the investigation and the outcome since July 1, 2009.

### **III. SUBMISSION OF PROPOSALS**

The proposal must be delivered by hand or delivered by mail on or before the close Of business (5 P.M.) on May 12, 2011. Proposals, late for reasons beyond the control of the bidder, may be considered at the sole discretion of The Beacon Center Area Director.

Submit four (4) copies of the proposal (no facsimiles, electronic copies or emails accepted) to:

Karen Salacki  
The Beacon Center  
500 Nash Medical Arts Mall  
Rocky Mount, NC 27804

The following information must be indicated on the outside of each proposal submitted:

Bidder's name and address

In the event The Beacon Center Office is closed by means of a public announcement on the due date, the date will be postponed to 5pm on the next business date that The Beacon Center open for business.

#### **IV. SELECTION OF AWARD**

##### **A. Proposal Review Criteria**

The proposal will be reviewed by a panel convened by The Beacon Center and composed of persons with expertise in applicable areas and related fields. Scoring will be based on the rating of the written proposal as well as other evaluation criteria. Such activities may include reference checks and discussions with other funding organizations or clients, including subcontractors. Reviewers will consider the following factors: 1) Cover letter and Executive Summary, 2) the relevant experience of applicant and subcontractors, 3) project narrative and start up timeframe, 4) staffing proposal, 5) the budget and 6) overall clarity, completeness, accuracy and feasibility of the proposal.

##### **B. Final Selection of Contractor**

The final selection of a contractor will be made by Management Team based on the recommendations of the panel described above. Each bidder will be notified in writing as to the outcome of the proposal submission.

#### **V. PROJECT FUNDING AND CONTRACTS**

##### **A. Contract Content and Payment Process**

When the award is announced for the successful proposal, the contract process will be initiated between The Beacon Center and the successful bidder. Negotiations will be conducted and based on the bidder's proposed budget in combination with the project narrative and start up timeframes. Maximum annual funding for this RFP shall not exceed \$331,006.

##### **B. Accounting Records**

The contractor will be required to maintain current and accurate fiscal and accounting controls to show the status of costs incurred under this contract. Accounting records must be supported by documentation and show a clear "audit trail" for all funds received and disbursed. The contractor will maintain for a period of five years from the date of service, accounting records in accordance with generally acceptable accounting principles and Medicaid record keeping requirements and other records as necessary to disclose fully the extent of services provided and billed to the Medicaid Program. For providers who are required to submit annual cost reports, records including invoices, checks, ledgers, contracts, personnel records, work sheets, schedules, etc. such records are subject to review and audit and reviewed by Federal and State Representatives.

### **C. Monitoring**

The project will be monitored by The Beacon Center on a regular basis throughout the life of the contract. Monitoring may include oral reports, site visits, and telephone contact and/or discussions of reports and vouchers. The goal of this monitoring will be to ensure that the terms of the contract are being met and to provide technical assistance, where necessary, to help the contractor meet these obligations. As a contract provider of services for The Beacon Center consumers, the contractor may be reviewed by any agency reviewing The Beacon Center.

### **VI. TERMS AND CONDITIONS GOVERNING THIS REQUEST FOR PROPOSALS PROCESS**

The term of the contract shall be for one (1) year, recurring each year until the funding has been exhausted. Contracts awarded in the middle of a fiscal year will only be awarded until the last date of the current fiscal year. No services may be subcontracted without written approval of The Beacon Center.

1. The contract will be subject to The Beacon Center's processing procedures for contracts of this type, including approval as to form by the Area Director and Finance Director. The successful bidder shall commence contract activities only after receipt of a fully approved copy of the contract.
2. The RFP does not commit The Beacon Center to award any contracts, to pay the costs incurred in the preparation of a response to the RFP, or to procure or contract for services.
3. The Beacon Center reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time, without prior notice and without liability to any applicant or other parties for expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the bidder.
4. The Beacon Center reserves the right to accept or reject any or all proposals which do not completely conform to the instructions given in the RFP.
5. The proposal of the successful bidder will serve as the basis for the contract, the terms of which may be modified within the context of this RFP.
6. Submission of a proposal will be deemed to be the consent of the bidder to any inquiry made by The Beacon Center of third parties with regard to bidder's experience or other matters relevant to the proposal.
7. The Beacon Center reserves the right to request and consider additional information from any bidder beyond that presented in the initial proposal. The award of the contract, if any, may be made in reliance on additional information requested. Such information may include budget justification, program information, operation details, personnel information, or other funding source information.

8. All products, deliverable items, and working papers resulting from this contract will be the sole property of The Beacon Center and the bidder is prohibited from releasing these documents to any persons other than The Beacon Center or designee, unless authorized by The Beacon Center to do so.

9. The Beacon Center reserves the right to investigate the bidder's qualification, financial standing and ability to perform the proposed work. Should The Beacon Center determine that the bidder's qualifications, financial standing or ability to perform the work are inadequate, The Beacon Center may reject the proposal.

10. By submitting a proposal, the bidder agrees that it will not make any claims for or have any right to damages because of any misinterpretation or misunderstanding of the specifications or because of any misinformation or lack of information.

12. In order to enable The Beacon Center to acquire goods and services that represent the "best value", The Beacon Center reserves rights to:

- a. Establish evaluation criteria relating to quality, quantity, performance and cost; establish the relative importance of each criterion; and evaluate proposals as well as award contracts on the basis of these criteria;
- b. Provide that every offer shall be firm and not revocable for a period of up to sixty (60) days unless withdrawn in writing or unless otherwise specified in the solicitation; and
- c. Award a contract for any or all parts of a proposal and negotiate contract terms and conditions to meet agency program requirements consistent with the solicitation.

## **VII. REQUEST FOR PROPOSAL PROTEST**

**A.** The following reasons shall be grounds for automatic rejection of an application due to failure to conform to the requirements of the RFP:

1. Applicant did not meet the required application deadline;
2. The application is not signed in the appropriate places. Signature(s) on attachments or other documents do not count as signature(s) on the application;
3. Application is incomplete;
4. Non-compliance with the administrative requirements, including but not limited to the absence of attachments, price verifications, and letters of intent to provide service;
5. Proof of eligibility, if applicable; and
6. Application submitted in an unacceptable manner, e.g., telephone, fax.

**B.** Nothing in this policy shall preclude The Beacon Center from notifying the applicant of any deficiencies in the application. However, all corrections must be completed and received by The Beacon Center by the application deadline as set forth in the RFP. The notification of discrepancies shall be uniformly made to all applicants in a timely manner.

C. The RFP shall become public information at the completion of the RFP process including the protest process, despite any other disclaimers submitted by the applicant to the contrary.

## **APPLICATION PACKAGE INSTRUCTIONS & FORMS**

### **Proposal Instructions**

The proposal must adhere to the outline described below. Proposals should be clear and well defined in describing the proposed deliverables and activities to achieve them.

#### **A. Proposal Cover Letter (enclosed in this packet)**

Complete all questions on the application pages.

#### **B. Executive Summary**

This section should outline the required deliverables and provide an overview of the proposal including the use of any subcontractors.

#### **C. Relevant Experience of the Applicant and Subcontractors**

Proposals will be judged, in part, on the agency's relevant experience. The following information must be provided.

- Evidence of bidder's organizational ability to implement the program(s) described.
- Description of bidder's experience, if any, providing services for children, adolescents and adults with developmental disabilities.
- Quality improvement experience and procedures to be used by bidder to assure the quality and completeness of the services in accordance with this RFP.
- Description of bidder's experience, if any, working with The Beacon Center, provider organizations (hospitals, health centers, group practices, schools, juvenile justice and DSS etc.) which will support timely access to services.
- Reference checks will be done based on the completion of the required Reference forms. Three references must also be submitted for any bidder and subcontractor.

#### **D. Project Narrative**

This RFP seeks to perform quality services to consumers in our four county area. Proposals will be judged on the applicant's ability to provide the required service(s) and begin services in the required timeframe. Describe all the methods that your agency will use for completing all aspects of the project(s). If a subcontract(s) will be used, identify the subcontractor(s) and their specific role in achieving the components. A letter and references from the subcontractor(s) must accompany the application specifying the qualifications of the subcontractor to provide the services to be supplied and the availability of the subcontractor(s) to perform the work during the contract period.

**E. Staffing Plan**

Applicants must include a staffing proposal that indicates all staff needed to complete the project(s) components. Provide a description of the applicant's organizational structure, including key positions and staff associated with the proposed project(s), and/or a plan to acquire such staff.

**F. Budget Request**

Applicants must submit and provide a detailed budget with descriptions and calculations used for each line item. Applicants will be judged on the compliance with the RFP service requirements and cost of services. The budget will be judged on comparisons with rates allowed by the State and Federal funding sources.

**G. Fiscal Year Audit**

Include a copy of your last Fiscal Year Audit by an independent CPA or Compilation Report by an independent CPA with your packet.

**H. Results of Investigations**

A statement indicated any investigative actions by any Local, State or Federal entity indicating the dates of the investigation, the entity conducting the investigation and the outcome since July 1, 2009.

**Budget Request Instructions**  
**Summary Budget Request**

The Budget Request summarizes all project costs.

**Administrative Costs**

The Beacon Center expects the contractor to minimize overhead expenses and maximize available funding for direct services. Therefore, indirect costs resulting from the application of an indirect rate are **not** allowable.

**Excluded Costs**

The following are illustrative of the types of items that will **not** be allowed:

- Advertising costs, except for recruitment of personnel; or those specifically relating to the RFP;
- Capital expenditures for improvement or acquisition of facilities;
- Staff entertainment costs, including social activities or cost of alcoholic beverages;
- Interest costs, including costs incurred to borrow funds;
- Costs of organized fund raising;
- Costs for attendance at conferences or meeting of professional organizations, unless attendance is necessary in connection with the project;
- Costs for preparation of continuation agreements and other proposal development costs;
- Equipment purchases

**Proposal Cover Letter**

1a. Name and Address of Bidder (Include name and title of official authorized to sign)

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Name of Official

Title

1b. Type of Organization:

Not-for-Profit  For-Profit  Public

2. Contact Person

Name: \_\_\_\_\_

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

Telephone

Number: \_\_\_\_\_

Fax

Number: \_\_\_\_\_

Will this individual be directly in charge of the program  Yes  No

If no, who will be in direct charge?

Name/Title: \_\_\_\_\_

Telephone

Number: \_\_\_\_\_

Fax

Number: \_\_\_\_\_

3. Do you have a corporate seal?  Yes  No

4. Federal Payee Identification

Number: \_\_\_\_\_

5. Payment address (if different from #1)

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6. Is any work to be accomplished by a subcontractor?  Yes  No

7. Does your agency currently have a presence in our catchment area?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please describe:

8. Has your agency had any fiscal, clinical or administrative actions from any regulatory agency in the past 12 months? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

9. Is your agency in Good Standing with all LME's that your agency has a State Funded Contract or Memorandum of Agreement with? Yes \_\_\_\_ No \_\_\_\_

If no, please explain:

10. Is your agency in Good Standing with the Department of Health and Human Services (DHHS)? Yes \_\_\_\_ No \_\_\_\_

If no, please explain:

11. If you are currently providing the services included in this Request for Proposals anywhere else in North Carolina please indicate what sites and how many consumers you are serving.
12. Does your agency have any listing on the Secretary of State's Tax Lien website?  
Yes \_\_\_ No \_\_\_

If yes, please explain:

**AGREEMENT:**

It is understood and agreed to by the bidder that (1) Funds granted for this project must be used only for the conduct of the project(s) as approved. (2) The project(s) may be terminated in whole, or in part, immediately upon notice by The Beacon Center. Such termination shall not affect obligations incurred under the contract prior to the effective date of such terminations. (3) Any significant revision of the approved project proposal must be requested in writing by the contractor and approved by The Beacon Center prior to enactment of the change. (4) Progress reports must be submitted as required by The Beacon Center. (5) Necessary records and accounts, including financial and property controls, must be established and maintained by the Contractor for five years and made available to The Beacon Center for audit purposes. (6) All reports of investigations, studies, publication, etc. made as a result of this proposal must acknowledge the support provided by The Beacon Center (7) All personal information concerning individuals served or studied under the project is confidential and such information must not be disclosed to unauthorized persons. (8) The Beacon Center reserves a royalty-free, non-exclusive license to use and authorize others to use all copyrighted material resulting from this project.

The bidder certifies that to the best of his/her knowledge and belief the data in this application is true and correct, and that he/she will comply with the above agreement if the contract is received.

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**Signature of Official Authorized to Sign for Bidder Date**

**Reference Form**

**Complete one form for the agency and one form for each subcontractor agency**

Names and telephone numbers of 3 references that can speak to your agency's and subcontractors qualifications to operate the project which you are applying for funding must be provided. Please include the description of work done, including the value of the contract, and the applicable contract manager(s) as references(s).

A) \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Description of Work Done

Value of Contract:  
\_\_\_\_\_

B) \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Description of Work Done

Value of Contract:  
\_\_\_\_\_

C) \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Description of Work Done

Value of Contract:  
\_\_\_\_\_

**Additional Funding**

Name of  
Organization \_\_\_\_\_

List all funding received from any North Carolina State/Local Government Agency during the past three (3) years. Complete the following information including the name and telephone number of a representative of the state/local agency who can be contacted by The Beacon Center. Use additional pages if necessary.

<b>State Agency</b>	<b>State Agency Representative (Name &amp; Phone)</b>	<b>Purpose of funding</b>	<b>Time Period of funding</b>	<b>Funding Amount</b>

**Budget Request Form**

Briefly describe how each proposed line item will contribute to the completion of the program component. Please include the maximum of funding requested as well as a detailed report of line items. Use additional sheets if necessary.