



## **Invitation for Proposal IFP 2021-HCS-4000** **Title: Establishing a Provider Pool**

### **Attention Interested Parties**

**Date of Release:** December 7, 2021

**Due Date:** All submissions must be received by 4:00 p.m. EST on January 19, 2022.

**Notification of Winning Proposal Results:** March 11, 2022

**Contact:** All questions related to this Invitation for Proposal shall be sent via email by 4:00 p.m. EST on December 14, 2021 to:

Christina DeMeo, Contracts Coordinator  
Florida Developmental Disabilities Council, Inc.  
[proposal@fddc.org](mailto:proposal@fddc.org)

**QUESTIONS ARE TO BE SUBMITTED IN WRITTEN FORMAT ONLY. THIS IS A LEGAL PROCESS AND WE CANNOT ANSWER QUESTIONS VERBALLY. Answers to any questions received will be posted on the FDDC website (fddc.org) by December 20, 2021.**

**Cone of Silence:** For purposes of this solicitation, FDDC has established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods or services (formal proposals, Request for Proposals, Invitation for Proposals, Request for Bids) issued by the FDDC with the exception of the formal written questions that may be submitted as described above. The period commences from the date of advertisement until award of contract.

**Applicable Laws and Regulations:** All applicable Federal and State laws, county and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the services to be provided shall apply to the bid/proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

**Funds Available:** The Florida Developmental Disabilities Council, Inc. (FDDC) has set aside a maximum of **\$500,000** federal funds contingent upon funding, for a period beginning April 15, 2022 or earlier and ending September 30, 2023 for fiscal support of this proposal. The award will remain firm for the contract period unless addendums to the scope of work are required by the funder. It is anticipated that additional funding in the amount of \$200,000 will be available beginning October 1, 2023 for annual continuation and expansion activities through the end of the Council's current state plan on September 30, 2026.

**Funding Source:** 100% federal funds, CFDA #93.630 from the U.S. Department of Health & Human Services, Administration on Intellectual and Developmental Disabilities, through FDDC.

**Required Match:** A match of not less than 33.333% of the approved cost of the project is required.

**Ineligible Entities:** Federal regulations limit and restrict the ability of individuals or entities debarred or suspended by a Federal Agency from doing business with, or contracting for the use of federal funds with, the Council. See 29 CFR, Part 98; 45 CFR, Part 76.

**Project Contract Type:** Cost reimbursement with a fixed payment schedule based on review of deliverables that demonstrates a satisfactory level of performance and expenditures.

**Project Contract Period:** All work shall be completed prior to September 30, 2023.

### **Purpose and Background of Proposal**

#### **PURPOSE:**

This project seeks to increase the access to personal support services throughout Florida to provide the level of support and care required to maintain a safe quality of life. This will be achieved by developing a qualified provider pool for personal care, companion, and/or respite services in the State's billable categories.

#### **BACKGROUND on ISSUE:**

The Florida Developmental Disabilities Council contracted with the North Central Florida Health Planning Council dba WellFlorida Council to conduct a Comprehensive Review and Analysis (CRA) of state-wide and national data regarding issues facing individuals with intellectual and developmental disabilities (I/DD). Primary sources that were used to gather information included focus groups and surveys. Government reports, agency websites, and research articles served as secondary sources to provide information to the FDDC members to base their recommendations for identifying priority areas.

The Council's 2022-26 CRA findings reported that individuals who are on the Home- and Community-Based Services (HCBS) iBudget Waiver and Consumer Directed Care Plus Waiver may have significant additional needs in addition to those identified on their support plans. The CRA also found that personal supports and behavioral services throughout Florida must be improved to provide the level of support and care required for individuals with I/DD to maintain a safe quality of life. One priority in this area that emerged was the difficulty in finding enough direct support professionals (DSPs) to provide personal care, companion, and respite services. One solution strategy for this challenge is to develop a provider pool of trained and approved providers that individuals and agencies could access to address shortages, either short-term (e.g., provider ill or on vacation) or longer lasting (e.g., elderly parents needing care) (Ollove, Stateline, 1/21/2021).

Individuals with I/DD who are on the Consumer Directed Care Plus Waiver are responsible for finding and hiring their own service providers. If they have a provider who is temporarily unavailable (e.g., goes on vacation, becomes ill themselves or needs to provide care to their own family member temporarily), the self-advocate or family may be left without service. Although agencies have felt impacts of service provider shortages, individuals with I/DD, who are receiving supported living services in their own home or family home, have faced more serious challenges. When their hours are reduced or they can't find a provider, they are often "locked" into homes and other family members may have to provide the services. This may result in a family member having to reduce their work hours or resign their employment altogether. Miller (Kaiser Health News, 9/28/2021) found that there was a 40% higher incidence of health and safety events.

There are also many people with I/DD who are on the Medicaid Home- and Community-Based Services Waiver waitlist (i.e., approximately 22,000 at the current time) and many more individuals with I/DD, who are not identified by the Agency for Persons with Disabilities who may need services that they receive from community home health agencies that also serve the aging population. Those agencies often do not provide training for their staff in the needs of individuals with I/DD.

Another issue that impacts the need for a provider pool is the increasing number of individuals with I/DD who have aging caregivers and are themselves aging. Seventy-five percent of people with I/DD live with their families. Of those, 32% were over the age of 60 years. In another FDDC project targeting aging caregivers, survey respondents ranked companion aide and personal care aide as the second and third most needed services after case management.

There are foundational variables that impact the availability of the direct support professional labor pool. These include the low rate of pay (many earn minimum wage or slightly above that level), as well as the lack of a career ladder. There is also a 40-45% turnover rate in this field (Bloom, The Sacramento Bee, 7/28/21), requiring a consistent group of people to be recruited and vetted. This workforce must pass background checks and receive mandated training, which may include Cardiopulmonary Resuscitation (CPR), behavior management, health and safety, and teaching skills.

The COVID-19 pandemic has exaggerated the impact of personnel shortages. Many agencies have had to reduce the number of clients they are serving, reduce hours of care provided, or have managerial staff provide direct service. Miller (Kaiser Health News, 9/28/2021) found that individuals with I/DD are only receiving 50% of their assigned hours of care. More DSPs have left the field, either temporarily or permanently, having to provide care to their own children due to lack of childcare or school closing. They also may not want to have such close physical proximity to individuals who need close, physical care.

This IFP seeks an entity that can develop a creative solution to the provider shortage by creating a pool of approved direct support professionals to assist individuals with I/DD. Direct support professionals may also include home health aides, Certified Nursing Assistants, and behavior technicians.

**The FDDC is seeking entities to apply who meet the following qualifications and can demonstrate the ability to fulfill the scope of work outlined in this proposal.**

**Preferred Qualifications:**

1. Have relevant experience in:
  - a. Managing projects
  - b. Collaborating and facilitating diverse stakeholder groups
  - c. Conducting research and analyzing the results
  - d. Developing systems to provide direct support professionals to clients
  - e. Recruiting and vetting service providers
  - f. Developing and providing training
  - g. Working with individuals with intellectual and developmental disabilities and/or their family members

**Scope of Work and Services to be Provided:**

Establish and implement a system that allows individuals with I/DD and families to access services via a provider pool that includes individuals certified to provide personal care, companion, and/or respite services in the State's billable categories.

1. Establish a stakeholder workgroup that minimally includes representation from individuals with I/DD, families, and agencies that provide direct service to individuals with I/DD, the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), Family Care Council Florida, home health care agencies, and support coordinators to develop a framework for the development and implementation of a provider pool.

2. Identify best practices among provisions of access to personal care, companion, and respite services that work in private and public sectors.
3. Conduct research in the 15 Family Care Council areas to identify providers that are being accessed by other parents via public and private funding.
4. Identify a Medicaid approved pool of people, along with non-Medicaid certified individuals, who can be hired with private or public dollars in the areas of personal care, companion service, and respite.
5. Develop a direct service personnel registry for delivery of these services aligned with Florida's 15 Family Care Council areas.
6. Assure that all individuals included in the provider pool receive essential training that meets requirements for the delivery of services. Ensure that they meet other qualifications including background clearance.
7. Evaluate and report the increase in access to services by families and individuals with I/DD.

**How the Proposal will Be Evaluated**

1. Understanding the Need/Purpose (10 points)
2. Experience with and capacity to perform the work required (30 points)
3. The methodology in how the work will get completed (20 points)
4. The budget supports the work that will be conducted and is within the allowable amount (30 points)
5. References of prior related work are provided (10 points)

See the 2021-HCS-4000 Scoring Rubric for discrete evaluation elements.

## **Sections for Offeror to Complete**

**Section 1:** Describe the organizational capacity of the offeror to meet the specified qualifications, address the need/purpose of this project, and complete the scope of work and services to be provided as described on pages two through four of this Invitation for Proposal.

The offeror must complete the Establishing a Provider Pool Work Plan Template, provided as a separate, editable document, and available on the Council's website at <https://www.fddc.org/invitation-for-proposals/> to describe their unique plans for implementing the scope of work, timeframes for completing the scope of work, and staff and/or providers who will perform the scope of work.

As prescribed by the Council's Invitation for Proposal Protocol, a sample of work must be provided and evaluated for projects with a primary end purpose of a written product or products. Attach a current sample of work, preferably aligned with the scope of work to be provided in this project.

**Section 2:** Provide the name of key staff who will work on the project, including educational background, length of time with the organization, and current title. Attach current resume or curriculum vitae (CV) of each team member to be involved in the project.

**Section 3:** Provide an all-inclusive cost to conduct work and a brief budget narrative using the attached format on page eight. Indirect cost cannot exceed a ten percent (10%) de minimus rate of modified total direct costs (MTDC) unless the entity has an approved federally recognized negotiated indirect cost rate in accordance with the Uniform Guidance. 2 CFR 200.414(f)

Calculate total hours to complete work and provide an hourly rate and total of hours for each team member involved. The budget narrative should explain and demonstrate that each entry on the line item budget is allowable, reasonable, and necessary. **The funds requested from FDDC must remain within the identified range of available funding.** The budget and budget narrative must present a cost-effective funding level for achieving the purpose of the project. **Costs must be in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards (Uniform Guidance)** <https://www.gpo.gov/fdsys/pkg/CFR-2017-title2-vol1/xml/CFR-2017-title2-vol1-part200-subpartE.xml>.

Proposers must match \$1 for every \$3 requested to reach a 33.333% match of the total approved cost of the project. Documentation of 33.333% match of project expenses must be maintained. The match requirement may be satisfied by values placed on in-kind contributions or through contractor-incurred costs, or by a combination of the two. Costs paid by other federal grants may not be used for match. The match must fund activities directly related to the project. *Note: To calculate the match share for the 33.333% required match, divide the amount of your request by three. Then, to calculate the total contract amount, combine the one-third figure with the dollars requested (e.g., funds requested \$500,000. divide by 3 = match amount of \$166,665. \$500,000+166,665 =total project cost of \$666,665).*

All proposed budget items and amounts are subject to final approval.

**Section 4:** Provide references using the attached format on page nine. Each proposal may contain up to seven (7) references who can be contacted to obtain a recommendation concerning the offeror's performance in providing services similar to those required by this IFP. References must be based upon work done within the last five (5) years. **At a minimum, two (2) references will be contacted.**

Council members or Council staff must not be used as references. Additionally, prior performance assessments for offerors who have a history of contracting with the FDDC must not be used as references.

**Section 5:** Provide completed required Forms 1-6 by uploading electronically signed, dated, and scanned Portable Document Format (PDF) files at the specific Dropbox link.

**Format for Submission**

Offeror shall submit a written narrative answering each section in the “Sections for Offeror to Complete” (all five sections must be completed with section headings in the order listed above). Use a 12 point Arial font size, 1.5 space, and limit your response to 10 numbered pages, not including the Work Plan Template, resumes, curriculum vitae, references, and required forms. The Work Plan Template response must not exceed 20 numbered pages. Attachments beyond the Work Plan Template, Section 3 Budget Template with narrative, and required forms identified in Section 5 will only be used to support the IFP requirements.

All submissions must be in Portable Document Format (PDF) files.

All submissions must be marked with the Invitation for Proposal #2021-HCS-4000.

Proposals shall be electronically submitted via FDDC’s Dropbox at <https://www.dropbox.com/request/jAsE48AhTQae5tllkXq4>

**Due Date:** All submissions must be received by 4:00 p.m. EST on January 19, 2022. Please allow enough time to upload your proposal into the FDDC’s Dropbox. Depending on the size of the proposal, it may take additional time to upload. Any proposals received after the date and time set forth above will be considered unresponsive and will not be considered by FDDC.

**Submit proposal to:** Christina DeMeo, Contracts Coordinator  
Florida Developmental Disabilities Council, Inc.  
<https://www.dropbox.com/request/jAsE48AhTQae5tllkXq4>

**Evaluation of Award:** All proposals received by the due date and time will be evaluated by the FDDC. Each submitted proposal that is responsive as determined by FDDC by meeting the minimum qualifications and price will be reviewed and scored according to the criteria set forth in the Invitation for Proposals by a scoring committee. The Council will then undertake a risk review of the offeror for each proposal scoring over a 70. This review will consist of three components: (1) a self-assessment of risk completed by the applicant; (2) inherent risk assessment; and (3) an assessment of prior performance if the offeror has previously contracted with the Council.

An offeror will receive a rating of LOW, MODERATE, or HIGH for each applicable component. A rating of HIGH risk does not preclude the offeror from receiving the subaward if determined appropriate under the circumstances by the Council’s State Plan Committee; however, the ratings may be used to determine which subawards may require specific award conditions, closer supervision and/or more detailed monitoring strategies. The Council’s State Plan Committee may also choose not to fund an award based upon the risk assessment if it determines that elevated risk will adversely affect the Council’s ability to fulfill its duty as a steward of federal funds.

The Council’s State Plan Committee will utilize the Risk Assessment ratings in addition to the score received from the scoring committee as part of the evaluation in its decision to fund the subaward. The State Plan Committee will review the risk assessment ratings for the top-scoring offeror and determine whether or not to fund the top-scoring proposal. If the top scoring proposal is not funded because the Risk Assessment has been determined to be too great by the Council’s State Plan Committee or if negotiations with the top scoring offeror are unsuccessful, the proposal will no longer be considered, and the State Plan Committee may review the risk assessment ratings for the second highest scored proposal and determine whether or not to fund the proposal. This process will continue until a subaward is made, or until the State Plan Committee recommends otherwise. Please note that the State Plan

Committee may use the prior performance ratings for proposers with a history of contracting with the Council as the deciding factor of an award based on specific experiences of compliance/non-compliance with Council guidelines.

The FDDC reserves the right to reject any or all proposals. No work shall begin until a contract is executed by the FDDC.

## BUDGET REQUEST FORMAT

BUDGET ITEM	FDDC REQUESTED FUNDS	MATCH AMOUNT	BUDGET NARRATIVE
Personnel Salaries			
Benefits			
Contracted Services or Consultants (if applicable)			
Staff Travel			
Supplies, Printing, and Postage			
Software and Subscriptions			
Translation of Materials			
Training Materials			
Data Acquisition Costs			
Indirect Costs			
Other: Describe any other budget items listed.			
<b>TOTAL</b>	\$		

## REFERENCES FORM

Offerors are required to submit **up to** seven (7) references who can be contacted to obtain a recommendation concerning the offeror's performance in providing services similar to those required by this IFP. References must be based upon work done within the last five (5) years. At a minimum, two (2) references will be contacted.

Offerors who have a history of contracting with the FDDC are instructed to not list the FDDC (including current Council members or staff) as a reference.

- 1) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:
  
- 2) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:
  
- 3) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:
  
- 4) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:
  
- 5) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:

6) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:

7) Name of Company or Agency:  
Contact Person:  
Address:  
Phone Number:  
Email Address:  
Project or service name or identifier:  
Approximate dates work was undertaken/completed:

**Mandatory Terms and Conditions for Procurement**

1. **Offeror Information:** Completed information and authorized signature required on Form #1.
2. **Certification regarding Debarment, Suspension, and Other Responsibility Matters:** Authorized signature required on Form #2.
3. **Conflict of Interest:** Authorized signature required on Form #3.
4. **Cone of Silence:** Authorized signature required on Form #4.
5. **Indemnification and Hold Harmless:** Authorized signature required on Form #5.
6. **Self-Assessment of Risk:** Completed self-assessment with authorized signature required on Form #6.
7. **Contracting with small and minority businesses, women’s business enterprises, and labor surplus area firms:** Offeror will comply with the requirements of 2 CFR 200.321 to take all necessary affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used when possible.

**FORM #1**

**OFFEROR INFORMATION**

OFFEROR NAME:	
ADDRESS (including city, state, and zip code):	
PHONE NUMBER:	
CONTACT PERSON'S NAME:	
CONTACT PERSON'S TITLE:	
CONTACT PERSON'S EMAIL ADDRESS:	
NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF THE REPRESENTATIVE OF THE PERSON WHO WILL BE RESPONSIBLE FOR ADMINISTRATION OF THE PROGRAM(S) IF FUNDED:	
NAME, ADDRESS AND TELEPHONE NUMBER OF THE REPRESENTATIVE OF WHERE THE OFFEROR'S FINANCIAL AND ADMINISTRATIVE RECORDS WILL BE MAINTAINED IF FUNDED:	
TAX IDENTIFICATION NUMBER (TIN):	
DUNS (DATA UNIVERSAL NUMBERING SYSTEM) NUMBER:	
SAM Unique Entity ID (if available)	
SAM.GOV REGISTRATION STATUS (CHECK ONE):	<input type="checkbox"/> ACTIVE REGISTRATION <input type="checkbox"/> DATE REGISTRATION SUBMITTED _____

**FDDC Federal Grantee Registration Requirements** – FDDC is the state designated agency to receive federal funds under a formula-based grant per P.L. 106-402 (Developmental Disabilities Act) from the U.S. Department of Health & Human Services, Administration for Community Living. To that end, entities receiving or applying for federal awards must meet certain registration requirements. Entities are defined by SAM.gov to include individuals, businesses, organizations, state governments, local governments, tribal governments, and foreign governments.

The following registration requirements must be met:

1. Provide a DUNS Number;
2. Have a Tax identification number, and
3. Register at System for Award Management – [www.SAM.gov](http://www.SAM.gov) prior to submitting an application for funding and update registration annually.

**By signing this certification as an authorized official of the below-referenced offeror, we hereby certify that we have registered with the System for Award Management (SAM) or that our registration is pending.**

OFFEROR NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**FORM #2**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

This certification is required by the regulations (2 CFR Part 200, Appendix (II)(H)) implementing Executive Order 12549 and 12689, 2 CFR part 180, Section 180.355.

As the duly authorized representative of the offeror, I certify, to the best of my knowledge and belief, that neither the offeror nor its principals:

- 1) Are presently excluded or disqualified;
- 2) Have been convicted within the preceding three years of any of the offenses listed in s.180.800(s) or had a civil judgment rendered against it for one of those offenses within the time period;
- 3) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in s.180.800(s); or
- 4) Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

OFFEROR NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**FORM #3**

**CONFLICT OF INTEREST DISCLOSURE FORM**

For purposes of determining any possible conflict of interest, all offerors must disclose if any FDDC employee, appointed official, or if any of its agencies is also an owner, corporate officer, agency, or employee of their business.

Indicate either “yes” (a FDDC employee, appointed official, or agency is also associated with your business), or “no”.

YES \_\_\_\_\_

NO \_\_\_\_\_

If yes, give person(s) name(s) and position(s) with your business.

**NAME(S)**

**POSITION(S)**

NAME(S)	POSITION(S)

OFFEROR NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**FORM #4**

**CONE OF SILENCE CLAUSE**

FDDC has established a solicitation silence policy for this procurement (**Cone of Silence Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Invitation for Proposals, Requests for Qualifications, Invitation to Quote, Invitation to Negotiate) issued by the FDDC through its staff.

The period commences upon receipt of the procurement proposal, by FDDC, and terminates upon FDDC’s approval to award a contract or reject all responses.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents and members of the FDDC, the Executive Director, employees or members of the FDDC approved review committee(s). All questions or requests for information regarding the solicitation **MUST** be directed to the designated Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids/proposals are due, should be directed to the Executive Director or an appointed representative. It shall be the Executive Director’s decision whether to consider this information in the decision process.

**Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.**

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

**By signing this certification as an authorized official of the below-referenced offeror, we hereby agree to abide by the FDDC Cone of Silence Clause and understand that violation of such shall result in disqualification of the proposal.**

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFEROR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**FORM #5**

**INDEMNIFICATION AND HOLD HARMLESS**

Offeror shall indemnify and hold harmless FDDC, its officers and employees from liabilities, damages, losses, and costs, including but not limited to attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Offeror and other persons employed or utilized by the Offeror in the performance of this Agreement.

OFFEROR NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**FORM #6**  
**SELF-ASSESSMENT OF RISK**  
**PURPOSE AND BACKGROUND**

The purpose of the Self-Assessment is to obtain an understanding of your organization’s capacity to adequately document, record, track, and report expenditures of federal funds as well as evaluate your organization’s risk of noncompliance with federal statutes, regulations, and the terms and conditions of the resulting subaward. The assessment of risk is a requirement for use of our federal funds.

During the funding process, each submitted proposal will be reviewed and scored according to the criteria set forth in the Invitation for Proposals. The Council will then undertake a risk review of the offeror for each proposal scoring over a 70. This review will consist of three components: (1) a self-assessment of risk completed by the applicant; (2) inherent risk assessment; and (3) an assessment of prior performance if the offeror has previously contracted with the Council.

Based upon the following scale, an offeror will receive a rating of LOW, MODERATE, or HIGH for each applicable component. Please note that a rating of HIGH risk does not preclude the offeror from receiving the subaward. The Council’s State Plan Committee will utilize the Risk Assessment ratings in its decision to fund the subaward.

<b>Score</b>	<b>Rating</b>	<b>Assessment</b>
0-3	HIGH	Requires intensive follow-up and may require action plan to address identified risks. Specific follow-up requirements will vary but may include contract conditions such as providing additional or more detailed financial and project reports; establishing additional prior approvals; or undergoing specific technical assistance. An action plan may be required to address specific areas of identified risk.
4-6	MODERATE	May need improvement or technical assistance to improve identified risks. Specific follow-up requirements for improvement will vary but may include contract conditions such as periodically providing detailed financial and project reports; establishing prior approvals; or undergoing specific technical assistance.
7-12	LOW	Indicates offeror’s internal controls likely to reduce non-compliance or fraud. Requirements typically include standard contract conditions for providing detailed financial and project reports; prior approvals; or technical assistance.

**FORM #6**  
**SELF-ASSESSMENT OF RISK**

INSTRUCTIONS: Each offeror MUST COMPLETE the following self-assessment questions and sign/date the form.

1	Does your organization have experience managing state or federal funds?	YES	NO
2	Is the amount of the proposed funding less than 50% of your average revenues for the last 24 months?	YES	NO
3	Does your organization have the capacity to operate on a cost reimbursement basis?	YES	NO
4	Is it a correct statement that your organization has not experienced a significant change in personnel or accounting systems within the past 12 months?	YES	NO
5	Does your organization have an annual audit?	YES	NO
6	Is it a correct statement that your organization is not under a corrective action plan as a result of audit or monitoring findings?	YES	NO
7	Is it a correct statement that your organization is not involved in active lawsuits or has not been made aware of any potential lawsuits?	YES	NO
8	Does your organization have a history of submitting timely deliverables?	YES	NO
9	Does your organization have a history of submitting timely and accurate fiscal reports?	YES	NO
10	Does your organization have an accounting system that will track receipts and expenditures by grant/contract?	YES	NO
11	Does your organization have the ability to record and track staff time incurred by project?	YES	NO
12	Does your organization have written policies and procedures for procurement, personnel, property, and subcontracts (if applicable)?	YES	NO

**To calculate your total score, count 1 point for each “Yes” response.**

**Total = \_\_\_\_ /12**

I have made a good faith effort to complete this Self-Assessment form. The information provided is correct, current, and complete to the best of my ability. I understand that any false or misleading responses are grounds for dismissal of this proposal, termination of the resulting subaward, and possible restrictions on future awards. I certify that my organization is currently not suspended or debarred from doing business with the federal government.

\_\_\_\_\_  
 Offeror Name

\_\_\_\_\_  
 Signature of Authorized Representative of Offeror

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name and Title