

**LACKAWANNA COUNTY BOARD OF COMMISSIONERS**  
**DEPARTMENT OF HUMAN SERVICES/OFFICE OF DRUG AND ALCOHOL PROGRAMS**  
**REQUEST FOR QUALIFICATIONS FOR SERVICE PROVIDERS**

Issued: March 16, 2015

RFQ ID #: 075/15/1100/02

**1. INTRODUCTION:**

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the County of Lackawanna ("COUNTY") Board of Commissioners ("Board of Commissioners") for the provision of services to eligible individuals served by the Lackawanna Susquehanna Office of Drug and Alcohol Programs. This RFQ will be used in applying for funds to provide services for Fiscal Year July 2015 to June 2016.

<b>Submission Deadline:</b>			
Respondents must submit their written Submittals by 4:00 p.m. prevailing time:		<u>April 13, 2015</u>	
<b>Contact Person:</b>	<u>Tony Kosydar</u>	Email: <a href="mailto:kosydart@lackawannacounty.org">kosydart@lackawannacounty.org</a>	

Submissions received will be reviewed and evaluated by the Lackawanna Susquehanna Office of Drug and Alcohol Programs (herein after referred to as LSODAP), based upon such criteria as LSODAP, in its sole discretion, deems appropriate. LSODAP reserves the right to request clarification or additional information from any respondent. LSODAP, in its sole discretion, may accept or reject any or all submittals.

LSODAP reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

**2. PURPOSE:**

The purpose of this Request for Qualifications is to solicit submissions from qualified agencies and /or individuals to provide professional services on behalf of the County in connection with the administration of funds from the Commonwealth Department of Drug and Alcohol Programs and the Department of Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS). Service areas include:

- **Drug and Alcohol Prevention Services**
- **Outpatient and Partial Drug and Alcohol Counseling**
- **Drug and Alcohol Intensive Case Management**
- **Drug and Alcohol Recovery Support Services**
- **Consultant and Administrative Support Services**

### **3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:**

**One (1) original and four (4) copies of the Submittal must be provided.**

**Submittals must be addressed to the Lackawanna County Chief of Staff, 200 Adams Ave 6th Fl., Scranton, Pennsylvania 18503. Submittals must be in a sealed envelope with the name of the submitting agency or individual and the RFQ number clearly marked on the outside of the envelope.** The County assumes no responsibility for delays in any form of carrier, mail or delivery service causing the submission to be received after the above-referenced due date and time. **Submission by fax, telephone, or email is not permitted.** The final selection will be made in the sole discretion of the Department.

### **4. QUESTIONS:**

Questions can be submitted via email to [kosydart@lackawannacounty.org](mailto:kosydart@lackawannacounty.org)

\* Questions will be answered by the appropriate individual(s) and answered within 3 business days via email with a return reply acknowledging receipt of the email request.

\* QUESTIONS AND ANSWERS WILL BE SHARED WITH ALL SUBMITTERS through posting on the Lackawanna County website, [www.lackawannacounty.org](http://www.lackawannacounty.org)

**All questions pertaining to this RFQ must be submitted on or before: March 23, 2015**

### **5. CRITERIA FOR EVALUATION OF QUALIFICATIONS:**

The Department will independently evaluate each submittal and selection will be made upon the following criteria:

1. Experience and reputation in the field.

2. Experience and reputation in the field with respect to contracting with governmental entities to provide services on behalf of the County.
3. Knowledge of the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS), the Pennsylvania Department of Drug & Alcohol Programs and the organizational structure of the Lackawanna County Department of Human Services.
4. The administrative and programmatic capacity to manage the volume of work.
5. Availability to accommodate any required meetings of the Department.
6. Ability to meet reporting requirements and timelines for completion as set forth by the Department.
7. Other factors determined to be in the best interest of the County in the Department's sole discretion.

## **6. SUBMISSION REQUIREMENTS:**

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each submitter agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date.

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

### **Title Page:**

(1 page): Show name of your agency, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and number of the RFQ.

### **Table of Contents:**

**All Submissions to the County must include the following:**

#### **SECTION 1** Agency Information (see Form A)

- Name, address, phone number and email address of the agency;
- The corporate officer's name, title and signature. This person must be able to execute agreements on behalf of the agency;

- The service(s) for which the submittal has been prepared.

**SECTION 2** Agency Description (see Form A)

- A brief description of your agency's history, ownership and organizational structure;
- Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.

**SECTION 3** Agency Services (see Form A)

- List all services provided by your agency and address at which they are provided.

**SECTION 4** Scope of Services/Statement of Qualifications (see Form B)

- Provide a description of the proposed service and your agency's qualifications and experience in providing this service;
- Provide the names, experience, qualifications and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

**SECTION 5** County Contracts (see Form C)

- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.

**SECTION 6** Statement of Assurances (see Form D)

- A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on your agency's operations;
- A statement of assurance that your agency has no conflict of interest in providing service on behalf of Lackawanna County;
- A statement of assurance that your agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;

- A statement of the insurances currently held by your agency.

#### **SECTION 7** Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.

#### **SECTION 8** Subcontractors

- **RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS**

### **7. RESPONSIBILITIES:**

The successful Submitter shall have primary responsibility for the following:

- \* Compliance with the Commonwealth Department of Drug and Alcohol Programs' requirements and procedures.
- \* Compliance with the PA Department of Human Services, Office of Drug and Alcohol Programs' requirements and procedures.
- \* Compliance with the Lackawanna County Office of Drug and Alcohol Programs' requirements and procedures.

### **8. CONFIDENTIALITY:**

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term "CONFIDENTIAL" on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

## **9. CONFLICT OF INTEREST:**

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

## **10. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS:**

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any agency that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

## **11. FORMS ATTACHED**

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- Form C – County Contracts
- Form D – Statement of Assurances

### **Qualification Base Selection Process**

**The statement of qualifications will be evaluated in accordance with the County's Qualifications Base Selection Process. Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.**

**AGENCY SUMMARY  
FORM A**

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

<b>I. AGENCY INFORMATION</b>		
Agency Name:		
Corporate Address:		
City:	State:	Zip Code:
Phone:	Email:	
Services Provided:		
EIN Number:		
*Corporate Officer's Name:	Title:	
Corporate Officer's Signature:		

\* Person authorized to execute agreements

<b>II. AGENCY DESCRIPTION</b>
In the space below, please provide a brief description of your agency's history, ownership and organizational structure. Include as attachments an organizational chart, copy of your most recent audit, applicable licenses and other supporting documents.

**III. AGENCY SERVICES**

**Instructions:** In the space below, please list all services and the address of service delivery provided by your agency.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

<b>Service Name</b>	<b>Address</b>

DHS-Office of Drug & Alcohol Programs

**SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS  
FORM B**

**I. SERVICE DESCRIPTION**

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

**II. EMPLOYEE DETAILS**

In the space below, please provide the names, experience, qualifications, and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.





**STATEMENT OF ASSURANCES  
FORM D**

**I ATTEST** that [TYPE NAME OF AGENCY] is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on our agency's operations.

**I ATTEST** that there are no conflicts of interest to which [TYPE NAME OF AGENCY] would be subject if it were to provide the requested service on behalf of Lackawanna County.

If unable to attest to the above statement, please explain below:

**I ATTEST** that [TYPE NAME OF AGENCY] is not involved in any current or pending litigation with Lackawanna County or any of its Departments or Authorities.

**I ATTEST** that [TYPE NAME OF AGENCY] currently carries the following types of insurance coverage:

- Workers' Compensation Insurance
- Commercial General Liability Insurance
- Professional Liability Insurance
- Automobile Insurance