



REQUEST FOR APPLICATIONS (RFA)

PURPOSE

This request is intended to identify and approve a vendor, provider and/or person(s) who can complete **Licensed and/or Non-Licensed Homestudies**. The approval process includes the completion of the Request for Application (RFA) and may include follow up questions and answers, and negotiation of costs and/or aspects of the proposed services.

REQUESTED SERVICE

Embrace Families is currently looking for provider(s) and/or individual(s) who can complete **Licensed and/or Non-Licensed Homestudies homes in Orange, Osceola and Seminole Counties**. Responding service providers and/or person(s) should have experience in the following areas:

1. Completing Licensing Foster homestudies and knowledge of licensing administrative code and statute.
2. Understanding of multiple types of homestudies within Child Welfare System (i.e.: licensed foster home, adoptions, relative, etc.)
3. Knowledge of Dependency Case Management services and responsibilities
4. Working within FSFN and entering required data. Experience with the Unified Homestudy template in FSFN.

*** Individual(s) must have a current child welfare certification through the Florida Board of Certification.**

Homestudy Requirements: Embrace Families is looking for a provider and/or person(s) who can meet and exceed the required homestudy guidelines as listed below:

1. Complete homestudies in accordance with DCF CFOP 170-11 (attached for reference).
2. ALL home studies are due within 30 calendar days of the date the request was assigned.
3. ALL home studies must be completed in FSFN using the Unified Homestudy.

BACKGROUND

Embrace Families Community Based Care, Inc. (formerly CBCCF) is the non-profit agency charged with developing community-based services and supports for children and families served by the child welfare system in Central Florida. A core value is the belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

We have been committed to serving the children and families of Central Florida who have been victims of, or at risk of, abuse, neglect or abandonment since 2004. Our ongoing goal includes providing the necessary services to the more than 3,500 children we serve by strengthening the relationships between our families, foster parents, case management and network of local service providers who deliver a multitude of direct services to children. Embrace Families' mission is that all families in Central Florida are able to safely care for their children by engaging, protecting and inspiring ***Every child, Every day.***

INSTRUCTIONS

Experienced providers and/or person(s) responding to this RFA must submit a completed RFA response and Embrace Families Formal Network Provider Application. *Providers always have the option to submit an Informal or Formal Provider Application at any time to have their qualifications on file, or may submit both an updated RFA & Provider Application as specific needs are determined and warranted by Embrace Families.*

Notice of Application Approval: All RFA submissions will be reviewed, and Embrace Families will notify the service provider if its application has been accepted. In that case, the provider may respond to other solicitations without

resubmitting its administrative data. However, meeting the criteria in this RFA, or any other solicitation, does not of itself obligate Embrace Families to extend a contract for, pay for, or utilize the provider's services.

Embrace Families reserves the right to negotiate a final cost/price/unit rate or aspects of the proposed service delivery with all providers in order to ensure the most reasonable price is available for each service and the needs of the clients are met through the purchase of these services. As providers are identified, specific reporting requirements will be individually discussed based on the service provided and the funding used to purchase the services.

Questions / Answers: As part of the ongoing RFA process, questions regarding the RFA may be submitted to the Embrace Families Contact Person identified under General Information below.

Response Format for RFA: In order to be considered for selection, respondents must submit a complete response to this RFA within 30 days of the initial posting on the Embrace Families website. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency, and the services provided. A Resume, and Detailed Break Down of Homestudy Completion Costs must be included in the respondent's packet. Emphasis should be placed on completeness and clarity of content. Embrace Families is motivated by a philosophy of fair, practical, open and free competition to meet the best interests of the network and the clients to be served. Embrace Families encourages responses from smaller businesses and organizations, minority firms, women's business enterprises and labor surplus firms certified as such by the State of Florida if possible. Any contract or agreement with Embrace Families awarded will require respondent's performance to be in compliance with all applicable federal and state laws, regulations, agency rules and procedures, and Embrace Families policies and procedures.

The RFA response must have a cover letter. The cover letter should be one (1) page, and should include the respondent's correct mailing address and the name of a primary contact person who can answer questions about the RFA response.

Please use the RFA Cover Sheet as page two (2) of your application. On the RFA Cover Sheet, the vendor, provider or person(s) is to name a contact that will represent the agency or self at network functions. This person should have authority to speak for the agency, and have the flexibility in his or her schedule to participate on a regular basis.

Responses should be submitted electronically. Respondents are responsible for all costs of response preparation. Embrace Families is not liable for any costs incurred in response to the RFA. One (1) original response should be submitted electronically to Embrace Families Contact Person identified in General Information.

Narrative Response: The narrative response should include the following information (which can fill a maximum of five (5) pages):

- MISSION - What is your mission? Include a brief statement of purpose, goals and philosophy.
- SERVICES - Please provide the following information at a minimum:
 - i. Describe your experience in the requested services (i.e. writing homestudies, knowledge of Florida licensing standards, statute and administrative code)?
 - ii. Can you provide services in other language than English? If so, which languages?
 - iii. What geographic areas are you able to travel to?
 - iv. What methods do you use to ensure timeliness of deadlines and follow up?
 - v. Do you have agreements with other funders to provide these services? If so, who?

GENERAL INFORMATION

Embrace Families Contact Person: The designated contact person for the RFA is:

Wendy Land
Lead Network Support Manager
Embrace Families, Inc.
4001 Pelee Street
Orlando, FL 32817
Ph: (321) 441-2060
Fax: (407) 681-0560
Email: wendy.land@embracefamilies.org
Website: www.embracefamilies.org

RFA COVER SHEET

Please use this document as your checklist and attach all of the items listed below, in the order listed. All items are mandatory unless otherwise noted.

Legal name of organization:		Federal ID#:
Mailing address:		
City:	Zip:	Web address:
Executive Director/CEO Name:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:
Minority Provider: _____ Yes _____ No		Type of Provider: ___ Not for Profit ___ For Profit ___ Government

Narrative

- | | |
|--|-----------|
| _____ Cover Letter – 1 page | Page 1 |
| _____ Narrative Response – maximum 5 pages | Pages 2-6 |
| _____ Certifications / Attachments | Pages 7+ |

Licensing and/or Accreditation

- _____ Evidence of licensing, including licensing agency, type and number; state in which license is held; expiration date; programs licensed under each license number (if applicable).
- _____ Evidence of accreditation, including accrediting body; status; expiration date; and most recent site visit survey report (if applicable).

Insurance

Evidence of insurance, including:	Coverage Limits	Expiration Date
_____	_____	_____

CONFLICT OF INTEREST DECLARATION

for _____
 (name of vendor, provider or person(s))

	YES	NO
1. Do you, your immediate family, or your business partner have financial or other interests in Embrace Families Community Based Care, Inc. or the recipient(s) of the proposed services?	___	___
2. Have gratuities or anything of monetary value been offered or exchanged between you, your immediate family, or your business partner and any employee of Embrace Families CB?	___	___
3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, Embrace Families CBC or the recipient(s) of the proposed services?	___	___
4. Are there any other conditions which may cause a conflict of interest?	___	___
5. Has any member of this agency or any person having interest in this agency been awarded a contract by Embrace Families CBC on a non-competitive basis to:	___	___
i. Develop this procurement document,		
ii. Perform a feasibility study concerning the scope of work contained in this procurement document.		

If you checked "yes" after any of the above questions, please explain your answer. Please attach additional sheets as necessary.

I declare that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge and belief, and I will notify Embrace Families in writing in the event of any change affecting such correctness or completeness.

 Name

 Date

 Title

Reviewed by Embrace Families: Name _____ Date _____