

REQUEST FOR QUALIFICATIONS (RFQ)

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submissions will be received by The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program ("Program") at its offices at 507 Linden Street, 8th Floor, Scranton, Pennsylvania 18503 for the following:

SUPPORTED HOUSING PROVIDERS FOR IMPLEMENTATION OF THE HOUSING CONTINGENCY FUND PROGRAM.

A. PURPOSE:

The purpose of this Request for Qualifications is to solicit interest from qualified agencies and/or individuals to provide professional services for the Program. A qualified agency and/or individual will be selected through a competitive, quality-based, fair and open process at the sole discretion of the Program.

B. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

1. Interested providers will submit a Letter of Intent to the Project Officer, c/o James Martin, 507 Linden Street, 8th Floor, Scranton, Pennsylvania 18503 by the close of business on Wednesday, **February 23, 2011**.
2. The final submission will include four (4) copies and include all information required within Section D. Qualifications must be submitted to the Project Officer, c/o James Martin, 507 Linden Street, 8th Floor, Scranton, Pennsylvania 18503 by the close of business on Wednesday, **March 9, 2011**. Submissions must be submitted in a sealed envelope with the name of the agency or individual submitting the qualifications clearly marked on the outside of the envelope. It is recommended that each submission package be hand-delivered. The Program 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.
3. All questions regarding this Request for Qualifications should be made in writing to the Project Officer, c/o James Martin, 507 Linden Street, 8th Floor, Scranton, Pennsylvania 18503. All questions will be received by the Program by Wednesday, February 23, 2011. All responses to questions will be posted on the Lackawanna-Susquehanna MH/MR Program's website at www.lsmhmr.org by Wednesday, March 2, 2011.
4. **Submission Format:** Submissions should adhere to the following outline:
 - a. Cover letter
 - b. Qualification Requirements (Section D)
 - i. Scope of Services – Qualification statements
 - ii. Resume
 - iii. Facilities – Office Locations
 - c. Appendix – Attached documents

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C. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Program will independently evaluate each submission and selection will be made upon the following criteria:

1. Experience and reputation in the field;
2. Knowledge of The Commonwealth's/Lackawanna-Susquehanna MH/MR Program's philosophy and approach to the delivery of Supported Housing Services;
3. The administrative and programmatic capacity to manage the volume of work;
4. Availability to accommodate any required meetings of the Program;
5. Compliance with the minimum qualifications established by the Program for the Supported Housing Services-Housing Contingency Fund Program.

D. QUALIFICATION REQUIREMENTS:

The Program is requesting qualifications for a Supported Housing Services – Housing Contingency Fund Program including: (1) Scope of Services, (2) Resume(s), (3) Facilities and (4) Conflict of Interest.

The following explains what the Program expects in each of the major sections:

1. **Scope of Services** – The Lackawanna / Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program is requesting qualification statements to provide professional services for the Program. Your response should detail the agencies or individual's qualifications to provide that type of service.

The minimum qualifications established by the Program for the professional appointments are as follows:

- a) Lackawanna-Susquehanna Counties' Supported Housing Services – Housing Contingency Fund Program provider will operate as a Supported Housing Service assisting persons identified as meeting the criteria and approved by for funding with one of the following activities:
 1. Rental assistance through a security payment
 2. Rental assistance through the payment of a person's rent or portion of a person's rent
 3. Assistance in purchasing apartment furnishings
- b) Individuals eligible for housing support services through Lackawanna-Susquehanna Counties' Program are individuals who are receiving behavioral health care services within the Joinder Program and are registered and authorized to receive supported housing services.

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2. **Resume** – All resumes submitted to the Program shall include the following:

- a) Name and address of your agency and the corporate officer authorized to execute agreements.
- b) A brief description of your agencies history, ownership, organizational structure, location of its management, and licenses to do business in the Commonwealth of Pennsylvania.
- c) 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.
- d) A listing of all like or similar service contracts with other county programs or Mutually Agreed Upon Written Arrangement (MAWA) to provide Housing Support Services. Include the name, address and telephone number of the contact person.
- e) A statement of your agencies insurance coverage. Agencies need not provide an insurance certificate specific to the Program in responding to this RFQ. Minimum insurance requirements include: professional & general liability and Worker's Compensation. An insurance certificate will be required prior to commencing work after selection of a agency to provide services relative to a specific project.
- f) A statement of assurance to the effect that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Public Welfare (DPW) that may have any impact on your agencies operations.

3. **Facilities – Office Locations**

- a) For your agencies facilities which will service this project:
 - i. The location
 - ii. Agency personnel assigned to this location (Administrative and Professional)
 - iii. Activities of the agency performed at this location
- b) For those facilities and activities located elsewhere, please explain the activities performed elsewhere and why these are best performed at a different office. Agencies where all activities are performed at one location should clearly indicate there is only one location.

E. RESERVATION OF RIGHTS:

The Program reserves the right to reject any and all submissions, in whole or in part; to waive any immaterial defect or informality in any proposal as may be permitted by law.