

**Government of the District of Columbia
Child and Family Services Agency**



HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

DEVELOPMENTAL DISABLED SERVICES – HCA# DCRL-2017-H-0014

STATUTORY AND REGULATORY AUTHORITY

The Procurement Practices of the Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award Human Care Agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a Human Care Agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement (HCA), Contractor Qualifications Record (CQR) form. All information must be completed in the spaces provided, or marked "N/A."
2. Original signatures must be included. Copies or a stamped signature is not acceptable.

The Standard Contract Provisions (SCP) for use with District of Columbia Government Supplies and Services Contracts dated July 2010 ("SCP") are incorporated as part of the HCA resulting from this CQR. Please read this document carefully before you complete the Contractor's Qualifications Record. **To obtain a copy of the SCP go to www.ocp.dc.gov, click on Opportunities and Services, OCP Solicitations, Required Solicitation Documents.** The SCP will be incorporated by reference into each Human Care Agreement that is entered into between a Provider of human care services and the District of Columbia.

4. The following documents shall be completed and returned with package.
 - a. Tax Certification/Affidavit
 - b. Bidder/Offeror Certification
 - c. Provide a copy of each District of Columbia license, registration or certification to transact business in the District of Columbia. If you are not providing a copy of the same, you shall either: (i) certify your intent to obtain the necessary license, registration, or certification prior to contract award; or (b) Explain the exemption from the requirement.
5. You may use the "Remarks Section", or attach a separate sheet, to provide additional information.
6. Please include and attach all information, documentation, and data as instructed and required.

In those instances where check boxes are provided, please check only the box or boxes that apply.

CHECKLIST

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach Disclosure Information?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization?	<input type="checkbox"/>	Did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?

1. DATE OF FILING / /		2. FILING TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> REMOVAL		(FOR CFSA USE ONLY) DATE RECEIVED BY CFSA:	
SECTION I – GENERAL INFORMATION					
1. NAME OF INDIVIDUAL/ ORGANIZATION a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code:			2. TYPE OF ORGANIZATION (Please check the appropriate box.) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP		
			3. STATE OF INCORPORATION (Please check the appropriate box.) <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> COMMONWEALTH OF VIRGINIA <input type="checkbox"/> STATE OF MARYLAND <input type="checkbox"/> STATE OF DELAWARE <input type="checkbox"/> OTHER: _____ Date Of: _____		
e. Office Phone:		f. Office Facsimile No:		3. TYPE OF ORGANIZATION? <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT	
g. E-Mail:				7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS? <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident	
5. SOCIAL SEC. / TAXPAYER ID NO:		6. DUNN & Bradstreet No:			
SECTION II – FINANCIAL RESPONSIBILITY INFORMATION (Please Provide and Attach a Copy of Your Most Recent Financial Statement)					
1. Name and Address of Accountant:			2. Name and Address of Financial Institution:		
3. Name and Title of Contact Person:			4. Name and Title of Contact Person:		
5. Telephone No.:		6. Fax No.:		7. Telephone No.:	
8. Fax No.:					
9. Date of Attached Financial Statement (Must be Within Last 12 Months):			10. Do You or the Organization Owe Any Outstanding District or Federal Taxes? District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES		
11. MEDICAID – MEDICARE INFORMATION: a. Are You / Organization a Certified Medicaid Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid Number: _____ Date: _____ b. Are You / Organization a Certified Medicare Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicare Number: _____ Date: _____					

SECTION III – DISCLOSURE INFORMATION

(If “yes” to any questions below, please explain fully in REMARKS Section, or attach a separate statement)

1. Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program?
 YES NO
2. Is your license, or any in the organization, currently suspended or restricted in any way?
 YES NO
3. Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years?
 YES NO
4. Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?
 YES NO
5. Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?
 YES NO
6. Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?
 YES NO *(if you answered yes, please provide the information below)*

Name: _____ **Relationship:** _____

SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE

1. List All Contracts With the District Government Within the Past Five (5) Years: *(Continue in “Remarks” section or attached sheet)*

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years: *(Continue in “Remarks” section)*

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

(Continue in “Remarks” Section or attached sheet)

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	

4. List At Least Five (5) References Familiar With Service Delivery: *(Continue in "Remarks" section or attached sheet)*

Name	Title/Position	Organization/Affiliation	Telephone	Fax	E-Mail
A					
B					
C					
D					
E					

ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE NOT A CITIZEN, KINDLY PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES. <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SECTION V – PERSONNEL CRITICAL TO PROVISION OF SERVICES
EDUCATION, CREDENTIALS AND LICENSURE**

1. Please List Officers, Clinical Directors, Medical Directors, Social Workers, Residential House Managers, Mental Health Professionals, and Sub-Contractors essential to the provision of human care services in this CQR and attach relevant resumes, licenses, certifications, and/or credentials as applicable: *(Continue in "Remarks" section or attached sheet)*

Name	Title/Position	Degree and Educational Institution	License or Professional Certification	Active Dates of Licensure/ Certification	Contact Information

1. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED? YES NO

(If yes, please explain in "Remarks" Section, or attach a detailed explanation, including dates, type of license, certification, credential, and all circumstances surrounding the event(s).)

SECTION VI – SERVICE DATA AND INFORMATION

- 1. GENERAL SERVICE CATEGORIES: Please Check the General Service Categories for which this Application is Submitted:**
2. CFSA seeks family based foster care that specifically serves lesbian, gay, bisexual and transgender children and youth within Traditional, Therapeutic and Specialized Care programs.

Developmental Disabled Services.

2. LANGUAGE SKILLS: Please Check All that Apply in terms of Language Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> English (ENG) | <input type="checkbox"/> French (FRN) | <input type="checkbox"/> Chinese–Cantonese (CCA) |
| <input type="checkbox"/> Spanish (SPN) | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA) |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN) | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL) | <input type="checkbox"/> Korean (KOR) | <input type="checkbox"/> Others: _____ |

SECTION V11 – REMARKS SECTION

Please use this section for additional response to any previous request for information. In addition, please feel free to use this section to provide additional information pertinent to determining qualifications for entering into a Human Care Service Agreement with the District of Columbia's Child and Family Services Agency.

SECTION VIII – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE

1. DRUG-FREE WORKPLACE CERTIFICATION: *Please provide certification that you or the Organization will operate in a Drug-Free Manner.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
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(May be signed on behalf of individual or organization.)

2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS: *Please provide Certification that You or the Organization Agrees to be bound by the Standard Contract Provisions of the District of Columbia.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts (“Standard Contract Provisions”), dated March 2007, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
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3. INFORMATION CONSENT: *Please Provide Certification that you or the organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, _____ of _____

Hereby give, provide and express my consent for representatives of the Child and Family Services Agency, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Child and Family Services Agency. I further understand that the Child and Family Services Agency will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
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PAST PERFORMANCE:

<p style="text-align: center;">_EXPERIENCE QUESTIONNAIRE</p> <p>INSTRUCTIONS: See Box 11, Remarks, if extra space is needed to answer any item below. Mark "X" in appropriate boxes.</p>	<p>1. CONTRACTOR NAME, ADDRESS AND TELEPHONE NUMBER</p>
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<p>2. SUBMITTED TO (Office Name and Address)</p>	<p>3. BUSINESS</p> <p> <input type="checkbox"/> Company <input type="checkbox"/> Co-partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Non-profit Organization </p>	<p>4. How many years do you or your firm have in the line of work contemplated by this solicitation?</p>
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4. How many years' experience in contracting have you or your business had as a (a) prime contractor _____ and/or (b) sub-contractor _____?

6. List below the projects your business has completed within the last five (5) years which are similar in scope and scale to this job.

CONTRACT AMOUNT	TYPE OF PROJECT	DATE COMPLETED	NAMES, ADDRESS AND TELEPHONE NO. OF OWNER/PERSON TO CONTACT FOR PROJECT INFORMATION

7. List below all of your firm's contractual commitments running concurrently with the work contemplated by this solicitation:

CONTRACT NUMBER	DOLLAR AMOUNT	NAME, ADDRESS AND TELEPHONE NO. OF BUSINESS/GOVERNMENT AGENCY INVOLVED	AWARDED (units)	PERCENT COMPLETED	DATE CONTRACT COMPLETED

8a. Have you ever failed to complete any work awarded to you? Yes No

8b. Has work ever been completed by performance bond? Yes No

8c. If "Yes" to either item 8a or 8b specify location(s) and reason(s) why:
