



## **PROCUREMENT DIVISION**

Department of Child, Family, and Adult Services

Emergency Juvenile Placement Facility Management

Request For Proposal

487-DL-DSS004023

July 1, 2024

*This Solicitation document is prepared in a Microsoft Word format. Any alterations to this document made by the Vendor may be grounds for rejection of proposal, cancellation of any subsequent award, or any other legal remedies available to Mecklenburg County.*



**Procurement Division**  
**700 East 4<sup>th</sup> Street, 4<sup>th</sup> Floor**  
**Charlotte, North Carolina 28202**

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July 1, 2024

This serves as official notice that Mecklenburg County located in Charlotte North Carolina through its Department of Child, Family, and Adult Services is soliciting and will receive proposals for Emergency Juvenile Placement Facility Management. Requirements are outlined in the following specifications. Please review them carefully.

A **Non-Mandatory** Pre-Proposal Conference for the purpose of reviewing the Solicitation will be held as noted in the Schedule of Events.

Questions regarding the Solicitation and all requirements or forms must be submitted by the date noted in the Schedule of Events.

- Email to [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov).
- In the Subject Line include:
  - Attention: Emergency Juvenile Placement Facility Management - 487-DL-DSS004023
  - Demetrius Littlejohn, Procurement Analyst

Proposals are to be submitted **electronically** in [MECKProcure](#) on the date notated in the Schedule of Events. Use the Checklist on the following page as a guide in preparing and submitting your response to the Solicitation.

- **NIGP Code: 95822 Child Care Center Management and Operation Services**

To submit a response to the Solicitation, vendors must create a profile in [MECKProcure](#). To create a new vendor or sub-recipient account or to find and activate your existing vendor account already on file ([click here](#)).

Technical support to assist with completion of Business Diversity & Inclusion (BDI) Forms, vendor registration or submission of your proposal/bid response will be available up until the proposal/bid due date in the Schedule of Events. Please be advised, any request for assistance made after 1:00pm (EST) on the proposal/bid due date may not result in a successful bid submission.

- Contact for Technical Support:
  - Email: [vendor.management@mecklenburgcountync.gov](mailto:vendor.management@mecklenburgcountync.gov)
  - Division Telephone: 980-314-2400

All changes to the terms, conditions or specifications stated in this Solicitation will be documented in a written addendum, issued by the Procurement Analyst. The Addenda will be posted in [MECKProcure](#) and may be accessed at this website by searching the Solicitation Number.

Sincerely,

Demetrius Littlejohn  
Procurement Analyst

### Checklist for Submitting a Proposal:

**Instructions:** This Checklist is to provide guidance in submitting a response to the Solicitation. The checklist must be followed. The County may consider proposals non-responsive for any items or deadlines not met as listed below.

1. Read the document fully.
2. Submit **Form A. BID/Solicitation Participation Acknowledgement** to [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov).
3. Refer to this **Schedule of Events** for dates, times and locations specific to the Solicitation.

DATE	Time (EST)	LOCATION/Submittal Requirement	EVENT
7/1/2024	N/A	<a href="#">MECKProcure</a>	Issue Solicitation Notice
7/8/2024	Before 2:00pm	<a href="mailto:Meckbids@mecklenburgcountync.gov">Meckbids@mecklenburgcountync.gov</a>	Form A. BID/Solicitation Participation Acknowledgement Forms Due
7/22/2024	2:00pm	<b>Microsoft Teams</b> <a href="#">Join the meeting now</a> Meeting ID: 297 028 887 741 Passcode: FSUqcv	Pre-Proposal Conference
7/31/2024	Before 2:00pm	<a href="mailto:Meckbids@mecklenburgcountync.gov">Meckbids@mecklenburgcountync.gov</a>	Questions Due
8/9/2024	Before 2:00pm	<a href="#">MECKProcure</a>	Post County Response to Vendor Questions
7/10/2024	2:00pm	<a href="#">Vendor Registration Form for Training</a>	Vendor Registration and Submittal Training
8/16/2024	Before 2:00pm	All proposals shall be submitted online via <a href="#">MECKProcure</a>	Proposals Due

**Note:** Mecklenburg County reserves the right to adjust this schedule as it deems necessary.

4. **Proposal Format** - The following items must be submitted in the following order at the time of proposal submission. Vendors are encouraged to check off each item as the required action is completed:

- ☐ Section 3.1 - Letter of Transmittal
- ☐ Section 3.2 - Executive Summary
- ☐ Section 3.3 - Statement of Work
- ☐ Section 3.4 - Insurance
- ☐ Section 3.5 - Permits and/or Licenses, if applicable
- ☐ Section 3.6 - Audited Financial Statement, if applicable
- ☐ Form B, Pricing Worksheet
- ☐ Form C, Contract Exceptions Form
- ☐ Form D, Addenda Receipt Confirmation
- ☐ Form E, Vendor Company Information - Background and Experience Form
- ☐ Form F, Vendor Reference
- ☐ Business Diversity & Inclusion (BDI) Forms
  - ☐ Attachment 1: BDI Solicitation Coversheet
  - ☐ Attachment 2: BDI Form B – Identification of Subcontractor Participation
  - ☐ Attachment 3: BDI Form C – Statement of Intent to Perform Contract with OWN Workforce
  - ☐ Attachment 4: BDI Form D – MWBE Inclusion Plan

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## **Introduction**

### **1.1. Objective**

Mecklenburg County, located in the State of North Carolina, is seeking Bids/Proposals from qualified vendors to provide/perform Emergency Juvenile Placement Facility Management.

Award of a Contract will be made to 487-DL-DSS004023 vendor on a competitive basis following the process, terms and conditions as described in this Solicitation.

Contract will be for a term of 1 year, with option to renew for a minimum of 2 additional consecutive one (1) year terms thereafter unless earlier terminated pursuant to the terms and conditions of the Contract.

Vendors shall provide pricing based on the requirements. The proposed cost shall remain in effect for the duration of the Contract which includes the initial term and 2 additional consecutive one (1) year terms.

### **1.2. Business Diversity & Inclusion (BDI) Program**

It is the practice of the Mecklenburg County's Business Diversity and Inclusion Program (the "BDI Program"), in conjunction with the County Procurement Division, to foster greater competition, increase opportunities for participation by all segments of the business community, and maximize value for the taxpayers' dollars through efficient use of public funds.

The BDI Program accordingly is intended to promote full and equal business opportunities for all businesses contracting with Mecklenburg County by increasing the opportunity for purchase of goods and services from minority-owned and women-owned enterprises.

The [BDI Program Provisions Guide](#) details requires Contractors and Subcontractors to take all reasonably necessary steps to ensure maximum inclusion opportunity for the participation of Minority-owned, Women-owned, and Small Business Enterprises (collectively "MWSBE"), herein referred to as MBE, WBE or MWBE firms as well as other responsible vendors with fair and reasonable opportunity to participate in conducting business with Mecklenburg County.

### **1.3. Mecklenburg County Rights and Options**

- County may in its discretion require one or more vendors to make presentations to the evaluation team or appear before management and/or its representatives for an interview.
- During such interview, the vendors may be required to orally and otherwise present its proposal and to respond in detail to any questions posed. Additional meetings may be held to clarify issues or to address comments, as deemed appropriate.
- Vendors will be notified in advance of the time and format of such meetings. Since Mecklenburg County may choose to award a Contract without engaging in discussions or negotiations, the proposals submitted shall define the vendors best offer for performing the services described in this Solicitation.
- The commencement of such discussions, however, does not signify a commitment by County to execute a Contract or to continue discussions. County may terminate discussions at any time and for any reason.
- County will decide which proposal best meets the criteria outlined in the Solicitation.
- County reserves the right to waive any minor informalities or irregularities, which do not go to the heart of the proposal or prejudice other offers, or to reject, for good and compelling reasons, any and all proposals submitted.
- Should vendors find discrepancies or omissions in this Solicitation, or any other documents provided by Mecklenburg County, the vendors should immediately notify the County of such potential discrepancy in writing via email as noted above, and a written addendum will be made available, if the County determines clarification necessary.

- Vendors are encouraged to make a good faith effort to include environmental considerations supporting waste reduction, recycling and buy-recycled products supporting markets for recycled and other environmentally preferable products whenever practical.
- County has [Solicitation Terms & Conditions](#) posted on the internet site which speaks to non-discrimination and equal opportunity. The County seeks to ensure that all segments of the business community have access.

to supplying the goods and services needed by County programs. The County affirmatively works to encourage utilization of minority business enterprise in procurement activities and provides equal opportunity for all businesses and does not discriminate against any vendor regardless of race, color, religion, age, sex, and national origin or disability.

- County reserves the right to reject any and/or all proposals in connection with this project, and to waive formalities in the proposal during any step of the procurement or awarding process (even after negotiations have begun).
- Final award of Contract is contingent upon availability of funds from Federal, State and/or local governing bodies.

## 2. Solicitation Process

### 2.1. Pre-Proposal Conference

- A **Non-Mandatory** Pre-Proposal Conference will be conducted according to the **Schedule of Events**. While attendance at the Pre-Proposal Conference is not mandatory, all interested vendors are encouraged to attend.
- If special accommodations are required for attendance, please notify the County representative indicated herein in advance of the date and time above and identify the special accommodation(s) required.

### 2.2. Submission of Responses

- Responses must be submitted electronically via [MECKProcure](#).
  - For added assurance of document delivery, please submit a copy of the response to the [Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov) prior to bid close.
- Responses sent by fax or flash drive will not be accepted.
  - For any problems or issues uploading into [MECKProcure](#), email Demetrius Littlejohn directly at [Demetrius.littlejohn2@mecklenburgcountync.gov](mailto:Demetrius.littlejohn2@mecklenburgcountync.gov) prior to the deadline for guidance.

### 2.3. Proposal Opening

- As required by North Carolina General Statute 143 – 131 according to type of Solicitation:
  - Procurement staff will open the proposals received after the Due Date.
  - Proposals will not be read aloud or made available to inspect or copy until any trade secret issues/proprietary and/or confidential information has been resolved and a Contract has been awarded.
  - Public Bid Opening required for Federally funded projects.

### 2.4. Evaluation

The standard of award will be based on the most comprehensive, competitive, and best value solution for the County based on 100-point scale for the following criteria/weights, the County reserves the right to modify the evaluation criteria or waive portions thereof:

- **Qualifications 40%**
  - This criterion includes an evaluation of the vendors evidence of ability to deliver the services sought under the Scope of Work (e.g., prior experience, training, certifications, resources, program, and quality management systems, etc.)
- **Experience. 20%**
  - Vendors will be evaluated based upon their understanding, experience and qualifications in performing the same or substantially similar services, as reflected by

its experience in performing such services and approach for the provision of the Services.

- **Methodology and Project Approach. 25%**

- Vendors will be evaluated on methodology and project approach to performing the scope of services.

- **MWBSDE Achievement Goals. 15%**

- Under this criterion, proposals will be compared in terms of supplies and/or services to be provided by MBE and WBE Subcontractors to meet the achievement goals for the project as listed on Attachment 1 – BDI Solicitation Coversheet.

## **2.5. Contract**

- Should there be exceptions to the Contract, list them in **Form C. Contract Exception**.
- Please refer to the Sample HHS County Contract attached as a document to the RFP in [MECKProcure](#).
  - If your legal counsel needs to review the Sample County Contract for potential issues, the review must be completed prior to submitting a proposal.

## **3. Proposal Content and Format**

### **3.1. Letter of Transmittal**

The proposal must include a cover letter of transmittal attesting to its accuracy, signed by an individual authorized to execute binding legal documents on behalf of the vendor.

- The cover letter shall provide the name, address, telephone, and facsimile numbers of the vendor along with the name, title, address, telephone and facsimile numbers of the executive that has the authority to Contract with County.
- Each vendor shall make the following representations and warranty in the cover letter, the falsity of which might result in rejection of its proposal: **“The information contained in this proposal or any part thereof, including any exhibits, schedules, and other documents and instruments delivered or to be delivered to County, is true, accurate, and complete. This proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead County as to any material facts.”**
- The cover letter must include any trade secret issues/proprietary and/or confidential information.

### **3.2. Executive Summary**

A summary describing the vendor’s understanding of the County’s requirements/specifications and the proposed solution.

- A proposed total cost for the project.
- A brief summary of the proposed total cost.
- A summary of the approach to be undertaken to perform the services.
- Highlights any superior or unique aspects of the proposal.
- If applicable, identification of the proposed project team (including responsibilities).
- If you wish to add supplemental information, please be sure the additional attachment(s) is labeled “Supplemental Information.”

### **3.3. Statement of Work**

Vendors must submit a Statement of Work to demonstrate competency in performing services as defined in this Solicitation.

- **Qualifications**

- Provide an overview and proof of licensing and certifications requested in Section 6. Scope of Work. Show accreditations in behavioral health from one or more of the following governing bodies:
  - Council on Accreditation - <http://coanet.org/home/>
  - Commission on Accreditation of Healthcare Organizations (TJC) - <http://www.carf.org/home/>
  - Council on Quality and Leadership - <http://www.thecouncil.org/>

- Must be able to obtain Residential Childcare Facility License.
- **Experience**
  - Provide an overview of company experience in delivering the same or similar services. Include other clients and references.
- **Methodology and Project Approach**
  - Provide a comprehensive plan of action to perform the duties required.
- **MWBSDE Achievement Goals**
  - Under this criterion, proposals will be compared in terms of supplies and/or services to be provided by MBE and WBE Subcontractors to meet the achievement goals for the project as listed on Attachment 1 – BDI Solicitation Coversheet.
- Format for submission:
  - File size not to exceed 2MB
  - Single-spaced pages
  - One inch margins
  - Font Times New Roman, size 12

### 3.4. Pricing

- Pricing will include all aspects of the project.
- Pricing will include travel at the [IRS Per Diem](#) rates for Charlotte NC.
- Any costs incurred in the process of preparing and/or submitting a proposal shall be borne by the proposer.

### 3.5. Insurance

- Evidence of adequate insurance or ability to obtain insurance must be include in the bid/response.
- Provide one of the following documents for the required insurance minimums marked below:
  - A Certificate of Insurance.
  - A signed and dated letter from your insurance provider on their company letterhead stating your ability to obtain coverage.
  - Mecklenburg County must be listed as Certificate Holder on the accord.
    - ☒ **Commercial General Liability**
      - Minimum \$1,000,000
      - Mecklenburg County must be listed as additionally insured.
    - ☒ **Automobile Liability**
      - Minimum \$1,000,000
    - ☒ **Professional Errors & Omissions**
      - Minimum \$1,000,000
    - ☒ **Network Security & Privacy Liability**
      - Minimum \$1,000,000/\$3,000,000 Aggregate
    - ☒ **Worker's Compensation and Vendors Liability**
      - State of North Carolina statutory requirements
      - If less than three (3) employees (including the owner(s), provide signed statement on business letterhead that Worker's Compensation not required and state the number of full-time and part-time employees including owner(s)
    - ☒ **Fidelity Bond**
      - Minimum \$500,000
    - ☒ **Sexual Abuse and Molestation**
      - Minimum \$1,000,000

### 3.6. Permits and/or Licenses.

Must procure all necessary permits and licenses and abide by all applicable laws,



regulations and ordinances of all Federal, State, and local governments in which work under any resulting Contract is performed.

### 3.7. Audited Financial Statement

- Audited Financial Statement must meet the definition as outlined in the [Audited Financial Statement Requirements](#)
- Must be prepared by an independent Certified Public Accountant.
- The year-end date for the financial statement must be within the past twelve (12) months.
- Submit Audited Financial Statement along with proposal response.
- If Audited Financial Statement is not submitted with proposal response:
  - Your CPA must submit a letter stating the Audited Financial Statement will be finalized and submitted within thirty (30) calendar days after the Proposal due date as identified on the **Schedule of Events**.
  - Letter must be signed and on CPA letterhead.
- The Audited Financial Statement and all correspondence related to the requirement must be sent to [Veronica.Uche@mecklenburgcountync.gov](mailto:Veronica.Uche@mecklenburgcountync.gov).
  - Do not upload in MeckProcure.

### 3.8. BDI Program Forms

Bidders are expected to review the entire [BDI Program Provisions Guide](#) BDI Solicitation Coversheet as they are planning to submit the following BDI forms with their Bid/Proposal.

- BDI Solicitation Coversheet
- BDI Forms B – Identification of Subcontractor Participation
- BDI Form C – Statement of Intent to Perform Contract with OWN Workforce
- BDI Form D – MWBSDE Inclusion Plan with Bid/Proposal

The BDI forms are referenced as “*Attachments*” to this solicitation and are required forms.

## 4. Digital Accessibility Compliance

Mecklenburg County has a Digital Accessibility Policy related to all public-facing digital communications initiatives. The policy supports Mecklenburg County’s goal of providing equal access to all members of the public and complying with all applicable digital accessibility laws. Mecklenburg County has obligations under laws including (but not limited to): The Americans with Disabilities Act of 1990 (or “ADA”, 28 CFR Parts 35 and 36), Section 508 of the Rehabilitation Act of 1973 (or “Section 508”, 36 CFR 1194).

This policy should be used when procuring third-party products, components or services related to the “public-facing digital communications” that are considered to be in scope for accessibility compliance and defined as:

- **Mobile Websites and Applications:** Mobile optimized websites and native applications (e.g. iOS®, Android®) that can be used by the public to interact with any services offered by Mecklenburg County.
- **Websites & Social Media:** Websites and digital content (HTML or non-HTML) that can be accessed by the public via internet browser or social media platform (e.g. Facebook, etc.).
- **Other Public Facing Websites:** Other Mecklenburg County public-facing sites such as: E-Parks, EastwayRec.com, and other department websites.
- **Any other digital communications** effort towards public recipients.

To ensure compliance with this policy, a [Voluntary Product Accessibility Template \(VPAT\)](#) must be submitted to Public Information’s Web Services Manager prior to any product public implementations.

## 5. Vendor Support

### 5.1. Vendor Registration and Training

Must be completed prior to response submission but is not required to access the Solicitation documents.

- See [MECKProcure](#) to:
  - Register as a vendor, click on Register located on the left side of the page.
  - To access bid documents, click on Public Access located on the left side of the page.
- Training regarding Vendor Registration and Electronic Bid Submission will be provided by the Vendor Management Program Office. The training will assist with registration and electronic bid submission.
  - To participate in the training, you must [Register for training](#).
  - Confirmation of the scheduled training along with details will be forwarded to the registrant.

### 5.2. National Institute of Governmental Purchasing Codes (NIGP)

- NIGP Code is a universal taxonomy for identifying commodities and services in procurement systems.
- Define the code for the requested good/service.

## 6. Scope of Work

### 6.1. Project Overview

The County is engaging the vendor to provide a comprehensive 6 to 12-bed emergency placement foster care facility, for youth in Mecklenburg County Youth and Family Services' Custody, that prioritizes the overall well-being and clinical needs of youth in crisis. The goal is to transition the youth to the recommended level of care, with the necessary supports to encourage placement stability and sustainability.

### 6.2. Specifications/Qualifications

#### 1. Description

The facility will be a 6 to 12-bed, non-gender specific, facility serving youth between the ages of 5 to 17 placed in the custody of Mecklenburg County Youth and Family Services. This program will address the immediate placement crisis while addressing the overall well-being and clinical needs of the youth. The program will be a trauma-informed and strength-based service, with the goal of assisting the youth with transitioning into their recommended level of treatment. While the emergency placement is short-term (up to 90 days), the following needs, relevant to the youth, will be met while solidifying a long-term residential option:

- i. Clinical Support, Treatment, and Service Linkage
- ii. Educational
- iii. Recreational and Enrichment
- iv. Physical/Medical
- v. Legal

#### 2. Clinical Staffing/Training

- a. Recruit qualified and licensed professionals, including but not limited to licensed clinical social workers, nurses, and childcare providers.
  - i. Case Managers: at minimum 1 full-time Qualified Professional to assist with service linkage, making referrals, and facilitating weekly team meetings.
  - ii. Behavioral Technicians: 7 full time and 7 part-time staff to be able to provide 24-hour/7 days a week, direct supervision, and behavior redirection/monitoring for youth in placement.
  - iii. Program Manager & Supervisor

- b. Implement a comprehensive training program for staff focusing on trauma-informed care, emergency response, and clinical protocols.
- c. Must be accredited for at least three years from either the Council on Accreditation (COA), the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Quality and Leadership (CQL) before they can be licensed.
- d. Must provide an accreditation letter from one of these four organizations verifying accreditation and the date you were accredited.
- e. Must abide by administrative rules set forth in **10A NCAC 70I and 10A NCAC 70J**, found here: <http://reports.oah.state.nc.us/ncac.asp?folderName=\Title%2010A%20-%20Health%20and%20Human%20Services\Chapter%2070%20-%20Children%27s%20Services>.
- f. Must abide by all rules set forth by the North Carolina Department of Health and Human Services Division of Social Services under Child Welfare Licensure Section. <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/licensing/residential-child-care-facility>.
- g. Must be able to obtain the Residential Childcare Facility License within 6 months of contract execution.

### **3. Roles/Responsibilities**

- a. Develop and regularly rehearse emergency evacuation and crisis management procedures.
- b. Establish communication protocols with relevant authorities and emergency services.
- c. Establish partnerships with local healthcare providers to ensure regular medical and dental check-ups for the children.
- d. Provide access to mental health services, including counseling and therapy, tailored to the unique needs of each youth. Develop and implement a customized clinical care plan for each youth, in collaboration with licensed professionals.
- e. Provide leadership in the development, implementation, and evaluation of individualized plans. Assist with Person Centered Plan development if the clinical recommendation is residential treatment.
- f. Provided consistent availability of evidence-supported interventions and evidenced-based practices, access to culturally sensitive, and trauma informed service array designed to support and strengthen youth/families.
- g. Develop trust and mutual respect with youth/families and their team. Assist team in identifying needs and create a shared vision.
- h. Assist teams in identifying, recruiting, and engaging natural supports. Treatment to be trauma informed, youth centered, family focused and relies on evidence-based approaches that support individual strengths and builds resilience.
- i. Evidence-based practices and trauma informed treatment is completed with high fidelity to the model and progress towards goals to be tracked.
- j. Provide support and advocacy.
- k. Provider will support and sustain trauma-specific services that are specific to populations being served and are culturally competent as well as gender and age inclusive.
- l. Provider services will be delivered in a way that will avoid re-traumatization and facilitate participation in treatment.
- m. All provider's staff will have a basic understanding of trauma, trauma dynamics and resilience.

- n. Provider staff to be trained in non-physical skills, prevention, and de-escalation techniques to provide effective crisis intervention and response.
- o. **Working with Judges/Courts, Guardian Ad Litem, and DSS Social Workers to maintain the child's educational needs are met, the following include:**
  - i. Maintaining the child's school of origin or the school recommended by the child's team that meets the best interest of the child.
  - ii. Non-English-Speaking children are provided information regarding the Charlotte Mecklenburg County School Linguistic Educational Programs or other appropriate programs.
  - iii. Children ages 15 or older in both general and special education receive transition planning for employment.
- p. Work in collaboration with the team (SW, Alliance, parents, natural supports, etc.) to strengthen rapport and overcome challenges and any barriers.
- q. Assist with service linkage based on the clinical recommendations and identified, individualized needs of the youth.
- r. Develop and maintain collaborative relationships.
- s. **Transportation is the responsibility of the Service Provider in partnership with DSS Social Worker.**
  - i. For appointments made in advance DSS YFS will work with Service Provider to determine who is responsible for transportation.
  - ii. For emergency appointments or when immediate transportation is needed it is the responsibility of the Service Provider to provide transportation.
  - iii. Follow applicable regulations and/or requirements regarding the transporting of minors in vehicles.
- t. **(Placement/Discharge Requirements)**
  - i. Staff must be available to accept DSS placements twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days a year.
  - ii. Upon admission a Child and Family Team (CFT) meeting should be scheduled and held within seven (7) days.
  - iii. In the event a placement is denied, contact YFS Placement and provide the specific reason for denial.
  - iv. The facility must have a working email address to receive emails, telephone and voicemail service with agency identifiable voice message to receive messages.
  - v. Acknowledgment of receipt of message must be returned within one (1) hour.
  - vi. Failure to return telephone calls or emails within the stated timeframe impacts the ability to place children timely and appropriately.
  - vii. In the event, a child(ren) leaves facility Without Approval (AWOL) and returns within seventy-two (72) hours the child must immediately be readmitted to the program. If discharge is warranted, the provider must follow the contractual requirements for the thirty (30) day discharge notification. If the child appears after the 72 hours, readmission is allowed. Providers are considered "no eject, reject", if there is availability readmission is expected. When AWOL occurs, DSS Social Worker must be notified immediately via phone or email.
  - viii. In the event of an emergency that the child must be discharged or if there is a need for a temporary placement or there is any change in placement for any reason, notice must be made immediately to the DSS Social Worker.
  - ix. Service Provider will make reasonable efforts to preserve placements and prevent placement moves that are not related to achieving permanence.

- x. Coverage continues for any clinical needs of the child until the child is transitioned to another Service Provider who will assume responsibility for the child's clinical home.

**4. Recreation and Enrichment**

- a. A minimum of three psycho-educational group sessions per week to be provided to the youth.
- b. Develop a program of recreational activities, outings, and enrichment opportunities for the children.
- c. Create safe spaces for play, relaxation, and self-expression within the facility.
- d. Evidence-based group modalities to be implemented.

**5. Education**

- a. Collaborate with local schools to ensure continuity of education for children in placement.
- b. Provide a supportive learning environment within the facility, including tutoring services and educational resources.
- c. Monitor on a weekly basis, homework, grades and progress in school by accessing Parent Assist or other tools provided by the school.
- d. Monitor daily, school absences to ensure the child is at school unless there is an excused absence.
- e. Work with Social Worker to ensure educational needs are met through tutoring or other enrichment activities.

**6. Family/Guardian Engagement**

- a. Facilitate regular contact and communication between youth and their families (if/when appropriate) and/or legal guardian, in accordance with legal and safety guidelines.
- b. Coordinate and facilitate weekly team meetings to ensure continuity of care and provide current updates to the team.

**6.3. Deliverables (service levels, reporting, milestones, etc.)**

**1. Documentation and Reporting**

- a. Establish a robust record-keeping system for each youth, including medical records, educational progress, and therapeutic interventions.
- b. Implement regular reporting mechanisms to relevant child welfare agencies.
- c. Maintain each youth's record that provides a clear picture of services provided and referrals made.
- d. Prepare and complete documentation within a timely manner, per provider policy, to include but not limited to: daily notes, summary documents, discharge notes, etc.
- e. Complete documentation of services and treatment plans consistent with clinical and administrative policies and procedures.
- f. Ensure that all required confidentiality and other compliance documents are accurate and current for each youth.

**7. Submittal Forms**

The following forms must be submitted at the time of proposal submission. Please refer to the Solicitation Checklist on page

- Form B, Pricing Worksheet
- Form C, Contract Exceptions Form
- Form D, Addenda Receipt Confirmation
- Form E, Vendor Company Information - Background and Experience Form
- Form F, Vendor Reference

- Attachment 1: BDI Solicitation Coversheet
- Attachment 2: BDI Form B – Identification of Subcontractor Participation
- Attachment 3: BDI Form C – Statement of Intent to Perform Contract with OWN Workforce
- Attachment 4: BDI Form D – MWBE Inclusion Plan

### Form A. BID/Solicitation Participation Acknowledgement

This form is to acknowledge that you are interested in participating in this project and that you have read/reviewed the County Sample Contract that will be used upon award. **Failure to submit this form by the designated date as identified on the Schedule of Events shall not preclude the Company from submitting a proposal.**

- Please complete and submit this form to the email address:  
[Meckbids@mecklenburgcountync.gov](mailto:Meckbids@mecklenburgcountync.gov).
- In the Subject Line include: Attention: Emergency Juvenile Placement Facility Management 487-DL-DSS004023 Demetrius Littlejohn, Procurement Analyst

AGENCY CONTACT INFORMATION			
Name:		Phone:	
Fax:		Email:	

AGENCY INFORMATION		
Agency Name:		
Name:	Title:	
Address:		
City:	State:	Zip Code:
Business Designation (check One)		
Individual [ ]      Sole Proprietorship [ ]      Public Service Corp [ ]      Partnership [ ]		
Corporation [ ]      Government/ Nonprofit [ ]      LLC [ ]		

Please check the appropriate box and provide the requested information:

- Yes ☐ No ☐ **Will attend the Pre-Proposal Conference and will submit a Proposal**  
Number of attendees:      In-Person      Via Teleconference
- Yes ☐ No ☐ **Will not attend the Pre-Proposal Conference; however, intend on submitting a Proposal**  
Reason:
- Yes ☐ No ☐ **Will not attend the Pre-Proposal Conference nor submit a Proposal**

Reason:



### Form B. Pricing Worksheet

Regardless of exceptions taken, Companies shall provide pricing based on the requirements and terms set forth in this RFP. Pricing must be all-inclusive and cover every aspect of the Project. Cost must be in United States dollars. **If there are additional costs associated with the Services, please add to this chart. Your Price Proposal must reflect all costs for which the County will be responsible.**

For purposes of this Solicitation, assume an initial term of three (3) years, with the County having an option to renew for two (2) additional consecutive one (1) year terms thereafter.

1. Provide an all-inclusive annual rate for the proposed services.

Service	Proposed Cost				
	Year 1	Year 2	Year 3	Year 4	Year 5

2. Provide hourly billing rates for key personnel that may be needed to complete additional services not included in the Scope of Services.

Job Title/Labor Category	Hourly Rate

Good/Service	Amount	Estimated Costs per unit, hour, etc.	Total Cost
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
Sum:			

**Additional Comments:**

## Form C. Contract Exception

**Instructions:** Please acknowledge exception status to the County Sample Contract.

<input type="checkbox"/> Exceptions to the County Sample Contract*		<input type="checkbox"/> No Exceptions to the County Sample Contract	
<i>All exceptions must be listed below. Exceptions not listed may not be considered during contract negotiation.</i>			
Page #	Section	Specification/Requirement	Exception

### Form D. Addenda Receipt Confirmation

**Instructions:** Please acknowledge receipt of all addenda posted to [MECKProcure](#) by including this form with your Proposal.

**ADDENDUM #:**

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**DATE REVIEWED:**

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I certify that this proposal complies with the General and Specific Specifications and conditions issued by Mecklenburg County except as clearly marked in the attached copy.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

## Form E. Vendor Company Information - Background and Experience

Vendor Background	
Question	Response
<b>Vendor Identification</b>	
Vendor Legal Name:	
Vendor Assumed or DBA Name:	
Vendor Address:	
Vendor Contact Information:	
<b>Corporate Notes</b>	
<b>Ownership:</b>	
State company ownership status <ul style="list-style-type: none"> <li>Business</li> <li>Sole Proprietor</li> <li>Partnership</li> <li>Corporation</li> <li>Limited Liability Corporation (LLC)</li> <li>Other</li> </ul>	
State what city and state the company was legally formed.	
State the date the company was formed.	
<b>Certified Partnerships:</b>	
Identify certifications held for implementing another firm's products. Include how long the partnership or certification has been effect.	
<b>Organization Size:</b>	
Describe organization, including any parent companies, subsidiaries, affiliates and other related entities. <ul style="list-style-type: none"> <li>If a Subsidiary               <ul style="list-style-type: none"> <li># Of employees of proposing company/division</li> <li>Identify revenues of proposing company/division</li> </ul> </li> </ul>	
<b>Vendor Experience</b>	
<b>Customer Base:</b>	
# Of public sector clients.	
# Of clients that are municipalities/counties	
# Of clients served similar in size to the County	
<b>Terminated Projects:</b>	
List any terminated projects. Please disclose the jurisdiction and explain the reason for the termination.	
<b>Litigation:</b>	
List any litigation that you have been involved with during the past two (2) years regarding services provided.	
<b>Additional Narrative Response</b>	
<b>Background:</b>	

Describe company in terms of size, type of services offered, and clientele served.	
Describe track record for providing services and/or deliverables similar to the Scope of Work in the Solicitation.	
<b>Financial Information:</b>	
State whether the company or its parent company (if any) has ever received any sanctions or is currently under investigation by any regulatory or government body.	
<b>Minority Women Business Enterprise (MWBE) Participation</b>	
Provide a brief explanation of your company's approach to internal diversity and inclusion. <ul style="list-style-type: none"> <li>• Provide diversity in demographics within your organization.</li> <li>• Provide community involvement with diverse stakeholders/organizations.</li> </ul>	
Briefly explain your company's approach to utilizing NC Office of Historically Underutilized Businesses Minority and Women sub-firms and how they will contribute as part of the project team.	
Provide good faith information on previous projects, similar in scope and scale and the achieved diversity and inclusion on those projects.	
Describe the project team key individuals responsible for performing the Statement of Work services and/or deliverables. <ul style="list-style-type: none"> <li>• Provide resume with information regarding             <ul style="list-style-type: none"> <li>○ Experience</li> <li>○ Qualifications</li> <li>○ Professional certifications/licensures</li> <li>○ Other information as deemed necessary</li> </ul> </li> </ul>	
Provide organizational chart, listing key individuals and responsibilities, including location of office(s). <ul style="list-style-type: none"> <li>• A percentage/ratio of male to female employees and the percentage/ratio of minority employees within the prime consultant firm. You may also choose to provide other examples or types of diversity within the firm.</li> <li>• A percentage/ratio of male to female employees and the percentage/ratio of minority employees within the sub- firms. Sub-firms may also choose to provide other examples or types of diversity within their firms.</li> <li>• Identify any MBE /WBE certified sub-firms included on your team, and identify which certification (M, W) those sub-firms have.</li> <li>• Any additional information you may have regarding any efforts on the part of the prime or sub-firms towards inclusion and diversity. This may include any professional agency or university</li> </ul>	

outreach efforts, internship, or education programs, etc.	
<b>Communication</b>	
Describe communication scheme you will use to keep the County informed about services?	
What risks are associated with project? What contingencies have been built in to mitigate those risks?	

## Form F. Vendor Reference Form

Please provide the following information for three (3) customers of comparable size and scope as outlined in this Solicitation, particularly North Carolina public sector customers that the vendor has been under Contract with during the past five (5) years, as well as any additional municipality references.

References may be called at any time during the procurement process. The County will not notify Vendors before reference checks begin.

The County reserves the right to check any other reference(s) that might be indicated through the explicitly specified contacts or that result from communication with other entities involved with similar projects.

If your Bid/Proposal includes a Third-Party Provider, you must also submit a separate copy of this form for each Third-Party Provider.

### **REFERENCE 1:**

Name of Client: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Summary and Scope of Services Provided:

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Client Operating Budget: \$ \_\_\_\_\_ Client # of Employees: \_\_\_\_\_

### **REFERENCE 2:**

Name of Client: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Summary and Scope of Services Provided:

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Client Operating Budget: \$ \_\_\_\_\_ Client # of Employees: \_\_\_\_\_

**REFERENCE 3:**

Name of Client: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Summary and Scope of Services Provided:

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Client Operating Budget: \$ \_\_\_\_\_ Client # of Employees: \_\_\_\_\_

10/2018



## Attachment 1: BDI Solicitation Coversheet

### BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE

Mecklenburg County Government

Formal Documents

#### BDI SOLICITATION COVERSHEET

The County maintains a strong commitment to the inclusion of MWBEs in the County's contracting and procurement process. Accordingly, BDI provides information and forms that Bidders will supply to be considered for the Program.

Bidders are expected to review the entire BDI Program Provisions Guide and this BDI Solicitation Coversheet as they are planning to submit the BDI form(s) with their Bid/Proposal. The Bid/Proposal should outline any supplies and/or services to be provided by Subcontractors, including each certified Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) for the Contract. Submittals (forms) and time frames can be referenced in Section-4.

**PROJECT NAME:** Emergency Juvenile Placement Facility Management – Solicitation 487-DL-DSS004023

#### INDUSTRY CATEGORY

☐ Architect & Engineering ☐ Construction ☒ Professional Services ☐ Other Services ☐ Goods

Review the established participation goal type selected with the ☒ below for this specific solicitation.

#### PARTICIPATION GOAL TYPES

##### ☐ A. CONTRACT-BY-CONTRACT GOALS

THE ESTABLISHED PARTICIPATION GOALS FOR THIS PROJECT ARE:

**MBE**

**WBE**

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

- [Form A] Listing of Good Faith Efforts (GFE)
- [Form B] Identification of Subcontractor Participation
- ☐ Joint Ventures Documentation (include when ☒ is selected)

##### ☒ B. ACHIEVEMENT GOALS

THE ESTABLISHED PARTICIPATION GOALS FOR THIS PROJECT ARE:

**10% MBE**

**4% WBE**

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

- [Form B] Identification of Subcontractor Participation
- [Form C] Statement of Intent to Perform Contract with Own Workforce
- [Form D] MWBE Inclusion Plan
- ☐ Joint Ventures Documentation (include when ☒ is selected)

##### ☐ C. SPECIAL PROJECTS

THE ESTABLISHED PARTICIPATION GOALS FOR THIS PROJECT ARE:

**MBE**

**WBE**

*\*Note: the goals must be achieved independently and not in combination*

Required Bid forms associated with this participation goal type are:

- [Form D] MWBE Inclusion Plan
- ☐ Joint Ventures Documentation (include when ☒ is selected)

**Attachment 2: BDI Form B – Identification of Subcontractor Participation**  
**BUSINESS DIVERSITY & INCLUSION (BDI) PROGRAM PROVISIONS GUIDE**

Mecklenburg County Government

Formal Documents

**Form B – Identification of Subcontractor Participation**  
[Submit with Bid]

The County maintains a strong commitment to the inclusion of MWBEs in the County's contracting and procurement process when there are viable subcontracting opportunities. Bidders must submit this form with their Bid/Proposal outlining any supplies and/or services to be provided by all Subcontractors, including each MBE, WBE, and non-certified firms for the Contract.

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

**Name of Bidder:**  
(Company Name)

**Certification Status**  
(check all that apply):

☐ MBE   ☐ WBE   ☐ NCSBE  
☐ CBI-SBE   ☐ NCDOT-DBE

**Project Name:**

Emergency Juvenile Placement Facility  
Management

**Solicitation #:**

487-DL-DSS004023

**Total Bid Amount:**

**Authorized Person:**

**Telephone:**

**Email:**

I, the Authorized Person, do hereby certify that on this Contract, we intend to use the following certified **MWBEs** and non-certified firms as Subcontractors (subconsultants, vendors, suppliers, and/or providers of professional and/or other services). We intend to expend the amounts/percentages below of the total dollar amount of the contract with the businesses listed

**\*\*MBE and WBE Certification with the NCHUB Office is required to be counted toward participation goals.**

Total Utilization Amount	Total Utilization Percentage	Total MBE Amount	Total MBE Percentage	Total WBE Amount	Total WBE Percentage	Total Non-Certified Amount	Total Non-Certified Percentage

#	Firm Name / Contact Person	Telephone / Email	County / State	Scope of Work	MBE Amount	WBE Amount	Non-Certified Amount
1							
2							
3							
4							
5							
6							

7							
8							
9							
10							
11							
12							
13							
14							
15							

*(add additional sheets if needed)*

Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with the firms listed on this form, conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract, giving rise to all contract and/or statutory remedies, including but not limited to cancellation of the contract.

The undersigned hereby certifies that he or she has read the BDI Program Provisions Guide and the terms of this commitment and is authorized to bind the Bidder to the commitment herein set forth.

_____ Signature of Authorized Person	_____ Title	_____ Date
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Form C – Statement of Intent to Perform Contract with OWN Workforce  
[Submit with Bid]

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

Name of Bidder: \_\_\_\_\_ Certification ☐ MBE ☐ WBE ☐ NCSBE  
(Company Name) Status: ☐ CBI-SBE ☐ NCDOT-DBE  
Telephone: \_\_\_\_\_ Emails: \_\_\_\_\_  
Project Name: Emergency Juvenile Placement Solicitation #: 487-DL-DSS004023  
Facility Management  
Total Bid Amount: \_\_\_\_\_

I hereby certify that it is our intent to perform 100% of the contract required for this Contract.

1. In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type of project, normally performs, has the capability to perform, and will perform **all elements of the work** (labor) on this project with his/her own current workforces – **including any aggregation of material, equipment or supplies required for the project provided by the Bidder's company for utilization on a County Project, with the total value of which is ten percent (10%) or more of the value of the contract or \$2,000, whichever is less; and**

The Bidder agrees to provide any additional information or documentation requested by the owner in support of the above statement.

2. If it should become necessary to subcontract some portion of the work at a later date, the Bidder will comply with all "Good Faith Efforts" requirements in providing equal opportunity to MWBE firms to Subcontract the Work. The BDI Program Office should be notified immediately and approved, and respective BDI Program Provisions and Forms should be adhered to.

The undersigned hereby certifies that he or she has read the BDI Program Provisions Guide and this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: \_\_\_\_\_ Name of Authorized Person: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Notary Public Name/Signature \_\_\_\_\_  
My commission expires \_\_\_\_\_

SEAL

**Form D – MWBE Inclusion Plan**

[Submit with Bid, when selected in the BDI Solicitation Coversheet]

Create a detailed description of the strategies and actions the Bidder will take to outreach fairly and equitably, support, and contract with MWBEs.

\*\*\*Prior to submission, review your documents for accuracy and ensure all items are complete\*\*\*

The following are elements to incorporate into the MWBE Inclusion Plan to help collaborate with MWBEs by addressing the following, but not be limited to:

- the firms you contacted, when, and how you made contact, and their contact information
- the outreach strategy used to meet this Contract's MWBE achievement goals;
- the specific resources and resource contacts utilized to locate MWBE firms for this Contract;
- the plan for building a connection with MWBEs and developing a project team;
- the plan to strengthen business relationships;
- the methods that will be used to improve lines of communication;
- the approach(es) that will be taken to resolve disputes;
- detailed description of the supportive services and activities that will be established for business development and how the plan will be executed;
- the mentorship opportunities that will be made available and how those opportunities will be executed; and
- the efforts that will be made available for capacity building and how those efforts will be executed.

*(add additional sheets if needed)*