**ATTACHMENT A**

**Cover Sheet for Parenting Time Visitation Services**

**Bid No: RFP SC10-21R**

**Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(Please Print or type)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_(ext)\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Names**: Provider must include the names of individuals authorized to negotiate with HCJFS.

**Person(s) authorized to negotiate with HCJFS:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(*Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service/Year** | **Initial Two (2) Year Term** | **Year 3 Cost****Not to exceed 3%** | **Year 4 Cost Not to exceed 3%** |
| **Therapeutic Visitation Services** |  |  |  |
|  |  |  |  |
|  **Supervised Visitation** |  |  |  |
|  |  |  |  |
|  **Monitored Visitation** |  |  |  |
|  |  |  |  |
|  **Community Supervised Visitation** |  |  |  |
|  |  |  |  |
|  **Community Monitored Visitation** |  |  |  |
|  |  |  |  |
|  **Other (Please define)** |  |  |  |
|  |  |  |  |
| **Visitation Training** |  |  |  |
|  |  |  |  |
|  **Per group session** |  |  |  |
|  |  |  |  |
|  **Hourly rate** |  |  |  |
|  |  |  |  |
|  **Other (Please define)** |  |  |  |
|  |  |  |  |
| **Placement Provider Visitation Services** |  |  |  |
|  |  |  |  |
|  **Supervised Visitation** |  |  |  |
|  |  |  |  |
|  **Monitored Visitation** |  |  |  |
|  |  |  |  |
|  **Community Supervised Visitation** |  |  |  |
|  |  |  |  |
|  **Community Monitored Visitation** |  |  |  |
|  |  |  |  |
|  **Other (Please define)** |  |  |  |
|  |  |  |  |

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider’s governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Authorized Representative Title Date**

***Please complete the back of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.***

**RFP Submission Checklist**

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

|  |  |  |
| --- | --- | --- |
| **Action Required** | **RFP****Section** | **Included** |
| Did you register for the RFP process no later than January 21, 2022? | 3.3 |  |
| Will your Proposal be submitted on or before February 11, 2022, no later than 11:00 a.m.? | 4.4 |  |
| Did you include all the Contact Information on the Cover Sheet? | 2.1 |  |
| Did you include the Unit Rate for the Initial Term on the Cover Sheet? | 2.1 |  |
| Did you include the Unit Rate for the First, Second and Third Renewal Terms on the Cover Sheet? | 2.1 |  |
| Did you sign the Cover Sheet? | 2.1 |  |
| Is a response to each Program Component included? | 1.2.2 |  |
| Is a response to each System and Fiscal Administration Component included? | 2.8 |  |