

U-14-15-AN ORDINANCE BY ZONING COMMITTEE GRANTING A SPECIAL USE PERMIT FOR A PERSONAL CARE HOME (GROUP HOME) PURSUANT TO SECTION 16-06A.005 (1) (G) FOR PROPERTY LOCATED AT 1165 ARLINGTON AVENUE, S.W. FRONTING APPROXIMATELY 66 FEET ON THE NORTHEASTERLY SIDE OF ARLINGTON AVENUE AND APPROXIMATELY 25 FEET WEST OF THE SELWIN AVENUE. DEPTH VARIES. AREA: APPROXIMATELY .360 ACRE. LAND LOT 119, 14TH DISTRICT, FULTON COUNTY, GEORGIA. OWNER: GEORGIA A DOE APPLICANT: PASCHAL U. IKE NPU S COUNCIL DISTRICT 4

Application File Date	6-3-14
Zoning Number	U-14-15
NPU / CD	S/4
Staff Recommendation	
NPU Recommendation	
ZRB Recommendation	

Workflow List:

Office of Research and Policy Analysis	Completed	06/13/2014 3:03 PM
Zoning Committee	Pending	
Atlanta City Council	Pending	
Zoning Review Board Staff	Pending	
Office of Research and Policy Analysis	Pending	
Mayor's Office	Pending	

Certified by Presiding Officer	Certified by Clerk
Mayor's Action	
<i>See Authentication Page Attachment</i>	

LEGISLATION HISTORY – BLUE BACK

U-14-15-AN ORDINANCE BY ZONING COMMITTEE GRANTING A SPECIAL USE PERMIT FOR A PERSONAL CARE HOME (GROUP HOME) PURSUANT TO SECTION 16-06A.005 (1) (G) FOR PROPERTY LOCATED AT 1165 ARLINGTON AVENUE, S.W. FRONTING APPROXIMATELY 66 FEET ON THE NORTHEASTERLY SIDE OF ARLINGTON AVENUE AND APPROXIMATELY 25 FEET WEST OF THE SELWIN AVENUE. DEPTH VARIES. AREA: APPROXIMATELY .360 ACRE. LAND LOT 119, 14TH DISTRICT, FULTON COUNTY, GEORGIA. OWNER: GEORGIA A DOE APPLICANT: PASCHAL U. IKE NPU S COUNCIL DISTRICT 4

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AN ORDINANCE

U-14-15

BY: ZONING COMMITTEE

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1. Under the provisions of Section 16-06A.005 (1) (g) of the Zoning Ordinance of the City of Atlanta, a Special Use Permit for a PERSONAL CARE HOME (group home) is hereby approved. Said use is granted to PASCHAL IKE and is to be located at 1165 ARLINGTON AVENUE, S.W., to wit:

ALL THAT TRACT or parcel of land lying and being in Land Lot 119, 14th District, Fulton County, Georgia being more particularly described by the attached legal description and/or survey.

SECTION 2. That this amendment is approved under the provisions of Section 16-25.003 of the Zoning Ordinance of the City of Atlanta, entitled, “Special Use Permits, Procedural Requirements”, and the Director, Bureau of Buildings, shall issue a building permit only in compliance with the applicable provisions of this part. The applicable conditional site plan and any other conditions hereby imposed are enumerated by attachment. The Special Use Permit hereby approved does not authorize the violation of any zoning district regulations. District regulation variances can be approved only by application to the Board of Zoning Adjustment.

SECTION 3. That all ordinances or parts of ordinances in conflict with the terms of this ordinance are hereby repealed.



APPLICATION FOR SPECIAL USE PERMIT

City of Atlanta

Date Filed 6/2/2014

Application Number 4-14-015

I Hereby Request That The Property Described in this Application be granted a Special Use Permit

Name of Applicant Ike Paschal U.
Last Name First Name M.I.

Address 3645 Market place Blvd. Suite 201 Street Name 3645 Market place Boulevard Suite 201
Street Name

City East Point State Georgia Zip Code 30344

Phone (C) 207-409-8104 Fax _____

E-mail address camelothouseinc@yahoo.com

Name of Property Owner Doe George A.
Last Name First Name M.I.

Address 1165 Arlington Avenue Street Name 1165 Arlington Avenue
Street Name

City Atlanta State Georgia Zip Code 30310

Daytime Phone (404) 549-2526 Fax _____

E-mail address camelothouseinc@yahoo.com

Description of Property

Street Address of Property 1165 Arlington Avenue

City Atlanta State Georgia Zip Code 30310

Property is zoned: R-4A Council District: 4 Neighborhood Planning Unit: (5)

The subject property fronts _____ feet on the _____ side of _____, beginning _____ feet from the _____ corner of _____

Depth: _____ Area: _____ Land Lot: 119 Land District: 14 - *See Sight Plan*

INSTRUCTIONS**A. SUMMARY OF PROPOSED PROJECT.** What kind of special use would you be operating?

personal care home rehabilitation center day care center
 assisted living facility nursing home church
 other: (describe): _____

B. IMPACT ANALYSIS. Type or legibly print on a separate piece of paper a complete and descriptive response to each one of the following questions:1. Ingress and Egress:

- a. How will employee and client vehicles enter and leave the property?
- b. How will emergency vehicles (fire, police, and ambulance) gain access to the property?
- c. Will the way in which vehicles enter and leave the property cause traffic congestion? Why or why not?

2. Off-Street Parking and Loading:

- a. How will the operator of the facility dispose of refuse and garbage? What kind of containers would be used? Will the City or a private garbage disposal service be used? How often will the service pick up the garbage?
- b. How will products and supplies be delivered to the facility?
- c. Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance?
- d. How will employees and clients park their vehicles and gain access to the property.

3. Buffering and Screening:

- a. How will adjoining properties be buffered or screened from any noise or glare from lights that might be generated from the facility?
- b. How many vehicles will travel to and from the facility every day? Are you planning to make any road improvements to accommodate heavy traffic to and from the facility?

4. Hours and Manner of Operation:

- a. Proposed Use of Site? Please state *exactly* and in *detail* what is intended to be done on, or with the property.
- b. What will be the hours and days of the week during which the facility will be open?
- c. How many employees will be employed at the facility? Include the number of shifts and number of employees per shift.
- d. How many clients will be served by the facility, and what will be their ages?
- e. Will you offer meals; and if so, when will they be offered?
- f. Will there be any other special programs offered at the facility; and if so, will they cause vehicles to park at or on the site?

5. Duration of Special Use Permit:

- a. How long would you like the special use permit to last (for example: 3 years, 5 years, indefinitely, etc.)?

6. Tree Preservation and Replacement:

- a. Will any trees be damaged or cut down to accommodate renovation or new construction at the facility? If so, how will recompense for the trees be furnished? (Please consult with the City Arborist, (404) 330-6874, about this issue.)

7. Required Yards and Open Spaces:

- a. Will there be any additions to the existing facility structure, and if so, would they encroach into any required yard setbacks or required open space? (Please consult with the Office of Planning, Current Planning Division staff to find out the yard setback requirements or open space requirements for the property.)

C. PROPERTY DESCRIPTION. A copy of a recent plat of survey prepared by an engineer or land surveyor registered in the State of Georgia must accompany each application. In addition, a written legal description must be submitted. In cases involving more than one contiguous property, a consolidated legal description of the property must be submitted.

D. SITE PLAN. This application must be accompanied by a detailed site plan which shows the following: 1) exact lot dimensions, 2) adjoining street (s), 3) location and dimensions of buildings and structures, 4) location of entrances to buildings, 5) any changes to be made to the site, 6) the specific use of each building and structure, 7) size and location of parking spaces, driveways and /or curb cuts, 8) location of mature trees, 9) north arrow, and 10) scale. An example of an acceptable site plan is attached. Additional information may be requested by the staff.

The site plan must be prepared, signed and sealed by a State of Georgia registered architect, engineer, or landscape architect, or by a planner who holds membership in the American Planning Association. The person who prepares the site plan must indicate the following on the site plan:

- 1) His or her state registration number,
- 2) The following statement: "I am familiar with the City of Atlanta Zoning Ordinance, including revisions, and I certify that to the best of my ability, these plans are accurate and comply with the general and district regulations of the zoning ordinance", and
- 3) His or her original signature.

E. FLOOR PLAN (PERSONAL CARE HOMES ONLY). Submit a floor plan showing the room layout of personal care homes, drawn to scale. All personal care homes must provide at least 80 square feet of personal living space per resident or that amount required by the State of Georgia for the licensing of personal care homes, whichever is greater.

F. TREE PRESERVATION. If any trees will be damaged or removed, please consult the City Arborist, (404) 330-6150, in accordance with the City's Tree Ordinance.

G. SUBMITTAL SCHEDULE AND HEARING DATES. See attached Zoning Review Board Schedule.

H. MEETING WITH NEIGHBORHOOD PLANNING UNIT. (NPU) You must contact the appropriate Neighborhood Planning Unit (NPU) within two business days after filing your special use permit application to find out which neighborhood and NPU meetings to attend prior to the public hearing of the Zoning Review Board. Staff will provide you the name and phone number of the contact for the NPU at the time when you file your application.

I. FEES. All special use permit applications require a fee of \$400.00. Checks should be made payable to the City of Atlanta.

IMPACT ANALYSIS (PROGRAM DETAILS).

1). Ingress and Egress

- a. How will employee and client vehicles enter and leave the property?

The property of 1165 Arlington Avenue has an adaptive use of its existing structure. The property has on-site parking since its development on the right side which can fit up to 5 vehicles. It should be noted that Camelot House Inc. only plans on having 12 clients in total on the property, which would require at the very maximum 2 staff and 1 house manager that would need to park on the property at any time.

- b. How will emergency vehicles (fire, police, and ambulance) gain access to the property?

Emergency vehicles will gain access thru the front of the property site on Arlington Avenue which is 300 feet from the intersection of Lee Street.

- c. Will the way in which vehicles enter and leave the property cause traffic congestion? Why or why not?

No. This question is applicable because there is vehicular access on the right side of the property which extends several feet towards the back of the property. I would like to also add that there is an active street in the front of the property (Lee Street).

2). Off-Street Parking and Loading

- a. How will the operator of the facility dispose of refuse and garbage? What kind of containers would be used? Will the City or a private garbage disposal service be used? How often will the service pick up the garbage?

The operator of the facility will use the City of Atlanta trash containers to unload/dispose of garbage once a week.

- b. How will products and supplies be delivered to the facility?

Products and supplies will be delivered to the facility by vehicles owned by the operator for employee/clients.

- c. Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance?

Service personnel will park and gain access to the property by using the available on-site parking for routine maintenance.

- d. How will employees and clients park their vehicles and gain access to the property?



As mentioned previously, employees and clients may park their vehicles and gain access to the property by using the on-site parking on the right side of 1165 Arlington Avenue.

3. Buffering and Screening

a. How will adjoining properties be buffered or screened from any noise or glare from lights that might be generated from the facility?

This question is not applicable due to the fact that we are not adding any lights or any other additional structures that a typical family would use.

b. How many vehicles will travel to and from the facility every day? Are you planning to make any road improvements to accommodate heavy traffic to and from the facility?

There will be (2) vehicles that will travel to and from the facility every day. There will be no additional improvements made on any road to accommodate heavy traffic.

4. Hours and Manners of Operation

a. Proposed Use of Site? Please state exactly and in detail what is intended to be done on, or with the property?

CAMELOT HOUSE INCORPORATED is a non-profit community based organization with office space for latency age youth and adolescents who have behavioral/emotional problems, need a more structured environment at present, and would benefit from treatment in a group setting. These children cannot function in a family environment at present, and in most situations the population consists of abused, neglected or dependent male and female youth requiring placement where a foster home placement is either inappropriate or unavailable. Service components that shall be available to the youth living at Camelot House Inc. are, at a minimum:

- A. Community-based activities (lawn care to occupied or vacant properties/waste disposal services to the community/house painting to properties in need)
- B. Monthly clothing allowance;
- C. Independent daily living skills (cooking, cleaning, making appointments, setting up bank accounts, bus transportation, career planning, etc.)
- D. Medication monitoring to include requirements by DFCS (Department of Family and Children Services) as to administration by adults, record keeping, etc.;
- E. Educational planning to include advocacy, enrollment, transitional after-hours program or step-down to another school setting;
- F. Transportation
- G. Case management;
- H. Court appearances and testimony, and reports to the court;
- I. Progress reports; behavior modification and management
- J. Recreational/social/therapeutic services;



- K. Intake/treatment/transitional planning/discharge planning;
- L. Provisions for diagnostic assessments/ongoing treatment

b. What will be the hours and days of the week during which the facility will be open?

Camelot House Inc. as a facility will be open 24 hours a day/7 days a week for employees/clients. It will also be open from 8:00 a.m. to 5:00 p.m. Monday-Friday for case managers and relatives of clients to visit. Peak hours shall be defined as 3:00 pm to 11:00 p.m. on school days and 8:00 a.m. to 11:00 p.m. on non-school days.

c. How many employees will be employed at the facility? Include the number of shifts and number of employees per shift.

Two (2) employees including one (1) house manager will be employed at the facility with three (3) eight (8) hour shifts seven (7) days a week.

d. How many clients will be served by the facility, and what will be their ages?

There will be no more than 12 clients at the facility. Their ages will range from 12-18 years of age.

e. Will you offer meals; and if so, when will they be offered?

We will be offering clients three (3) meals a day (breakfast/lunch/dinner) including snacks seven (7) days a week.

f. Will there be any other special programs offered at the facility; and if so, will they cause vehicles to park at or on the site?

As mentioned previously, special programs will be offered at the facility with or without requiring vehicles to park at or on the site. Community-based activities for our clients (lawn care to occupied or vacant properties/waste disposal services to the community/house painting to properties in need) and educational planning for our clients (to include advocacy, enrollment, and transitional after-hours program or step-down to another school setting).

5. Duration of Special Use Permit:

a. How long would you like the special use permit to last (for example: 3 years, 5 years, indefinitely, etc.)?

Indefinitely



6. Tree preservation and Replacement:

- a. Will any trees be damaged or cut down to accommodate renovation or new construction at the facility? If so, how will recompense for the trees be furnished? (Please consult with the City Arborist (404) 330-6874, about the issue.)

As mentioned previously, no trees will be damaged or cut down to accommodate renovation or new construction at the facility.

7. Required Yards and Open Spaces:

- a. Will there be any additions to the existing facility structure, and if so, would they encroach into any required yard setbacks or required open space? (Please consult with the Office of Planning Division staff to find out the yard setback requirements or open space requirements for the property.)

Based on City of Atlanta Office of Atlanta recommendations, there will not be any additions to the existing facility structure that would encroach into any required yard setbacks or required open space.



AUTHORIZATION BY PROPERTY OWNER

(Required only if applicant is not the owner of property subject to the proposed Special Use Permit)

I, George Doe (OWNER'S NAME)

SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT 1165 Arlington Avenue / Atlanta, GA 30310 (PROPERTY ADDRESS).

AS SHOWN IN THE RECORDS OF Fulton COUNTY, GEORGIA, WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

NAME OF APPLICANT

LAST NAME Ike FIRST NAME Paschal

ADDRESS 3645 STREET NAME Market place Blvd. SUITE 201

CITY East Point STATE GA ZIP CODE 30344

TELEPHONE NUMBER

AREA CODE (404) NUMBER 549 - 2526

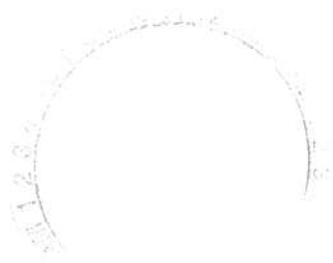
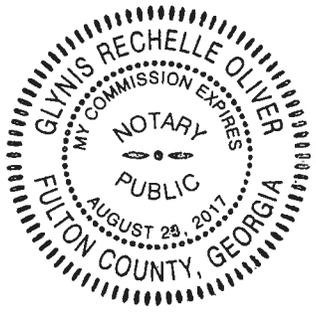
George A. Doe
Signature of Owner

GEORGE - A. DOE
Print name of owner

Personally Appeared Before Me this 2 day of June, 2014.

Glynis Rechele Oliver

Notary Public



AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the Office of Planning of the City of Atlanta to inspect the premises, which are the subject of this special use permit application.

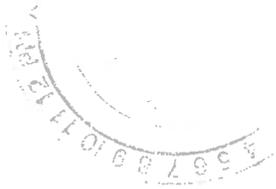
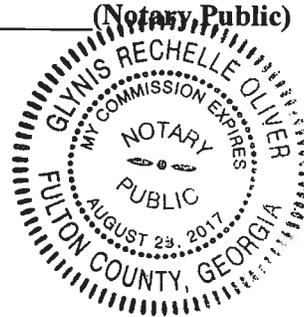
I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Roschal Elbe

Owner or Agent of Owner (Applicant)

Sworn to and subscribed before me this 2 day of June, 2014.

Glynis Rechelle Oliver



AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the Office of Planning of the City of Atlanta to inspect the premises, which are the subject of this special use permit application.

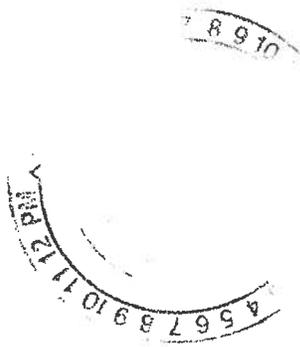
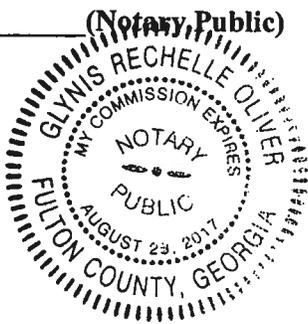
I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Roschal Elbe

Owner or Agent of Owner (Applicant)

Sworn to and subscribed before me this 2 day of June, 2014.

Glynis Rechele Oliver



Parcel Details

lat/lon: 33.7256, -84.4258
 pin: 14 01190003131
 situs: 1165 ARLINGTON AVE SW
 owner: FEDERAL NATIONAL MORTGAGE ASSN

 Google Street View
 Virtual Earth

- Planning
- Map
- Tax
- Public Safety
- Schools
- 2010 Census
- Housing Survey

Planning Designations

Property in Atlanta city limits	Yes
USPS ZIP Code	30310
District/Landlot	14-119 lot boundary map
Zoning	
Primary	R-4A
Overlay	HC-20M, BELTLINE
Maps	Official Zoning Map (pdf) Online Map
Future Land Use	Low-Density Residential (LDR)
NPU	S
Adjacent NPU (within 300 feet)	-
Neighborhood	Oakland City
Council District	4
Renewal Community	Yes
Empowerment Zone	No
New Market Tax Credits	No
Livable Centers Initiative (LCI)	Oakland City / Lakewood
Tax Allocation District (TAD)	-
Supportive Housing	Meets distance requirements
Distance Eligibility	
Neighborhood Stabilization Program	Yes
Neighborhood Stabilization Program 3	No
Opportunity Zone	No
Community Development Impact Areas	Yes
Urban Redevelopment Areas	Yes
Inspection Arborist	SW
Inspection Building	Nomikos
Inspection Electrical	Frazier
Inspection HVAC	Banks
Inspection Plumbing	Proctor
Potential Brownfield	-

CAMELOT HOUSE INCORPORATED PROPOSAL FOR RESIDENTIAL CHILD CARE SERVICES IN FULTON COUNTY



Issued by

Camelot House Incorporated

3645 Marketplace Boulevard

East Point, GA 30344

(June 2, 2014)

City Council Meeting: September 2, 2014

Location: City Hall 55 Trinity Avenue, S.W. Atlanta, GA 30303

Deadline for Application Period/Proposal Submission: June 3rd, 2014

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Attachment A Cover Sheet for Group Home Proposals (includes checklist)

Attachment B Contract Samples

Attachment C Budgets and Instructions

Attachment C-1 Completed Sample budget for Reference Purposes only

Attachment D Provider Certification

Attachment E RFP Registration Form

Attachment F Declaration of Property Tax Delinquency

Attachment G Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization

Attachment H Release of Personnel Records and Criminal Record Checks

Attachment I Levels of Cares

4

**REQUEST FOR PROPOSAL (RFP)
FOR GROUP HOME SERVICES**

1.0 REQUIREMENTS & SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

Camelot House Incorporated is seeking a proposal for the purchase of group home services for youth for whom it has been determined a group home setting is appropriate. We are seeking proposals from traditional child welfare group home Providers, as well as, from Providers who have demonstrated ability and history of working with mental health populations, or other specialized populations and with our child welfare youth. Each County reserves the right to award multiple contracts for these services to multiple providers and to award contracts for any or all the services proposed.

1.2 Scope of Service

Camelot House Incorporated has engaged in a participatory planning effort to improve local capacity and provide a continuum of group home services designed to meet our diverse youth population's needs. As part of that effort, we seek group home service providers who reinforce the value of serving youth within their community in a well coordinated system of care which is seamless for the youth/family, culturally competent, standardized in terms of multi-disciplinary assessment, outcome driven, cost effective and collaborative in building upon partnerships with providers and funders in sustaining quality services. Organization(s) with strong behavioral management and evidence-based practices shall provide temporary, transitional out-of-home placement services predominantly for youth to step down into lower levels of care, transition into Independent Living arrangements, or to stabilize and avoid a more restrictive setting. It is expected group homes shall have the ability to provide service at the level of care purchased without purchasing any additional supportive services, unless requested and approved by Department of Child and Family Services prior to service delivery. Camelot House Incorporated is looking for organizations to provide community based group home services for the child welfare population of Fulton County who meet level of care criteria for a continuum of these settings. In addition, we are seeking service providers who are able to provide a range of services to specialized populations including but not limited to youth with co-existing mental illness and developmental disabilities (DD), sexual offending disorders or behaviors (treated), and conduct /delinquent behavior disorders. Group home services are targeted to latency age youth and adolescents who have behavioral/emotional and learning problems, need a more structured environment at present, and would benefit from treatment in a group setting. These youth cannot function in a family environment at present, but do not require the intensive treatment provided by a residential facility.

Group home size may range from five (5) to fourteen (14) youth and must include a ratio of not more than six (6) youth to one (1) staff during peak hours.

Peak hours shall be defined as 3:00 p.m. to 11:00 p.m. on school days and 8:00 a.m. to 11:00 p.m. on non-school days. These youth present with a range of custody statuses and it is expected that all services will support and enhance case plan goals and permanency planning for youth. Programs should be highly structured, highly supervised with strong behavior management and teaching components. Youth will be discharged with improved ability to function in community and family living arrangements such as foster homes, kinship or birth family, adoptive and/ or independent living environments. In a small percentage of cases, youth will be discharged to adult mental health or (DD) systems of care.

1.2.1 Population

The following data is provided for planning purposes only. **Division of Family and Children Services (DFCS)** does not guarantee that the current service level will increase, decrease or remain the same. It is anticipated that (DFCS) will contract with our group home services dependent on special permit use granted by city council. Youth range in age from 12 to 18 years. In all cases, these youth have a history of abuse, neglect and dependency. These youth require out-of-home care placements and will have a range of custody statuses from Emergency Orders (EO), Temporary Custody (TC), Planned Permanent Living Arrangements (PPLA), to Permanent Commitments (PC). The primary outcomes for these youth are safety, permanency, and well being. All Service Providers will incorporate these outcomes into their treatment plans and program curriculums. Many of the youth suffer from emotional, psychological, behavior and learning problems. Some national estimates indicate approximately 90% of youth in placement have an identifiable mental health or behavioral health issue. For those youth who are in PPLA custody status or older youth in permanent custody, the prevalence of conduct disorder, post traumatic stress disorder, and developmental disabilities is especially high. These youth are at greater risk of being involved in the child welfare system for a longer period of time and therefore at greater risk for unstable placements and poor overall educational, social, health, and poverty outcomes long-term. Although youth are not assessed to be at high risk for community placement, some youth may require intensive support and supervision to safely engage and to benefit from a community living plan. Programs that incorporate evidence-based logic and treatment models and have successful histories of effectively working with youth who have histories of trauma, conduct disorders, cognitive impairment, sexual behavior disorders, and other mental health and attachment difficulties are currently needed to improve local services and long-term outcomes for high-risk youth. (DFCS) are seeking providers who can meet the needs of a specialized population.

1.2.2 Service Components

Services will be individualized and capitalize on the strengths of the youth and the family. The following service components shall be available to youth residing in group care:

- A). **Housing and Supervision** - shared housing within a community setting in accordance with local ordinance requirements:
1. No more than two youth per bedroom.
 2. Each youth shall be provided with a bed of his/her own.
 3. 24 hour awake supervision must be provided.
 4. Must include a ratio of not more than six (6) youth to one (1) staff during peak hours. Peak hours shall be defined as 3:00 p.m. to 11:00 p.m. on school days and 8:00 a.m. to 11:00 p.m. on non-school days.
- B). **Transportation**– to be offered at no additional cost for medical appointments, court, school (unless otherwise provided by the school district), youth employment, therapy appointments, youth and family team meetings, recreational activities, home visits and family visitations (supervised visits, sibling visits, etc.), independent living skills training, educational or mentoring programs, and other services associated with case plan goal attainment;
- C). **Independent daily living skills**- for youth 12 years and older, utilize the independent living skills assessment outcome. Providers shall incorporate the assessment outcomes into service planning and curriculum and provide the opportunity for youth to develop independent living skills including but not limited to:
1. Personal care, health/medical, food/nutrition, clothing care, household chores, money management, leisure time, safety, community resources, housing, transportation and legal issues;
 2. Psychosocial skills –decision making, relationship building, parenting, sexuality, self image, communication and response to authority and conflict resolution;
 3. Education skills – basic education, high school graduation, vocational training, preparation for higher learning opportunities whenever possible, and preparation for state OGT testing (when appropriate seek support services in the community to assist in this area). Assist in completing FAFSA, ETV and other applications for financial assistance when necessary; and
 4. Employment skills – job, careers and work habits.
- D). **Medication monitoring**- in compliance with the requirements
- including but not limited to administration by adults, record keeping, etc.;

E. **Educational services**- to include advocacy, monitoring, record keeping, enrollment, and transitional aftercare or step-down to another school setting;

F. **Case management** - activities performed for the purpose of providing, recording and supervising services to youth and their parents, guardians, custodians, caretakers, or substitute caregivers. Case management is responsible for:

1. Coordinating interdisciplinary care services (i.e. clinical treatment, behavior management, education, medical, mental health, etc.);
2. Developing, in collaboration with treatment teams, plans of care to meet each youth's needs and are most likely to reduce the time a youth spends in care and increase the likelihood of permanency;
3. Development of well defined, attainable, individual treatment goals that emphasize safety, permanency and well being and are aligned with Camelot House Incorporated and (DFCS) case plan goals;
4. Identifying expected outcomes and guiding the youth and family towards these outcomes; and
5. Coordinating, monitoring and evaluating services required to meet youth's needs.

G. **Legal**- Court appearances and testimony, and reports to the court;

H. **Monthly Progress reports**- monthly progress reports will include well documented contact with youth, family, other adults with significant relationships with youth and other professionals involved with the youth, overall assessment of youth's progress, interventions utilized, youth's ongoing adjustment to placement, education, safety and well-being, family or sibling visits and efforts and activities geared toward permanency and discharge planning;

I. **Recreational and social activities**- on-site or planned, organized community activities designed to enhance self esteem, physical health and social wellness;

J. **Employment/Job readiness**- support and enhance job readiness and employability skills through coaching and mentoring, direct assistance with job searches or through connecting youth to appropriate employment services and resources within the community;

K. **Crisis support**- well documented, individual crisis plan for each youth known to all staff charged with caring for the youth. Plans will be established to respond to the needs of the youth and reduce the incidence of hospitalization, AWOL or aggressive behavior and will promote a positive outcome for the youth;

L. **Counseling/ Assessment**- Individual and family therapy provided on site or arranged within the community and provided through a Master level or Doctorate level clinician;

M. **Financial Assistance**- to include adequate and seasonally appropriate clothing, basic personal care items and transportation. *To encourage financial responsibility, a foster parent or provider acting as a primary caregiver, may set up and/or co-sign a bank account for children in agency care. However, the bank account must be established with the understanding that the money “exclusively” belongs to the child in the event of a transition of caregiver arrangements or emancipation. Foster parents or providers are required to notify (DFCS) prior to setting up bank accounts for children in agency care;*

N. **Limited English Proficiency**- interpreter or services available for youth with Limited English Proficiency;

O. **Licensure**- Group Home providers must maintain appropriate licensure from Department of Family & Child Services (DFCS)

P. **Staff training**- Must have sufficient policies to address staff orientation and ongoing training needs. Staff are to be trained to adequately report major unusual incidents, allegations of abuse/neglect of any kind, and other grievance processes to ensure multiple methods for investigating claims of maltreatment or safety issues that a youth or family member reports. Such policies may be reviewed and monitored by (DFCS) upon request or made available as part of any program or audit review. Employees must complete all required orientation training prior to unsupervised contact with youth;

Q. **Structural Conditions**- structures associated with all group home living arrangements are to be maintained in a safe state of repair and in accordance with all (DFCS) requirements;

R. **Background Checks**- all provider's employees, including volunteers, must submit to a background check and be cleared for all offenses. Provider warrants and represents it will comply with and will annually complete criminal record checks on all individuals assigned to work with, volunteer with or transport youth. Provider will obtain a statewide conviction record check through local Georgia police departments to obtain criminal record transcripts from the appropriate County Sheriff's Office and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing Services. Provider shall not assign any individual to work with or transport youth until a background check report and a criminal record transcript has been obtained. A background check report must be dated within six (6) months of the date an employee or volunteer is hired;

S. **Quality Improvement (QI) Outcomes**- established outcome measurement practices. Outcomes are utilized to inform quality improvement initiatives and service effectiveness. Annual reports are made available to (DFCS) and should include outcomes related to:

1. Clinical services and treatment;
2. Stability of placement;
3. Discharge;
4. Incidence of abuse/neglect;
5. Youth satisfaction; and
6. Statewide outcome projects.

T. **Referral Response Time**- the majority of out of home care placements result from an emergent need to protect and to ensure the safety of a youth. Youth in crisis situations require vigilant support and timely placement to reduce trauma associated with a placement disruption or separation from a parent. Group Home providers must be able to respond accordingly and abide by the following response needs:

1. Emergent- Placement is needed same day.
2. Urgent- Placement is needed the following day.
3. Routine- All other placements.

U. **Health Care**- all youth are to be provided with timely, routine and specialized medical and dental care in accordance with Georgia Administrative Code;

V. **Discharge/Transition Planning**- will be developed at youth's intake in collaboration with youth, guardian and identified unification persons and is to be monitored every 30 days thereafter. Discharge planning will include time frames and recommendations for step down services and accompanying discharge reports and summaries including:

1. Updated DAF (diagnostic assessment) if counseling is provided on site or any other assessments and clinical recommendations;
2. Coordination to include follow-up appointments and services;
3. 30 days of medication and/ or updated scripts or appointment;
4. Linkage to appropriate community and support services;
5. Service continuums whenever possible such as therapy and medication services, partial hospitalization or education services;
6. Preparedness for emancipation, family living through foster, adoption or reunification;
7. Education plan- all school records including IEP; and
8. Employment/vocational plan as appropriate to age and ability of youth.

W. **Basic Needs**- food, shelter, clothing (per DFCS policy)

X. **Visitation** – support flexible visitation and permanency plans that are tailored to the youth and family, in the least restrictive setting and are the most likely to enhance permanency outcomes. Facility may not restrict visitation for reasons of punishment to the youth.

1.3 Employee Qualifications

Provider shall ensure that any employee who shall have direct contact with the customers under the terms of this contract will meet the following qualifications:

1. **Work History:** All employees who are assigned to this contract with (DFCS) customers shall have information on job applications verified. Verification shall include references and work history information.
2. **Criminal Record Check:** Provider warrants and represents it will comply with (DFCS) and will annually complete criminal record checks on all individuals assigned to work with, volunteer with or transport consumers. Provider will obtain a statewide conviction record check through the local Georgia Police Department and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing services. Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment 1 to allow inspection and audit of the above criminal records transcripts or reports by (DFCS) to conduct compliance reviews on their behalf. Provider shall not assign any individual to work with consumers until a background check report and a criminal record transcript has been obtained. A background check report must be dated within six (6) months of the date an employee or volunteer is hired. Provider shall not utilize any individual who has been convicted or plead guilty to any violations.
3. **Employees who have been convicted:** Employees convicted of, or plead guilty to any violations contained may not come into contact with (DFCS) consumers.
4. **Employee Confidential Information:** (DFCS) may request that the Provider not use an employee or prospective employee based on confidential Children's Services information known to (DFCS). To this end, Provider shall provide to (DFCS) the name and social security number of all individuals having direct contact with children prior to providing transportation services. Provider shall not use an employee or prospective employee unless approved by (DFCS).

2.0 Provider Proposal

It is required all proposals be submitted in the format as described in this section. For copies; using twelve (12) point Arial font when possible. Each Proposal section title must correspond to the following format below. All proposal pages will be numbered sequentially throughout entire proposal beginning with – Section 2.1 – Cover Sheet and ending with Section 2.5 – Personnel

Qualifications. Providers are encouraged, but not required, to use double sided copies in their proposal. Proposals must contain all the specified elements of information listed below **without exception**, including all subsections therein:

Section 2.1 - Cover Sheet

Section 2.2 - Service and Business Deliverables:

Section 2.2.1 – Program Components

Section 2.2.2 – System and Fiscal Administration Components

Section 2.3 – Budgets and Cost Considerations

Section 2.4 - Customer References

Section 2.5 - Personnel Qualifications

2.1 Cover Sheet

Each Provider must complete the Cover Sheet, Attachment A, and include such in its proposal. The Cover Sheet must be signed by an authorized representative of the Provider and also include the names of individuals authorized to negotiate with (DFCS). The cover sheet must indicate if submitting to serve one or both counties. The signature line must indicate the title or position the individual holds in the company. All unsigned proposals will be rejected.

The Cover Sheet must also include the proposed Unit Rate(s) for each service Provider is proposing for Contract Years 1, 2, and 3. These Unit Rate(s) must be supported by the Budget.

2.2 Service and Business Deliverables

Provider should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section. Providers must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.2.2 System and Fiscal Administration Components.

2.2.1 Program Components

Service Information

A. Demonstrate Provider's ability to meet the Scope of Services, Section 1.2, the Population, Section 1.3, and the Service Components, Section 1.4. Include a statement describing the population you currently serve. Also include a statement describing what Provider resources and experiences will support this program.

B. Provide in detail Provider's specific capacity to accept placement for and work with each of the following youth populations:

1. Mild mental health;
2. Moderate mental health;
3. Severe mental health;
4. Borderline developmental disability;
5. Mild developmental disability;
6. Moderate developmental disability;

7. Chronic medical conditions that require ongoing monitoring;
8. Substance abuse;
9. Sex offenders;
10. Delinquent youth;
11. Youth with a history of trauma;
12. Youth who have experienced sexual or physical abuse;
13. Youth who have endured death of a caregiver;
14. Youth who have had chronic exposure to violence; and,
15. Any other specific populations you serve.

C. Describe how Provider will ensure male and female residents have separate housing units.

D. Describe how Provider will respond to referrals according to the placement needs of youth, (DFCS).

E. Describe what interventions will be used to support youth through a crisis in a safe manner.

F. Describe what types of restraints or restrictive measures will be used and what circumstances would warrant restraints or restrictive measures.

G. Describe how Provider will ensure youth are safe in the group home facility.

H. Describe how Provider will ensure all group home living arrangement structures are maintained in a safe state of repair and in accordance with (DFCS) requirements.

I. Describe how individuals included on the (DFCS) approved visitors list ("Approved Visitors") are to have access to visit youth according to the youth's needs, is flexible, and in the least restrictive setting. Describe how approved visitors will participate in the following:

1. Youth's day-to-day living activities;
2. Treatment planning (90 day treatment team review) and treatment; and
3. Discharge planning.

J. Provide a detailed description of Provider's daily schedule of services and activities provided to youth. Include Provider's ability to adapt the daily schedule according to a youth's specific needs.

K. Describe how Provider provides services in collaboration with (DFCS) to provide services and supports that will lead to reduced length of time in care and promote permanency planning for youth resulting in reunification with family or kin, guardianship or adoption.

L. Provide a detailed description of your continuum of services and/or degree of demonstrated prior coordination with other providers as part of treatment planning and in support of continuity of care with existing services such as school, counseling, health care and recreation.

M. Describe how Provider ensures youth are connected to appropriate educational services in the least restrictive setting and routinely attend and are successful in school placements.

N. Describe how Provider will ensure transportation is available to support connections to school, community, medical appointments, family, etc.

O. Provide a description of all on site treatment, support or educational services offered including but not limited to individual and group counseling, psycho-educational, social, recreational, educational, and health services.

P. Describe how Provider ensures youth receive timely routine and specialized medical and dental care.

Q. Camelot House Incorporated will utilize an Independent Living Assessment for youth age 18 and above. Describe how your organization will incorporate this assessment into treatment planning and service coordination for youth.

R. Provide a detailed curriculum and service delivery components designed to promote self sufficiency and independence for youth age 16 or older. Describe how the youth's case plan goals will include goals for emancipation and address the following skills:

1. Daily living;
2. Securing and maintaining a residence;
3. Home management;
4. Utilization of community services and systems;
5. Accessing and utilizing transportation;
6. Utilization of leisure time;
7. Personal care, hygiene and safety;
8. Pregnancy prevention;
9. Parenting skills;
10. Time management;
11. Decision making and communication skills;
12. Assistance in obtaining a high school diploma or GED, evaluating personal educational goals, and planning preparation for post secondary education and training;
13. Securing and maintaining employment;
14. Planning for job and career development;
15. Planning for ongoing and emergency health care needs, including education about avoidance of drug and alcohol abuse, risky sexual behavior and smoking;
16. Building positive self-esteem and self-image; and

17. Building positive adult relationships and support systems.

S. Describe how Provider will assist older youth with transitioning into adult services (i.e., Adult case management, DD, MH and Drug Treatment). Assist youth with locating employment, learning Independent Living skills, having adequate housing options, accessing health care systems and connecting to appropriate systems of care including but not limited to Mental Health, DD, and drug/alcohol abuse services.

T. Provide an example of how Provider ensures discharge planning results in positive transitions and outcomes for youth. Give an example of a discharge plan.

U. Provide the following information, if applicable, for the last 12 months of service delivery:

1. primary population served;
2. range of ages served and average age served;
3. gender(s) served;
4. number of youth per group home;
5. average length of stay for each youth;
6. number of youth returned home or stepped down to foster homes or other lower levels of care;
7. number of youth emancipated from the group home;
8. number of youth who went to prison settings;
9. discharge outcomes/results;
10. number of critical incidents and types of incidents; and
11. number of restraints used.

V. Detail Provider's history and frequency of requests for additional services (1 on 1 staffing for example).

W. Describe Provider's programmatic and administrative experience which qualifies Provider to perform the proposed service and any special qualifications.

X. Provide your organization's policy and practice standards to ensure appropriate supervision ratios of 1 staff to every 6 youth during peak hours and 1 staff to every 6 youth during non-peak hours. Peak hours shall be defined as 3:00 p.m. to 11:00 p.m. on school days, and 8:00 a.m. to 11:00 p.m. on non-school days.

Y. If your organization anticipates providing individual aide services, provide a brief description of the service.

Z. Provide a description of your organization's employee screening and clearance policy.

Staff Information

AA. Describe your organization's policy to ensure all employees will submit to Background checks.

BB. Describe your organization's policy and practice standards for training, supervision, and support provided to direct care staff.

CC. Describe how Provider will ensure all employees complete all orientation training prior to unsupervised contact with youth.

Licensing Information

DD. Maintain appropriate licensure from (DFCS) or other appropriate licensing agency at all times.

EE. Indicate whether your organization is a Medicaid certified facility.

FF. Indicate whether your organization is accredited. If so, by whom?

GG. Describe Provider's participation in local or statewide outcome measurement initiatives. If Provider does not participate, describe your willingness to do so.

HH. Provide three suggested methods of providing incentives/disincentives to your organization for meeting performance requirements. Such performance requirements may include, but are not limited to: increasing/decreasing number of referrals, or pay-for-performance incentives/disincentives.

II. Provide any additional information promoting your program's value to (DFCS) consumers.

2.2.2 System and Fiscal Administration Components

Please provide the following attached to the original proposal and all copies:

A. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.

B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.

C. Subcontracts - Submit a letter of intent from each subcontractor indicating their commitment, the service(s) to be provided and three (3) references. All subcontractors must be approved by (DFCS) and will be held to the same contract standards as the Agency/Company.

D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.

E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.

F. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.

Bidder must note that as a contract requirement the following conditions must be met:

During the Agreement and for such additional time as may be required, Vendor shall provide, pay for, and maintain in full force and effect the insurance specified in the attached sample contract, for coverage at not less than the prescribed minimum limits covering Vendor's activities, those activities of any and all subcontractors or those activities anyone directly or indirectly employed by Vendor or subcontractor or by anyone for whose acts any of them may be liable.

Certificates of Insurance

Prior to the effective date of the contract, Vendor shall give the County the certificate(s) of insurance completed by Vendor's duly authorized insurance representative, with effective dates of coverage at or prior to the effective date of the contract, certifying that at least the minimum coverage required is in effect; specifying the form that the liability coverage's are written on; and, confirming liability coverage's shall not be cancelled, non-renewed, or materially changed.

G. Job Descriptions - For key clinical and business personnel and any staff providing direct services to youth.

H. Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include: date of service, beginning and end time of service, names of all participants who received service, the type of service received, and name of the instructor or social worker. Also include forms used to record participant progress.

I. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.

J. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.

K. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

Please provide the following attached only to the original proposal:

L. Agency/Company Ownership - Describe how the agency/company is owned (include the form of business entity -i.e., corporation, partnership or sole proprietorship) and financed.

M. Annual Report - A copy of Provider's most recent annual report, the most recent independent annual audit report, and a copy of all management letters related to the most recent independent annual audit report and the most recent Form 990. For a sole proprietor or for profit entities, include copies of the two (2)

most recent years federal income tax returns and the most recent year end balance sheet and income statement. If no audited statements are available, Provider must supply equivalent financial statements certified by Provider to fairly and accurately reflect the Provider's financial status. **It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to (DFCS).**

N. Licensure - A copy of appropriate licensure from (DFCS). Identify any actions to include any documentation of actions taken by (DFCS) or any other licensing body against your organization or any subsidiaries or business partners over the past 10 years including, but not limited to Corrective Action Plans, temporary licenses or revocations.

2.3 Budgets and Cost Considerations

A. DFCS anticipated services will begin no later than August 1, 2014. Provider must submit a Budget and a calculation of the Unit Rate for the initial contract term (Contract Year 1) that Provider understands will be used to compensate Provider for services provided. Budget for each County and Unit Rates must be submitted in the form provided as Attachment C. Contracts will be written for the initial term of one (1) year with two (2) one year options for renewal. All registered Providers will be sent an electronic budget file in Excel format. All Providers submitting a proposal shall include a hard copy of the budget for each County in the proposal and also submit the budget for each County electronically in Excel format to the contact person identified in Section 3.2 RFP Contact Person. If Provider is unable to submit an electronic copy of the budget, Provider shall include a statement in the budget narrative explaining the reason.

NOTE: The electronic copy of the budget and Provider's proposals must be received by the due date specified in the RFP. The electronic copy of the budget must be submitted in an unlocked Excel format and must match the hard copy budget submitted in the proposal.

For renewal years, any increases in Unit Rates will be at the sole discretion of DFCS, subject to funding availability and contract performance, and will be limited to no more than 3% of the Unit Rate of the prior term. DFCS does not guarantee the Unit Rate will be increased from one contract term to the next. Nothing in the RFP shall be construed to be a guarantee of any Unit Rate increase.

B. Provider must warrant and represent the Budget is based upon current financial information and programs, and includes all costs relating to but not limited by the following:

1. Case management;
2. Transportation; and
3. Other direct services (e.g. insurance, respite care), administration, needed to accurately calculate the cost of a unit of Service (the "Unit Rate" / "Cost Reimbursement).

All revenue sources available to Provider to serve youth identified in the Scope of Service shall be listed in the Budget, and utilized, where permissible, to reduce the Unit Rate. All costs must be specified for the various parts of the program. Cost must be broken down by type of work, as well as, classifications for staff, i.e. senior program manager vs. lower level position.

The Unit Rate for each service proposed for each contract year must be listed on the Cover Sheet, Attachment A.

C. Provider must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.

D. Provider must take note that "profit" will be a separately negotiated element of price, if Provider is a for-profit organization.

E. For the purposes of this RFP, "unallowable" program costs include:

1. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
2. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
5. entertainment costs for amusements, social activities and related costs for staff only;
6. costs of alcoholic beverages;
7. goods or services for personal use;
8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
9. gains and losses on disposition or impairment of depreciable or capital assets;
10. cost of depreciation on idle facilities, except when necessary to meet contract demands;
11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in OAC 5101:2-47-25(n);
12. losses on other contracts';
13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
14. costs related to legal and other proceedings;
15. goodwill;
16. asset valuations resulting from business combinations;
17. legislative lobbying costs;
18. cost of organized fund raising;
19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;

- 20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
- 21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
- 22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
- 23. major losses incurred through the lack of available insurance coverage; and
- 24. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code. If there is a dispute regarding whether a certain item of cost is allowable, (DFCS) decision is final.

2.4 Customer References

Provider must submit at least three (3) letters of reference for whom services were provided similar in nature and functionality to those requested by DFCS. Reference letters from DFCS employees will not be accepted. Each reference must include at a minimum:

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;
- F. Nature of relationship and service performed; and
- G. Time period during which services were performed.

If Provider is unable to submit at least three (3) letters of reference, Provider must submit a detailed explanation as to why.

2.5 Personnel Qualifications

For key clinical and business personnel who will be working with the program, please submit resumes with the following:

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, if so, whether such licenses or certifications have been suspended or revoked at any time;
- C. Work history; and
- D. Personal reference (company name, contact name and phone number, scope and duration of program). Provider's program manager must have a minimum of three (3) years experience as a program manager with a similar program. It is the proposing agency's responsibility to redact all personal information from resumes. Please make sure the resume reflects the person's position title instead of their name so we can tie the position back to the budget.

2.6 Terrorist Declaration

Provider is to provide a completed Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization, Attachment F.

Any material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List is a felony of the fifth degree. A purchase order for services rendered will not be issued for payment if this form is not completed and returned with the submitted proposal.

3.0 PROPOSAL GUIDELINES

The RFP, the evaluation of responses, and the award of any resultant contract shall be made in conformance with current federal, state, and local laws and procedures.

3.1 Program Schedule

3.2 RFP Contact Person

RFP Contact Person and mailing address for questions about the proposal process, technical issues, the Scope of Service or to send a request for a post-proposal meeting is:

T S H A K A W A R R E N

SENIOR PLANNER | ZONING & DEVELOPMENT SERVICES

CITY OF ATLANTA OFFICE OF PLANNING

CITY HALL SOUTH BUILDING,

SUITE 3350

55 TRINITY AVENUE

ATLANTA, GA 30303-0310

(P) 404/330-6605/ (F) 404/658-7491 FAX

3.3 Registration for the RFP Process

EACH PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS

All interested Providers must complete the attached Registration Form (see Attachment E) and fax or e-mail the RFP Contact Person to register. The RFP Contact Person's fax number is (404) 658-7491, and the e-mail address is twarren@AtlantaGa.gov.

3.4 Provider Disclosures

Provider must disclose any pending or threatened court actions and claims brought by or against the Provider, its parent company or its subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause for rejection of the proposal.

3.5 Provider Examination of the RFP

Providers shall carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services. If Providers discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the RFP Contact Person prior to *June 3rd, 2014*, of such error in writing and request clarification or modification of the document. Clarification shall be given by fax or e-mail to all parties who registered. If a Provider fails to notify RFP Contact prior to *June 3rd, 2014* by **noon** of an error in the RFP known to the Provider, or of an error which reasonably should have been known to the Provider, the Provider shall submit its proposal at the Provider's own risk. If awarded the contract, the Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

3.6 Addenda to RFP

In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP process will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP process.

3.7 Availability of Funds

This program is conditioned upon the availability of federal, state, or local funds which are appropriated or allocated for payment of the proposed services. If, during any stage of this RFP process, funds are not allocated and available for

the proposed services, the RFP process will be canceled. DFCS will notify Providers at the earliest possible time if this occurs. DFCS are under no obligation to compensate Providers for any expenses incurred as a result of the RFP process.

4.0 Submission of Proposal

Provider must certify the proposal and pricing will remain in effect for 180 days after the proposal submission date. Director's signature on the cover sheet is deemed as certification of the pricing.

4.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of qualifications, capabilities, and experience to satisfy the requirements of the RFP. Expensive binding, colored displays, promotional materials, etc. are not necessary. However, each section of the proposal should be clearly separated and each page numbered. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness, and clarity of content. The proposal must include all costs relating to the services offered. DFCS may entertain alternative proposals submitted by Provider which may contain responses that differ from the specifications contained in this RFP. All alternative proposals must conform to the RFP instructions and outcomes.

4.2 Cost of Developing Proposal

The cost of developing proposals is entirely the responsibility of the Provider and shall not be chargeable to DFCS under any circumstances. All materials submitted in response to the RFP will become the property of city of Atlanta and may be returned only at DFCS option and at Provider's expense.

4.3 False or Misleading Statements

If such information was intended to mislead DFCS, in its evaluation of the proposal, the proposal will be rejected.

4.4 Delivery of Proposals

Both proposals must be received by the RFP Contact Person at the address listed in Section 3.2, RFP Contact Person, no later than *June 3rd 2014*
no exceptions. Proposals received after this date and time

will not be considered. If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and e-mail the RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, telegraphic, facsimile, or telephone proposals will be accepted.

It is absolutely essential that Providers carefully review all elements in their final proposals. Once received, proposals cannot be altered; however, DFCS and the city of Atlanta reserve the right to request additional information for clarification purposes only.

4.5 Acceptance and Rejection of Proposals

DFCS reserve the right to:

- A. award a contract for one or more of the proposed services;
- B. award a contract for the entire list of proposed services;
- C. reject any proposal, or any part thereof; and
- D. waive any informality in the proposals.

Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if Provider is awarded the contract.

4.6 Evaluation and Award of Agreement

The review process shall be conducted in stages. Although it is hoped and expected that a Provider will be selected as a result of this process, DFCS and the city of Atlanta reserve the right to discontinue the procurement process at any time.

4.7 Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded.

The selection process includes:

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation & Award of Agreement. The evaluations will be scored and sent through administrative review for final approval.
- B. Based upon the results of the evaluation, DFCS will select Provider(s) for the services who it determines to be the responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered.
- C. DFCS will work with selected Provider to finalize details of the contract.
- D. If DFCS and selected Provider are able to successfully agree with the Contract terms, DFCS has final authority to approve and award contracts. The Contract is not final until the DFCS has approved the document through public review.
- E. If DFCS and selected Provider are unable to come to terms regarding the Agreement, in a timely manner as determined by DFCS, DFCS will terminate the Agreement discussions with Provider. In such event, DFCS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.

4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by the Provider and city of Atlanta, who wish to obtain clarifying information regarding their non-selection or acceptance of selection.