# INTRODUCTION

The Delaware Department of Services for Children, Youth and their Families’ (DSCYF) Division of Family Services (DFS) has established a process for contracting with qualified adoption service provider outside the State of Delaware. Contract execution is a subsequent step once a provider’s application has been received in response to RFP CYF 20-03, approved and all adoption placement information is reviewed and accepted by DFS.

PROCESS

To become a contracted adoption provider, the agency must fill out this application and submit it as part of its overall submission. The application must be **submitted with all required** supporting documents as described below **and in Section V of the RFP**.

# General Information

1. Applicants are required to respond to all questions, and submit any ancillary documents with the application as requested. An incomplete application may result in a delay or denial.
2. Completed applications and supporting documents must be emailed as follows noting the State of Delaware is not responsible for oversized attachments not being received:

DSCYF\_Bids\_Submission@Delaware.gov

1. Once a provider has been awarded a contract the provider will report any material changes that could adversely affect the provider’s status within ten days of the material change.

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| --- | --- | --- | --- | --- | --- | --- |
| Delaware Division of Family Services Adoption Provider Authorization | | | | | | |
| Name of Person/Organization: | | | | | | |
| Current Street Address: | | | | | | |
| Contact Person: | | | | | Contact’s Phone: | |
| Contact’s Email: | | | | | | |
| Fax No.: | | Website: | | | | |
| ALTERNATE CONTACT INFORMATION | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Phone: | | | | Email: | | |
| Tax Status Information | | | | | | |
| Federal E. I. Number (Tax ID): | | | Non-Profit Agency?  Yes or No (Circle one)  (If “Yes” include copy of IRS 501c3 letter | | | |
| DELAWARE BUSINESS ENTERPRISE AUTHORIZATIONS | | | | | | |
| Minority-Owned Business Enterprise | Yes or No (circle one) | | | | |  |
| Women-Owned Business Enterprise | Yes or No (circle one) | | | | |  |
| Veteran Owned Business Enterprise | Yes or No (circle one) | | | | |  |
| Individuals with Disabilities Enterprise | Yes or No (circle one) | | | | |  |
| TYPE OF SERVICE(S) REQUESTING TO PROVIDE (Circle all that apply)  See RFP for service descriptions | | | | | | |
|  | | | | Application for the Following Indicated Services | | |
| 1. Placement Activities | | | | Yes or No | | |
| 1. Case Management | | | | Yes or No | | |
| 1. Monthly Meetings with Families | | | | Yes or No | | |
| 1. Technical Assistance | | | | Yes or No | | |
| 1. Monthly Reports to DFS | | | | Yes or No | | |
| 1. Finalization Activities | | | | Yes or No | | |

|  |  |  |
| --- | --- | --- |
| ATTESTATIONS / STATEMENTS | | |
| I have read and agree to the terms as described in the most recent version of the DSCYF Operating Guidelines for Contracted Client Programs/Services, which will be incorporated by reference into any future contract, found on this page in the “Legally Binding Contract Documents Relevant to Executed Contracts” section: <https://kids.delaware.gov/mss/mss_contracts.shtml> | | Initials: |
| SIGNATURES | | |
| I authorize the verification of the information provided on this form and I have retained a copy of this application for my records. | | |
| Signature of Applicant: | Date: | |
| Title (if applicable): | | |

Bidders must attach to this application the required information and documentation as described below.

DSCYF requires all applications to include the information and documentation described below. The responses should be clear and specific, and shall address all areas/subjects requested.

Respond to all of the sections below. If a section or item is not applicable to your agency, state that in your submission.

**Mission State and Philosophy of Service:**

What are the mission, history, and philosophy that underlie the agency’s delivery of services?

Please describe the following:

**Description of Service(s):**

1. Describe the services offered, including the following:

* Detailed description(s) of the services provided including at a minimum:
  + Narrative description of the proposed services
  + Narrative description of the bidder and its location, including a brief account of how it has worked with children, youth and families in the past as related to adoption;
  + Identify the population(s) your agency serves and the experience it has serving same;
  + Narrative description of agency procedures for documentation of supervision and clinical support for staff;
  + Assistance with the transition of the child into the family and providing supervision during the time of adoption placement;
  + Assistance in providing or securing, on behalf of the child and adoptive family, services to meet the child’s physical, social and emotional needs and to facilitate integration of the child in the adoptive family;
  + Providing family support and supervision of the adoption prior to finalization;
  + Stabilize adoption placements during the period of supervision to prevent disruptions or dissolutions after finalization by connecting families to supportive services in the community.

1. If appropriate, summarize:
2. Most recent Consumer/Family Satisfaction Survey;
3. Submit as enclosures:
4. Copy of **Certificate of Insurance** from your insurance company for Commercial Liability **and** Professional Liability Insurance;
5. Copy of IRS designation letter as “non-profit” or “not-for-profit”
6. Copies of **all licenses and certifications** required by the jurisdictional authority where services are provided; and
7. Copies of all applicable accreditation(s).

**Health and Safety Practices:**

1. List any national or other accreditation(s) and certification(s);
2. List and explain any programs or services that the agency offers that are under any probationary or other problematic statuses;
3. List the current licensing authorizations the agency holds in the state(s) in which you are incorporated;
4. List and explain any suspension or revocation of service licenses or authorizations;
5. List and explain any current or pending litigation including Tort.

**Policies, Procedures, and Quality Assurance:**

1. Describe the agency’s quality assurance system.
2. Submit as enclosures:
3. One copy of Abuse/Neglect Policy;
4. One copy of Risk/Incident Management Policy;
5. One copy of Grievance/Appeals Process; and
6. One copy of Training Policy.

**Business Practices:**

1. Submit a copy of the agency’s organizational chart;
2. Describe the agency’s internal financial auditing system;
3. Describe the agency’s ability to initiate and deliver service(s) on an ongoing basis; and
4. Describe the agency’s pre-employment screening criteria and process.

**Bidder Experience:**

1. Submit a list of all Federal, State or local government contracts held in the past three years with contact information for those agencies

**Bidder Fees:**

1. Submit a fee schedule of proposed billable items

**Additional Forms:**

1. Signed Assurances (provided in Appendix A of the RFP)
2. Signed Certification, Representation, and Acknowledgements (provided in Appendix A of the RFP)
3. Completed “Employing Delawareans Report” (document provided online in MS Word format for easy editing where this RFP is posted)

**NOTE: THE STATE OF DELAWARE RESERVES THE RIGHT TO CONTACT ANY APPLICANT TO DISCUSS OR REQUEST ADDITIONAL INFORMATION REGARDING ANY ASPECT OF THIS APPLICATION.**